

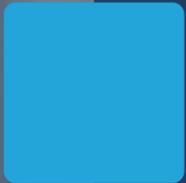


West Calcasieu Cameron Hospital

LAW ENFORCEMENT: CREATING AND MAINTAINING A COLLABORATIVE PARTNERSHIP

Geoff Landry Director of Emergency
Management and Security
West Calcasieu Cameron Hospital

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Special Guests

John Wall- Sulphur Chief of Police

Brandon Dever- Ward 4 Marshal

**Lt. Thomas Clophus Jr. – Calcasieu Parish Sheriffs
Office Public Relations Officer**



Objectives

Enhanced Safety Through Joint Training, Real Time Events and Drills: Regular, proactive, and collaborative training between hospital security and law enforcement improves communication, strengthens emergency response, and ensures a safer environment for staff and patients.

Streamlined Communication Channels: Establishing clear lines of communication between hospital leadership and local police administration allows for better coordination.

Improved Patient-Centered Security: Law enforcement and hospital staff can collaborate to treat patients with dignity while maintaining security and safety for all involved.

Shared Commitment to Mental Health and Wellness: Both professions can implement mutual support opportunities to address the unique stressors faced by officers and medical staff.

Proactive Risk Management and Site Assessment: Proactively identifying security gaps—such as securing ED, Pharmacy, and high-risk patient rooms. This helps prevent incidents like escapes or workplace violence before they occur.



HISTORICAL BARRIERS

The history of poor relations between hospitals and law enforcement stems primarily from a **fundamental conflict between their core missions**: healthcare prioritizes patient well-being, privacy, and trust, while law enforcement focuses on public safety, investigation, and crime control. This divergence creates friction in specific areas.



Key Areas of Interaction

Emergency Situations: Police are often called to the Emergency Department (ED) for violent incidents (assaults, stabbings, gunshot wounds), threats to staff/patients, or responding to off-site medical emergencies.

Mandatory Reporting: Hospitals must report specific injuries (gunshots, stabbings) and suspected abuse (child/vulnerable adult) to law enforcement, often requiring immediate notification.



Patient Information Release

(HIPAA):

With Authorization: Hospitals can release Protected Health Information (PHI) if the patient (or representative) signs a valid HIPAA authorization.

Without Authorization (Exceptions): PHI can be shared for imminent threats to safety, evidence of a crime on premises, to identify victims, or when required by law (e.g., warrants, subpoenas)

Security & Risk: Hospitals develop security plans, sometimes requiring constant police presence, especially in EDs, to manage risks and violence, requiring specific officer training



Hospital Responsibilities &

Policies

HIPAA Compliance: Hospitals must follow federal HIPAA rules, which strictly govern PHI disclosure, balancing patient privacy with law enforcement needs.

Written Protocols: Facilities need clear policies for officer interaction, ensuring patient rights are upheld and staff understand legal boundaries.

Officer Training: Training for law enforcement in hospitals should be trauma-informed, focusing on sensitive interactions with vulnerable patient populations.



Law Enforcement's Role

Investigative & Security: Police conduct investigations, respond to crimes within hospitals, and protect staff, patients, and property.

Not HIPAA Covered: Law enforcement agencies generally aren't HIPAA-covered entities, but they must follow HIPAA when requesting PHI.

In essence, hospitals act as crucial access points for law enforcement into cases involving violence and public health crises, necessitating structured cooperation while fiercely protecting patient privacy rights.



How We Have Bridged That Gap

Establish a purposeful and strategic relationship

What do we expect from LEO's?

What do LEO's expect from the hospital?

Who is going to lead that effort?

Effective Communication



Hospital Expectations

Reasonable response times

De-Escalation

Guidance

Patience



Law Enforcement

Expectations

The ability and authority to have access to the hospital

Open lines of communication

Constructive criticism

Administrative and Leadership support



Who leads the effort?

Someone knows someone who knows someone

Administration

Security Director

Front line staff

Risk Management



Effective Communication

Regular Meetings
After Action
Radio Communication
Planning
New Hire Orientation



Questions?