

DEPARTMENT GENERAL ORDER 99-46

OFFICE of the CHIEF OF POLICE
REPLACES: SOP 501.31.00

DATE: August 31, 1999

TRANSPORTATION OF SICK, DISABLED, OR INJURED PRISONERS

I. PURPOSE.

To establish procedural guidelines for the transportation and handling of sick, disabled, or injured prisoners.

II. DEFINITIONS.

Disabled Prisoner - One with an anatomical, physiological, or mental impairment that may hinder mobility, communication skills, or the ability to reason and comprehend.

Prisoner - A person who has been arrested and taken into custody.

Transport Vehicle - The vehicle used to transport a prisoner from one point to another.

III. TRANSPORT PROCEDURES.

Prisoners who complain of being sick or injured shall be afforded medical attention in the shortest time practical. Should a prisoner be in custody at Police Headquarters at the time the complaint is registered, the officer receiving the complaint shall notify communications of the situation and request that the Fire Department dispatch an ambulance to the department.

If the prisoner has a serious or life-threatening illness, the arresting officer(s) may be required to utilize CPR or other first aid training to attempt to sustain the individual until the arrival of paramedics. However, officers shall not dispense any type of medication, nor allow the prisoner to take any type of medication, without proper oversight by a qualified physician or medical practitioner.

In the event a prisoner requires hospitalization for a life-threatening medical condition, the prisoner shall be conveyed to the nearest hospital for emergency treatment. Should the situation be serious but non life-threatening, the prisoner shall be conveyed to Normandy Community Hospital. A uniformed officer shall accompany the ambulance when same transports a prisoner to a medical facility and will standby while same is attended to by the hospital staff. The officer shall maintain constant visual observation of the prisoner, except in the following circumstances:

- 1). When a physician is performing tests/surgery on the prisoner.
- 2). When a physician is examining a prisoner of the opposite sex from the officer.
- 3). In hospital toilet facilities where the prisoner is the opposite sex from the officer.

Under these circumstances, officers will position themselves so as to prevent an escape attempt, yet accommodating the privacy needs of the prisoner. When feasible, an officer of the same sex as the prisoner will be assigned to assist at the hospital.

A. Use of Restraint Devices

Sick, disabled, elderly, or injured prisoners shall be restrained in the same manner as healthy prisoners (Refer General Order 99-45), except in those instances where the type of illness, infirmity, or injury dictates otherwise. Should restraints be deemed unnecessary, the transporting officer(s) shall exercise due caution and closely monitor the prisoner's actions to preclude an escape attempt or an assault on their persons.

Mentally disturbed prisoners shall also be restrained (handcuffed behind their back) prior to transport in a police vehicle. However, should an ambulance be necessary to convey same to the hospital, leg irons, straps, and/or other types of restraints may be employed as necessary to ensure the safety of the prisoner, paramedics, and officers involved.

The number and type of restraints used, and when same are applied, will (consistent with the guidelines presented in this directive and General Order 99-45), involve a certain amount of discretionary judgment on the part of each arresting or transport officer.

B. Fit for Confinement Examinations

Any prisoner taken into custody with an apparent medical condition of a

serious or debilitating nature, those who claim to have a serious or debilitating condition, or one who has physically resisted arrest and may thereby claim injury as a result, shall require a "Fit for Confinement" medical examination prior to being lodged in the St. Louis County Department of Corrections.

However, contingent upon the type of offense the individual is charged with, and/or other extenuating circumstances, the prisoner should be released pending warrant application if at all practical. General guidelines in this regard are:

- 1). That if a prisoner has been arrested for a serious crime (e.g. homicide, robbery, rape, serious assault, etc.), the individual should remain in police custody and an officer or officers assigned to secure the prisoner while same receives medical attention.
- 2). Prisoners arrested on non-serious state felony or misdemeanor charges, where no warrant has been issued, may be immediately released on a recognizance bond. The on-duty supervisor or commander shall be responsible to pre-approve each such release.
- 3). Prisoners arrested for municipal warrants/charges will be immediately released on a recognizance bond.

