Clinical Practice Guidelines:
Other/Responding to patients in police custody

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Responding to patients in police custody

September, 2024

A person is deemed to be in police custody when the person is under arrest, or under suspicion of having committed a crime and has been detained by police officers. Following detention, the person is transferred by police to a secure facility such as a police watch-house.

For the purposes of coronial proceedings, a person is also deemed to have been in police custody if the person was escaping or trying to escape detention at the time of their death i.e., a person dies in a road traffic crash or other incident while being pursued by police.[1]

This Clinical Practice Guideline (CPG) provides both information and recommendations for ambulance clinicians when responding to patients in police custody, be that in the community, or in a police watch-house. The CPG applies to children and young people (under 18 years of age) and adults (including patients that are over 65 years of age).

In this CPG, the following topics are addressed:

- Management principles
- Police custody environment
- Health needs, vulnerabilities and co-morbidities of people in police custody
- Health care in police custody
  - Responding to a patient in police custody in the community
  - Responding to a patient in police custody in a police watch-house
- The legal and ethical framework in which clinical management decisions for patients in police custody are made
- Clinical documentation

Management Principles

The aims of management involving a patient who is in police custody in the community or detained in a police watch-house, is to ***reduce the risk of harm*** to the patient and others at the scene, to ***ascertain the clinical risk and vulnerabilities*** to which the patient may be exposed, and thereafter, when it is safe to do so, ***deliver ambulance services*** having regard for the custodial environment in which the services are provided. The overarching goal is to achieve this, ***ensuring compliance with all legal and ethical requirements***.

Sound management principles to achieve these goals include:

- comprehensive clinical assessment (when safe to undertake);
- communication with patient and attending police/ watch-house officers regarding assessment findings, risks, and recommendations; and
- advocate for and on behalf of the patient irrespective of the circumstances relating to the patient's custodial status.

The safety of the attending ambulance clinicians is paramount. Clinicians should ensure that the scene is safe before approaching the patient. Clinicians must consult with and be guided by attending police officers and/or watch-house officers to ensure that the scene is safe, before approaching the patient.

Police Custody Environment

The police custody environment is one in which the safety of the detainee, police officers, ambulance clinicians and other health providers are potentially at risk.[2]

The environment, be it in the community at the time that a person is arrested, or a police watch-house in which a person is securely detained, is under the jurisdiction and control of the Queensland Police Service (QPS) through the police officers at the scene, and the watch-house officers who are present at the relevant watch-house. It is therefore critical that the ambulance clinicians in attendance work closely with police officers and/or watch-house officers to ensure the best possible health care is provided to the detainee, and that the safety of those in attendance is not compromised.[2]

A **police watch-house**, as it is referred to in Queensland, is a facility that is designed to hold detainees on a temporary basis until such time as the detainee can be released from custody, or is transferred to a corrective services facility or youth detention facility.[3] A police watch-house also includes holding cells located at police stations throughout Queensland.[4]

Unlike corrective services facilities and youth detention facilities, where detainees are segregated according to age and gender, detainees in a police watch-house can include both adults and young people, and people who identify as male, female, transgender, gender diverse or non-binary identities.

Most detainees remain in a police watch-house for periods of 24 hours or less,[5] however, some detainees can be held in a watch-house for extended periods that can exceed several weeks.[6]

Health Needs, Vulnerabilities and Co-morbidities of People in Police Custody

In general, detainees and those that are held in police watch-houses, are inherently a vulnerable cohort that are socially disadvantaged and may suffer from poor health. It has been identified that detainees suffer from a range of complex co-morbidities when compared to that of the broader population. Common conditions include substance misuse and addiction, acute drug and alcohol intoxication, mental health conditions, cognitive disorders, chronic medical conditions, and physical injuries.[2,3,7,9]

Numerous investigations have been conducted into deaths that have occurred while the deceased is detained in custody at the time of their death. These investigations have focused attention on the health needs of detainees, and the critical importance of conducting a comprehensive and objective health assessment to determine the health status and vulnerabilities of every person that is detained in police custody or a police watch-house.

When undertaking a clinical assessment of a patient in custody, the following should be assessed:

- current clinical status
- presence of any physical injuries
- emotional and psychological state at the time the patient is interacting with the ambulance clinician
- acute and/or chronic alcohol or drug intoxication
- substance abuse and dependency
- history of chronic medical conditions and the patient's management of such conditions
- infectious diseases
- mental health conditions
- cognitive disorders and poor health literacy

In this section, the above listed health needs and conditions are discussed.

