

DETAINING PRISONERS

WILLIAMSTOWN POLICE DEPARTMENT POLICY & PROCEDURE NO. 3.04	EFFECTIVE DATE: 02/04/2022
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I. GENERAL CONSIDERATIONS AND GUIDELINES

The focus of this policy is the care, safety and security of detainees being held in the custody of this department.

While detainees are being held in police custody, their well-being is the responsibility of the department. Even though prisoners are normally housed for only short periods of time, the environment of police lockups can become volatile and emotionally charged, as evidenced by incidents of prisoner suicide and injury. Post-arrest detention is a time when the emotional impact of the arrest becomes evident to many prisoners. Particularly prone to actions which may cause injury to themselves or others are persons with mental illness, persons who are intoxicated due to drug or alcohol use, drug addicts, and persons who have other arrest warrants against them. Strict adherence to procedures governing the monitoring of prisoners and the bringing of weapons and tools into the cell block area is necessary to ensure facility security and prisoner well-being.

II. POLICY

It is the policy of this department to operate the holding facility in a manner which ensures detainee and officer safety and protects the constitutional rights of detainees.

III. PROCEDURES

A. Prisoner Supervision

1. ACCOUNTABILITY FOR DETAINEES

- a. Upon each change of shift, the off-going Shift Supervisor or Officer in Charge shall conduct a face-to-face count of the detainee population and shall inform the incoming supervisor of the number of persons being detained in the holding facility.
- b. The off-going dispatcher shall inform the incoming dispatcher of the number of persons being detained in the holding facility.
- c. This briefing shall include:
 - 1) Any bail status;
 - 2) Suicide risks;
 - 3) Injuries, medical or medication issues;
 - 4) Need for Jenkins hearings; and
 - 5) Detainees at other facilities (hospital, KEY program, etc.).

2. DETAINEE MONITORING UNDER NORMAL CONDITIONS **[72.8.1]**

- a. There shall be a twenty-four-hour per day supervision of detainees by department staff.
- b. The dispatcher shall be responsible to ensure that regular checks are made of each detainee and that such checks are properly recorded. The audio system is to be turned on and operated when the holding cells are being used.
- c. Detainee checks shall be made by physically looking in the cell to observe the detainee and listening to the sounds emanating from the cell area to ensure that the detainee is all right. Such physical checks shall normally be made at least every thirty minutes.
- d. Additional detainee checks may be augmented by:
 - 1) Looking at the detainee on the cell video monitor and listening to the sounds emanating from the holding cell.
 - 2) If either audio or video is inoperative, or there is any question as to the condition of the detainee, making the checks physically.
- e. Checks of the detainee shall be documented by using the cell check recording system and by logging the checks on the Daily

Log.¹ If the Morse Watchman System is not functioning properly, physically walking to the cell door and visually inspecting the prisoner shall be done.

3. SUICIDAL DETAINEES

- a. For any detainee who exhibits any signs or symptoms of suicidal behavior, obtains a medium or higher rating on the suicide risk screening during booking, or whose name appears on the Q5 query, the Shift Supervisor in charge of the shift shall be immediately notified.
- b. The Shift Supervisor in charge of the shift shall determine if a detainee should be placed on suicide watch. A detainee shall be placed on suicide watch if:
 - 1) The risk screening indicates a medium or higher suicide risk;
 - 2) The detainee exhibits signs or symptoms of suicidal behavior;
 - 3) The detainee threatens to commit suicide;
 - 4) The detainee attempts to commit suicide;
 - 5) The detainee's name appears on the Q5, Suicide Risk File; or
 - 6) The detainee is brought to a hospital for a mental health evaluation, released, and returned to the police holding facility.
- c. The level of a suicide watch shall be proportional to the degree of the detainee's suicide risk.
- d. The Shift Supervisor in charge of the shift shall consider the detainee's charges, mental state, behavior and other factors and determine if the detainee should be transported to a hospital for a mental health evaluation. See the department policy **1.16 - Handling the Mentally Ill**.
- e. In-Station Incidents: Whenever any detainee attempts or threatens suicide within the holding facility, the Shift Supervisor in charge of the shift shall do the following:
 - 1) Write or cause to be written an incident report.
 - 2) Prior to the end of the shift, but within twenty-four hours of such incident, enter the detainee's name and other required information into the IMC Suicide Risk File.²
 - 3) If a detainee attempts or threatens suicide while in police custody and is transferred to another holding facility, the Shift

¹ M.G.L. c. 40, §36B.