In those instances where a "Fit for Confinement" examination is required, the arresting officer(s) may convey the prisoner to the Intake Center of the St. Louis County Justice Center, at which time their medical staff will perform the examination, or to the Normandy Community Hospital, 7840 Natural Bridge Road. Should the attending physician find the prisoner medically fit for incarceration, he will complete a form attesting to his findings and turn same over to the officer. The prisoner and the medical examination form shall subsequently be transported to the St. Louis County Department of Corrections, at which time both shall be released into the custody of corrections personnel.

C. Transportation of Mentally Ill

If a suspected mentally ill prisoner has shown by his/her actions that their judgment, reasoning ability, and/or decision making capability are impaired to the point where they do not appear competent to take care of themselves, or that they are likely to cause serious physical injury to themselves or others, the subject should be transported to the State Mental Hospital at 5400 Arsenal Street in St. Louis.

In those cases where the use of force was necessary to take a suspected mentally ill person into custody, the prisoner shall first be transported to a medical hospital for examination and treatment. Upon completion of this

process, the individual shall then be conveyed to the appropriate mental health facility for evaluation and possible admission.

Such conveyances shall be made in a lock-up vehicle whenever possible, and will be performed by a minimum of two officers.

In those instances where a mentally impaired prisoner may be extremely violent or physically ill, an ambulance shall be requested to assist with transportation. Under such circumstances, one or both officers shall accompany the ambulance during transportation.

D. Transportation of Handicapped Prisoners

Handicapped prisoners shall generally be those confined to a wheel chair or who are on crutches. However, some may be blind, deaf, or suffer from a variety of debilitating diseases or physical ailments. As such, the safety of the prisoner and the transporting officer(s) will require due care during the conveyance process.

To a great degree, handicapped prisoners may be safely transported in a lock-up vehicle or regular police car. In such circumstances, the individual shall be properly restrained, with their medical support equipment stored elsewhere in the patrol vehicle, out of their reach. However, in extreme instances, an ambulance may be required to assist with transportation. Should this be the case, an officer shall accompany the prisoner in the ambulance during the conveyance.

E. Control of Prisoners at Medical Facilities

Sworn officers shall maintain maximum control over prisoners at medical facilities consistent with necessary medical testing and treatment, privacy needs of the prisoner, and the facilities regulations. Prisoners shall be restrained as necessary and kept under direct visual surveillance as much as possible.

The facility's security staff should be alerted to the presence of the prisoner, and measures taken to limit the prisoner's personal contacts and communication with medical personnel only.

Officers should guard against escape attempts, suicide, or assaults on hospital personnel; particularly during those times when the prisoner may be unrestrained.

1). Admission of Prisoner to Medical Facility

In the event a prisoner requires admission to a hospital or similar medical facility, the transport officer(s) shall remain with the individual

until arrangements can be made to secure the prisoner in a hospital confinement area, or to have same transferred to a hospital which possesses such a facility. Once a prisoner has been safely transferred to such an area, the responsibility to guard the individual will pass to the on-site security staff.

IV. CONTAMINATION OF TRANSPORT VEHICLE.

In the event the interior of a transport vehicle should become contaminated with blood, urine or other bodily fluid, or if a person known to have an infectious disease has been transported in a department vehicle, the vehicle shall be removed from active use until same can be decontaminated in accordance with the guidelines presented in Section V, General Order 99-1.

V. NOTIFICATION OF PHYSICAL/MENTAL INFIRMITY.

When a prisoner is released to another agency or court, and the prisoner suffers, or is believed to suffer, from a physical or mental infirmity, the officer(s) making the release shall verbally notify personnel of the receiving agency or institution of same. There must be proper justification for such a warning (prior history, self-admission, personal observation, etc.); however, once the information has been passed on, it will then be the responsibility of the receiving agency/institution to deal with the individual accordingly.

BY ORDER OF:

RICHARD T. MORRIS
Chief of Police

RTM:dld

CALEA Reference: 71.3.1/71.3.2