

	<b>MESQUITE POLICE DEPARTMENT</b>
	<b>315.00 PHYSICAL AND MENTAL WELFARE OF PRISONERS</b>
	<b>Effective Date: January, 2019</b>
	<b>Approved:</b> _____  <b>Chief of Police</b>

I. Policy Statement

Arresting a person and taking away liberty is a serious function of law enforcement. The Mesquite Police Department insists on fair and proper treatment of all arrested persons in police custody. Employees should strive to be considerate to arrested persons and cognizant of individual's rights. This policy intends to direct employees in how to properly handle arrested persons while in police custody.

II. Procedures for Arresting Officer

- A. The arresting officer has the responsibility for the physical and mental welfare of an arrested person until the person is accepted at the Mesquite Jail.
- B. If an arresting officer has any question about the physical or mental state of a person, the arresting officer should consult with a supervisor prior to transporting the individual to the jail. A life threatening or emergency medical or mental condition mandates treatment at a medical facility before a person is accepted at the Mesquite Jail.
- C. Other filing options (citation, file at large, etc.) should be considered by the supervisor if it is felt that the best interest of everyone concerned requires the arrested person receive prolonged treatment at a medical facility.
- D. Arrest of a person undergoing treatment, evaluation, or observation at a medical facility shall not be made without the on-site approval of a lieutenant or above. Under no circumstances will a person be removed from a medical facility "Against Medical Advice" unless that person makes a clear, rational and unconditional informed decision to refuse medical evaluation or treatment. A juvenile, mental subject, or person under the influence of alcohol or drugs shall be considered incapable of making a rational decision to refuse medical treatment. After considering things such as the seriousness of the offense, the lieutenant or above may decide to place a guard on a person until such time as the person is released unconditionally by medical personnel.
- E. If an arrested person states there is a prescription drug that is necessary and must be taken on a regular basis, the arresting officer should make a reasonable effort to locate the medication and bring it with the arrested person to the jail.
- F. No employee shall employ the violent prisoner restraint method commonly known as "hog-tying." No prisoner, under any circumstances, may be restrained by securing their arms and legs together behind their back.
- G. Violent prisoners may have their legs secured together by flex cuffs or leg irons but leg restraints may not be secured in any way to the prisoner's handcuffs. The padded cell or prisoner restraint chair is the preferred method of protecting violent prisoners in the detentions setting.
- H. The use of the police baton, chemical agents, conducted electrical weapons, and empty hand strikes should not be employed on a properly-restrained prisoner unless the prisoner is presenting an immediate danger to himself or others, and no reasonable alternative is available. Prisoner protective equipment such as an approved city issued helmet, leg restraint device or spit shield may be used to transport violent, uncooperative prisoners who are attempting to harm themselves or others.
- I. Prisoner medications will be stored in the prisoner's locker and secured with their property. Those medications requiring refrigeration will be stored in the jail refrigerator designated for that use.

- J. If the arresting officer knows or suspects that the arrested person has ingested narcotics within the last 12 hours, the arresting officer shall notify the Station Sergeant or Watch Commander as soon as possible.
- III. Procedures for Detention Officer
- A. The detention officer has the responsibility for the physical and mental welfare of those persons in his/her custody.
- B. At the beginning of each shift, all detention officers assigned to the jail shall review the paperwork on each prisoner in custody to familiarize themselves with any medical problems and/or medication needs which may exist.
- C. Paramedics shall be called by the detention officer or other employee to whom a prisoner complains of or appears to suffer from a life threatening or potentially serious medical condition.. The detention officer or other employee noting the complaint or condition shall immediately notify the on-duty Station Sergeant of any prisoner complaining of a life threatening condition. If the Station Sergeant is not available, the Watch Commander should be immediately notified.
- D. Prisoners exhibiting serious symptoms of withdrawal from substance abuse shall be evaluated by paramedics or at a hospital at intake or onset of symptoms, and at least once every 12 hours thereafter.
- E. All requests for medical attention or an ambulance received from a prisoner and all complaints received from prisoners regarding a medical ailment or condition, beyond a request for aspirin or similar pain reliever or a prescription medication, shall be reported to the Station Sergeant who will determine how best to proceed.
- F. Prisoners with minor wounds will be offered the use of first aid supplies kept in the control room. The prisoner will be allowed to cleanse the wound, apply a topical anti-infective and a bandage.
- G. Prisoners with known or suspected contagious diseases will be isolated and the nature of the disease will be noted on the prisoner's book-in form.
- H. Medications should be dispensed as per the instructions on the prescription container. Any questions about medications should be referred to the Station Sergeant. If a prisoner needs to call someone to bring medication, extra phone calls may be allowed for this purpose.
- I. Any medication removed from a prisoner's property for storage in the refrigerator or other area must be clearly marked with a property tag or placed in a property bag identifying it as belonging to the prisoner. A notation will also be made on the prisoner's property sheet showing items removed and place of storage.
- J. Prisoners who have a medic alert bracelet or necklace will be allowed to retain these items. The information pertaining to a medical disorder is recorded on these items and could be vital to paramedics should the person require emergency medical care.
- K. Prisoners may retain asthma inhalers and nitro pills in their cells for immediate relief from life-threatening conditions. Any other requests for retention of medication or medical supplies will be determined by the Station Sergeant on a case by case basis.
- L. The Station Sergeant or other supervisory officer shall be notified immediately of any prisoner exhibiting signs of mental illness or other symptoms indicative of a risk to the prisoner or other persons. The supervisor shall then determine appropriate steps to be taken in resolving the situation.
- M. A violent prisoner posing an imminent threat of harm to him or herself or to others shall be restrained pending disposition by supervisory personnel.
- N. Any incident that threatens the Mesquite Jail, or any person therein, will be reported immediately to the Station Sergeant or, in his absence, the Watch Commander. A memorandum detailing the incident will be prepared for the Bureau Commander by the Station Sergeant.