²M.G.L. c. 40, §36A.

Supervisor in charge of the shift is responsible to notify the receiving facility, in writing, of the exact nature of the attempt or threat. A copy of the suicide risk form shall accompany the detainee to the next facility and shall be given to the accepting staff.³

- 4) In the event that an individual brought to a hospital or medical facility for a suicide evaluation is returned to the holding facility for detainment, the Shift Supervisor in charge of the shift shall institute a suicide watch until such time as the detainee is released from custody or transferred to another agency.

4. SUICIDE WATCH

a. Low Risk suicide watch may include:

- 1) Awareness of the detainee's condition and behavior;
- 2) Physical checks of the detainee every thirty minutes; and
- 3) Audio and video monitoring of the detainee's cell.

b. Medium Risk suicide watch may include:

- 1) A more heightened awareness of the detainee's condition and behavior;
- 2) Checks of the detainee every fifteen minutes; and
- 3) Audio and video monitoring of the detainee's cell.

c. High Risk suicide watch may include:

- 1) Heightened vigilance of the detainee's condition and behavior;
- 2) Physical checks of the detainee at ten-minute intervals; and
- 3) Audio and video monitoring of the detainee's cell.

d. Very High-Risk suicide watch may include, at the supervisor's discretion, any of the following:

- 1) A very high degree of vigilance of the detainee's condition and behavior;
- 2) Constant observation of the detainee; and
- 3) Constant monitoring of audio from the detainee's cell.

5. MONITORING DETAINEE ACTIVITIES

a. Monitoring detainees of the opposite sex

- 1) Detainees should be supervised by department staff of the same sex as the detainee. When this is not possible, there should be

³ M.G.L. c. 40, §36A.

at least two employees present during all physical contact with detainee(s) of the opposite sex.

- 2) Employees monitoring detainees of the opposite sex shall respect the detainee's privacy rights within the limits of facility security. Any female staff, if on duty, shall assist in supervising female detainees. A matron shall supervise all female detainees at all stations to which a matron is assigned.⁴ **[72.8.3]**

b. Audio and video monitoring

- 1) Any video monitors and audio listening devices installed in the cell block areas shall be turned on whenever a person is placed into one of the cells in the holding facility and shall be left on as long as anyone is being detained there.
- 2) In order to accommodate the personal privacy rights of individuals held in the facility: **[72.8.2]**
 - a) When a detainee speaks to his/her attorney, the audio listening devices will be turned off during the visit. The video shall remain on and be monitored for the protection of the attorney. **[72.7.1(c)]**
 - b) When a detainee is using the toilet facility, the audio and visual devices will be turned off for a short time if an officer or other monitor is present to help ensure security and safety.
- 3) Cell monitoring equipment is never to be used for covert purposes.

B. Medical Care [72.6.1]

1. FIRST RESPONDER

- a. No department employees shall be allowed to go beyond the scope of their training in administering to the emergency or special medical needs of any person held in the custody of this department. This scope is determined by the level of emergency medical training of the individual members of the department (i.e., CPR, First Responder, EMT, etc.).
- b. An ambulance shall be called when any detainee requests and/or is deemed in need of medical attention.
- c. A log entry shall be created for all medical assistance received by a detainee.

⁴ M.G.L. c. 147, §19.

- d. When a detainee is transferred to an area hospital, [s]he shall be transported by ambulance to the Emergency Room. For further information, see the department policy **3.01 - Transportation of Detainees**.