Chronic Medical Conditions

Physical morbidity in custody relates primarily to chronic medical conditions that may be poorly managed (non-compliance with medication) prior to police arrest and which may require treatment during the detainee's period of detention. The conditions that have been identified as prevalent in this population *include asthma, acute pulmonary disease, diabetes, hypertension, cardiovascular disease, epilepsy, arthritis, infectious diseases, and cancer.*[7–10]

For detainees who have been receiving treatment for a medical condition in the community, arrest and detention represent a potentially deadly interruption of that treatment. Treatment for some medical conditions cannot be discontinued or even delayed for short periods.

It is imperative that detainees who suffer from chronic medical conditions are *provided with the medications that they require while they are in custody*, and that the medications are administered strictly in accordance with that prescribed. This may require contact with the detainee's medical practitioner to corroborate the medical history provided by the detainee, and the current medication regime.

Physical Injuries

There is a potential for a detainee to sustain physical injuries prior to, or at the time of being detained by police officers. The injuries associated with the detainee's offending behaviour can range from superficial wounds to significant traumatic injuries such as bone fractures and head injuries. These injuries can often occur in circumstances where the detainee has been fighting with another person prior to arrest, or where the detainee was attempting to evade police custody.[3] Injuries can also be sustained during the use of physical restraint techniques or restraint involving conducted energy weapons (e.g. Taser®) and hand cuffs.[7,8]

In addition to injuries sustained prior to arrival at the watch-house, ambulance clinicians must be alert to the possibility of injuries caused by the detainee attempting to inflict self-harm whilst *detained at the watch-house.*[8]

Alcohol Intoxication, Alcohol Poisoning and Alcohol Withdrawal

Alcohol is a central nervous system (CNS) depressant which can start to affect the brain within minutes of consumption. The consumption of alcohol can have both immediate and cumulative effects. The immediate effects of alcohol consumption can vary significantly between individuals depending upon a range of factors. The most common and immediate effect of excessive alcohol consumption is alcohol toxicity and potentially, alcohol poisoning.

Alcohol toxicity can be mild (Blood Alcohol Concentration (BAC 0.01–0.05%), moderate (BAC 0.06–0.15%) or severe (BAC 0.16–0.3%). Severe intoxication can cause significant impairment, vomiting and loss of consciousness necessitating constant supervision. In addition to the clinical effects that are directly related to alcohol toxicity, a detainee could suffer from physical injuries that are indirectly related to intoxication. For example, alcohol toxicity may result in a loss of balance and physical coordination, which could give rise to a fall from which injuries can occur. Intoxication can also cause, in some individuals, acute behavioural disturbances and aggression, the consequence of which could result in the detainee being involved in a physical altercation with another person prior to arrest or resisting police arrest, necessitating the use of some form of physical and/or mechanical restraint from which additional physical injuries could be sustained.

Alcohol poisoning (BAC 0.31–0.45%) is a *life-threatening situation* that can occur following the consumption of an excessive amount of alcohol over a short period of time. It can also occur following the accidental or intentional consumption of household products and industrial preparations that contain alcohol, such as disinfectants, antiseptics, and antifreeze products. Alcohol poisoning can result in loss of consciousness, severe respiratory depression, loss of gag reflex, bradycardia, seizures and hypothermia.

Alcohol withdrawal syndrome can occur following an acute cessation of alcohol consumption in a person who is alcohol dependent. Detention resulting in cessation of consumption can precipitate alcohol withdrawal syndrome which is characterised by clinical features such as insomnia, restlessness and psychomotor agitation, nausea, sweating, delirium tremens, and seizures. Alcohol withdrawal syndrome can be life threatening. *It is therefore essential that the risk of alcohol withdrawal syndrome is identified early*, the detainee observed, and management of the clinical manifestations implemented without delay. ***Refer to CPG: Alcohol – ethanol.***

Illicit Drug Use & Dependency

Illicit drug use and drug dependency are significant health issues impacting detainees.[9]

Illicit drug use involves the use of prohibited drugs, the ingesting, injecting, or inhaling of volatile substances, or the use of prescription medications for non-medical purposes.[9]

