



KANSAS CITY, MO. POLICE DEPARTMENT
PROCEDURAL INSTRUCTION

DATE OF ISSUE
 1/27/2021

EFFECTIVE DATE
 1/27/2021

NO.
 21-02

SUBJECT

Ambulance Calls and Arrests Taken to Hospitals

AMENDS

REFERENCE

PI Arrest Guidelines/Procedures; PI Persons with Mental Health Disorder, Alcohol Abuse, and/or Drug Abuse; PI On-Duty Exposure to Communicable Diseases and Physical Health Protection; Revised Missouri State Statute RSMo 190-255

RESCINDS

PI 14-2

I. INTRODUCTION

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

II. PROCEDURE

A. Members may perform necessary first aid, consistent with the member's training and experience until relieved by medical personnel. Members will:

- *1. Request medical personnel when there is a question on the life status of an individual. Members do not have the authority to cancel life-saving efforts.
- *2. Request medical assistance from Kansas City Fire Department Emergency Medical Service (KCFD EMS) when responding to and recognizing an individual experiencing an opioid-related overdose. Members of the Narcotics and Vice Division (NVD) and the Kansas City Police Crime Laboratory (Lab) trained in the use of the Naloxone Nasal Spray Kit (Kit) may attempt to reverse the effects of an opioid-related overdose in conjunction with requesting medical assistance from KCFD EMS.
- 3. Treat all blood and bodily 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.
- 4. 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".
- 5. When relieved, direct their efforts toward department duties and public safety (e.g., arrests, traffic flow, pedestrian and crowd control, etc.) and will not become involved in the treatment, care, or transportation of the ill or injured individual(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 paramedics evacuate the area with the patient.
- C. Members will procure transportation for an individual to a medical facility when requested. Members may also authorize transportation of any individual to a medical facility, without request, if the member believes such transportation is needed for an individual who appears to be sick or injured.
 - *1. When an individual is in custody at a police facility, the desk sergeant or supervisor will be notified immediately.
 - 2. If the individual is unconscious or otherwise judged to be in critical condition, the paramedic will determine which hospital the individual will be transported to regardless of whether that individual is under arrest.
 - 3. If the individual is not under arrest, is conscious and is judged not to be critical by the paramedic, the hospital of the individual's choice should be used.
 - 4. If the sick or injured individual is under arrest with a police hold, the arresting member will request the individual be taken to a hospital within the Department's jurisdiction for completion of the investigation. Members will accompany or escort all arrests to the hospital. Members 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 arrestee.
- *D. Refusal of Medical Treatment
 - 1. Individuals not under arrest may refuse to be transported to a hospital by KCFD EMS.
 - a. The member will not force that individual to be transported unless the member, 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 individual.
 - b. Members will take into consideration recommendations by ambulance or medical personnel.

2. Adult individuals that are under arrest may refuse medical treatment from KCFD EMS. The individual may then be transported to the appropriate detention facility.
 - a. Adult – 18 years of age or older.
 - b. Minor – Under 18 years of age cannot refuse without parent/guardian present.
 3. If a member believes an arrest needs medical attention while in a police facility, and the arrest is refusing, the member will attempt to persuade the arrest to receive medical treatment. If the arrest still refuses, the arrest **will be** transported to the nearest hospital.
 4. Upon arrival at the hospital, the arresting member will contact on-duty medical personnel and give a synopsis of the situation.
 5. If the arrest still refuses treatment in the physician's presence, the member 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.
 6. After receiving information for the appropriate report, the arresting member will transport the arrest to the appropriate detention facility.
 7. A copy of the Prisoner's Injury or Illness Report, Form 8 P.D. will be provided to detention personnel when booking the arrest. Division personnel will forward the copy of the report to the detention facility upon transfer of the arrest.
- E. Members who request an ambulance will advise the dispatcher the nature of the emergency (e.g., fall, vehicular, shooting, etc.) and the number of victims.
- F. When a member arrives at an incident where an ambulance has been ordered but is not needed, the member will immediately advise the dispatcher to cancel the ambulance.
- G. Municipal Charges
1. Issuing a citation and/or summons requires that the violator be aware of the citation and their obligation to answer to the Municipal Court.

- *2. A member will complete a warrant application to a violator who:
 - a. Is unconscious.
 - b. Has been removed to a location outside the State of Missouri.
 - c. Is so seriously injured that issuing a citation or summons would impede medical attention.
3. A member may issue a citation or summons to a conscious/coherent violator who has been transported to a hospital (located within the State of Missouri) if the charge for the violation does **not** require a bond.
4. Priority Release of Arrests – An individual 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, members will follow the procedures outlined in the current written directive entitled, "Arrest Guidelines/Procedures".

H. State Statute Arrests and State Warrant Arrests

Members will accompany or escort all state statute and state warrant arrests to the hospital. As soon as practical, the arresting member will contact the attending physician to determine if the arrest will be treated and then released or admitted to the hospital.

