

<b>POLICY:</b>	<b>200.08 PATIENTS IN LAW ENFORCEMENT CUSTODY</b>		
<b>APPROVAL:</b>	<b>VICE PRESIDENT OF PROFESSIONAL SERVICES; MANAGER OF EMS;</b>		
<b>EFFECTIVE DATE:</b> 2/15/2024			<b>ORIGINAL EFFECTIVE DATE:</b> 8/2022
<b>DEPARTMENT SPECIFIC</b>		<b>EMERGENCY MEDICAL SERVICES</b>	

## I. Purpose:

To give direction to field personal on the interaction between law enforcement officers, those in law enforcement custody, and EMS Providers. This policy shall be followed regardless of who requested the EMS response.

## II. Policy:

- A. When a MHEMSS Provider is called to treat and or transport a person in the custody of law enforcement, the responding provider shall conduct an evaluation and institute treatment and transport in accordance with all Standing Medical Orders (SMO's)
- B. Providers should maintain a nonjudgmental attitude when evaluating, treating and or transporting anyone who is in custody.
- C. If the patient requests treatment and transport, but a law enforcement officer refuses, and the pt is 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 online medical control and have the officer speak directly with a physician.
- D. Patient Rights to Consent and Refusal of Assessment/Care
  - 1. If the officer 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 officer wants them transported and the potential consequence of no transport. Legal intoxication numbers alone do not correlate with decisional capacity. If in doubt, contact online medical control for a recommendation.
  - 2. 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.
  - 3. If a prisoner is non-decisional, they shall be treated under implied consent.
  - 4. 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.

- E. Whenever a patient in custody is transported while in handcuffs an officer and a handcuff key need to accompany that patient. If possible both the officer and the key will be in the ambulance with the patient. At a minimum the officers need to provide the EMS Personal with a handcuff key for the transport.
- F. Morris Hospital EMS System Personal do not have the ability to determine if a prisoner is fit for confinement. If there is any question of this, the prisoner needs to be evaluated in an Emergency Room by a Physician.

**Approval:**

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**James Kirchner**                           **Date**  
**Vice President of Professional Services**

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**Kathleen Geiger MSN, RN**                   **Date**  
**Manager of EMS & Emergency Management**