

HOSPITAL COORDINATION WITH LAW ENFORCEMENT: HOSPITAL GUIDANCE DOCUMENT

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This document addresses coordination between law enforcement/investigative agencies and hospitals before, during and following emergencies. While the main focus is on response to events or incidents happening outside of the hospital setting, the document also discusses internal practices, such as security, when working with law enforcement or investigative agencies. It also offers guidance on ongoing communication with local law enforcement and recommended actions for specific events. The document is the product of a series of conversations with representatives from the New York City Police Department (NYPD). While this document specifically addresses coordination with NYPD, many of the principles are relevant outside New York City. Non-New York City members are encouraged to discuss coordination with their local law enforcement agencies.

One of the most important preparedness actions a hospital can take is to form and maintain a strong working relationship with its local police precinct. Officers from the local precinct should be familiar with the layout of the facility and its emergency operations procedures. The precinct should also be aware of pre-event site visits to the facility. NYPD and other law enforcement agencies recognize that lifesaving efforts by hospital staff always take precedent over investigative activities. Through regular meetings and joint exercises, law enforcement officers and hospital staff can better understand one another's roles during an event. Through collaboration, they can develop protocols to allow law enforcement to respond efficiently and effectively, while ensuring the safety of patients and staff.

SECURITY CONSIDERATIONS

IDENTIFYING A LAW ENFORCEMENT OFFICER

All law enforcement officers must provide proper identification when requested by hospital personnel. Staff should be trained to always request to see identification and never assume that a uniform alone is appropriate identification. NYPD does not expect hospital personnel or administrators to be able to validate law enforcement identification; if hospital personnel are unfamiliar with identification provided by a law enforcement or an investigative agent, or if the officer or agent refuses to provide proper identification, the local precinct should be contacted immediately. All NYPD officers have resources to validate law enforcement and investigative agency identification.

PATIENTS UNDER ARREST

If a person receiving treatment at your facility is under arrest, that person will always be accompanied by at least one law enforcement officer. If the clinical professionals treating the patient request the removal of handcuffs, the officer must call a supervisor for approval before removing the handcuffs—standard operating procedure to prevent prisoner escape.



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LARGE-SCALE INCIDENTS

In a large, multi-site event such as the 2015 Paris attacks, a hospital may not be able to rely on local law enforcement to secure its facility. To prepare for such events, hospitals are encouraged to work with their local precinct to develop an enhanced security plan. The plan may include:

- Lockdown procedures and access limitations
- Perimeter security and street closures (initiated and maintained by your facility)
- Hospital Incident Command System (HICS) procedures used by the health care facility, and how HICS will interface with law enforcement

INTERFACING WITH LAW ENFORCEMENT

NYPD'S COORDINATION FUNCTION

If an event results in a large law enforcement presence at your facility, NYPD will assign a lead detective to your facility who will serve as a single point of contact (liaison) for all responding law enforcement and investigative agencies. The lead detective will coordinate the actions of all law enforcement and investigative personnel, regardless of jurisdiction. The lead detective, in coordination with the designated Hospital Liaison (see below), will assign a single investigator or a multi-agency team of investigators to speak with potential victims and witnesses to ensure minimal disruption to patient care. Use of liaison officers by NYPD and the hospital provides a clean interface between HICS and the National Incident Management System (NIMS) Incident Command System (ICS) used by outside agencies.

To successfully coordinate with responding agencies, NYPD requests that facilities:

DESIGNATE A DEBRIEFING ROOM

Designate a specific physical location (Debriefing Room) inside, or in close proximity to, the Emergency Department where investigative personnel from various agencies can convene.

ASSIGN SECURITY PERSONNEL TO ENTRANCES

Assign security personnel to all entrances and instruct them to actively engage with and guide incoming investigative personnel to the Debriefing Room.