2. MEDICATION

- a. Detainees are permitted to take any necessary medication, over-the-counter or prescription, specifically prescribed in writing by a licensed medical provider, provided that the administration of the drugs is requested by the detainee. **[72.6.5]**
- 1) Only the quantity of medication specified by the prescribing practitioner shall be given to the detainee.
 - 2) Any medications brought in by a detainee, or given to him/her in the course of any treatment they may require while in department custody, shall be retained with the detainee's property.
 - 3) If there is any question concerning the administration of medications, the Shift Supervisor or Officer in Charge may either confer by telephone with a qualified medical physician or pharmacist before administering the medication, medics may be called, or the detainee may be transported to the hospital and the medication administered there.
 - 4) The detainee may only receive the dosage of medication as noted on the label, and the administering officer must witness the detainee taking the medication.
 - 5) A department may modify its practice of confiscating medications for a period of confinement in order to permit inmates who have disabilities that require self-medication, such as cardiac conditions, diabetes or epilepsy, to self-administer medications that do not have abuse potential.
 - 6) A written record of any medications administered to a detainee shall be maintained on the Daily Log.

NOTE: G.L. c. 94C, § 9 prohibits the administration of a controlled substance by non-licensed persons. This policy simply affords a detainee the opportunity to self-administer prescribed medicine in accordance with label directions.

C. Handling Violent, Intoxicated, Self-destructive Persons [72.5.4]

1. DETENTION

- a. The priority of police actions in dealing with violent, self-destructive, or intoxicated detainees is the protection from injury of the police staff, other detainees, and the detainee.
- b. Segregation or additional restraints shall not involve any other penalty other than the segregation or restraint. There shall be no abridgment of rights or privileges that would normally be granted to any other detainee.
- c. Any detainee who is uncontrollable due to the influence of alcohol or drugs, or is violent or otherwise self-destructive, shall, if transportation or removal to a detoxification or other mental health facility is not feasible, be placed in a single occupancy cell as deemed appropriate by the Shift Supervisor. Under no circumstances shall this type of detainee be placed in a cell occupied by another person.
- d. All detainee behavior which requires segregation, restraint, transfer, or police response shall be included in an incident report.
- e. Such detainee shall be continuously monitored. The detainee's behavior should be taped or otherwise captured on video and the recording preserved.

2. THE USE OF PRISONER RESTRAINTS

- a. If, in the judgment of a shift supervisor, a detainee becomes violent or uncontrollable, the detainee may be restrained while in the cell or out of the cell. Occasionally the feet, legs or ankles of a person in custody must be shackled or restrained. The use of ankle cuffs or hobbles when a person presents a risk to themselves or others unless the ankles are properly restrained. Such restraint may include the use of:
 - 1) Handcuffs; and
 - 2) Leg chains; and
 - 3) Ankle hobble; and
 - 4) Wrist to waist restraint; and
 - 5) Arm restrictor; and
 - 6) Restraint Chair; and
 - 7) Flex cuffs; and
 - 8) Nylon control straps; and

- 9) Spit hoods.
- b. Detainees shall not be “hogtied” due to the risk of positional asphyxia.
 - c. The purpose of using any restraining device is to ensure the safety to the public, the officer, the person in custody, and to decrease the chance for injury and escape.
 - d. As the need presents itself, there may be occasion to use other restraining devices that are approved by the Chief of Police. These may include, but are not limited to, transport belts, wrist/leg chains, and waist belts, spit hoods, etc., that provide safe, humane restraint.
 - e. Restraining devices must be applied to persons using techniques that provide safety for the officer, yet do not present undue discomfort to the person in custody.
 - f. Restraining devices are not weapons and should not be used as a weapon. They will not be used to intentionally cause injury to a person in custody, or to intentionally humiliate a person.

3. PROCEDURES

A. Officers may use the restraint devices when a prisoner presents a threat to themselves, to an officer, or to the general safety and security of the police department. The Shift Supervisor or Officer in Charge must approve the use of the restraint device and (if possible) be present when a prisoner is secured. The restraint devices should only be used as a control measure. The restraint devices will not be used as a form of punishment.

