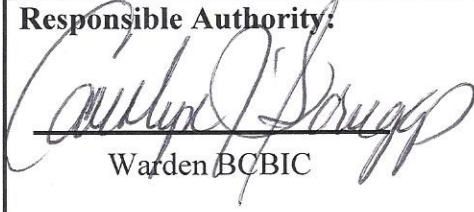


Facility Directive



Title: Arrestee Entrance and Refusal	Facility Directive Number: BCBIC-110-0019
Related MD Statute and Regulations: N/A	Supersedes: CRDET-110-0019 titled, Arrestee Entrance and Refusal, dated April 24, 2014.
Related ACA Standards: 1-CORE-2A-13; 1-CORE-4C-09	Responsible Authority:  Warden BCBIC
Related MCCS Standards: N/A	
Established Related Directives: 911, Urgent and Emergent Medical Transport, Emergency Medical Services	Effective Date: April 30, 2015 Number of Pages: 8



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.01 Purpose.

To establish guidelines for the identification and referral of arrestees who due to their medical or mental condition, are not suited for entrance to the facility or participation in the booking process.

.02 Scope.

This directive is applicable to the Baltimore Central Booking and Intake Center.

.03 Policy.

It is the policy of the Division of Pretrial Detention and Services that:

- A. Those arrestees who require urgent or emergent care are not accepted into the facility to be booked, but shall instead be referred to an outside hospital. Disputes are handled by the Shift Commander in consultation with the On-Duty or On-Call Physician.
- B. “Intake physical and mental health screening commences upon the inmate’s arrival at the facility unless there is documentation of a medical screening within the previous 90 days or the inmate is an intra-system transfer. Screening is conducted by health-trained staff or by qualified health care personnel in accordance with protocols established by the health authority. The screening includes at the least the following:

- (a) Current or past medical conditions, including mental health problems and communicable diseases;
- (b) current medications, including psychotropics;
- (c) history of hospitalization, including inpatient psychiatric care;
- (d) suicidal risk assessment, including suicidal ideation or history of suicidal behavior;
- (e) use of alcohol and other drugs including potential need for detoxification;
- (f) dental pain, swelling, or functional impairment;
- (g) possibility of pregnancy;
- (h) cognitive or physical impairment;

Observation of the following:

- (a) behavior, including state of consciousness, mental status, appearance;
- (b) conduct, tremor, or sweating;
- (c) body deformities and other physical abnormalities;
- (d) ease of movement;
- (e) condition of the skin, including trauma markings, bruises, lesions, jaundice, rashes, infestations, recent tattoos, and needle marks or other indications of injection drug use;
- (f) symptoms of psychosis, depression, anxiety and/or aggression;

Medical disposition of the inmate:

- (a) refusal of admission until inmate is medically cleared;
- (b) cleared for general population;
- (c) cleared for general population with prompt referral to appropriate medical or mental health care services;
- (d) referral to appropriate medical or mental health care service for emergency treatment;
- (e) process for observation for high risk events, such as seizures, detoxification, head wounds, and so forth.” (1-CORE-4C-09)

.04 Definitions.

A. In this directive, the following terms have the meanings indicated.

B. Terms Defined.

- (1) "Arrestee" means a person who legally under arrest.
- (2) "Booking" means the completed data entry and saving of required information related to the booking process.
- (3) "Limited Mobility" means an individual who requires the use of a:
 - (a) Cane;
 - (b) Walker;
 - (c) Crutches; and
 - (d) Wheelchair.
- (4) "OCMS" means Offender Case Management System.
- (5) "Wristband Color Code and Placement" means a colored coded armband that distinguishes what is required to be done, this includes but is not limited to:
 - (a) Orange - Admitted female arrestee intake screening is required.
 - (b) Pink - Screened resident medical monitoring required, standard placement - right wrist.

.05 Procedures.

A. Initial Observation, Men's Sally-port.

- (1) Before entering the facility, the male sallyport officer shall visually observe the male arrestee.
- (2) On referral, licensed medical personnel shall complete a triage screening in OCMS;
- (3) Refused arrestees are handled in compliance with section D of this directive.
- (4) Arrestees shall proceed to the next station for processing when:
 - (a) There are no present indications of a medical or mental health emergency as described in Appendix A of this directive;
 - (b) If the On-Duty Physician Assistant or Nurse Practitioner has found the arrestee to be suited for entrance and booking;

- (c) Subsequent to an earlier refusal hospital referral, only if the On-Duty Physician Assistant or Nurse Practitioner has reviewed the hospital discharge papers treatment plan and decided that the arrestee is suited for entrance and booking; or
- (d) The Shift Commander has approved the arrestee for entrance and booking.

