
 <p>Cambridge Police Department</p>	POLICY & PROCEDURES		No. 651
	Subject/Title: Transporting & Guarding Detainees Requiring Hospitalization		
	Issuing Authority:  Robert C. Haas Police Commissioner	Review Date:	February 12, 2014
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	Rescinds:	Policy #2001-9	
References/ Attachments: Cambridge Health Alliance Policy entitled, "Restraint: Behavioral Violent/Seclusion" (11/09)	Accreditation Standards: 70.3.1 & 70.3.2		

I. PURPOSE:

The purpose of this written directive is to describe the procedures that will be followed when any one of the following circumstances occurs:

- Procedures to be followed whenever a detainee requires transportation to a medical facility;
- Procedures to be followed when providing care and custody over a detainee while receiving medical care or being hospitalized;
- Procedures to be followed when restraining detainees while under medical care or being hospitalized;
- Acquaint officers with the protocols to be followed with managing and overseeing detainees being hospitalized at a Cambridge Health Alliance Facility;
- Protocols to be followed while managing and guarding detainees receiving medical care at a Cambridge Health Alliance Facility;
- Protocols to be followed when called to a Cambridge Health Alliance Facility to assist with patients who may be causing threat to themselves or others.

II. POLICY:

It is the policy of this department to ensure that any individual under the care and custody of this department receives prompt medical attention. Further that the level of security of a detainee while being transported and cared for at a medical facility will not be compromised in any way, and that the detainee is maintained under an appropriate level of supervisory custody while that detainee remains under the care and custody of an officer of this department.

III. GENERAL GUIDELINES AND CONSIDERATIONS:

Quite often officers will find themselves with a detainee who has sustained an injury, suffering from a medical condition or in need of medical treatment while in the care and custody of this department. Officers have an obligation to be attentive to a detainee's medical needs (whether they be physical or psychological) as soon as an officer has ensured that the detainee cannot present a threat or harm to him/herself, the general public, or the officers involved.

The second opportunity of detecting any medical needs of the detainee generally takes place whenever the officer taking custody of an individual, transfer custody to the transporting officer (Wagon Officer). Prior to placing an individual into the transport vehicle, the transporting officer has an obligation to assess whether the individual being transported may be in need of medical care and to determine the appropriateness of transporting the individual based upon his/her physical condition, special needs of the individual, the individual's ability to navigate and maintain sufficient stability during transportation back to the police station. At any point, if the transporting officer does not feel that the individual is suitable for transportation either because of physical considerations or medical issues, the transporting officer has an obligation to communicate such concerns to the Sector Sergeant, who should determine whether alternative measures should be taken (e.g., transporting the subject to a medical facility and the mode of transportation).

The general care and custody of a detainee is generally transferred to the officer who is assigned to the department's holding facility and is ultimately under the overall supervision of the Shift Commander. As part of the booking officer's responsibility, the booking officer is responsible for checking upon the general wellbeing of the detainee during the booking process and during the entire time that the individual remains in custody of this department.

During the course of the booking process, the Shift Commander is generally charged with the responsibility of reviewing the charges being lodged against a detainee, ensuring that the proper procedures were being followed during the course of the arrest and booking process (to include affording the detainee his/her rights), and particularly assessing the general wellbeing of the detainee in terms of his/her viability to remain in the holding facility. The Shift Commander has a statutory obligation to immediately examine a detainee for injuries (see M.G.L. c. 276, § 33). Upon detecting any such injuries, the Shift Commander is responsible for seeing that all such notations of injuries are made, to include ascertaining how the injuries were sustained, and finally that appropriate medical attention is administered to the detainee.

The courts have ruled regardless how the injuries may have been sustained by the detainee; the police are considered liable for their "deliberate indifference" to serious medical needs of any individual in their custody.¹

¹ See *Johnson v. Summers*, 411 Mass. 82, 86 (1991).

For purposes of this policy, regardless of whether the individual is under protective custody or under arrest, the standards for care while the individual is in custody of the department are no different. If in the opinion of the booking officer, an individual is in need of medical care, the booking officer has an obligation to notify the Shift Commander, take whatever remedial action that is required to stabilize the detainee, and at the direction of the Shift Commander make the appropriate arrangements for the individual to receive medical attention.

If the individual is to be transferred to a medical facility, the Shift Commander will be required to make the appropriate arrangements to ensure that the detainee is properly restrained and that an officer maintains supervisory custody of the prisoner during the time of transportation to the medical facility, while at the medical facility up to and including the detainees return back to the holding facility or some other facility where the custody of the individual is appropriately transferred.