1. Any handcuffs used to restrain a prisoner are double locked. If it appears that the handcuffs applied are exerting undue pressure on the prisoner's wrists, personnel can attempt to loosen the cuffs or apply a second pair and remove the first pair.
2. Once the prisoner is secured with any restraint device, care should be taken to make sure all the restraints are secured properly. The Shift Supervisor or Officer in Charge shall evaluate the situation, e.g., medical problems, intoxication of subject, unusual behavior, etc. and determine if the prisoner should be conveyed to a different facility capable of treating or monitoring the prisoners' condition, i.e., medical, suicidal, etc.

3. The Shift Supervisor or Officer in charge shall make a determination whether and for how long to continue use of the restraint devices.
4. After a prisoner has been placed in any restraint device an officer must continuously supervise him/her during the first 15 minutes to monitor the prisoner and adjust the restraints.
5. After the first 15 minutes, a physical evaluation of a prisoner secured shall be performed approximately every 15 minutes. This evaluation shall include an examination of the restraints to verify that they remain secure and are not causing injury to the prisoner.
6. Prisoners shall be periodically re-evaluated to determine their suitability or release from the restraint. The Shift Supervisor or Officer in charge will make the determination as to when the subject may be unsecured.
7. If the prisoner is restrained for more than two hours, at least two officers will briefly free the prisoner's legs so that the prisoner may stretch and flex the muscles. The prisoner's legs should be freed one at a time to minimize the danger of an assault on the officers.
8. If the prisoner complains of injury or pain, which is beyond mere discomfort, the officer monitoring the prisoner shall immediately notify the Shift Supervisor and examine the prisoner to evaluate if any additional medical attention is required.
9. The restraint devices shall not be used as punishment.
10. Whenever a prisoner is secured with a restraint device a supplemental report shall be written by the officer, indicating time of placement, time of removal, documented checks, and the reason for the use of the restraint device(s)

4. SPECIAL CONSIDERATIONS

- A. There are several factors that are used for consideration in determining the type of restraining device utilized and the degree of restraint required. Many of these involve officer expertise and training. These decisions do not significantly vary from other discretionary decisions in which police make on a daily basis.
- B. The safety of the officer, the detainee, and the general public shall be primary consideration in making these determinations. Factors including the nature of the detention and the setting shall be considered
- C. Age

1. Generally speaking, the age of an offender will not dictate whether or not a restraining device is used. Officers may evaluate the reasonableness of a restraining device on the very young or the very old.

a. Juvenile Status Offenders: technically, juveniles taken into custody for their protection, as runaways, or other status offenses/conditions should not be physically restrained. However, circumstances, conditions and demeanor of the juvenile may dictate that restraining devices are necessary for their protection, the safety of the public or the officer.

D. Physical Condition

1. Persons taken into custody may be in a physical condition that precludes the appropriate application of a restraining device or necessity of such a device.

2. When possible, care should be used to avoid injury to the person being restrained. To avoid aggravation of an obvious injury and/or physical condition, officers may deviate from required restraint techniques.

3. In situations where officers have conflicts in making determinations on restraint, they may seek the advice of a supervisor. Supervisors may overrule officers' decisions on the degree of restraint.

E. Training

All officers will be trained during their FTO training on the proper use and techniques for all department approved safety restraint devices.

Any officer not trained in restraint use will not use them.

5. HARMFUL CONDITIONS

a. Conditions

- 1) If the suspect displays impaired thinking, disorientation, hallucinations and/or delusions, intense paranoia, violent and/or bizarre behavior AND during the arrest exhibited great strength and/or a diminished sensitivity to pain, the individual may be showing signs of excited delirium. Immediately after a struggle, sudden death may ensue.
- 2) Persons suffering from cocaine intoxication, particularly if additional alcohol is used, are subject to increased blood pressure, heart rate and body temperature. Sudden death may occur in such persons.

