

# Perioperative Care of Prisoners: Providing Safe Care



FRANCIS DUVAL SMITH, MSN, RN, CNOR

## ABSTRACT

Correctional nurses are trained to care for prisoners in a controlled security environment; however, when a convict is transferred to a noncorrectional health care facility, the nurses there are often unfamiliar with custody requirements or how to safely care for these patients. The care of prisoners outside of prison has not been adequately investigated, and a gap exists between research and nursing education and practice. Nurses rarely have to consider how providing care for a prisoner in custody affects their practice, the potential dissonance between routine nursing care and the requirements to maintain security, or that care of prisoners in unsecured clinical areas places the nurse and other personnel at risk for physical assault or prisoner escape. Educating perioperative nurses in the care of prisoners in a public hospital environment is important for the provision of safe care and prevention of physical and emotional repercussions to personnel. *AORN J* 103 (March 2016) 282-288. © AORN, Inc, 2016. <http://dx.doi.org/10.1016/j.aorn.2016.01.004>

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Prison officials often transfer inmates from secure correctional facilities to community hospitals for surgery; however, providing care to prisoners in unsecured clinical areas increases the risk of prisoner escape and places the nurse and other caregivers at risk for physical assault. There are approximately 2.3 million incarcerated individuals in the United States today, and the federal government mandates that correctional facilities provide surgical care outside of prison based on the Eighth Amendment to the US Constitution.<sup>1</sup> Health care facility personnel continue to provide care for prison inmates in increasing numbers because chronic and acute illnesses among the prison population that are present before incarceration have overwhelmed health care services in correctional facilities.<sup>1</sup> In addition, substantial increases in the number of prisoners with mental illnesses have heightened the anxiety of corrections staff members about safety and control issues. Lamb and Weinberger note that “severely mentally ill individuals who formerly would have been psychiatrically hospitalized when there were a sufficient number of psychiatric inpatient beds are now entering the criminal justice system.”<sup>2(p530)</sup>

## RISK

Inmates are confined in prison because they have violated the law and pose varying levels of threat to the general public, including violent behavior. It is not uncommon for inmates to assault other inmates, corrections officers, and nursing personnel on a daily basis in prisons across the country. This behavior also can occur when an inmate is transferred to a hospital for care.

Prisons are classified based on the need to control inmates (ie, the greater the level of violence of the inmate or the crime committed, the greater the level of security). Inmates serve sentences in state and federal prisons, and nurses should understand the relationship between the type of prison and the prisoner’s potential for violence. One way to assess this is knowing the distinctive levels of prison security. Prisons may be classified as the following:

- Minimum security. Prisoners in these facilities are considered nonviolent and usually do not pose a risk.<sup>3</sup>

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- Medium security. These prisoners have committed theft and minor assault and have the potential for violent behavior.<sup>4</sup>
- Maximum security. In a maximum security setting, most prisoners have committed murder and violent assault, thus representing an increased risk for violent behavior.<sup>3,4</sup>
- Supermax security. Prisoners in a supermax facility may have committed multiple murders and assaults, making them the most dangerous inmates.<sup>3,4</sup>

## Managing Risk

Correctional facility personnel manage prisoner risk with techniques such as removal of personal freedoms, confinement, lockdown, restraint, social isolation, search and seizure, physical force, and enforcement of rigid procedures. When prisoners become patients and are transferred from the confines and security of prison to a public health facility that is not designed to manage inmates, all personnel are at increased risk. Nurses who care for prisoners must be aware of security risks such as escape and physical assault.

When inmates move beyond correctional facility walls, there are increased opportunities to escape. Inmate escapes from health care facilities are underreported on the Internet and in the media, and until the International Healthcare Security and Safety Foundation investigated the issue, the general public was unaware of the extent of the problem.<sup>5</sup> The 2011 Prisoner Escape Study<sup>5</sup> from the International Healthcare Security and Safety Foundation documented 99 hospital escapes from April 2010 to April 2011 and was the first to quantify escapes from public hospitals; however, the authors of the study used reports of escapes in the media to calculate the number of escapes. They acknowledged that using the media was a limitation and that the number reported by the media likely substantially underrepresented the magnitude of the problem. The reasons behind this lack of information include that correctional facilities track the total number of escapes but do not cite the number of escapes from health care facilities and that hospitals may seek to avoid media attention by keeping escapes out of the news.<sup>5</sup> Nurses must recognize the frequency of inmate escapes from hospitals and the potential for prisoners to take advantage of every opportunity to escape.

Hospital administrators do not expect nurses to prevent a prisoner from escaping, but nurses should be aware of the possibility and practice safely in combination with using situational awareness. For example, inmates without restraints escape at a higher rate than restrained inmates; therefore, nurses should consider starting an IV in a prisoner's unshackled arm instead of asking a corrections officer to

remove the shackle. Nurses have no foolproof method to identify high-risk prisoners other than being aware of the security level of the facility they come from and the presence of three or more officers guarding a prisoner, which is an indication of a high-security, flight-risk inmate. However, nurses should assume that all prisoners may attempt to escape and may be capable of violence.

## Hospital Security Personnel

Nursing and hospital security personnel must work together during the transfer and care of inmates in a health care facility. Nurses must understand the differences between hospital security personnel and corrections officers and the roles and responsibilities of each. The distinction between hospital security personnel, police officers, and corrections officers is a term known as *police powers*. Police powers are the designated authority to arrest, detain, use reasonable force, search, seize, carry a gun, and apply deadly force.<sup>6</sup> Hospital security officers generally do not have police powers unless they are employed at an authorized entity such as a university hospital police department or a private security force.

Hospital security personnel oversee prisoner visits in health care facilities and work with corrections supervisors to plan arrival times, entry points, and routes to the clinical area. Health care facilities providing inmate care should have a prisoner management policy, which provides direction to nursing and other hospital personnel and should cover the following areas:

- prisoner restrictions;
- confidentiality;
- use of restraints (eg, handcuffs, leg irons);
- orientation of corrections officers;
- guidelines for prisoner visits to clinics, emergency departments, and surgical suites;
- nursing care guidelines; and
- policies regarding
  - admission and discharge of prisoners,
  - medical records,
  - firearms or other weapons, and
  - the presence of an active shooter.

It is also important for hospital staff members to be aware that any prisoner may be able to take advantage of “complacent prison staff or uninformed clinical staff”<sup>7(p59)</sup> regardless of the security measures in place.

## Correctional Facility Personnel

Corrections officers use many methods for managing the custody and control of prisoners during transport to the

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