§ 131E-88. Law enforcement officers required in emergency departments.

(a) As used in this Part, "law enforcement officer" means (i) a sworn law enforcement officer, (ii) a special police officer, as defined in subsection (b) of G.S. 74E-6, or (iii) a campus police officer, in accordance with Chapter 74G of the General Statutes, who is duly authorized to carry a concealed weapon.

(b) Each hospital licensed under this Article that has an emergency department shall conduct a security risk assessment and develop and implement a security plan with protocols to ensure that at least one law enforcement officer is present at all times, except when temporarily required to leave in connection with the discharge of their duties, in the emergency department or on the same campus as the emergency department, unless subsection (c) of this section applies. The security plan required by this section shall include all of the following components:

(1) Training for law enforcement officers employed or contracted by the hospital that is appropriate for the populations served by the emergency department.

(2) Training for law enforcement officers employed or contracted by the hospital that is based on a trauma-informed approach to identifying and safely addressing situations involving patients, family members, or other persons who pose a risk of harm to themselves or others due to mental illness or substance use disorder or who are experiencing a mental health crisis.

(3) Safety protocols based on all of the following:

a. Standards established by a nationally recognized organization that has experience educating and certifying professionals involved in managing and directing security and safety programs in healthcare facilities. The Department of Health and Human Services shall solicit names of nationally recognized organizations from the North Carolina Sheriffs' Association, the North Carolina Association of Chiefs of Police, the North Carolina Emergency Management Association, and the North Carolina Healthcare Association.

b. The results of a security risk assessment of the emergency department.

c. Risks for the emergency department identified in consultation with the emergency department's medical director and nurse leadership, law enforcement officers employed or contracted by the hospital, and a local law enforcement representative. These identified risks shall take into consideration the hospital's trauma level designation, overall patient volume, volume of psychiatric and forensic patients, incidents of violence against staff and level of injuries sustained from such violence, and prevalence of crime in the community.

(4) Safety protocols that include the presence of at least one law enforcement officer in the emergency department, or on the same campus as the emergency department, at all times, unless an exemption is approved under subsection (c) of this section.

(5) Training requirements for law enforcement officers employed or contracted by the hospital in the potential use of and response to weapons, defensive tactics, de-escalation techniques, appropriate patient intervention activities, crisis intervention, and trauma-informed approaches.

(b1) Each hospital licensed under this Article that has an emergency department may submit a summary report of its security risk assessment to the Department of Health and Human Services by October 1, 2024. The submitted report must include the following:

(1) The process for the development of the security risk assessment, including the types of professionals who participated in the development of the security risk assessment.
(2) The actions recommended by the security risk assessment.
(3) The physical modifications recommended by the security risk assessment.
(4) The proposed budget and time line for the implementation of the security plan required by subsection (b) of this section.
(5) Any barriers to fully implement the security risk assessment findings and, if applicable, any barriers to the required presence of a law enforcement officer, and the hospital's planned efforts to overcome these barriers by June 1, 2025.

Subsection (b) of this section shall not apply until June 1, 2025, to a hospital licensed under this Article that has an emergency department who acts in compliance with this subsection.

(c) A hospital is not required to have at least one law enforcement officer present in the emergency department or on the hospital campus at all times if the hospital in good faith determines that a different level of security is necessary and appropriate for any of its emergency departments based upon findings in the security risk assessment required under sub-subdivision (b)(3)b. of this section. A hospital that determines that a different level of security is necessary and appropriate shall include the basis for that determination in its security risk assessment, and the security plan must include the following:

(1) The signature of the county sheriff.
(2) The signature of the municipal police chief, if applicable.
(3) The approval and signature of the county emergency management director.

(d) Every hospital with an emergency department shall provide appropriate hospital workplace violence prevention program training, education, and resources to staff, practitioners, and non-law enforcement officer security personnel.

(e) The Department of Health and Human Services shall have access to all security plans for hospitals with an emergency department. The Department of Health and Human Services shall maintain a list of those hospitals with a security plan developed in accordance with this section and a list of those hospitals who submitted a security risk assessment in accordance with subsection (b1) of this section.

(f) The following are not public records as defined by Chapter 132 of the General Statutes:

(1) A hospital security risk assessment, regardless of who has custody of the security risk assessment.
(2) A hospital security plan, regardless of who has custody of the security plan. (2023-129, s. 8.1(a); 2024-34, s. 11(a).)