



LOMA LINDA
UNIVERSITY
MEDICAL CENTER

LOMA LINDA UNIVERSITY MEDICAL CENTER

OPERATING POLICY

CATEGORY:	CLINICAL MANAGEMENT	CODE:	M-13
SUBJECT:	POLICE CASES - RIGHTS OF PATIENTS AND RESPONSIBILITIES OF PERSONNEL	EFFECTIVE:	12/2017
		REPLACES:	02/2016
		PAGE:	1 of 6

1. LLUMC personnel responsibilities to the patient shall be to:
 - 1.1 Require valid identification of any person claiming to be a law enforcement officer and indicating intent to question a patient or gather information. Identity of a telephone caller may be challenged by LLUMC personnel if his/her identity is more difficult to verify (reference Policies [Information Classification and Protection \(E-12\)](#) and [Patients' Rights and Responsibilities \(P-1\)](#)).
 - 1.2 Exercise professional judgment to control timing and scope of investigation for medical reasons as feasible within the context of the situation, including alerting the physician as indicated.
 - 1.3 Provide support for the patient's emotional health when investigational methods might be stressful.
 - 1.4 Protect patient confidentiality by preventing public access (including law enforcement officers) to clinical records, referring such requests to Health Information Management.
2. LLUMC personnel responsibilities shall include medical evaluations or procedures requested by law enforcement officers only under the following circumstances:
 - 2.1 The patient or a legal representative consents.
 - 2.2 A medical emergency exists and the patient does not object to the procedure.
 - 2.3 The officer requests that LLUMC personnel perform a blood test pursuant to Vehicle Code Section 23157 and the patient does not resist.
 - a. Request by law enforcement officer shall be in writing by completion of Blood Test Request by Peace Officer consent form (see attachment [M-13.B](#)). A blood test shall not be performed unless the form is completed and signed.

NOTE: LLUMC personnel may cooperate with law enforcement personnel who use their own personnel to perform the blood test; however the Blood Test Request by Peace Officer form must still be completed and signed.

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- b. Staff shall use reasonable efforts to obtain the signature of the patient. If he or she submits to the test but refuses to sign, a notation of such shall be made on the form.
 - c. LLUMC personnel shall decline to withdraw blood if the patient refuses to consent. Law enforcement personnel shall be so advised. LLUMC personnel shall not participate in restraint of the patient.

NOTE: Law Enforcement personnel are authorized by law to use reasonable force on the subject in order to obtain a blood sample but not to use violence or excessive force.
 - d. Blood shall be withdrawn by a licensed physician, registered nurse, certified licensed vocational nurse, licensed clinical laboratory technologist or clinical laboratory bioanalyst, certified paramedic, or unlicensed laboratory personnel authorized and regulated by the state.
 - e. Persons withdrawing the blood shall complete and sign Blood Test Request by Peace Officer consent form ([M-13.B](#)),. Any unusual events or circumstances shall be noted.
 - f. LLUMC shall retain one copy of the law enforcement officer's written request and any other written request presented to the hospital.
- 2.4 The officer requests a non-invasive medical evaluation to determine if it is medically safe to incarcerate the person.
- a. Person performing the medical evaluation and the law enforcement officer making the request shall complete the Medical Evaluation Request by Peace Officer form (see [M-13.C](#)).
 - b. The patient's consent shall be required or,
 - c. The evaluation shall be limited to visual inspection and minimal non-intrusive procedures.
 - d. If a request for emergency services is made by or on behalf of the patient, the patient shall be given a medical screening exam and, if necessary, stabilizing treatment.
- 2.5 The officer requests the medical evaluation or procedure to be performed pursuant to a valid warrant.
- a. Staff shall comply with the warrant if it includes:

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- 1) A finding of probable cause and,
 - 2) Specific description of the person and the procedure to be performed.
- b. The procedures shall not be performed if any of the following apply:
- 1) The law enforcement officer who makes the request refuses to produce a valid warrant.
 - 2) The subject's actions make the performance of the requested procedures unsafe.
 - 3) The tests or treatments are medically contraindicated.
- 2.6 The officer requests the medical evaluation or procedure be performed pursuant to his or her authority to conduct constitutionally permissible searches (warrantless search).
- a. For a warrantless search, the Warrantless Medical Search Request by Peace Officer form (see [M-13.D](#))d.
- 1) The procedures shall not be performed if the law enforcement officers who make the request refuse to affirm that the constitutional preconditions for a warrantless search are present.
 - 2) The procedures shall not be performed if the subject's actions make the performance of the requested procedures unsafe, or if the tests or treatments are medically contraindicated.
- b. The physician shall contact legal counsel if indicated.
- 2.7 Requests involving the collection and release of evidence of rape or other sexual assault shall be managed according to Policies [Suspected Child Abuse/Neglect/Exploitation \(M-8\)](#) and [Adult Victims of Rape or Other Sexual Assaultive or Abusive Conduct \(M-108\)](#).
3. Information obtained as a result of the performance of a medical procedure shall be disclosed only if:
- 3.1 The patient on whom the procedure was performed (or a legally authorized representative) consents to the disclosure or
 - 3.2 The procedure is performed for the primary benefit of the law enforcement officer, and results in insignificant, if any, medical benefit to the person on whom the procedure is performed.
- NOTE: The procedure may have a law enforcement purpose and may also result in significant medical benefits for the person on whom it is performed. In

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these circumstances, personnel should comply with Policies [Uses and Disclosures of Protected Health Information \(D-5\)](#) and [Information Classification and Protection \(E-12\)](#) if law enforcement officers request disclosure of medical information (this includes law enforcement requests for physical evidence such as blood, tissue and contraband). Therefore, unless evidence was obtained pursuant to consent, Vehicle Code § 23157, or by a procedure performed for the primary benefit of the law enforcement officer, it should not be released without compliance with the laws on disclosure.

4. Pictures identifying a patient shall be taken by or for law enforcement officers only if:
 - 4.1 In the opinion of the attending physician the patient's condition will not be jeopardized and
 - 4.2 The patient or legal representative consents to have the photograph taken by signing the Consent to Photograph Authorization for Use and Disclosure from, or
 - 4.3 The physician at his or her discretion, authorizes the photographs in a case in which the patient's (or legal representative) ability to give consent is temporarily impaired and photographs are necessary to preserve evidence of the patient's physical condition.
 - a. This determination shall be documented in the patient's medical record.
 - b. Any photographs taken under circumstances indicated in this section shall not be released until the patient is able to give consent.
5. Interview of a patient sought by law enforcement officer shall require the following:
 - 5.1 Staff shall inform the patient or the patient's legal representatives of such law enforcement request.
 - 5.2 Staff shall protect patient confidentiality by making the interview of the patient as private as circumstances will allow.
6. Where the clinicians (e.g., nurses, physicians), caring for the patient determine that the police interview could or would adversely affect the patient's medical condition, either before or during the interview, the clinician shall object to the interview.
 - 6.1 If the law enforcement officer disregards the objection, the clinician shall advise the officer that he/she will be:
 - a. Contacting the officer's superior for assistance and informing the superior officer that the on-site officer is insisting on interviewing the patient even after he or she

has been advised by the clinician that the interview could or is adversely affecting the patient's medical condition, and

- b. Contacting the LLUMC Office of General Counsel for assistance.
- 6.2 If, after being advised by the clinician that an interview could adversely affect the patient's medical condition, the patient or the patient's legal representative desires to be interviewed by or continue to be interviewed by law enforcement, the clinician shall respect such desires.
- a. The patient or the patient's legal representative shall be fully informed of any possible adverse medical consequences that may result from the interview.
 - b. The patient or the patient's legal representative's consent shall be obtained in light of his or her receipt of such information disclosed in par. 6.2.a above. Consent shall be documented in the medical record.