It is estimated that two thirds of the detainee population in Australia have engaged in illicit drug use and in many cases will suffer an illicit drug dependency at the time they are taken into police custody and detained in a police watch-house.[9] The illicit drug use is rarely limited to a single substance and may involve the combination of alcohol and/or other drugs.[3,9]

The more common reported illicit substances used by detainees include psychostimulants such as methamphetamine and amphetamine, cannabis, and opioid analgesics.[9]

Acute psychostimulant intoxication causes significant morbidity including agitation, paranoia and acute behavioural disturbance necessitating urgent sedation. Severe intoxication *can lead to life threatening complications* such as hyperthermic crisis, seizures, myocardial ischemia, and intracranial haemorrhage. ***Refer to CPG: Psychostimulant emergencies.***

Acute opioid intoxication can be fatal secondary to respiratory depression and airway obstruction. ***Refer to CPG: Opioids.***

Mental Health Conditions

The term *mental health* refers to emotional, psychological, and social wellbeing, and affects thoughts, feelings, actions, stress, relationships and decision-making. Mental health conditions include depression, anxiety disorders, psychotic disorders, alcohol and other drug misuse.[9]

People experiencing mental health conditions are overrepresented in the detainee population, and their condition could be exacerbated by the stress associated with being arrested by police and thereafter, detained at a police watch-house.[8]

Identifying common signs and symptoms of a mental health condition may be relatively uncomplicated, however, diagnosing a specific condition can be profoundly difficult given the complex interplay between alcohol, illicit drug use, the mental health condition, and the high levels of emotion associated with being arrested and detained in a police watch-house.[8] It is important that the ambulance clinician ascertain if the patient's mental state could result in self-harm or harm to others by virtue of the patient being in police custody or detained in a police watch-house.

Ambulance clinicians should *elicit as much information as possible from the detainee regarding their mental health status, and any psychiatric treatment and/or medication that may be required* during the period of their detention.[8] ***Refer to CPG: Mental Status Examination.***

Cognitive Impairment and Intellectual Disability

It has been identified that a notable proportion of detainees suffer from varying degrees of cognitive or intellectual disability.[8] Ambulance clinicians should be mindful of this when informing a detainee of the clinician's clinical assessment findings and determining if the detainee has the requisite decision-making capacity to provide consent, or to refuse the ambulance services that are recommended.

Health Care in Police Custody

Responding to a patient in police custody in the community

When a person is taken into police custody, the attending police officers conduct, in accordance with QPS guidelines, a preliminary risk assessment which includes the detainee's state of health, and details any injuries that the detainee may have suffered, either prior to, or at the time the detainee was arrested.[5]

Ambulance clinicians are the primary practitioners that attend patients in custody at the time they are detained in the community and will be requested by QPS in circumstances where the attending police officer forms a 'reasonable suspicion' the detainee is suffering from a condition that requires a health assessment and ambulance services.[5]

The responsibilities of ambulance clinicians when attending a patient in police custody include:

- With consent or other appropriate authorisation (see Legal and Ethical Framework section in this CPG), conduct a thorough clinical assessment and provide interventions that are clinically indicated.
- Determine if the detainee's health status necessitates transport to a hospital for further assessment prior to the detainee being detained in a police watch-house. Factors to be considered include information provided to the QPS at the time the request for police assistance was logged; if the patient had been restrained including type and duration of restraint; and information obtained by the attending police officer during the officer's preliminary risk assessment.
- Advise the detainee of the clinical assessment findings and recommendations, including any recommendation regarding transport to hospital if applicable.
- Inform the attending police officer of the outcome of the clinical assessment and recommendations, and the detainee's decision in relation to those recommendations.
- With consent or other appropriate authorisation (see Legal and Ethical Framework section in this CPG), facilitate transport to the most appropriate hospital in consultation with the attending police officer.

If the ambulance clinician determines that transport to hospital is not required at that point in time, the clinician must inform the detainee and the attending police officers of their clinical assessment findings and provide clinical advice/recommendations in regard to the detainee's clinical circumstances.

If the detainee refuses transport against clinician advice, confirm that the detainee has the requisite decision-making capacity (see *CPG: QAS Non-transport*). If the refusal is valid, ensure that the detainee and the attending police officers are provided with advice and recommendations regarding any ongoing observations, clinical management, and health care that the detainee may require while in custody.

