



## Ohio Administrative Code

### Rule 5122-7-04 Responsibilities of ODMH regional psychiatric hospital police and firearms restrictions.

Effective: May 10, 2010

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(A) The purpose of this rule shall be to establish the minimum duties and responsibilities of Ohio department of mental health (ODMH) hospital police, and to establish that no firearms shall be dispensed, carried or discharged in any building or on the grounds of any facility that is operating under the control of ODMH, except as provided below.

(B) The provisions of this rule shall be applicable to all facilities under the managing responsibility of ODMH. The firearms restrictions stated in this rule shall include, but not be restricted to, employees of ODMH hospital police departments.

(C) The following definitions shall apply to this rule in addition to or in place of those appearing in rule 5122-1-01 of the Administrative Code:

(1) "Chief of police" means an individual appointed to supervise ODMH hospital police department personnel, operations, and security functions. This individual is appointed by the hospital chief executive officer, subject to joint selection or approval by the ODMH security consultant (or in his/her absence, the ODMH chief legal counsel) and final approval by the director.

(2) "Police officer" means any special police officer, as defined in section 5119.14 of the Revised Code, who is under the supervision of the hospital chief of police. A police officer has special training and authority, including the power to arrest under section 5119.14 of the Revised Code. Hereinafter, ODMH police officers are referred to collectively as "hospital police."

(3) "Firearm" means any pistol, revolver, rifle, shotgun, or any part of any such weapon (or any ammunition for any such weapon, or any other weapon capable of discharging a projectile or projectiles that can wound, fatally or otherwise, the person of another). This definition includes unloaded firearms and any firearm which is inoperable but which can readily be rendered operable.

(4) "Securing the scene" means taking actions necessary to stabilize all existing factors and



conditions which could destroy or disturb evidence at the scene of a death, an alleged patient abuse, or where any other suspected criminal offense has been committed.

(5) "Safety officer" means a hospital employee designated by the chief executive officer to develop, implement, and supervise the hospital's safety program.

(6) "Safety committee" and/or "environment of care committee" means a group of hospital employees responsible for reviewing, advising, and/or promoting the hospital's safety program.

(7) "Stun gun" means a weapon designed to stun or temporarily immobilize a victim, especially by delivering a high-voltage electric shock. This includes the trademark taser device.

(D) Requirements of hospital police

(1) Hospital police shall provide protection and security for the patients, visitors, staff, grounds and buildings under the operating authority of the hospital.

(2) Hospital police shall be aware of and sensitive to the therapeutic needs of patients, and shall participate whenever possible in assisting patients in their recovery.

(3) Hospital police may be required to serve as patient escorts as deemed necessary on a facility-by-facility basis.

(4) All reports, including reports of investigations, shall be properly filed, maintained, and secured to protect the confidentiality of persons involved as required by section 5122.31 of the Revised Code. All reports shall be made using standardized departmental forms or forms approved by the chief of police. Requests for access to, or copies of police reports shall follow ODMH policy L-13, "ODMH Public Records Policy."

(5) All inpatient and CSN incidents of workplace violence shall be reviewed annually by the hospital police department, as required by ODMH policy L-01, "Workplace Violence Policy and Procedure" and shared with the hospital chief executive officer in order to identify trends and learning opportunities.



(E) Responsibilities of hospital police

(1) The chief of police shall be responsible for all police department functions, supervision of all police department personnel, and regular performance of the following duties:

(a) Submission of routine reports to the chief executive officer, security consultant, and/or director as directed. An annual report shall be completed which includes measures to improve the operation of the hospital's police department.

(b) Preparation of a policy and procedure manual, which shall be reviewed and approved by the chief executive officer and used to instruct hospital police with respect to the police department's role in assisting patients in their recovery, police functions, and relationships with other departments and programs of the hospital.

(c) Immediate securing of the scene and notifying the chief executive officer or designee, the ODMH security consultant, and the Ohio state highway patrol of any criminal offense or of any allegation of patient/client abuse occurring on any property under the control of ODMH.

(2) Hospital police shall provide the following services:

(a) Enforce the laws of the state of Ohio and investigate any alleged violation of a state statute or organizational policy (as needed). In general, hospital police shall not manage the activities or behavior of patients unless a violation of state law is evident.

(b) Provide assistance to patients, family members and clinical staff in the ongoing process of recovery from the effects of a severe and persistent mental illness.

(c) Investigate all alleged crimes and report suspected illegal activities by employees to the hospital chief of police, who shall then make certain that the ODMH security consultant and the Ohio state highway patrol are both notified. If the Ohio state highway patrol elects not to handle a case, prosecution of suspected illegal activities will be pursued by the hospital police when the chief executive officer and ODMH security consultant concur.



