PURPOSE:

To establish guidelines whereby local, county, state and federal law enforcement jurisdictions and correctional institutions collaborate with EMS in the provision of medical care to prisoners/inmates and patients in law enforcement custody.

POLICY

I. **Workplace violence definition**: Act of aggression directed towards persons at work or on duty and ranges from offensive or threatening language to homicide. Workplace violence is commonly understood as any physical assault, emotional or verbal abuse or threatening, harassing or coercive behavior in the work setting that causes physical or emotional harm (ENA, 2010).

Workplace violence response policy: Ideally, the workplace should be free of violent threats or actions and staff should feel safe while at work. Violence against any healthcare worker is not permitted and will not be tolerated. Assaults are not considered part of the job or acceptable behavior. Report all violent incidents to employer and to EMS MD as soon as possible.

"**Universal Precautions for Violence**": Violence should be expected but can be avoided or mitigated through preparation. All EMS personal shall understand the importance of maintaining a culture of respect, dignity, and active mutual engagement in preventing workplace violence.

EMS agencies shall take reasonable precautions to prevent workplace violence against their personnel. If responding to a person in custody, they shall take steps to provide adequate EMS staffing and PD security, good lighting; eliminate sight and communication barriers, and when possible respond to areas with surveillance and alarm systems (OSHA).

Procedures should ensure ongoing identification of workplace hazards and risk evaluation; tracking of progress in implementing controls; formal post-incident evaluation and after action reviews (OSHA roadmap). EMS personnel should undergo education on hazard recognition and control and steps to take during emergency situations involving persons in law enforcement custody that may involve hostage situations or violence. Training should include preventive measures such as how to recognize cues that a patient or situation may become violent, neutralize potentially violent situations, prevent or manage violence and avoid physical harm.

II. **EMS will promptly assess and treat within EMS scope of practice all patients in law enforcement custody for whom an emergency response is requested.**

A. Patients in law enforcement custody are entitled to and will receive the same standard of care provided to other EMS patients.

B. Patients in law enforcement custody will be afforded normal courtesies and in turn will display the same to EMS and public safety personnel. Use professional tone of voice; call the patient Mr. or Ms. if you do not know his/her first name.

C. When called by law enforcement to assess/transport a person in custody, law enforcement shall communicate to EMS the following behavioral history of the patient relative to past violence, drug abuse, criminal activity, or assaultive behaviors if known:

1. Type of substance abuse or violence including nature, severity, and pattern.
2. Any event triggers if known and de-escalation responses.

Information gained should be used to formulate individualized plans for early identification and prevention of future violence.

D. It is not within a PM's scope of practice to give prisoners **prescription medications** or to assist or observe them taking their own medications as EMS has no way of verifying that the medication in the containers present with the prisoner is the drug or dose purported to be on the label. Law enforcement agencies are responsible for creating policies for prisoner medication administration that usually involve nursing personnel.

E. Should the behavior of any patient in law enforcement custody become maladaptive (i.e., harassing any emergency responder, making threats, asserting him/herself in such a manner that is offensive), this is to be immediately reported to the law enforcement/ correctional officer [OFFICER]. EMS should take immediate precautions to protect their safety and the safety of the prisoner/patient per policy and SOP. Appropriate actions must also be taken by the OFFICER/correctional facility personnel.

III. **PATIENT CARE**: Patients in law enforcement custody are classified by the law enforcement jurisdiction/correctional facility according to their level of security risk; therefore their **right to privacy will not be the same as a non-prisoner patient.**

A. All patients in custody will be accompanied by OFFICER(s), the number and proximity to the patient to be determined by the jurisdiction. The OFFICER(s) must be present at all times unless asked to temporarily leave the area by a physician. Stay within sight of the OFFICER at all times. This may mean that an OFFICER is traveling immediately behind the ambulance if the patient is considered low risk for violence or flight.

B. OFFICERS are authorized to carry weapons while accompanying patients in custody in EMS vehicles.

C. Treat and interview aggressive or agitated patients in relatively open areas that still maintain privacy and confidentiality

D. Focus assessment only on information necessary to determine the patient's needs and provide care.

E. Perform activities simultaneously at the point of patient care to minimize traffic in and out of the point of patient contact.

F. Make sure that oral medications have been swallowed and all sharps have been secured

G. For all situations that require a patient in law enforcement custody to be sedated by EMS, the OFFICER must remain with the patient.

H. For security reasons, do not give any information regarding return transports or scheduled procedures to patients in law enforcement custody. Limit your information to pertinent medical issues.

I. Do not accept inquiries or calls about the patient. Prisoners are not allowed to communicate or come into physical contact with attorneys, family members or any non-law enforcement persons while being transported. Notify the OFFICER immediately of any inquiries or calls received. The patient in law enforcement custody may not receive any calls while in the care of EMS.

J. EMS staff shall adhere to the stated security measures and will not intervene or interfere with security measures instituted by accompanying OFFICER(s). If they sincerely believe them to be illegal and/or unethical and pose an imminent unnecessary risk of harm to the patient, EMS has a duty to report their concerns to their immediate supervisor and OLMC.

