

KANSAS CITY, MO. POLICE DEPARTMENT <b>PROCEDURAL INSTRUCTION</b>	DATE OF ISSUE 1/29/14	EFFECTIVE DATE 1/29/14	NO. 14-02
<b>SUBJECT</b> Ambulance Calls and Arrests Taken to Hospitals		AMENDS	
<b>REFERENCE</b>		RESCINDS PI 98-7 DM 98-14	

## I. INTRODUCTION

To establish responsibility and provide procedures for persons who appear to be or claim to be sick or injured, including arrests.

## II. PROCEDURE

- \*A. Officers may perform necessary first aid, consistent with the officers' training and experience until relieved by medical personnel. Officers will:
  - \*1. **Never** pronounce death. Officers do not have the authority to cancel life-saving efforts and declare a person dead.
  - 2. Treat all blood and body fluids as potential hazards. The use of barrier protection and/or ventilation devices are approved precautions for disease avoidance. Refer to the current written directive entitled, "On-Duty Exposure to Communicable Diseases and Physical Health Protection" for more detailed instructions relating to contact with hazardous fluid/substances.
  - 3. Report all known and reasonably suspected on-duty exposures to communicable diseases in accordance with the current written directive entitled, "On-Duty Exposure to Communicable Diseases and Physical Health Protection."
  - 4. When relieved, direct his/her efforts toward department duties and public safety, i.e., arrests, traffic flow, pedestrian and crowd control, etc., and will not become involved in the treatment, care or transportation of the ill or injured person(s) unless requested by the paramedic.
- B. In situations which tend to attract unruly crowds, it may become unsafe for the paramedics to continue treatment at the scene. In these situations, a police supervisor or commander may request the paramedics evacuate the area with the patient.
- \*C. Members will procure transportation to a medical facility when requested. Members may also authorize transportation of any person to a medical facility, without request, if they believe such transportation is needed for persons who appear to be sick or injured.

- \*1. When a person is in custody at a Department detention facility, and an on-duty nurse is present, the on-duty nurse will advise when to procure transportation to a medical facility.
- 2. If the person is unconscious or otherwise judged to be in critical condition, the paramedic will determine which hospital the person will be taken to whether or not that person is under arrest.
- 3. If the person is not under arrest, is conscious and is judged not to be critical by the paramedic, the hospital of the person's choice should be used.
- 4. If the person is not under arrest and refuses to be transported to a hospital, the officer will not force that person to be transported unless the officer, in the exercise of his or her best judgment, has reason to believe that lack of immediate medical attention will result in serious physical injury or death to the person. The decision of the officer to require medical attention be given to the individual may be based on the officer's own observations of the injured person and will take into consideration recommendations by ambulance or medical personnel.

**NOTE:** Consent to medical treatment - For the purposes of consent to hospitalization or medical, surgical or other treatment or procedures, a "**minor**" is defined as any person under eighteen years of age and an "**adult**" is defined as any person 18 years of age or older. A parent or legal guardian's authorization is required for a minor to refuse treatment.

- \*5. If the sick or injured person is under arrest with a police hold, the arresting officer will request the person be taken to a hospital within the department's jurisdiction for completion of the investigation. Officers will accompany or escort all arrests to the hospital. Officers will also request the paramedic inform hospital staff that a police hold has been placed on the subject. Paramedics or hospital staff are under no obligation to restrain or detain the subject.
- D. Officers requesting an ambulance will advise the dispatcher the nature of the emergency, e.g., fall, vehicular, shooting, etc., and the number of victims.
- E. When an officer arrives at an incident where an ambulance has been ordered but is not needed, the officer will immediately advise the dispatcher to cancel the ambulance.
- F. Issuing a citation and/or summons requires that the violator be aware of the citation and his/her obligation to answer to the Municipal Court.

- G. An officer will not issue a citation or summons to a violator who:
- \*1. Is unconscious.
  - 2. Has been removed to a location outside the State of Missouri.
  - 3. Is so seriously injured that issuing a citation or summons would impede medical attention.
- H. Warrant Application - In the above mentioned circumstances, the officer will follow procedures in the current written directive entitled, "REJIS LEWeb, Mobile/E-Ticketing and Court Web."
- I. An officer may issue a citation or summons to a conscious/coherent violator who has been removed to a hospital (located in the State of Missouri) providing the violator is charged with a violation **not** requiring bond. Refer to current directive entitled, "Bonding General Ordinance Violations."
- J. Priority Release of Arrests - Persons in custody for a charge on a citation, summons, or municipal warrant may be priority released (upon signature), when psychological/medical care is requested or required. When priority releasing an arrest, officers will follow the procedure outlined in the current written directive entitled, "Arrest Guidelines."
- \*K. State Statute Arrests and State Warrant Arrests
- Officers will accompany or escort all state statute and state warrant arrests to the hospital. Upon arrival at the hospital, the arresting officer will contact the attending physician to determine if the arrest will be treated and released or admitted to the hospital.
- 1. Treated and Released - If the arrest is to be treated and released, the arresting officer will maintain security of the arrest and, upon release will follow the procedures established for booking of State Statute/Warrant arrests.
  - 2. Admitted to the Hospital – It will be the responsibility of the arresting officer or his/her supervisor to provide security for any state statute arrest taken to a hospital, from the time of arrest until a decision is made to admit the prisoner to the hospital. If the arrest is to be admitted to the hospital and the investigative element determines the arrest will be booked for a state charge, the arresting officer will:

- a. Inform the hospital that a police hold has been placed on the subject.
- b. Contact his/her immediate supervisor to arrange for security of the arrest. The arrest will become the responsibility of the Patrol Bureau Division that initiated the arrest. Extended security of the arrest will be coordinated through the Patrol Bureau Office and, when applicable, the Investigations Bureau Office.
- \*c. Contact the desk sergeant of the division in which the hospital is located, when the arresting officers are assigned to the Traffic Division or the Special Operations Division. The desk sergeant will assume coordination responsibilities.
- d. After being relieved from security of the arrest, complete applicable reports and respond to the appropriate Investigative element.
- e. Advise the Communications Unit Supervisor of the hospital and the arrest's name.

\*L. Security for Hospitalized Arrests

1. Upon request, Patrol Bureau personnel will provide security for state statute and state warrant arrests admitted to area hospitals.
2. With the approval of the Patrol Bureau Commander or his/her designee, Patrol Bureau personnel will also assist outside law enforcement agencies in guarding state statute and state warrant arrests hospitalized in our jurisdiction, providing that a felony warrant has been or is being obtained for the subject's arrest.
3. Extended security for state statute or state warrant arrests beyond 72 hours will be reported to the Patrol Bureau Office.
4. Security of state statute, state warrant, citation, and summons arrests taken to area hospitals will be the immediate responsibility of the arresting officer(s) and his/her supervisor(s). When relieved of guard duty, it is the responsibility of the officer being relieved to inform the relief officer of the charges against the arrest, and any pertinent information that may affect the arrest, and may affect the relief officer's guard duty. Once the exchange of arrest information is completed, the security of the arrest will become the responsibility of the relieving officer.

5. The guard officer will:

- a. Review the Hospitalized Prisoner Information Sheet, Form 160 P.D. This form should include an explanation of the level of escape risk of the prisoner; the expectancy of an attempt to harm the prisoner from outside persons; the anticipation of a possible rescue attempt; details of which persons may be allowed to visit the prisoner; use of television by prisoner; telephone usage; and the assignment of an alias name to the prisoner, etc.
- b. Complete appropriate entries to the Hospitalized Prisoner Security Log, Form 161 P.D.
- c. Be positioned in a location to most effectively guard the prisoner. Generally, this will be in a position inside the prisoner's room which affords a full view of the prisoner.
  - (1) Officers will accompany prisoners to other locations in the hospital (X-Ray, etc.) in order to maintain security. Officers should be prepared to yield to hospital staff providing care to the prisoner and in transport of medical equipment through hallways and within the prisoner's room.
  - (2) Whatever position guard officers assume, they will remain alert and attentive to other persons within the area and familiarize themselves with on-duty hospital staff caring for the prisoner.
  - (3) Officers should be aware of possible officer safety issues while guarding a prisoner. Consideration should be given to items that might be used as weapons. These items include drinking glasses, trays, plates, utensils, and scalding liquids such as coffee. They should also be aware of the possible use of the prisoner's bodily fluids (urine/blood) for an assault.
  - (4) Because of Miranda considerations officers should not converse with hospitalized prisoners about details of his/her offense. All spontaneous utterances regarding any offense will be documented and the appropriate investigative unit will be contacted.
  - (5) An officer will remain on post until properly relieved.
- d. Request a supervisor if questions or conflicts arise with hospital staff regarding administrative procedures.

6. When prisoners are discharged, the guard officer will:
  - a. Transport or arrange for transfer to the Detention Unit.
  - b. Notify the desk sergeant of the coordinating Patrol Division, and his/her desk sergeant.
  - c. Notify the investigative unit, if applicable.
  - d. Return the Hospitalized Prisoner Information Sheet, Form 160 P.D., and any Hospitalized Prisoner Security Logs, Form 161 P.D., to the coordinating desk sergeant.

\*M. Desk Sergeant Responsibilities

1. Arrange for the immediate relief of the arresting officer.
2. Complete a Hospitalized Prisoner Information Sheet, Form 160 P.D., and a Hospitalized Prisoner Security Log, Form 161 P.D. When an investigative arrest is being hospitalized, the desk sergeant will contact the investigative element to ascertain if any restrictions should be noted.
3. In the event that the arrest requires extended hospitalization, the Watch II Desk Sergeant of the coordinating division will create a guard duty schedule to commence after 72 hours. This rotation will include Central Patrol, Metro Patrol, and East Patrol Divisions only. The Patrol Bureau will be provided a copy of this schedule.
4. The Watch II Desk Sergeant of the arresting Patrol Division is responsible for updating the guard duty schedule.