NOTE: If it is medically inappropriate to conduct an interview, but the patient indicates a willingness to cooperate with law enforcement officers, LLUMC personnel should facilitate the transmission of information from the patient to the law enforcement officer.

- 6.3 Monitor the interview, to the extent feasible, to protect the therapeutic interests of the patient.
- a. If the patient expresses a desire to exclude hospital personnel from the interview, this shall be respected.
 - b. In the event that law enforcement do not permit the presence of hospital personnel despite the patient's desire to have them present, an objection shall be clearly stated and recorded.
7. Where the patient or the patient's legal representative objects to the interview and the law enforcement officer disregards such objection, LLUMC personnel shall advise the officer that he or she will be:
- 7.1 Contacting the on-site officer's superior for assistance and informing the superior officer that the on-site officer is insisting on interviewing the patient even after the patient/patient's legal representative has objected to the interview, and
 - 7.2 Contacting the LLUMC Office of General Counsel for assistance.

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NOTE: Staff should not attempt to physically prevent an officer from interviewing a patient, as law enforcement has a responsibility to perform certain functions, which, in some instances, include interviews.

8. Discharge information sought by law enforcement officer:

8.1 The LLUMC Security Department shall notify law enforcement upon discharge or release of a patient who was detained for examination of his or her mental condition and who had a weapon confiscated by a law enforcement officer.

8.2 LLUMC shall disclose discharge information only where:

- a. The patient is a victim of a crime on hospital premises, or commits or threatens to commit a crime on hospital premises against hospital personnel.
- b. It is necessary for the protection of federal and state elective constitutional officers and their families.
- c. Anyone is threatened by a patient, and law enforcement officers should be contacted in order to protect the threatened person.
- d. There is an inquiry made regarding a specific patient pursuant to Civil Code §56.16.

Reference: Procedure M-13.A

Related Policy: [Responsibilities of Staff and Law Enforcement Officers for Incarcerated Patients \(M-109\)](#)

APPROVED: Hospital Executive Leadership, LLUMC Chief Executive Officer, LLUMC Chief Nursing Officer, LLUMC Medical Staff President and Chair of MSEC



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ADMINISTRATIVE PROCEDURE

CATEGORY: CLINICAL MANAGEMENT

CODE: M-13.A

SUBJECT: RESPONSE TO LAW ENFORCEMENT
INQUIRIES

EFFECTIVE: 12/2017

REPLACES: 02/2016

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INITIATOR OF ACTION	ACTION
Law Enforcement Officer	1. Presents to ED desk.
Security Officer	2. Checks officer credentials.
	3. Confirms purpose of visit. Provides orientation brochure to officers that are assigned to guard patients.
	4. Asks officer to sign "Law Enforcement Officer Sign-in Form."
	4.1 If law enforcement officer refuses to sign the Forensic Acknowledgment document:
	a. Documents refusal and signs name on appropriate line and
	b. Documents officer's name and badge on the signature line.
	4.2 Keeps original of the "sign in" form. Copy goes with the officer to the unit/area to be given to the Charge RN/Nurse Manager and placed in the patient chart.
	IF THE OFFICER WISHES TO SPEAK WITH A PATIENT:
	5. Calls the patient care unit and informs charge nurse/designee that Officer [name] is looking for Patient [name] and asks if the patient is on the unit.
Charge Nurse/Designee	6. Checks the confidentiality status of the patient.
	6.1 If status is "R" and there is no clinical reason preventing the officer from speaking with the patient, gives permission for the officer to meet with the patient.
	NOTE: The patient has the right to refuse

