

BATON ROUGE POLICE DEPARTMENT

General Order
No.273

Effective Date
11-01-1994

Revised Date
09-01-2016

Subject: Mental Health/Substance Abuse Patients

Reviewed 9/1/16

POLICY

It is the policy of the Department that all officers, when confronted with an emotionally disturbed person (EDP) or an individual suffering from substance abuse, will take appropriate action balancing the needs of the individual with the safety of the community.

Each officer will receive instruction regarding interaction with persons suffering from mental illness or developmental disability as part of basic training. In-service training on this topic will be conducted at least every three years.

Officers are empowered with the broadest discretion in this area: to refer the individual to community programs, to provide transportation to a treatment facility or to take the individual into protective custody, if the situation warrants.

The legal authority that allows an officer to take an individual into protective custody is found in L.R.S. 28:53 (L):

"A peace officer or a peace officer accompanied by an emergency medical service trained technician may take a person into protective custody and transport him to a treatment facility for medical evaluation when, as a result of his personal observation, the peace officer or emergency medical service technician has reasonable grounds to believe the person is a proper subject for involuntary admission to a treatment facility because the person is acting in a manner dangerous to himself or others, is gravely disabled, and in need of immediate hospitalization to protect such a person or others from physical harm. The person may be transported to one of the following:

- A community mental health center
- A public or private general hospital
- A public or private mental hospital
- A detoxification center
- A substance abuse clinic
- A substance abuse in-patient facility

Upon arrival at the treatment facility, the escorting peace officer will then be relieved of any further responsibility and the person will be immediately examined by a physician, preferably a psychiatrist, who will determine if the person will be voluntarily admitted, admitted by emergency certificate, or discharged.

In the case of a person suffering from substance abuse and where any of the above facilities are unavailable, the peace officer and emergency medical service technician may use whatever means or facilities available to protect the health and safety of the person suffering from substance abuse until such time as any of the above facilities become available. In taking a person into protective custody the peace officer and emergency medical service technician may take reasonable steps to protect themselves. A peace officer or emergency medical service technician who acts in compliance with this section is acting in the course of his official duty and cannot be subjected to criminal or civil liability as a result thereof."

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PROCEDURES

I. Physicians Emergency Certificate

- A. A Physicians Emergency Certificate (PEC) may be issued by the Coroner or any doctor. This document constitutes legal authority to transport the patient to a treatment facility and to return the patient to the treatment facility if he is absent during periods of detention.
- B. Officers are assigned to locate and transport a patient will deliver a copy of the PEC to the personnel of the facility. The PEC will specify which facility will be used.
- C. No officer will be assigned a call to transport a patient from one treatment facility to another, except in emergency circumstances. This includes following an ambulance to another facility.
- D. No patient will be transported to a treatment facility outside East Baton Rouge Parish without orders from a District/Unit or higher rank commander.

II. Protective Custody

- A. Officers may take an individual into protective custody whenever the person:
 - 1. Is a danger to himself,
 - 2. Is a danger to others,
 - 3. Is gravely disabled and immediate hospitalization is necessary to protect such a person or others from harm.
- B. Officers must personally observe the conduct or rely on advice from an Emergency Medical Services (EMS) technician who has personally observed the conduct which led to the conclusion the subject is in one of the above categories.
 - 1. Officers should carefully document their observations or those of the EMS technician(s) in a report whenever an individual is taken into protective custody. This will include the name(s) and ID number(s) of all EMS technician witnesses and the names, addresses and telephone numbers of any civilian witnesses/complainants.
 - 2. If there is any doubt as to whether or not to take an individual into protective custody or the conclusions reached by the officer differ from the EMS technician(s), a supervisor will be summoned to the scene.
 - 3. Supervisors will consult with the emergency room physician via Medical Control (Medcom) or by telephone before determining whether or not the individual is to be taken into protective custody.
 - 4. Officers will provide EMS technicians with the file number of the report upon request.

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- C. If the subject's family members specify a treatment facility within the city of Baton Rouge, every effort will be made to accommodate their wishes.
- D. Indigent patients or those with no family members present will be transported to Authorized Medical Facility.

III. Transportation

- A. Injured patients will be transported by EMS.
- B. An officer must accompany the ambulance. The totality of the circumstances will determine if the officer actually rides in the ambulance or follows in his unit.
- C. Ambulatory patients may be transported either by EMS or by police unit.
 - 1. If there is any doubt as to the physical condition of the patient, he will be evaluated by EMS.
 - 2. Patients will not be transported by EMS merely to restrain them.
- D. Patients will be physically restrained (handcuffed or flexcuffed) during transportation unless there is a physical condition (amputation, comatose, elderly, etc.) that would make restraints unnecessary.
- E. Patients who exhibit violent tendencies require particular attention to recognize Excited Delirium. This includes mental patients and those suffering from substance abuse.
 - 1. Violent patients will have their legs restrained.
 - 2. Patients will be transported sitting up, in the rear seat, seat belted, never prone.
 - 3. Two officers will transport the patient.
 - a. If the patient is transported by EMS, one officer will ride in the ambulance and one will follow in a unit.
 - b. If a unit is used to transport a violent patient, one officer will constantly monitor the patient's color, breathing and level of consciousness.
 - c. If necessary a light will be used to monitor the patient's vital signs.
 - 4. If at any time the patient loses a functional level of consciousness (voluntary movement and/or speech) paramedics should be called or the patient will be transported immediately to the closest emergency medical facility.

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IV. Officers' Responsibilities at the Treatment Facility

- A. Officers will immediately notify the admitting clerk, emergency room physician or other person responsible for processing the patient at the treatment facility.
- B. Officers will remain only until security personnel from the facility have been notified and take custody of the patient.
- C. If there is to be a substantial delay before the patient is processed or security is able to take custody of the patient, a supervisor will be notified.
 - 1. No patient will be left unsecured due to a dispute between officers and treatment personnel. If necessary, officers will wait until treatment facility security personnel become available.
 - 2. If a supervisor finds there has been an unreasonable delay or other problems occur at a treatment facility, document the incident will be documented for review by his District/Unit commander.
 - 3. The District/Unit commander will then contact the Director of the treatment facility in an attempt to resolve the incident. If unable to contact, the District/Unit commander will make a written report to the Chief of Police.

V. Interviews and Interrogations of Mentally Ill Persons or Persons with Developmental Disabilities

- A. Interviews of persons who exhibit behavioral cues of mental illness or developmental disability should be conducted with care. Primary considerations should be the safety of all involved and the protection of the person's rights. Parents, caregivers, or mental health professionals may be used to assist during the interview process.
- B. Interrogations should be conducted with the same consideration for safety and respect of rights as an interview, keeping in mind the constitutional protections afforded a suspect. The following additional measures will be taken when questioning a suspect who suffers from mental illness or who is developmentally disabled.
 - 1. Use language that is easily understood by the suspect and is appropriate to his or her level of understanding.
 - 2. At each step in the proceeding have the suspect acknowledge that he or she understands what is occurring in a way that an objective observer would find is informed and voluntary. Do not accept yes or no; have the suspect elaborate.
 - 3. Document all applicable observations and additional steps taken in the offense or arrest report.
 - 4. Notify all involved parties of your assessment when booking a mentally ill or developmentally disabled person (Note on PPT Intake Form).