\*N. Field Sergeant Responsibilities

1. Periodically check on officers assigned to hospital guard duty.
2. Ensure officers are relieved on time.
3. Ensure relief is available for the necessary needs of the assigned officers.
4. Respond to resolve conflicts with hospital staff.

\*O. Coordinating Division Responsibilities

1. Upon notification that a prisoner has been released from the hospital, notify the desk sergeants of the other divisions involved in guarding the prisoner, if any, and also any investigative unit, if appropriate.

2. Notify the Patrol Bureau Office that a prisoner has been released from the hospital. If the release occurs after the normal working hours of the Patrol Bureau Office, make the notification by way of an entry on the Patrol Bureau Report.
3. File the Hospitalized Prisoner Information Sheet, Form 160 P.D., and Hospitalized Prisoner Security Log, Form 161 P.D. A copy of the Hospitalized Prisoner Information Sheet, Form 160 P.D., and the Hospitalized Prisoner Security Log, Form 161 P.D., will be forwarded to the proper investigative element, when applicable.

P. Refusal of Medical Treatment

1. If the arresting officer believes an arrest needs medical attention and the subject refuses, the arresting officer will attempt to persuade the arrest to receive medical treatment. If the arrest still refuses, the arrest **will be** transported to the nearest hospital.
2. Upon arrival at the hospital, the arresting officer will contact an on-duty physician and give an appraisal of the situation.
3. If the arrest still refuses treatment in the physician's presence, the officer will obtain the necessary information to be entered in the narrative section of the applicable report and complete a Prisoner's Injury or Illness Report, Form 8 P.D. Refusal of medical treatment information is not limited to but must include:
  - a. Exact nature of the victim's injuries or indicated illness and symptoms,
  - b. Name of hospital,
  - c. Date and time of refusal,
  - d. Physician present,
  - e. Disposition of the arrest.
4. After receiving information for the appropriate report, the arresting officer will transport the arrest to the Detention Unit or the arresting officer's division station.

5. A copy of the report will be submitted to detention or station personnel when booking the arrest. Division personnel will forward the copy of the report to the Detention Unit upon transfer of the arrest.

\*NOTE: This applies only to persons in police custody.

Q. Injured Persons Taken to Mental Health Facility

When there are complaints or visible signs of physical injury and the subject is in need of psychological evaluation/treatment, the following guidelines will be observed:

1. When transportation is provided by a police vehicle:
  - a. In East, Central, or Metro Patrol Divisions, he/she may be transported to Truman Medical Center (TMC) for treatment of the minor injury. The subject will remain in the custody of the officer.
    - (1) Upon release, the officer will transport the person to Center for Behavioral Medicine (CBM). CBM was formerly Western Missouri Mental Health Center.
    - (2) If the subject has a minor injury and refuses treatment, the subject will be transported to CBM. Prior to leaving the hospital, officers will obtain the necessary documentation indicating that the subject was transported to a hospital and refused treatment.
    - (3) CBM will accept persons who refuse treatment of a minor injury. If acceptance is denied by CBM staff, the officer should request the CBM Supervisor be paged for assistance. CBM will evaluate the person and transport to TMC if necessary.
  - b. In South Patrol Division, he/she may be transported to TMC Lakewood or TMC for treatment of the minor injury. The subject will remain in the custody of the officer.
    - (1) Upon release, the subject will be transported to CBM unless pre-arrangements have been made, per doctors with Research Psychiatric Center.
    - (2) TMC Lakewood accepts some non-combative psychiatric patients. After the treatment of the minor injury, the officers should ask whether the subject will be admitted for psychological treatment.

- c. In North Patrol or Shoal Creek Patrol Divisions, he/she will be transported to North Kansas City Hospital, St. Luke's Northland Hospital, or TMC for treatment of the minor injury. The subject will remain in the custody of the officer. Upon release from North Kansas City Hospital, St. Luke's Northland Hospital, or TMC, the subject will be transported to CBM.
  - d. **All combative subjects will be transferred to CBM after receiving treatment of minor injuries or after refusing treatment of minor injuries.**
2. When the subject is transported by an ambulance:
- a. Officers will not follow an ambulance to the hospital unless requested by ambulance personnel. If requested to follow an ambulance by ambulance personnel, officers will inform the paramedic that he/she must remain within the city limits of Kansas City, Missouri.
  - b. Absent an escort request by ambulance personnel, the appropriate report will be completed and officers will clear for service.

Darryl Forté  
Chief of Police

Adopted by the Board of Police Commissioners this \_\_\_\_\_ day of \_\_\_\_\_ 2014.

Alvin Brooks  
Board President

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