For all cases involving non-transport, the ambulance clinician MUST complete the *Detainee Observation Recommendation Form* and provide the completed copy to an attending police officer. If the detainee requires ongoing observations or health care whilst in custody, this must be articulated and recorded using language that is capable of interpretation by non-medical personnel.

The ambulance clinician must also complete an eARF and upload an image of the completed *Detainee Observation Recommendation Form* to the eARF using the clinical images function.

The clinician MUST inform the attending police officers to call QAS immediately if they have any concerns regarding the health status of the detainee, OR if they observe any changes in the detainee's condition, irrespective of how minor that may be.

Responding to a patient in police custody in a police watch-house

While in police custody and detained in a police watch-house, a detainee is entirely dependent on the police and the watch-house personnel for all aspects of their daily living, including their health care, protection, and safety.[11]

When a person is taken to a police watch-house, the receiving officer (police officer or watch-house officer) will complete a comprehensive health and risk assessment in accordance with QPS guidelines[5]. Following completion of the assessment, the receiving officer will determine the frequency of ongoing assessments of the detainee and at the earliest opportunity, record the assessment findings in the Queensland Police Records and Information Management Exchange (QPRIME).[5]

If the detainee is compliant during this risk assessment, the receiving officer will request a voluntary specimen of breath for a blood alcohol concentration test, and if the detainee indicates they are a diabetic, a glucometer so that the detainee can check their blood glucose level (BGL).

If the receiving officer forms a reasonable suspicion that the detainee may be exposed to a medical risk, the officer is required to seek the assistance of a healthcare provider.

Police watch-houses are not permanently staffed with healthcare providers, nor equipped to deliver complex healthcare to a detainee, should it be required.[3] In the event of a health crisis, or where a watch-house officer has a reasonable suspicion of medical risk, QAS services will be requested.

Police / Watch-house Officer request for QAS attendance

The request for QAS services is often made soon after the detainee is admitted to the police watch-house. At this early stage of detention, symptomology indicative of intoxication or withdrawal from substances of dependence are common. Consequently, ambulance clinicians must be cognisant that even perceivably minor clinical concerns may be indicative of a serious disturbance.

The responsibilities of ambulance clinicians when attending a patient who is detained in a police watch-house include:

- With consent or other appropriate authorisation (see Legal and Ethical Framework section in this CPG), conduct a thorough clinical assessment and provide interventions that are clinically indicated.

Communication with a detainee may be challenging in circumstances where one or more of the co-morbidities referred to in this CPG, exist. This factor alone may impact significantly on the adequacy of the clinical assessment. In instances where limited patient information is available, ambulance clinicians should have a low threshold for utilising digital resources. This may include but is not limited to:

- Accessing previous QAS interactions using DARF Utilities
- Accessing hospital records using *The Viewer*
- Contacting the Mental Health Liaison Service via the *QAS Clinical Consultation and Advice Line* if a mental health condition is suspected
- Seeking information from QPS which may be recorded in QPS records (QPRIME).

- Determine if the detainee's health status necessitates transport to a hospital for further assessment:
  - If the detainee is suffering from a non-life-threatening condition that is unlikely to deteriorate, the ambulance clinician may determine that transport is not required.
  - If the detainee is suffering from a serious condition that has the potential to deteriorate or escalate, the detainee should be transported to hospital.
  - If the detainee satisfies the criteria for an Emergency Examination Authority (EEA), the detainee should be transported to an appropriate facility for further assessment.
  - If the detainee is remanded for a period of detention and has been assessed by an authorised mental health practitioner and is deemed to be a classified patient under the *Mental Health Act 2016*,[13] the ambulance clinician should contact the Mental Health Liaison Service for direction regarding treatment and transport of the detainee to an authorised mental health facility.
- Advise the detainee of the clinical assessment findings and recommendations including transport to hospital if applicable.
- Inform the attending watch-house officer of the outcome of the clinical assessment and recommendations, and the detainee's decision where relevant, in relation to those recommendations.
- Facilitate transport to the most appropriate hospital in consultation with the attending QPS/watch-house officer.

If the ambulance clinician determines that transport is not required at that point in time, the clinician must inform the detainee and the attending police / watch-house officers of their clinical assessment findings and provide clinical advice/recommendations in regard to the detainee's clinical circumstances.

If the detainee refuses transport against clinician advice, confirm that the detainee has the requisite decision-making capacity (see *CPG: QAS Non-transport*). If the refusal is valid, ensure that the detainee and the attending police/watch-house officers are provided with advice and recommendations regarding the ongoing observations, clinical management, and health care that the detainee may require while in custody.