- 3) Psychiatric patients who display hyperthermia (over heating), are in and out of consciousness and have lumpiness of skeletal muscles may be suffering from neuroleptic malignant syndrome and may also be prone to sudden death.
- b. Precautions
 - 1) Detainees displaying these symptoms should be checked by ambulance personnel.
 - 2) Such detainees should be closely monitored through video and audio monitoring or physical monitoring, if such monitoring can be done without further exciting the detainee.
6. TRANSFER OF CUSTODY: In cases where the detainee's actions pose a definite threat to the safety of the staff, other detainees, the detainee, or the security of the holding facility, the supervisor may attempt to make arrangements with corrections officials for transfer to their custody.
7. IN-CELL ARRAIGNMENT
- a. In the event that detainee's actions pose a definite threat to the safety of the staff, other detainees, the detainee, or the security of the holding facility, the supervisor may request that the detainee be arraigned in the holding cell.
 - b. Such arraignment may be followed up by a release from custody or transfer to the Sheriff's Department.

D. Meals

1. Prisoners that are being held or expected to be held, twenty-four hours or longer will be provided three meals during each twenty-four-hour period:

7:00 AM	breakfast
12:00 PM	lunch
6:00 PM	dinner
2. Before any food is provided, prisoners shall be asked if they have any food allergies.

The meal schedule will begin on the next shift following the shift that the arrest was made on **[72.7.1(f)]**.
3. The two primary vendors designated by the department for meal purchases are Subway and Cumberland Farms. Meal receipts should be marked with the detainee's name and submitted to the Chief.

4. The content of meals shall be designated by the department and should be substantial enough to provide adequate nourishment for the detainee.⁵
5. The contents of each meal will be generally as follows:
 - a. Breakfast: egg sandwich or similar item
 - b. Lunch: sandwich
 - c. Dinner: sandwich
 - d. Beverages will be provided with each meal.
6. Any special diet that is required in accordance with treatment prescribed by a licensed physician will be granted whenever possible, within the parameters of cost effectiveness and available resources.
7. No metal eating utensils or containers are allowed in the cell block area. All eating utensils shall be flexible, disposable plastic and shall not be re-used. **[72.4.7]**
8. Drinking cups shall be disposable plastic or paper. No common cups shall be shared among detainees. ⁶ No cups shall be re-used.
9. All containers shall be removed from the cell upon completion of the meal.
10. A record of meals served shall be kept by creating a log note or narrative entry in IMC under the related call.

E. Entering Cell Area

1. GENERALLY
 - a. Except during an emergency, such as a fire, firearms are not allowed in the cell area. **[72.4.1]**
 - b. Whenever an officer closes a cell door to secure a detainee, the officer shall check the door to ensure that it is securely locked.
 - c. If any problems in securing a cell door are encountered:
 - 1) The detainee shall be moved to an operational cell;
 - 2) The cell shall be taken out of service;
 - 3) The supervisor shall be notified; and
 - 4) The holding facility manager shall be notified to make arrangements for repair.

⁵M.G.L. c. 40, §34.

⁶ 105 CMR 470.150; 151.

2. OCCUPIED CELLS

- a. An officer or medic may only enter an occupied cell when: **[72.4.2]**
 - 1) At least one other officer is present, the officer is being actively monitored by another employee through audio-visual equipment, or is carrying a panic alarm;
 - 2) A medical or other emergency exists; or
 - 3) When releasing a prisoner from custody.
- b. Cells may be entered for the purpose of:
 - 1) Feeding the detainee;
 - 2) Providing blankets to the detainee;
 - 3) Removing refuse;
 - 4) Providing medication;
 - 5) Checking on the status of a sleeping or unconscious detainee;
 - 6) Conducting medical evaluations;
 - 7) Restraining the detainee; and
 - 8) Other necessary law enforcement purposes.
- c. Nonessential personnel **[72.1.2]**
 - 1) Nonessential personnel will generally not be allowed access to the holding area while any cell in that area is occupied by a detainee. Escorted access may be authorized by a supervisor.
 - 2) Any nonessential people who are allowed access shall be searched for weapons and / or contraband prior to entry into the holding area.
 - 3) Repairs or maintenance shall not be conducted in an occupied cell.
 - 4) Members of the media shall have access to the cell block area only when the area is unoccupied, unless specifically authorized by the Chief of Police.
 - 5) Tour groups shall be allowed in the cell block area only when the cell block is unoccupied.
 - 6) When nonessential persons are granted access to the detainee holding area, their presence should not violate a detainee's privacy, impede facility operations, or frustrate future prosecutions.