IV. TRANSPORTING DETAINEES TO A MEDICAL FACILITY:²

- A. Requiring Medical Attention at the Time of Detention:** If during the time when an individual is being taken into custody, the officers involved become aware that the subject is in need of medical attention, the following steps will be taken:
1. Once the subject has been properly restrained or no longer presents a threat or harm to him/herself, the general public, or the officers involved, the officers involved will promptly administer the appropriate level of medical attention to the individual.
 2. Notify the Sector Sergeant of the medical needs of the individual, and be guided by the instructions of the Sector Sergeant.
 3. Unless the medical needs can be remedied at the scene of the detention, the subject should not be brought to the station, but should be brought to the nearest medical facility for treatment.
 4. The officer making the arrest or placing an individual under protective custody will note within his/her police report any medical needs of the detainee, the causation of the medical aid, and what action was taken to address the medical needs.
 5. Prior to transporting a detainee, the detainee will be properly searched and any contraband, weapons, or evidential material in possession of the detainee will be seized and preserved for safekeeping in accordance with department policy.
 6. If the medical needs of the individual are not urgent, and the subject is able to be transported to the medical facility safely in the Police Wagon, then the

² CALEA Std. **70.3.1** – *A written directive prescribes procedures for transporting, sick, injured, or disabled detainees.*

subject may be transported in the Police Wagon or other suitable transport vehicle (dependent on the needs and limitations of the detainee).

7. If, however, the detainee appears to be in need of further medical care or his/her condition is such that it would not be appropriate to transport the subject in a police vehicle, then the appropriate medical support should be summonsed and the subject should be transported via an ambulance.
 - a. When a detainee is being transferred in an ambulance to a medical facility, one officer will accompany the detainee in the ambulance with a police cruiser following behind the ambulance.
 - b. Prior to transport, the officer accompanying the detainee will make sure that the detainee is properly restrained so that he/she does not have the opportunity to create a disturbance inside the ambulance and present a threat or damage to the occupants inside the ambulance. Attempts should be made to apply such restraints in order to prevent further injury or that would prevent aggravating an injury.
 - c. The officer riding with the detainee inside the ambulance is responsible for maintaining supervisory custody over the detainee and take whatever action is necessary so as to prevent the detainee from escaping or creating a disturbance.
8. An officer will always be assigned to remain with the detainee while the detainee is at the medical facility, and should never be left unattended.

B. Requiring Medical Attention during the Booking Process: If the detainee appears to be in need of medical attention either prior to or during the booking process, the following steps will be taken:

1. During the transfer of the detainee from the sally port through the holding facility and into the booking room, officers managing the detainee should always be aware of any medical needs of the detainee.
2. If, in the opinion of the transporting officers, the detainee is in need of medical attention, the officers will provide whatever appropriate medical attention might be needed at the time.
3. The Shift Commander is to be notified and it will be the Shift Commander who will determine whether the detainee will need to be transferred to a medical facility and the means of transportation.
4. If the detainee is in need of further medical attention or evaluation, arrangements will be made to have the appropriate medical personnel respond to the station.
5. If the detainee does not appear to be in need of urgent medical care and there are no limitations with respect to transporting the detainee in the Police Wagon, the Shift Commander will authorize the Police Wagon to provide transportation to the nearest medical facility.

6. If the detainee is to be transported via ambulance, an officer will be assigned to accompany the detainee in the ambulance, with another officer following the ambulance in a police vehicle.
 - a. Prior to transport, the officer accompanying the detainee will make sure that the detainee is properly restrained so that he/she does not have the opportunity to create a disturbance inside the ambulance and present a threat or damage to the occupants inside the ambulance. Such restraints should not further injure or compromise the injury.
 - b. The officer riding with the detainee inside the ambulance is responsible for maintaining supervisory custody over the detainee and take whatever action is necessary so as to prevent the detainee from escaping or creating a disturbance.
 - c. The detainee's personal belongings will be inventoried and maintained in the holding facility. Any contraband, weapons, or evidential material will be processed appropriately.
7. Notations will always be made anytime a detainee receives any medical aid or is transported to a medical facility.
8. An officer will always be assigned to remain with the detainee while the detainee is at the medical facility, and should never be left unattended.

C. Requiring Medical Attention While in Custody: If while in custody, a detainee appears to be in need of medical attention, the officer will immediately notify the Shift Commander, and prior to entering a cell to administer appropriate aid, summons sufficient help to standby. An officer should not enter a cell without sufficient backup, unless circumstances are such that any delay could result in serious injury or death of the detainee.