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INITIATOR OF ACTION	ACTION
	questioning. 6.2 If status is other than "R" advises patient that law enforcement officer will be coming to speak with him or her. NOTE: The patient has the right to refuse to speak with the officer
Security Officer	7. Writes or stamps the date and unit number on the designated form and initials it. 8. Advises the officer that he or she must check in at the secretary's desk before seeing the patient.
Law Enforcement Officer	9. Presents to unit secretary or nurse and states request to speak with patient.
Unit Secretary	10. Refers officer to charge nurse/designee.
Charge Nurse/Designee	11. Verifies identification of officer and takes him or her to patient.
	IF THE OFFICER WISHES TO SPEAK WITH STAFF ABOUT A PATIENT OR INCIDENT:
Security Officer	12. Calls the nurse manager (after hours, administrative supervisor, pager 2005) and indicates that Officer [name] would like to speak with a staff member for [purpose] and asks if he or she is available to assist.
Nurse Manager/Administrative Supervisor/Staff	13. Provide information as appropriate.
	IF THE OFFICER WISHES TO OBTAIN WRITTEN (PAPER OR ELECTRONIC) RECORDS OR PRESENTS WITH A SUBPOENA OR COURT ORDER FOR RECORDS/EVIDENCE COLLECTION:
Security Officer	14. Directs officer to Health Information Management Department (after hours, Administrative Supervisor, pager 2005).

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INITIATOR OF ACTION	ACTION
Security Officer	<p>IF OFFICER PRESENTS WITH A WARRANT FOR A PATIENT'S ARREST:</p> <p>15. Calls the Security Manager/on-duty Supervisor and the nurse manager (after hours, administrative supervisor, pager 2005).</p> <p>16. Meets law enforcement officer in patient care area to oversee proceedings.</p> <p>NOTE: Contact Office of Legal Counsel if indicated.</p> <p>IF PATIENT IS STABLE FOR DISCHARGE,</p>
Patient's Physician	17. Writes orders for discharge.
Law Enforcement Officer	18. Takes patient into custody.
	IF PATIENT IS NOT STABLE FOR DISCHARGE,
Law Enforcement Agency	19. Provides guard for patient for remainder of hospitalization.
	IF THE OFFICER PRESENTS IN RESPONSE TO A REPORTED INJURY, WOUND, OR CRIME:
Security Officer	20. Obtains the name of the staff member or department that made the report.
	21. Calls the reporting department supervisor or manager.
Supervisor/Staff Member	22. Provides information as appropriate.
	IF THE OFFICER REQUESTS DISCHARGE INFORMATION:
Security Officer	23. Asks the officer if the patient is in custody (i.e., the agency has provided a guard for the patient and is responsible for the charges).
	IF THE PATIENT IS <u>NOT</u> IN CUSTODY:
	24. Asks the officer if the patient was detained for examination of his or her mental condition <u>and if the patient had a</u>

INITIATOR OF ACTION	ACTION
	<p><u>weapon confiscated by a law enforcement officer.</u></p> <p>IF THE PATIENT WAS <u>NOT</u> DETAINED:</p> <p>25. Asks the officer if the information is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If the officer answers in the affirmative, has the officer check and sign the attestation section on the designated form and contacts the nurse manager.</p> <p>If there is no serious and imminent threat:</p> <p>26. Gives no information and does not contact patient care units. Refers officer to "Disclosure of Patient Information" brochure Section 1.E.</p> <p>NOTE: If situation escalates, refer to Security Management.</p> <p>IF OFFICER IS ASSIGNED TO GUARD AN INMATE:</p> <p>27. Uses Medical Center Policy Responsibilities of Staff and Law Enforcement Officers for Incarcerated Patients (M-109) to orient the officer.</p> <p>28. Notifies Security Management.</p>
Law Enforcement Officer	<p>29. Upon approval, presents to unit or department.</p> <p>30. Presents proof of check-in (form stamped by Security guard).</p>
Nurse Manager/Administrative Supervisor	<p>IF OFFICER REQUESTS NON-MEDICAL INFORMATION, e.g., location of patient:</p> <p>31. Researches issue, including patient confidentiality status. Obtains necessary details to respond to officer.</p> <p>32. Provides information to officer as appropriate. Gives only pertinent verbal information as allowed by law.</p> <p>33. Refers escalated issues to Security Management.</p>

