
GUIDELINES:

Issued: Date Issued – June 20, 1997
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PURPOSE:

The purpose of this policy is to establish procedures for a Protective Services response to and disposition of all activities related to Juvenile Psychiatry Patients being treated at the Montclair Building Psychiatry Office, 24 S. Kingshighway.

Upon notification by the Psychiatry Staff via telephone to the Protective Services Dispatch Center, the on-duty Communications Officer will send a minimum of two Protective Services officers to respond to the First Floor Juvenile Psychiatry Unit. Protective Services personnel will take direction from the attending physician or resident present.

DEFINITIONS:

The Juvenile Psychiatric Unit treats patients between the ages of infant to 18 years old. Patients will normally be treated Monday through Friday, 08:00 to 18:30 hours.

PROCESS:

Most problems requiring a Protective Services presence will involve involuntary admits to a local hospital. In most instances, the response will consist of a physical presence and standing by until transportation is arranged to the admitting hospital. In rare cases, Protective Services may be requested to transport the patient to St. Louis Children's or Barnes Hospital's Emergency Room. Protective Service transports must be approved by a Supervisor, Manager or Director.

When a response is requested the following procedures should be followed:

1. Two (2) Protective Services members should respond by the quickest, most direct route. Additional officers may be requested if necessary.
2. Upon entering the facility, the officers will make contact with the attending physician or his/her designee to determine the nature of the call.
3. Officers should secure their firearms in the storage lockers provided by the facility. **EXCEPTION: Upon the arrival of the officers to the facility, if the situation is declared to be of an extreme emergency or life-threatening, officers may maintain control of their firearms.** Firearms secured in the lockers must be claimed prior to officers exiting the facility for any reason.

Types of Response

Officer Presence-Officers will be requested to standby in the area as directed by staff. Normally, the officer will remain in the area until the patient is transported from the facility.

Officer Intervention-Officers may be requested to take physical control of the patient. Physical control will consist of soft-hand control, handcuffs or other padded restraints as directed by staff or the situation. It is recommended that soft, empty-hand control be utilized whenever possible.

Transport of Patient-Officers will transport patients at the request of the Psychiatry staff to Barnes or Children's Hospital Emergency Rooms only when the patient is cooperative and does not require restraints. The patient should be seated in the front passenger seat and belted in. Children under the age of 13 or any person, who weighs less than 90 pounds, should be transported in the back seat. One relative may accompany the two officers to help calm the patient. In restraint cases, the staff will have to call an ambulance for transport.

Pursuit of Patient-In some situations, a patient may flee from the facility rather than be admitted to a psychiatric care unit. Protective Services officers should make every attempt to regain custody of the patient. If the patient

leaves the general area of psychiatry facility, the Saint Louis Police should be notified. Officers should use soft, empty-handed control techniques, when possible. When custody of an eloped patient is regained, he/she should be handcuffed and returned to the facility.

A written report should be completed for any response other than officer presence. A report will be written on officer presence responses, when they escalate into an officer intervention.