1. The booking officer or his/her relief (or matron in the case of a female detainee) should be monitoring activities and conditions of the detainees being held in the holding facility.
2. During the times of the prescribed visual inspections of each detainee, the inspecting officer should be checking on the wellbeing of the detainee.
 - a. If in the opinion of the inspecting officer the detainee might be in need of medical attention, he/she is to immediately notify the Shift Commander, and prior to entering the cell to provide assistance, be sure there is adequate assistance present. In an emergency situation, the inspecting officer should utilize the emergency alert system within the holding facility.
 - b. When it is safe, the officer responding to the aid of the detainee should provide whatever aid might be necessary.
3. If the detainee is in need of further medical attention or evaluation, arrangements will be made to have the appropriate medical personnel respond to the station.

4. If the detainee does not appear to be in need of urgent medical care and there are no limitations with respect to transporting the detainee in the Police Wagon, the Shift Commander will authorize the Police Wagon to provide transportation to the nearest medical facility.
5. If the detainee is to be transported via ambulance, an officer will be assigned to accompany the detainee in the ambulance, with another officer following the ambulance in a police vehicle.
 - a. Prior to transport, the officer accompanying the detainee will make sure that the detainee is properly restrained so that he/she does not have the opportunity to create a disturbance inside the ambulance and present a threat or damage to the occupants inside the ambulance. Such restraints should not further injure or compromise the injury.
 - b. The officer riding with the detainee inside the ambulance is responsible for maintaining supervisory custody over the detainee and take whatever action is necessary so as to prevent the detainee from escaping or creating a disturbance.
6. Notations will be made in the QED Booking Report anytime a detainee receives any medical aid or is transported to a medical facility.
7. An officer will always be assigned to remain with the detainee while the detainee is at the medical facility, and should never be left unattended.

V. GUARDING DETAINEES AT A MEDICAL FACILITY:³

- A. Assignment of an Officer to Detainees:** Whenever a detainee is brought to a medical facility, an officer will be assigned to provide supervisory custody over the detainee.
1. Upon arrival at the medical facility, the officer accompanying the detainee will make sure that the security department of the medical facility is made aware of the fact that a detainee is at the hospital receiving medical attention. At Cambridge Health Alliance facilities, security can be reached, at all times, at 617-665-1822 or at extension 1822 on an in-house telephone.
 2. At no time will an officer assigned to guard a detainee leave a detainee unattended unless appropriately relieved.
 3. In an Emergency Room setting, unless there are compelling reasons otherwise, a detainee should remain restrained so as to avoid any threat or harm to the hospital staff, patients, members of the general public, or to the officer, as well to prevent the detainee's escape.
 - a. If clinically appropriate, behavioral restraints provided by the hospital might be more suitable than keeping the detainee in handcuffs.

³ CALEA Std. **70.3.2** – *A written directive establishes procedures for the security and control of detainees transported to the medical care facilities or hospitals for treatment, examination, or admission.*

- b. Officers should take great care in making sure that the detainee is under control if the form of restraint is to be changed.
4. Officers should avoid any distractions while maintaining care and control over the detainee.
5. The officer should be particularly cautious so as to make sure that he/she maintains protective control over his/her weapons. There is a higher risk of a detainee attempting to overcome an officer or attempt to obtain a weapon while the detainee is being moved about the medical facility.
6. The officer guarding the detainee is expected to be cooperative with the care team at the medical facility to ensure that the individual/patient is not prevented from receiving patient care services, while taking appropriate precautions for the public, hospital staff, and other patients.
7. As a general rule, the detainee should not be allowed to engage with any visitors, unless specifically authorized by the Shift Commander.
 - a. If specifically authorized by the Shift Commander, it will be the responsibility of the officer guarding the detainee to ensure that all personal belongings (i.e., purses, bags, etc.) are kept a safe distance from the detainee and a cursory pat frisk is conducted of all visitors.
 - b. A log of all visitors (including a description of any protective measures taken) shall be kept by the officer assigned to guard the detainee.
8. Any unusual occurrences or situations that may be encountered should be reported to the Shift Commander.

B. Relief of Officers Guarding Detainees: Officers who have been assigned to guard a detainee while at a medical facility will not discontinue that assignment until properly relieved by another officer, or directed to do so by a superior officer.