- (d) Investigate incidents, fires, and accidents pursuant to the applicable administrative rules promulgated by the department. A safety officer may be assigned to handle certain of these designated duties.
- (e) Patrol the hospital's property and buildings in order to identify and report security, fire and safety hazards found and to request corrective maintenance action. Damaged property or conditions which are potentially dangerous to life or property and which are to be reported include defective fire or first aid equipment or unavailability of equipment.
- (f) Remove or cause to be removed nuisances or obstructions from the hospital's property.
- (g) Assist in the evacuation of patients, staff members and visitors in the event of an emergency and also to assist in providing security and shelter for those persons evacuated.
- (h) Provide security, as needed, for public meetings on the property.
- (i) Assist consumers, employees, or visitors by rendering emergency first aid, requesting medical assistance, or assisting in their transportation in emergencies.
- (j) As an emergency intervention at the request of a clinical supervisor, assist in the control of a patient's behavior when such behavior presents a danger of physical harm to himself/herself and/or others.
- (k) Investigate and file reports of vehicle accidents occurring on hospital property.
- (l) Investigate employee accidents and complete police reports of these accidents; complete necessary documentation for possible workers' compensation claims in accordance with the hospital's written policies and procedures.
- (m) Unless handled by the hospital's safety officer or safety/environment of care committee, develop and implement procedures for emergency evacuations and fire drills pursuant to the applicable rules promulgated by the department.



(n) Actively participate on the hospital's safety/environment of care committee, as appointed.

(o) Control the flow of vehicle traffic and parking on hospital property in accordance with hospital directives and the applicable administrative rules and state statutes.

(p) Maintain a daily radio/telephone log and make written reports of all activities.

(q) In addition to the aforementioned duties, hospital police shall observe the powers and duties as provided in section 5119.14 of the Revised Code.

(3) Training and expectations

(a) Training in job functions shall be available to all hospital BHO police and shall follow guidelines established by the training component of the appropriate division, including at least the minimum number of hours of training as mandated by the Ohio peace officers training council and provided by an academy which is recognized and accredited by the Ohio peace officers training council.

(b) First aid classes shall be mandatory for all hospital police.

(c) Hospital police shall not be expected to place their lives or the lives of other persons in jeopardy in order to discharge their duties.

(d) Hospital police shall not be expected to violate administrative rules or policies in the discharge of their duties.

(e) If the chief executive officer or any member of his or her administrative staff directs or orders the chief of police or a police officer to cease or not initiate an investigation of a reported or suspected violation of any state statute or administrative rule, such order shall not be carried out without first consulting the department security consultant. The order shall then be placed in writing with a copy to the director.

(F) Firearms restrictions



(1) Firearms shall not be stored, dispensed, carried or discharged in any building or on the grounds of any facility under the operating control of ODMH, except when a visiting police agency needs to lock its gun(s) in a safe area.

(2) No patient, visitor, hospital employee, including police officers, shall possess, store, dispense, carry or discharge a personally-owned firearm on the grounds of a facility under the operating control of ODMH.

(3) Ohio state highway patrol officers, local law enforcement authorities, or other persons duly authorized to carry firearms may not carry such weapons into patient contact areas of the facility unless a special request has been made by the chief executive officer in the event of a life-threatening emergency situation which could require the use of deadly force.

(4) Special requests granted by the chief executive officer, which are exceptions to the rule stated in paragraph (F)(1) of this rule, shall be reported immediately to the director of ODMH, or designee, and a written report of such incident shall be made to the director within twenty-four hours explaining the need for such actions.

(5) Any person who violates this policy shall have committed an action which may be cause for removal, as well as, arrest and prosecution under section 2921.36 of the Revised Code.

(G) Stun gun restrictions

(1) Except as authorized in ODMH policy L-14, "ODMH Hospital Police Use of Electronic Control Device" and when a visiting policy agency needs to lock its stun gun(s) in a safe area, stun guns shall not be stored, dispensed, carried or discharged in any building or on the grounds of any facility under the operating control of ODMH.

(2) No person, including police officers and other hospital employees, shall possess, store, dispense, carry or discharge a personally-owned stun gun on the grounds of a facility under the operating control of ODMH.



(3) Ohio state highway patrol officers, local law enforcement authorities, or other persons duly authorized to carry stun guns may not carry such weapons into patient contact areas of the facility unless a special request has been made by the chief executive officer in the event of a life-threatening emergency situation which could require the use of deadly force.

(4) Special requests granted by the chief executive officer, which are exceptions to the rule stated in paragraph (G)(1) of this rule shall be reported immediately to the director of ODMH, or designee, and a written report of such incident shall be made to the director within twenty-four hours explaining the need for such actions.

(5) Any person who violates this policy shall have committed an action which may be cause for removal.

#### (H) Equipment

(1) A night stick or riot baton may be carried by hospital police only when patrolling outside of buildings, and then only with prior approval of the chief executive officer. The use of a blackjack, slapjack, or similar type of weapon is prohibited.

(2) Equipment which discharges chemical gases, such as chemical mace, may be carried with prior approval of the chief executive officer, but only for patrolling outside of buildings. Such equipment shall not be used to control or subdue a patient.

(I) Implementation. The chief executive officer of each hospital shall be responsible for prescribing guidelines for implementation of this rule.