- O. The Station Sergeant will be responsible for noting the medical condition of all prisoners. If a prisoner requires special attention from detention personnel during their stay at the Mesquite Jail, this information will be noted in the “jail” portion of the Spillman application under “medical screening”. Also, the prisoner’s name and special needs will be posted on the white board in the control booth.
  - P. If any detention officer knows or suspects that an arrested person has ingested narcotics within the last 12 hours, the detention officer shall notify the Station Sergeant or Watch Commander as soon as possible.
- IV. Procedures for Station Sergeant
- A. The Station Sergeant is responsible for the physical and mental welfare of those persons in custody during his/her tour of duty.
  - B. At the beginning of each shift, the on-duty Station Sergeant shall review the paperwork on each prisoner in custody to familiarize themselves with any medical problems and/or medication needs which may exist.
  - C. At the beginning of each shift, the on-duty Station Sergeant shall conduct a visual walk-through inspection of the male and female cellblock areas.
  - D. The on-duty Station Sergeant will personally evaluate each incoming prisoner as soon as practical. The Station Sergeant shall wear a body camera which is recording at the time of the evaluation. The evaluation will include, but not be limited to:
    - 1. An inquiry about any current medical problems.
    - 2. An inquiry about the need for medications.
    - 3. An inquiry about any mental problems.
    - 4. Potential for suicide.
    - 5. An inquiry about whether they have swallowed narcotics.
  - E. The Station Sergeant will be responsible for noting the medical condition of all prisoners. If a prisoner requires special attention from detention personnel during their stay at the Mesquite Jail, this information will be noted in the “jail” portion of the Spillman application under “medical screening”. Also, the prisoner’s name and special needs will be posted on the white board in the control booth.
  - F. The Station Sergeant or other supervisory officer shall request that the prisoner be examined by MFD paramedics if any question exists as to the prisoner’s condition.
  - G. The Station Sergeant may refuse to accept an incoming prisoner who has a serious or emergency medical or mental condition. It will then become the responsibility of the arresting officer to transport the prisoner to the appropriate medical treatment facility.
  - H. If a prisoner in custody becomes ill to the extent that treatment at a medical facility is indicated, the Station Sergeant will consult with the Watch Commander to determine if a guard on the prisoner will be needed. The Watch Commander will consider the seriousness of the offense and other filing options available when he makes his decision.
  - I. In emergency situations, MFD ambulance will provide transport to the hospital deemed necessary by the MFD paramedics. A prisoner being held on Mesquite Class C charges or warrants, who becomes ill to the extent that treatment at a medical facility is indicated, may be “Released to Appear” by the Station Sergeant.
  - J. If a prisoner develops a serious medical condition or becomes ill while being held on another agency’s charge, the Station Sergeant has the option to contact the other agency and request immediate transfer or a “Drop Hold Teletype”. The prisoner will then be transferred to a medical facility if necessary and the other agency contacted and notified of that location.
  - K. In each instance where a prisoner is transported to a medical facility or released from custody due to medical reasons the Station Sergeant will ensure the narrative of that

prisoner's arrest report is supplemented to adequately document and explain the circumstances requiring such actions.

- L. If the Station Sergeant suspects that the arrested person has ingested narcotics, the Station Sergeant will immediately send the arrested person to a hospital to receive medical attention.