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INITIATOR OF ACTION	ACTION
Security Management	34. Responds to situation and calls for back-up if necessary. 35. Contacts Office of Legal Counsel if deemed necessary. 36. Responds to law enforcement officer as appropriate. FOR TELEPHONE INQUIRIES:
Operator/Secretary/Other Staff Receiving Call	37. Routes call to appropriate patient care unit.
Unit Staff	38. Routes call to nurse manager or administrative supervisor. If nurse manager or administrative supervisor is unavailable to take the call, 39. Obtains pertinent information from officer, including name, telephone number, and specific reason for call (including name of patient and information requested), and pages nurse manager or administrative supervisor to advise him or her of the call.
Nurse Manager/Administrative Supervisor	40. Speaks to the officer (returning call, if necessary) and advises him or her that the requested information will be researched and that he or she will get back to the officer with the appropriate information. 41. Researches requested information, calling Compliance Department and/or Legal Counsel as indicated for clarification of disclosure issues. 42. Calls officer who requested the information and discloses appropriately, or informs him or her that there has been a determination not to disclose information. Contacts Legal Counsel for assistance if the situation indicates the need.

FORM 6-1

BLOOD TEST REQUEST BY PEACE OFFICER

The undersigned, a duly authorized peace officer of *(name of law enforcement agency)* _____, hereby requests that a blood sample be obtained from *(name of person being tested)* _____.

I certify that I have probable cause to believe that the sample obtained will provide evidence that the person being tested was driving a motor vehicle in violation of Vehicle Code Section 23140, 23152 or 23153.

Date: _____ Time: _____ AM / PM

Signature: _____
(peace officer)

Print name: _____
(peace officer)

Badge or ID number: _____

CONSENT TO BLOOD TEST

I hereby consent to the withdrawal of a blood sample from my body. I certify that I am not a person who is afflicted with hemophilia or a person who is afflicted with a heart condition and using an anticoagulant.

Date: _____ Time: _____ AM / PM

Signature: _____
(person being tested)

Print name: _____
(person being tested)

Signature: _____
(witness)

Print name: _____
(witness)

STATEMENT OF PERSON WITHDRAWING THE BLOOD

Upon the request of the peace officer named above, I have withdrawn a blood sample from the above-named person.

Date: _____ Time: _____ AM / PM

Signature: _____
(person withdrawing blood)

Print name: _____
(person withdrawing blood)

FORM 6-15

SOLICITUD DE ANALISIS DE SANGRE POR UN AGENTE DEL ORDEN PUBLICO

The undersigned, a duly authorized peace officer of *(name of law enforcement agency)* _____, hereby requests that a blood sample be obtained from *(name of person being tested)* _____.

I certify that I have probable cause to believe that the sample obtained will provide evidence that the person being tested was driving a motor vehicle in violation of Vehicle Code Section 23140, 23152 or 23153.

Date: _____ Time: _____ AM / PM

Signature: _____
(*peace officer*)

Print name: _____
(*peace officer*)

Badge or ID number: _____

CONSENTIMIENTO PARA SOMETERSE A UN ANALISIS DE SANGRE

Por la presente, consiento a que se extraiga de mi cuerpo una muestra de sangre. Certifico que no padezco de hemofilia ni de una enfermedad cardíaca que requiera el uso de un anticoagulante.

Fecha: _____ Hora: _____ AM / PM

Firma: _____
(*persona sometida al análisis*)

Nombre en letra de imprenta: _____
(*persona sometida al análisis*)

Firma: _____
(*testigo*)

Nombre en letra de imprenta: _____
(*testigo*)

STATEMENT OF PERSON WITHDRAWING THE BLOOD

Upon the request of the peace officer named above, I have withdrawn a blood sample from the above-named person.