F. Detainee Visitors [72.8.5]

1. DETAINEE VISITS

a. Generally

- 1) Persons held in police holding facilities do not have a right to visits.
- 2) Visits to detainees are discouraged.
- 3) No visits shall take place unless authorized by a supervisor.

b. Approved Visitors

- 1) Parents or guardians of juveniles may be approved.
- 2) An attorney representing the detainee may be approved.
- 3) Consular officials (foreign nationals) may be approved. See the department policy **1.22 - Consular Notifications**.
- 4) Immediate family members may be approved.
- 5) Relatives who are not immediate family or friends of the detainee do not have visitation rights. It will be the decision of the Shift Supervisor regarding any special or extenuating circumstances which might justify such individuals being allowed to visit the detainee.

c. Visitor Security

- 1) Visitors must show positive picture identification, preferably a driver's license;
- 2) Visitors must be notified, prior to gaining access to the cell block area, that they are subject to a search of their person as well as their belongings, and, at the discretion of the officer-in-charge, submit to a search upon entrance to and exit from the area. This includes attorneys.
- 3) Visitors must be noted and recorded on the Daily Log, including their name, address, and relationship to the prisoner.
- 4) The time the visitor enters and leaves the cell block is recorded.
- 5) An officer shall be in the cell block area during any visit, except an attorney's visit with his/her client.
- 6) No personal belongings of visitors (including pocketbooks and backpacks) are allowed into the cell block. **[72.8.4]**

2. ITEMS LEFT FOR DETAINEE

- a. Friends and family members may be requested by a detainee to leave change of clothing for court, medications, and other personal items.

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- b. Any mail, packages, or other items to be given to a detainee shall be examined thoroughly by a police officer before being given to the detainee. **[72.8.4(a)]**
 - c. The supervisor shall have full authority to prohibit mail, a package, or any item in a package from being delivered. The following list of items is authorized: **[72.8.4(a)]**
 - 1) Clothing and shoes for court;
 - 2) Medications;
 - 3) Identification;
 - 4) Factory-sealed beverages in plastic containers, no metal; and
 - 5) Food (see meals, this policy).
 - d. A record shall be made of all items received by the detainee in his/her property record. No item will be given to a detainee without the approval of the Shift Supervisor. **[72.8.4(c)]**
 - e. Items not specifically authorized under this policy or allowed by the supervisor may not be left for or provided to detainees. **[72.8.4(b)]**
 - f. Distribution of items: **[72.8.4(d)]**
 - 1) Clothing may be exchanged for clothing worn by the detainee. Detainee shall not have extra clothing in the cell.
 - 2) Food items may be given to the detainee.
 - 3) Medication may be given to the detainee in accordance with this policy. See **Medication** in this policy.
 - 4) Other items shall be stored with the detainee's property unless otherwise directed by a supervisor.
3. ACCESS TO COUNSEL
- a. Attorneys do not have an absolute right of access to a detainee.
 - b. Barring a specific right to counsel, attorneys may have access to a detainee: **[72.7.1(c)]**
 - 1) If approved by a supervisor;
 - 2) If the detainee wants to meet with the attorney;
 - 3) If the operation of the police department will not be unduly disrupted; and
 - 4) If staffing allows.
 - c. Attorneys shall comply with visitor security rules, including being searched, or they will not be admitted.
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- d. An attorney may meet with a detainee in the detainee's cell or interview rooms, provided: **[72.7.1(c)]**
 - 1) Audio monitoring devices are turned off in respect to the attorney to client privilege;
 - 2) An officer remains in the general vicinity of the cell or room, out of hearing, but within direct sight if possible.
 - 3) If the Interview Room is used, advise the attorney of the panic button.