B. Triage, Women's Sally-port.

- (1) On the arrival of every female arrestee, licensed medical personnel shall complete a triage screening in OCMS;
- (2) When a female arrestee is determined to be suited for the booking process, medical personnel shall:
 - (a) Attach an orange colored wristband on the individual's right arm to indicate that she:
 - (i) Has been accepted for booking; and
 - (ii) Requires treatment by the Physician Assistant or Nurse Practitioner on duty.
 - (b) On a case-by-case basis, Medical staff shall alert the Booking Shift Commander or designee when an individual:
 - (i) Reports pregnancy; or
 - (ii) Limited mobility.
 - (c) Therefore an inmate is required to be:
 - (i) Housed separately from the general population;
 - (ii) Processed in an expedited manner; or
 - (iii) Cleared by security to keep durable medical equipment in their possession.
- (3) When a female arrestee is determined to be unsuited for booking, medical and security personnel shall follow procedure D of this directive.

C. Medical Referral during Search or Booking Process.

- (1) Officers assigned to the search and booking areas shall remain cognizant of arrestees in their area.
- (2) An arrestee is referred to the On-Duty Nurse when:
 - (a) There are present indications of a medical or mental emergency, as described in Appendix A; or
 - (c) It is stated that immediate medical assistance is required.
- (3) When a medical referral is made during the booking process, the involved Booking Officer shall

inform the On-Duty Physician Assistant or Nurse Practitioner that the arrestee either:

- (a) Remains in "arrestee status" because the booking process was not completed; or
- (b) Has transferred to "resident status" because the booking process has been completed.

(4) On referral, licensed medical personnel shall:

- (a) Complete; and
- (b) Document a triage screening:
 - (i) When no indicators of medical or mental conditions as listed in Appendix A of this directive are presented:
 - (ii) The individual is referred to security for processing; and
 - (iii) The screening is documented in OCMS.
- (c) When indicators of medical mental conditions are presented that interfere with the booking process as determined by the on-duty Physician Assistant or Nurse Practitioner.
 - (i) An individual identified by Arrest Booking Officers as having "arrestee status" is refused for booking and handled as in section D of this directive: and
 - (ii) Individuals identified by Arrest Booking Officers as having "resident status" are handled in compliance with established medical protocol and PDSD #130-120 titled, Emergency Medical Services.

C. Refused Admittance.

Admittance for booking and completion of the booking process is refused when an arrestee presents a Medical, mental condition as described in Appendix A of this directive.

(1) Licensed medical personnel shall:

- (a) Notify the:
 - (i) Police Liaison;
 - (ii) Arresting Officer;
 - (iii) Transporting Officer; and
 - (iv) Shift Commander or designee that the arrestee has been refused admission and instead is being referred to a community hospital and document in the OCMS medical interview "R" for reject.

- (d) Ensure that the refused arrestee is not subsequently admitted without satisfying the requirements as listed in Section E of this directive;
 - (d) Log pertinent information regarding the refused admittance. The information shall include, but not be limited to:
 - (i) An arrestee's name and date of birth;
 - (ii) Name of arresting transporting officer;
 - (iii) Reason for refusal;
 - (iv) Date and time notifications were made; and
 - (v) Name of the person notified.
 - (e) If the arrestee has not been removed from the facility within 30 minutes of the notification:
 - (i) Notify the Shift Commander and the Police Liaison of the arrestee's status;
 - (ii) Repeat documented notification at 15-minute intervals until final disposition;
 - (iii) Notification is more frequent when appropriate;
 - (iv) If the arrestee's condition warrants immediate transport, follow procedures for 911 emergency medical transport.
 - (f) Consult with the Shift Commander on cases involving a dispute.
- (2) The Shift Commander shall ensure that:
- (a) Medical refusals are noted on an *Entry Refusal Log Sheet* (Appendix C). Completed logs are maintained per the established retention schedule; and
 - (b) In emergency situations, arrangements are made for appropriate transportation to the outside hospital, via 911 Ambulatory Services. Officers are assigned to oversee the transport until the Baltimore Police Department arrives to takeover. (should rarely occur).
- (3) The Baltimore Police Department are held accountable for alternative transport costs via the Memorandum of Understanding (MOU).