1. Treated and Released – If the arrest is to be treated and released, the arresting member will maintain security of the arrest and, upon release, will follow the procedures outlined in the current written directive entitled, "Arrest Guidelines/Procedures".
2. Admitted to the Hospital – From the time of arrest until a decision is made to admit the arrest to the hospital, it will be the responsibility of the arresting member or their supervisor to provide security for any state statute arrest. 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 member will:
 - a. Inform the hospital that a "Police Hold" has been placed on the subject.

- *b. Contact their 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.
 - c. Advise the Communications Unit Supervisor of the arrest's name and the hospital which they have been admitted.
3. When the arresting members are assigned to the Traffic Division or the Special Operations Division the desk sergeant of the division in which the hospital is located, will be contacted and assume coordination responsibilities.
 4. After being relieved from security of the arrest, complete applicable reports.

I. 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 their designee, Patrol Bureau personnel will also assist outside law enforcement agencies in security/guarding of 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 arrests taken to area hospitals will be the immediate responsibility of the arresting member(s) and their supervisor(s). When relieved of security/guard duty, it is the responsibility of the member being relieved to inform the relieving member of the charges against the arrest, any pertinent information that may affect the arrest, and may affect the relieving member's guard duty. Once the exchange of arrest information is completed, the security of the arrest will become the responsibility of the relieving member.
5. The guarding member 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 individuals, the anticipation of a possible rescue attempt, details of which individuals may be allowed to visit the prisoner, use of television, telephone usage, 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) Members will accompany prisoners to other locations in the hospital (e.g., X-Ray, etc.) in order to maintain security. Members 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 guarding members assume, they will remain alert and attentive to other individuals within the area and familiarize themselves with on-duty hospital staff caring for the prisoner.
 - (3) Members should be aware of possible 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, members should not converse with hospitalized prisoners about details of their offense. All spontaneous utterances regarding any offense will be documented and the appropriate investigative unit will be contacted.
 - (5) A member will remain on post until properly relieved.
 - d. Request a supervisor if questions or conflicts arise with hospital staff regarding administrative procedures.
6. When arrests are discharged, the guarding member will:
- a. Transport or arrange for transfer to the appropriate detention facility.
 - b. Notify the desk sergeant of the coordinating Patrol Division and the guarding member's 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.

J. Desk Sergeant Responsibilities

1. Arrange for the immediate relief of the arresting member.
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. 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.

K. Field Sergeant Responsibilities

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

L. 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.

*M. The KC Assessment and Triage Center (Crisis Center) is a dedicated resource for all Department members. KCFD EMS is authorized to transport to the Crisis Center, if needed. The Crisis Center is open 24/7 and:

1. Accepts all voluntary detox and subjects in a mental health crisis.
2. Accepts subjects contemplating suicide.

*N. Injured Individuals

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. The subject should be transported to the emergency room of the nearest hospital.

NOTE: Mental health facilities are not appropriate for medical treatment.
 - b. Voluntary admissions can be left in the in-take area of the facility. Members do not need to stand-by. Members will complete a Mental Health/Crisis Intervention Team Report, Form 459 P.D., and leave a copy with the staff.
2. When transportation is provided by an ambulance:
 - a. Members will respond to the treating facility to complete paperwork as outlined in section N, 5 of this written directive.
 - b. If requested to follow an ambulance by ambulance personnel, the member will inform the paramedic that he/she must remain within the city limits of Kansas City, Missouri.
3. Involuntary and court order admissions without police holds can be left in the care of staff members at the accepting facility. Members may leave after hospital staff has secured the subject.

- a. Members will complete a Mental Health/Crisis Intervention Team Report, Form 459 P.D., and may, at the discretion of the facility, be requested to fill-out an Affidavit in Support of Application for Detention, Evaluation and Treatment/Rehabilitation, DMH Form 142.
 - b. All affidavits are required to be notarized.
 - c. If a member completes an affidavit, they do not need to duplicate the narrative on the Mental Health/Crisis Intervention Team Report, Form 459 P.D., and instead can attach the affidavit to the report.
 - d. A copy of the report will be left with the hospital staff.
4. All individuals admitted with a "Police Hold" will require the member to maintain custody of the subject until they are "treated and released" or the subject is transferred to a mental health facility (Truman Medical Center-Behavioral Health, Truman Medical Center Lakewood, and Research Psychiatric Center). Members should notify the desk sergeant concerning all "Police Holds" where the subject is admitted in-patient.
 5. Members will respond to the treating facility and complete a Mental Health/Crisis Intervention Team Report, Form 459 P.D., and/or a notarized Affidavit in Support of Application for Detention, Evaluation and Treatment/Rehabilitation, DMH Form 142, at the discretion of each facility. A copy of the report will be left with the hospital staff.



Richard C. Smith
Chief of Police

Adopted by the Board of Police Commissioners this 12th day of January, 2021.



W. Don Wagner
Board President

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