G. Release/Transfer of a Detainee

1. BAIL AND PROBABLE CAUSE HEARINGS: Bail is determined by the bail commissioner. Probable cause is determined by the Clerk or Assistant Clerk of Courts. For further information see the department policy on ***Detainee Processing***.
2. RELEASING DETAINEE **[72.5.7]**
 - a. Detainee Identity: Verify which detainee is to be released.
 - b. Positively Identify the Detainee Prior to Release: The releasing officer shall positively identify that the detainee to be released is, in fact, the correct detainee. Positive identification may be ascertained from another employee, or by checking the identification of the detainee against the description, booking photo, cell number, etc.
3. TRANSFER TO ANOTHER AGENCY: See department policy ***Detainee Processing*** for procedures to follow when a detainee is transferred to another agency or to court.
4. JUVENILES: See department policy ***1.15 - Handling Juveniles*** for procedures to follow when a juvenile is to be released.

H. Supervising Detainees at the Hospital [70.3.2]

1. GENERALLY
 - a. Trips outside of the confines of the holding facility present detainees with an increased opportunity to assault staff members or escape. Accomplices mixed in with the public may take supervising officers by surprise. Officers must remain vigilant while supervising detainees at a hospital.
 - b. Supervisors should consider rotating staff through hospital posts every few hours to relieve boredom and complacency on the part of the officers.
 - c. Supervisors should consider providing officers with a copy of this section of this policy when detainees are transported to a hospital for treatment.

2. TRANSPORTATION

- a. The dispatcher shall log an incident for detainees transported to a hospital.
- b. See the department policy **3.01 - Transportation of Detainees**.

3. ACCOUNTABILITY

- a. Detainees brought to a hospital for a mental health evaluation shall remain the responsibility of the transporting officer until such time that custody is transferred to the receiving hospital's personnel.
- b. Detainees brought to a hospital under arrest shall remain the responsibility of the supervising officer until relieved by another officer, the custody of the detainee is transferred to another entity, the detainee is bailed, or the detainee is returned to the holding facility.

4. NOTIFICATION OF HOSPITAL POLICE

- a. When a detainee is transported to a hospital, the dispatcher or another department member shall notify the hospital police or security.
- b. If there are any unusual risks or circumstances, the hospital police or security shall be advised.

5. SECURITY OF DETAINEE

- a. Violent or high security risk detainees may be accompanied by more than one officer while at the hospital, at the discretion of a supervisor.
- b. Officers may employ a higher level of security and vigilance for such detainees than is presented in this policy.
- c. The detainee shall remain restrained while at the hospital unless the removal of restraints is required for medical reasons. The following restraints are acceptable:
 - 1) Detainee handcuffed with hands in front and hands together;
 - 2) Detainee handcuffed one hand to the bed, stretcher or gurney;
and
 - 3) Leg restraints.
- d. The supervising officer shall remain in the area of the detainee at all times, unless medical necessity dictates otherwise. In such an event, the officer should attempt to remain in a position to monitor the detainee as best [s]he can to prevent the escape of the detainee.

- e. The supervising officer must remain alert for others who may assist the detainee in escaping or harm the detainee.
- f. The supervising officer must be aware of potential weapons in the immediate are of the detainee.

6. EMERGENCY TREATMENT

- a. The supervising officer shall accompany the detainee through registration and triage. His/her knowledge may be helpful to medical staff in evaluating the detainee's claims of sickness or injury.
- b. The officer should make periodic inquiries as to the progress of the evaluation and treatment, and keep the supervisor up to date for the purpose of planning for staffing.

7. ADMITTANCE

- a. In the event that the detainee is admitted, the officer should request that the detainee be placed in a private room for security purposes and the safety of other patients and staff members. A private bathroom with a single door is desirable.
- b. Advise the dispatcher of the nature of the situation, room number, room telephone number and estimated length of in-patient treatment.
- c. The dispatcher shall relay this information to the Shift Supervisor and the hospital police or security department.
- d. The officer shall sweep the interior of the room, closets, and bathroom for unnecessary potential weapons within reach of the detainee.
- e. The officer must remain in the room or just outside of the room, but always within site of the detainee.

8. TELEPHONE

- a. Arrested persons have the right to use a telephone within one hour of their arrival at the police station. Officers should consult a supervisor to determine when this may be permitted if the detainee is expected to remain at the hospital for an extended period of time.