V. General Provisions

- A. Any arrestee against whom force has been required, including but not limited to a carotid restraint hold, a chemical agent, or other force, shall be observed continuously and transported immediately to jail or to an appropriate medical facility. The arrestee shall not be placed in a prone position. The observation period and the prohibition against prone placement shall extend for a minimum of two hours after the use of force.
- B. The Mesquite Police Department will not authorize treatment or assume responsibility for payment of medical expenses for any person transported to a medical facility, regardless of whether that person is in police custody or no longer under arrest. Any officer who transports a prisoner to a medical facility or guards a prisoner transported by ambulance shall advise the facilities staff that the prisoner is the party responsible for all of his or her medical expenses, not the Mesquite Police Department or the City of Mesquite. The officer shall provide the facilities staff with the prisoners address in order to facilitate proper billing. Deviation from this policy will require the authorization of a Bureau Commander, an Assistant Chief of Police or the Chief of Police.
- C. Any employee noting any alteration in a prisoner's physical or mental condition will immediately notify the Station Sergeant or other supervisory officer of the noted change. It shall be the supervisor's responsibility to reevaluate the prisoner and determine if professional care is needed. This reevaluation shall be done on body camera whenever possible.
- D. The following medical conditions warrant close observation of the prisoner, regularly scheduled administration of certain medications or other special attention.
  - 1. Epilepsy: a neurological disorder resulting in seizures during which the prisoner may temporarily lose consciousness and experience muscle spasms (jerking or twitching). During a seizure, the prisoner must be protected from injuring him or herself, clothing around the neck should be loosened and padding placed under the head. DO NOT introduce any liquid or solids into the prisoner's mouth. MFD should be notified immediately. Most epileptics carry or have available anticonvulsant medications which they need to take daily. The most common medications are Dilantin and Phenobarbital.
  - 2. Diabetes: A gland disease resulting in high blood sugar levels. Most diabetics are very familiar with their illness and can advise when and how to take their medications. Many take insulin by injection; mild forms of the disease can be treated with oral medications. Common oral medications used to treat diabetes are Metformin, Sulfonylureas and Meglitinides. Insulin must be refrigerated. Detention officers should be alert for signs of diabetic coma (insulin shock) in diabetic prisoners. This is caused if too much insulin or too little food is taken. The prisoner may experience faintness, sweating, racing pulse and sudden personality change which can, if untreated, lead to seizures and coma. MFD must be notified immediately if any prisoner known to be diabetic complains of these symptoms.
  - 3. Acquired Immune Deficiency Syndrome (AIDS): A viral disease which causes the body's immune system to cease working. The agent which causes AIDS, Human Immune- Deficiency Virus (HIV) is spread by transfer of bodily fluids between people, most commonly by IV drug abuse, sexual contact or contaminated blood transfusions. Prisoners can be infected with HIV without showing signs of AIDS (drastic weight loss, chronic infections and certain types

of cancer). Prisoners may advise of AIDS related illnesses such as ARC (AIDS Related Complex), Kaposi's sarcoma (a type of cancer often associated with AIDS) or they may simply state that they are HIV Positive; these will be treated with the same degree of cautions as AIDS proper. Precautions include wearing gloves and disinfecting of areas contacted by the prisoner. Common medications used in treating AIDS and HIV are AZT, Retrovir and HIVID.

4. Hepatitis: Viral infection of the liver. Abusers of IV drugs often have Type B Hepatitis (HBV) which is spread by contaminated syringes or sexual activity with infected persons. Persons with HBV can have an active infection (with high fever, jaundice and weight loss) or can be carriers of the disease in which case they may display no signs of illness. HBV immunization by vaccine is recommended for all detention personnel. Biohazard procedure (gloves, disinfecting of areas contacted by prisoner, isolation cell, marking of cell) will be used in the handling of persons suspected of HBV infection.
5. Cardiovascular Conditions: High blood pressure and coronary artery disease are often found in older prisoners. It is very important that these subjects take medications prescribed for them on a regular basis. MFD should be notified immediately if a prisoner with high blood pressure complains of dizziness, severe headache or blurred vision. Common medicines used for treating high blood pressure are Bumetanide, Chlorthalidone and Chlorothiazide. Coronary artery disease (angina) is perceived as a sudden crushing or smothering sensation under the breastbone with sharp shooting pain in the chest, back or arms; usually, this occurs in response to physical exertion. Most angina patients carry nitroglycerin (Cardilate, Nitro-bid, Isordil) tablets to relieve these attacks. The prisoner should immediately be given the nitroglycerin and MFD summoned.
6. Tuberculosis (TB): A chronic, infectious lung disease spread by prolonged personal contact with the infected individual. Primary Tuberculosis may appear as a form of pneumonia; however, many infected persons have no symptoms. Secondary TB is generally not actively contagious through casual personal contact; however a carrier state exists wherein an infected person showing no symptoms of infection can transmit the disease. Prevailing medical opinion suggests that neither form of TB is likely to be transmitted to employees under circumstances encountered in the Mesquite Jail. Persons identifying themselves as having TB should be placed in isolation cells. Medicines commonly used to treat Tuberculosis are Streptomycin, Rifampin, Isoniazid and Iproniazid.

EFFECTIVE: March, 1997; AMENDED: January, 1999; REVISED: August, 2011; REVISED: March, 2013; REVISED: January, 2019