1. It will be the responsibility of the Shift Commander, or his/her designee, to arrange for the appropriate relief of officers who have been assigned to guard a detainee.
2. If the department is holding a detainee of another agency, specifically Harvard University Police Department or MIT Police Department, where the detainee has been transported to a medical facility, the Shift Commander, or his/her designee, will arrange with the appropriate agency to provide for a member to guard the detainee while that detainee is at the medical facility. The Cambridge officer assigned to guard the detainee, in the meantime, will remain with the detainee until appropriately relieved by the officer from the other agency.

C. Detainees Held Under Protective Custody: Unless a detainee poses some type of threat, officers will not be assigned to a detainee who is being held under protective custody. Once the detainee has been situated at the medical facility,

the officer escorting the detainee will not be required to provide any supervisory custody.

1. Prior to leaving the detainee at the medical facility under these circumstances, the officer should make contact with the medical facility's security department to provide notice of the fact that a detainee has been brought to the facility for medical attention, and an officer will not be remaining with the detainee.
2. If medical facility staff requests an officer to stay with the detainee, the officer will first clear such request through the Shift Commander.

D. Detainees Held For Emergent Psychiatric Evaluation: If a detainee being held on criminal charges is being evaluated for an emergent psychiatric evaluation, the officer should not remain with the individual in the evaluation room during an evaluation, unless requested by clinical staff.

1. The officer guarding the detainee should advise the Shift Commander of this situation, and be guided by his/her direction.
2. In all circumstances, the officer is to remain in a position where he/she can observe the point of entry/egress to ensure that the detainee does not escape.

E. Escape of a Detainee: If a detainee does escape custody of an officer, the officer will immediately notify the Shift Commander, who will coordinate with the Sector Sergeant to begin searching for the escaped detainee.

1. The officer should also immediately notify the medical facility security staff, and coordinate a search of the medical facility for the escaped detainee.
2. The procedures outlined within *Cambridge Police Department Policy #660 – Holding Facility Operations (Section XIV.C)* as it pertains to escaping detainees shall be followed.
3. The officer responsible for maintaining custody over a detainee who has escaped will be required to do a detailed report accounting for all of the circumstances under which the detainee had made his/her escape.
4. All such reports will be forwarded through the appropriate chain of command to the Professional Standards Unit for further investigation.

VI. USE OF RESTRAINTS ON DETAINEES AT A MEDICAL FACILITY:

A. Use of Handcuffs as Restraints: Once the detainee has been situated in a environment where the officer guarding the detainee feels the detainee is not likely to cause a threat or harm to him/herself, hospital staff, other patients, the general public, or the officer, or present a risk of flight, the officer will remove the handcuffs from the detainee, unless:

1. The detainee has been combative or resistant, or has a history of being violent or unpredictable in his/her behavior.

2. The officer has reason to believe that the detainee does in fact pose a potential threat, harm, or risk of escape.
3. If hospital staff determines that behavioral restraints are clinically appropriate, then the officer may rely upon the hospital staff to apply other forms of restraint that would provide the same degree of protection as opposed to being handcuffed.
4. The officer may request medical facility security staff to be present to provide added protection as an additional precautionary measure if the situation warrants it.

B. Cooperation with the Medical Staff: The officer assigned to guard a detainee while at a medical facility is to work closely with the medical staff in facilitating the examination, evaluation, and treatment of the detainee. If the officer has concerns with the volatility of the detainee, or other risk factors, he/she should clearly communicate those concerns to the medical staff. If the medical staff feels that the detainee should have handcuffs removed, and the officer has lingering concerns, the officer should:

1. Work with the medical staff in finding an alternative means of addressing those security concerns.
2. Request additional assistance from the medical facility's security staff.
3. If the officer's concerns cannot be adequately addressed, he/she should then confer with the Shift Commander, who will intervene as he/she sees appropriate.

C. Detainee Admitted to the Medical Facility: If a detainee is going to be admitted to the medical facility for an extended stay, the officer guarding the detainee will notify the Shift Commander of that development.

1. The officer guarding the detainee will remain with the detainee until properly relieved or otherwise directed by the Shift Commander to be relieved of the assignment.
2. The officer guarding a detainee will never leave the detainee unattended, nor will he/she rely on any form of restraint as a substitution for in-presence custodial oversight.
3. If an officer is looking for temporary relief, and the officer does not believe the detainee to be violent or a risk for flight, he/she may ask the medical facility's security staff to maintain surveillance of the detainee after conferring with the Shift Commander.