9. EATING

- a. The officers should advise hospital staff that the detainee should be fed using disposable plates, cups and dinnerware.
- b. The officer should visually inspect any meals or beverages prior to their being given to the detainee.

10. BATHROOM

- a. The bathroom should be checked for potential weapons or routes of escape prior to being used by the detainee.
- b. If the bathroom is shared with an adjoining room, the door for the other room should be locked prior to being used by the detainee. If the door locks from the inside only, the adjoining room door should be locked and the detainee's door should remain open. The officer may be mindful of the detainee's privacy, but must remain vigilant for signs of the detainee's using the other door to escape.
- c. The detainee may be unrestrained, if necessary, to use the bathroom. The officer shall stay within sight/sound of the detainee.
- d. If the detainee needs assistance in using the bathroom, hospital staff must assist the detainee. The armed officer should not lift or steady the detainee.

11. VISITORS

- a. Detainees are under arrest and in police custody.
- b. The visitation policy that applies to the holding facility applies to the hospital as well.

12. BAIL OR ARRAIGNMENT

- a. In the event that a detainee will be admitted to a hospital for an extended period of time, a supervisor may consider bailing the detainee at the hospital.
- b. The supervisor may also request that the court arraign the detainee at the hospital.

13. RELEASE: UPON RELEASE OF THE DETAINEE FROM THE HOSPITAL, THE SUPERVISING OFFICER SHALL:

- a. Obtain any prescriptions and dosage instructions;
- b. Obtain any instructions for care of the detainee, including follow-up visits, while in custody;
- c. Advise the dispatcher of the release from the hospital and the return trip to the holding facility;
- d. Transport the detainee back to the holding facility;
- e. Return the detainee to the holding cell;
- f. Brief the dispatcher on any medications, care, or return visits while in custody, and create written instructions for subsequent shifts, if necessary; and
- g. Have the dispatcher annotate the return time in the log.

I. Receiving Persons from Outside Agencies [72.5.5]

1. M.G.L. c. 40 §37 requires that “lockups shall at all reasonable hours be accessible to the state police, sheriffs, constables and police officers for any legal and proper use.” ⁷
2. Detainees may be held for other agencies. For information on detainee intake, see the department policy on Detainee Processing.
3. Unless bailed, released, or transferred, detainees shall be returned to the custody of the delivering agency.
4. For further information, see **Release/Transfer** of Detainees in this policy.

J. Escapes

1. In the event of an escape of a detainee from the department's holding facility: [**72.4.10**]
 - a. The dispatcher shall immediately broadcast to all patrol units the name and a description of the escapee, the estimated time of escape, whether armed, whether on foot or in a vehicle, the possible direction of travel, and any other pertinent information.
 - b. An immediate search shall commence under the direction of the Shift Supervisor. The use of a K-9 and department drone should be considered. See the department policy on **Drones/UAS**.
 - c. The dispatcher shall notify the Chief of Police, consider contacting local cab companies to inquire if requests have been made for pickups and to alert them for possible fares. Public bus stops should be checked.
 - d. The dispatcher shall then broadcast the same information to other area departments and agencies over the radio system.
 - e. As soon as possible, a message shall be sent over the CJIS system, advising other departments and agencies of the situation.
2. Should the escapee be caught, the dispatcher shall notify other law enforcement agencies of this fact through the appropriate communications channels, according to the time frame of the capture.

⁷ M.G.L c. 40, §37: “...and a keeper thereof neglecting to keep it so accessible, or refusing to said officers the use of the same, shall be punished by a fine of not less than five nor more than twenty dollars.”

K. Outside Agencies Use of Lockup

- a. Provide a cell monitor for any prisoner that attempts or threatens to commit suicide.
- b. Be responsible for providing meals for their detainees.
- c. Be responsible for checking CJIS before placing a prisoner in a cell.

WPD Dispatcher and desk officers are to open a call for service. Status will be “Assist Other Agency Police”. Use the arrestee as the “Involved Party”. Under the narrative section, enter any pertinent information on the arrestee including charges, personal property, suicide/ mental health issues, etc.

User towns shall be provided a copy of these procedures and will be responsible to inform their officers of them.