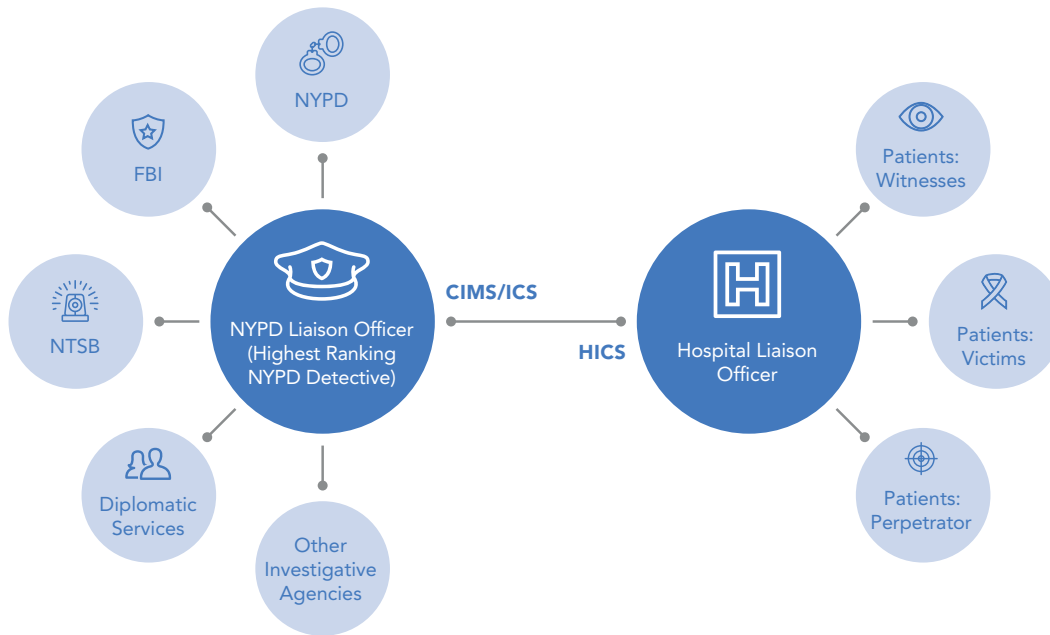
APPOINT A HOSPITAL LIAISON

Appoint a Hospital Liaison who will serve as the single point of contact for the lead detective.

- Your liaison should remain in or near the Debriefing Room
- Your liaison should be familiar with the HICS and NIMS ICS structures
- Your liaison will serve as a single point of contact for the NYPD lead detective and should have the ability and resources to connect law enforcement with potential witnesses and victims

SUGGESTED PRACTICES FOR SPECIFIC EVENTS

Below are suggestions on how to manage the interface with law enforcement and investigative agencies that would likely occur due to no-notice events, high-profile events, or pre-event site visits.



NO-NOTICE EVENTS

No-notice events such as acts of terror, explosions, or large motor vehicle accidents may result in a medical surge to your facility, as well as the presence of scores of law enforcement and investigative personnel.

- Designate a Debriefing Room, assign security personnel to entrances, and appoint a Hospital Liaison (see p. 2).
- Consider having a team of hospital personnel in the Debriefing Room to help your Hospital Liaison guide investigative officials to interviewees.
- Depending on the nature of the event, expect multiple investigative agencies to respond to your facility, including but not limited to:

NYPD	OTHER LAW ENFORCEMENT AND INVESTIGATIVE AGENCIES
Emergency Service Unit (ESU)	New York State Police
Critical Response Command (CRC)	Federal Bureau of Investigation (FBI)
Strategic Response Group (SRG)	US Department of State–Diplomatic Security Service
Joint FBI Task Force	National Transportation Safety Board (NTSB)
Missing Persons	United States Marshals Service
Detective Bureau	United States Park Police
Bomb Squad	New York City Sheriff
Arson/Explosion Unit	MTA Police
Borough Command	Amtrak Police

INJURED MEMBER OF SERVICE (POLICE, FIRE, EMS) OR OTHER HIGH-PROFILE PATIENT

When caring for an injured member of service or high-profile individual, the facility should consider these suggested practices:

- Alert the Public Information Officer (PIO) or External Communications Staff immediately. *Your PIO will need to activate protocols for managing members of the media at the facility and prepare for potential press conferences.*
- Designate a Debriefing Room, assign security personnel to entrances, and appoint a Hospital Liaison (see p. 2).
- Designate a secondary physical location where concerned colleagues, family members, friends, or dignitaries can gather in support of the injured person(s).

PRE-EVENT SITE VISITS

Occasionally, law enforcement officials may perform pre-event site visits. Such visits typically involve a walk-through of the hospital and brief meetings with key staff to understand clinical capabilities and security protocols. Such visits are typically reserved for high-profile events or visits from dignitaries. For planned events requiring pre-event site visits, NYPD should be aware of and may accompany Federal, State, or local agencies conducting the visits. Contact your local NYPD precinct immediately if:

- Staff is unable to verify the identification provided by a person claiming to be a Police Officer, Federal Agent, or Investigative Personnel that presents at your facility.
- A person claiming to be a Police Officer, Federal Agent, or Investigative Personnel is in uniform but refuses to provide identification to hospital staff.
- A person claiming to be a Police Officer, Federal Agent, or Investigative Personnel presents to your facility for any type of pre-event site visit without an NYPD representative.

If you have questions or feedback about this document, please contact Patrick Meyers, Project Manager, Emergency Preparedness and Employee Wellness, at pmeyers@gnyha.org or (212) 258-5336, or Jenna Mandel-Ricci, Vice President, Professional and Regulatory Affairs, at jmandel-ricci@gnyha.org or (212) 258-5314.