E. Medical Evaluation Subsequent to Earlier Refusal.

- (1) An arrestee who provide the following information in response to a medical referral from BCBIC is reconsidered for admittance:
 - (a) A discharge summary statement issued from a hospital; or

- (b) A refusal for treatment signed by an outside hospital. A refusal from BCBIC is not acceptable.
- (2) The documentation, and the 911 run sheet when applicable, is:
 - (a) Copied; and
 - (b) Provided to medical personnel. The original documentation is returned to the arrestee.
- (3) Licensed medical personnel shall:
 - (a) Review the treatment plan; and
 - (b) Determine if medical follow-up can be provided after commitment at the:
 - (i) Facility;
 - (ii) Metropolitan Transition Center (MTC) Hospital; or
 - (iii) Security Ward of a community hospital.
 - (c) In such cases medical shall:
 - (i) Make document arrangements for the provision of appropriate care; and
 - (ii) Notify the Shift Commander or designee.
 - (d) The Shift Commander or designee shall ensure that the booking process is expedited and escort or transport is promptly provided.
- (4) Medical personnel who determine that an individual should be refused a second time, shall:
 - (a) Consult with the Shift Commander or designee; and
 - (b) Document the steps taken to complete the refusal and appropriate referral.

F. Applicability to Non-Arrestees.

- (1) Procedures in this directive are applied to the processing of individuals presented for booking intake at BCBIC.
- (2) When referral to an outside hospital is indicated, BCBIC custody staff is responsible for getting them to a hospital.
- (3) Court Commitments - Sentenced individuals who come directly from the court are the responsibility of BCBIC custody staff. Those arriving via transportation are handled in compliance with PDSO #110-7, entitled Urgent and Emergent Medical Transport.

(4) Transfers from Other Correctional Facilities - Individuals in the custody of another institution who are presented for:

(a) Additional charges;

(b) Writs; or

(c) Release is the responsibility of the BCBIC custody staff.

(5) Voluntary Report- Individuals who turn themselves in on Eager Street to answer a warrant for their arrest is the responsibility of the:

(a) Bail bondsman; or

(b) Person who has accompanied the individual, until custody is assumed by the police liaison.

NOTE: If the person is unaccompanied, the medical provider shall determine how the individual is to be transported to the hospital.

.06 Attachments.

Appendix A - Indicators for Referring to Booking Floor Nurse

Appendix B - Entry Refusal Log Sheet

.07 History.

- A. This directive replaces PDSD 110-19 titled Arrestee Entrance and Refusal, dated April 24, 2014.
- B. This directive supersedes provisions of existing Division of Pretrial Detention and Services' communication with which it becomes in conflict.

.08 Distribution.

B

INDICATORS FOR MEDICAL DOCTOR'S or MID LEVEL PROVIDERS
(Nurse Practitioners and Physicians Assistants)

The following is a partial list of indicators for evaluation for possible referral to an outside hospital. A Medical Doctor should evaluate an arrestee with any of these or similar symptoms before entering or completing the booking system. If the Medical Doctor or Midlevel Provider (NP/PA) determines that the arrestee is medical/mentally unstable, the arresting officer should be responsible for transporting the patient.

Trauma

- Obvious head trauma, injury or reported injury resulting in semi-consciousness or disorientation to time, place or person.
- Gunshot or stab wounds or any obvious trauma.
- Severe sprains with swollen joints or suspected fractures.

Drug Intoxication

- Drug or ETOH intoxication resulting in unconsciousness, confusion, slurred speech, or incapacitation.
- Arrestee with severe withdrawal symptoms (vomiting, sweating, hallucinations, seizure activity, etc.)
- Altered gait as a result of injury.

Heart Attack Symptoms

- Chest pain including arm or jaw pain suspicious of cardiac problems, shortness of breath, dizziness and sweating.

Infection

- Patient who gives recent history of treatment for TB or hepatitis.
- Patient who appears wasted

GI

- Gross GI bleeding, severe nausea or vomiting.

Risk Management

- Extreme reaction to mace in eyes, nose or lungs.
- Emergency related to allegations of police actions.

Respiratory

- Moderate to severe asthma attack, respiratory distress, and obvious shortness of breath.

Psychiatric

- Disorientation or altered state of consciousness that prevents the arrestee from participating in the booking process (e.g. hears voices, sees visions, not coherent.)

Pregnant

- Pregnant arrestees with labor symptoms, current pain or discomfort, receiving kick to stomach prior to arrest or in the ninth month of pregnancy. If arrestee has obvious signs of pregnancy and does not know status.
- Pregnant arrestee on Methadone program or withdrawing from ETOH/drugs.

Dialysis

- Dialysis patient on regular dialysis schedule arrested on the day of dialysis before receiving treatment.
- Dialysis patient on regular dialysis schedule not received the day of the arrest or if arrestee cannot confirm date of last treatment.
- Arrestee requiring Peritoneal dialysis (dialysis treatment every 6 to 8 hours) shall be evaluated by medical prior to entering the booking system.