Date: _____ Time: _____ AM / PM

Signature: _____
(*person withdrawing blood*)

Print name: _____
(*person withdrawing blood*)

FORM 6-2

MEDICAL EVALUATION REQUEST BY PEACE OFFICER

This is to certify that *(name of person arrested)* _____
("arrestee") has been lawfully arrested on:

Date: _____ Time: _____ AM / PM

The undersigned, a duly authorized peace officer of *(name of law enforcement agency)* _____, hereby requests a medical evaluation of arrestee to determine whether it is medically safe to detain and/or incarcerate said arrestee.

Date: _____ Time: _____ AM / PM

Signature: _____
(peace officer)

Print name: _____
(peace officer)

Signature: _____
(witness)

Print name: _____
(witness)

STATEMENT OF PHYSICIAN

Upon the request of the peace officer named above, I have evaluated *(name of arrestee)* _____ and I have provided the peace officer named above a copy of my written evaluation of the arrestee.

- I have determined that it is is not *(check one)* medically safe to detain and incarcerate the arrestee.
- Based upon a visual examination of the arrestee, it appears that it is is not *(check one)* medically safe to detain and incarcerate the arrestee. However, additional tests should be performed in order to determine whether or not it is medically safe to detain and incarcerate arrestee. I could not perform such tests because of the objections of the arrestee.

Comments: _____

Date: _____ Time: _____ AM / PM

Signature: _____
(physician)

Print name: _____
(physician)

FORM 6-3

WARRANTLESS MEDICAL SEARCH REQUEST BY PEACE OFFICER

(When Subject Refuses to Consent)

The undersigned, a duly authorized peace officer of *(name of law enforcement agency)* _____, attests as follows:

That *(name of person detained)* _____
("subject") has been lawfully arrested or is otherwise being lawfully detained; **and**

That there is insufficient time to wait for the issuance of a search warrant before performing the requested examination or procedure(s) because of the following exigent circumstances (check and complete, as applicable):

- A failure to perform the requested examination or procedure(s) at this time will result in the destruction of evidence probative of the criminal activity for which the subject is being detained, or
- Other exigent circumstances exist as follows: _____

I hereby request *(check the appropriate category and complete the portion of the form indicated)*:

- Performance of a nonintrusive physical examination of the subject. *(Complete Part 1 below.)*
- Performance of intrusive medical tests or procedure(s). *(Complete Part 2 below.)*

PART 1 — NONINTRUSIVE PHYSICAL EXAMINATION

I attest that there is probable cause to believe that evidence probative of the criminal activity for which the subject is being detained will be found. I hereby request that a nonintrusive physical examination of the subject be performed.

Date: _____ Time: _____ AM / PM

Signature: _____
(peace officer)

Print name: _____
(peace officer)

Badge or ID number: _____

Form 6-3 Warrantless Medical Search Request by Peace Officer (When Subject Refuses to Consent)

PART 2 — INTRUSIVE MEDICAL PROCEDURE(S)

I attest that there is a *clear indication* that evidence probative of the criminal activity for which the subject is being detained will be found upon the performance of the following intrusive medical test(s) or procedure(s):

Date: _____ Time: _____ AM / PM

Signature: _____
(peace officer)

Print name: _____
(peace officer)

Badge or ID number: _____

STATEMENT OF PHYSICIAN / HOSPITAL PERSONNEL

Upon written request of the peace officer named above, I have performed (*describe exam or procedure(s) performed*) _____

_____ on the
above-name subject on (*date*) _____ at (*time*) _____ AM / PM,
after having advised the subject of the nature of the procedure(s), the risks and complications associated
with the procedure(s), and the alternatives to the procedure(s) and their risks and benefits.

Date: _____ Time: _____ AM / PM

Signature: _____
(physician)

Print name: _____
(physician)