D. Release of a Detainee from a Medical Facility: When a detainee is released from the medical facility and to be returned to the police station, the detainee will be transported back to the police station in the Police Wagon, unless the detainee's condition or physical ability prevents him/her from riding in the rear

portion of the Police Wagon, in which case alternative means of transportation will be provided to the detainee (refer to *Cambridge Police Department Policy #650 – Transportation of Detainees* for additional approved alternatives).

1. The officer returning with the detainee will obtain a report on the condition of the detainee upon his/her release from the medical facility, which will be incorporated into the booking record.
2. The officer will obtain any and all instructions with respect to future treatment and medications in writing from the medical staff, and those instructions will be made part of the booking record. No medications will be given to the detainee, but will remain with the paperwork provided by the medical facility.
3. Prior to transporting the detainee, the detainee will be searched and properly restrained.

VII. ADDITIONAL SECURITY PRECAUTIONS OF CAMBRIDGE HEALTH ALLIANCE MEDICAL FACILITIES:

- A. Patient Care Considerations:** Officers will bear in mind that the individual in custody is in need of treatment or care at the Cambridge Health Alliance (“CHA”) facilities. Officers will work cooperatively with the care team to ensure that the individual/patient is not prevented from receiving necessary patient care services, while taking appropriate precautions for the safety of the public, hospital staff, and other patients.
1. The nurse caring for the patient is the primary contact for officers, and should be contacted directly when any questions arise regarding the patient’s care. Security concerns should be addressed to the CHA Public Safety & Security Supervisor.
- B. Special Considerations for Psychological Evaluations:** From time to time, the Cambridge Police Department may request a psychiatric evaluation of a pre-arraignment prisoner. If the examining physician determines that the pre-arraignment prisoner should be re-evaluated by the applicable court clinic at the arraignment, the examining physician will provide information related to the initial evaluation of the prisoner to the officer, and/or directly to the court clinician.
- C. Key Safety Guidelines:** Officers are expected to adhere to the following policies and practices of the CHA:
1. *Weapons:* Police officers are authorized to carry a firearm in CHA facilities. However, an officer may be requested, by CHA clinical staff, to secure his/her firearm in a CHA firearm lockbox prior to entering in-patient psychiatric units. Officers must maintain control of their weapons at all times (see appendix for those areas that are considered protective areas).

- a. If such a request is made, the officer should first confer with his/her supervisor as to the appropriateness of taking such measures.
2. *Hazardous Materials:* MSDS sheets for all current materials utilized at the CHA are kept in the Emergency Departments at all CHA facilities. If officers come across an unidentified spill, notify the area supervisor (charge nurse, senior staff, etc.).
3. *Code Triage:* The term “Code Triage” is a generic term used within the CHA to indicate some type of unusual event from its day to day operations. Some specific examples may include: suspected gas leak, major mechanical/ environmental problem (phone inoperable, internal flood, loss of power, etc.), or a large influx of patients. If Code Triage is paged over the hospital paging system, contact the charge nurse for further information and/or instructions.
4. *Fire Safety:* “Code Red” is the CHA term which is used to indicate the presence or possibility of fire/smoke at a site. Fire extinguishers and alarm pull stations are located throughout CHA sites. All officers should familiarize themselves with the location of these items in the department where they are stationed. If there is a question in these locations, officers should contact the department manager for information. In general, CHA security adheres to the principles of “RACE” throughout CHA facilities:
R=Rescue A=Alarm C=Contain E=Extinguish
5. *Smoking Policy:* Under no circumstances is smoking allowed in any CHA building or surrounding property. CHA is a tobacco free property.
6. *Exposure to Bodily Fluids:* Gloves should be worn whenever the possibility of exposure to a patient’s bodily fluids is possible. Gloves, in addition to masks, gowns, etc. are located at all patient care areas within the hospital and are available for officers’ use. Officers should refer to **Cambridge Police Department Policy # 153 – Reporting Occupational Exposures** in the event of an inadvertent exposure.
7. *Emergency Response Codes:* CHA uses the following emergency response codes:
 - a. *Code Gray:* A threatening person/situation exists which requires Public Safety/Security Officers to respond.
 - b. *Code Purple:* A psychiatric/Public Safety/Security situation has occurred, and specifically trained personnel have been called in an effort to de-escalate or contain the situation.
 - c. *Code Pink:* An infant/child has been abducted. The building will be locked down. Please stay in your area and await further direction from the department manager.
 - d. *Code Green:* A utility failure has occurred.
 - e. *Code Blue:* A patient is in respiratory failure/cardiac arrest.
 - f. *Code Silver:* An armed intruder is in the facility.