K. **DO NOT:**

1. Wear a stethoscope, lanyard, or jewelry around the neck; hoop or drop earrings
2. Wear your ID badge while in the prisoner's presence
3. Carry pens, scissors, or sharp instruments in your pocket
4. Provide care without an OFFICER present, unless classified as a low security or violence risk
5. Reveal the destination or anticipated activities once at the destination facility
6. Make or respond to small talk or exchange pleasantries with prisoner patients
7. Give personal information to the patient in law enforcement custody
8. Take unnecessary equipment to the point of patient contact or leave healthcare supplies in that location upon departure

L. **DO**

1. Announce your presence before touching a sleeping or nonresponsive patient in law enforcement custody.
2. Wear long hair up, even if in a ponytail. Grabbing hair is an easy way to get physical control over you.

IV. **Patient Rights to Consent and Refusal of Assessment/Care**

A. If the PD has determined via breathalyzer that a person has a blood alcohol level above the legal limit and the **EMS assessment reveals** no altered mental status/impairment, no hypoglycemia, no hypoxia or hypercarbia, no slurred speech, the person answers questions appropriately, can perform rapid alternative movements and has a steady gait, **they may be considered decisional** if they understand any medical concerns or reasons why the PD wants them transported and the potential consequence of no transport. Legal intoxication numbers alone do not correlate with decisional capacity. If in doubt, contact OLMC for a recommendation.

B. **If decisional, they do not lose the right to make decisions regarding their medical treatment.** Law enforcement agents cannot compel healthcare personnel to act in disregard of the rights of any person, regardless of whether or not such person is in police custody. If a police officer denies treatment of a prisoner that appears medically indicated, provide the officer with full disclosure of risk and attempt to gain their cooperation. Contact OLMC and have the officer speak directly with a physician.

C. Patients in law enforcement custody have the same **rights to informed consent** as any patient treated by EMS. They are to receive sufficient information in order to make informed decisions about their care, including consent for or refusal of treatment. The patient will receive verbal instructions regarding his/her care including disclosure of risks.

D. If a prisoner is non-decisional, they shall be treated under implied consent.

E. **Ensure patient confidentiality is maintained**. Confidentiality of patient information will be accomplished through the System's electronic patient care report and Confidentiality policy per usual and customary procedure. Do not discuss the patient with anyone outside of health care or law enforcement personnel with a need to know. Law enforcement does not communicate medical information with an adult prisoner's family. If a juvenile is in custody that needs treatment, officers will coordinate notification with the hospital and the subject's family.

V. **Restraints**

A. The use of administrative restraints (handcuffs, shackles) shall be determined by the OFFICER unless such use is contraindicated by certain medical considerations specified by the patient's condition and approved by OLMC (pt in labor). The escorting OFFICER(s) are responsible for notifying the appropriate individual(s) at the local law enforcement agency/correctional institution should the administrative restraints be removed for medical reasons per their internal policies. EMS personnel must be notified in all cases when administrative restraints are removed so appropriate medical restraint precautions can be applied concurrently.

B. If physical and/or chemical restraint is needed, EMS policy/procedures shall apply.

C. Any conflicts in the degree and/or type of restraint-use will be resolved in consultation with OLMC and the OFFICER.

VI. **Infection Control**

EMS infection control policies/procedure will be followed per usual and customary procedures

VII. **Movement/Transport of a Patient in Custody**

A. Exercise extra vigilance and care in elevators, stairwells, and in safely securing patient in the ambulance.

B. EMS personnel will have the final decision about persons (other than OFFICERS) wishing to be transported with a patient in custody in the ambulance. Safety is paramount to minimize distractions for EMS responders in executing their professional duties.

C. PD has a right to transport any prisoner for medical evaluation based on their own guidelines. A decisional patient can ride in a squad car if PD believes there is a reason for hospital evaluation when the patient is refusing EMS transport.

D. Patients in law enforcement custody will enter the hospital through the emergency department. After entering, he/she will be escorted to the assigned bed and/or special area. The registration process should be expedited to minimize disruption to regular operations.

E. **Transfer from one Medical Facility to Another**

Coordination and arrangements for transfer from one medical facility to another will be made in concert with the local law enforcement jurisdiction/correctional facility and Healthcare facility administration. Consideration is given to the best mode of transportation, security, and directions provided by the physician at the receiving facility.

VIII. **Escape Risk**

A. In the event of escape of a patient in law enforcement custody, EMS personnel are to stand clear and not attempt to detain the patient. Take all appropriate precautions for personal safety if escape is attempted. Law enforcement officers will likely wish to interview witnesses to determine course of action.

B. It is the responsibility of the OFFICER to contact law enforcement/correctional facility for further contacts with and assistance from the appropriate legal system.

C. If, in the opinion of the ranking institutional official, the local or state police should be notified, the Shift Commander or Security Lieutenant shall assume the responsibility for notifying the appropriate law enforcement agency(ies). During treatment, OFFICER on scene will make necessary notifications. If a prisoner is being transported and/or admitted to a hospital and not being guarded, EMS personnel/hospital security should call 911 and report the escape immediately. The local PD will respond and contact the home agency.

IX. **Death of a Prisoner Patient**

Upon the death of a patient in law enforcement custody, the appropriate local, county, state, or federal law enforcement jurisdiction/correctional institution will be notified. Instructions for disposition will be received from the jurisdiction/institution.

References:

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U.S. Department of Labor Occupational Safety and Health Administration. (2016). OSHA Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers. 3148-06R 2016. https://www.osha.gov/Publications/osha3148.pdf

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