For all cases involving non-transport, the ambulance clinician MUST complete the *Detainee Observation Recommendation Form* and provide the completed copy to an attending police/watch-house officers. If the detainee requires ongoing observations or health care whilst in custody, this must be articulated and recorded using language that is capable of interpretation by non-medical personnel.

The ambulance clinician must also complete an eARF and upload an image of the completed *Detainee Observation Recommendation Form* to the eRAF using the clinical images function.

The clinician MUST inform the police/watch-house officers to call QAS immediately if they have any concerns regarding the health status of the detainee, OR if they observe any changes in the detainee's condition, irrespective of how minor that may be.

The Legal and Ethical Framework – Management of a Patient in Police Custody or Detention

When in custody, or detained in a police watch-house, a detainee retains all human rights other than their freedom. Their right to health care is in no way diminished by their detention.[11]

The State owes a special duty of care to those that are placed in detention. The duty of care includes a duty to provide a safe environment, the duty to ensure that basic human needs are met, and the duty to recognise the detainee's fundamental human rights, including the right to access timely and appropriate health care when it is required.[11]

When responding to a patient in police custody or detained in a police watch-house, the ambulance clinician must comply with instructions provided by police officers and watch-house officers. However, when delivering ambulance services to the detainee, the ambulance clinician should be afforded professional independence, and must deliver care in a manner that is consistent with their professional, legal, and ethical obligations, and compliant with the relevant QAS guidelines and procedures set out in the QAS Digital Clinical Practice Manual (DCPM).

Patient Consent

When in police custody, or detained in a police watch-house, the detainee's right to consent or refuse ambulances services is not altered by their detention status. The delivery of ambulance services, including transport to hospital, may only occur within the following legal framework. ***Refer to CPG: Patient Decision Making in Ambulance Services.***

Adult Patient

- Adult detainee ***with decision-making capacity*** – with the detainee's consent.[14]
- Adult detainee ***with impaired decision-making capacity*** – with the consent of the detainee's substitute decision-maker (guardian, attorney, or statutory health attorney).[15]
- Adult detainee ***with impaired decision-making capacity*** in circumstances where the ***treatment is necessary to avert an imminent risk to the life or health of the detainee*** – no consent is required.[16]
- Adult patient who meets the ***criteria for an Emergency Examination Authority (EEA)*** under the *Public Health Act 1995* (Qld) – no consent is required.[17]
- Adult detainee who is a ***classified patient*** under the *Mental Health Act 2016* (Qld) and is remanded in custody – no consent is required.[13]

Child/Young Person

- Child detainee where ***parent is present or able to be contacted*** – with the consent of the child's parent.[18]
- Young person detainee where the ***young person is Gillick Competent*** – with the consent of the young person.[19]
- Child or young person – in circumstances where the treatment is necessary and ***urgent*** to avoid a serious risk to the child or young person's life or health and where ***no parent/caregiver is present*** and there is no less restrictive means available to the clinician – no consent is required.[19]
- Child or young person ***if the patient that meets the criteria for an Emergency Examination Authority (EEA)*** *under the Public Health Act 1995 (Qld)* – no consent is required.[17]

Patient Confidentiality

The patient/detainee's right to confidentiality is not altered by their detention status and the ambulance clinician should seek the patient/detainee's consent before disclosing confidential information to another person or entity.

However, the *Ambulance Service Act* authorises the ambulance clinician to disclose confidential information if the disclosure is to a police officer in the following circumstances:

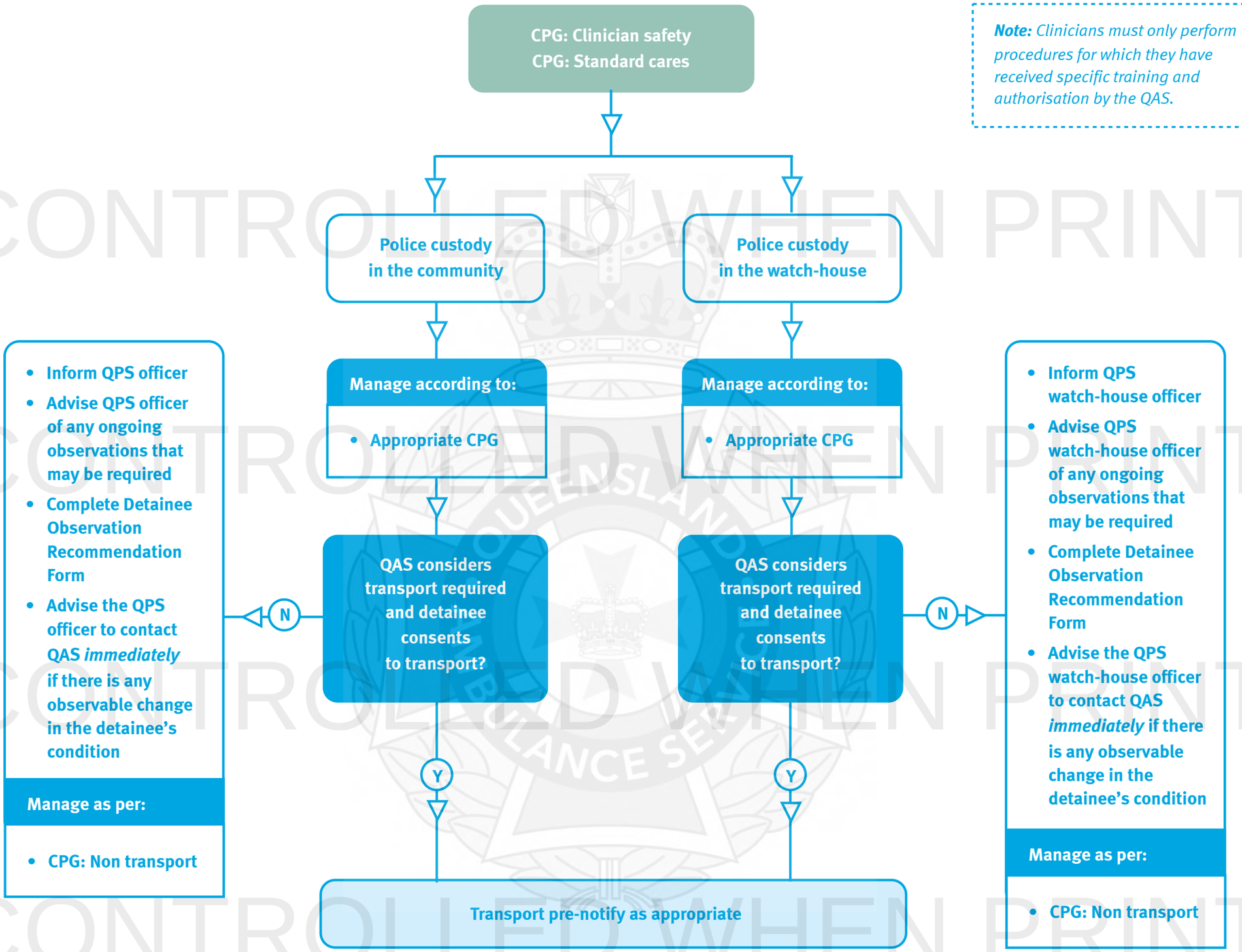
- For the purpose of the police officer exercising a power under the *Police Powers and Responsibilities Act 2000*[20] in relation to the patient/ detainee;[21] or
- In relation to the patient/detainee, in circumstances where the patient/ detainee is in the custody of the police.[22]

Documentation

The ambulance clinician must complete a comprehensive eARF and if required a *Detainee Observation Recommendation Form*, the latter of which is to be provided to the police/watch-house officer in attendance.

The *Detainee Observation and Recommendation Form* is to include all relevant details regarding the detainee, including the clinical assessment findings, consultation with watch-house officers, recommendations for police and watch-house officers in relation to ongoing assessments, and any health care the detainee may require whilst in custody. This information must be articulated and recorded using language that is capable of interpretation by non-medical personnel.

> Experience has demonstrated that patient safety is facilitated by effective communication between all stakeholders involved in the care of the patient. Comprehensive written communication between ambulance clinicians, QPS officers and watch-house officers will minimise risk and promote detainee safety.



Note: *Clinicians must only perform procedures for which they have received specific training and authorisation by the QAS.*

Detainee Observation Recommendation Form

This form MUST be completed if a detainee has been assessed by a QAS clinician and not transported for any reason. All completed forms must be photographed and saved as a clinical image with the QAS eARF.

Date:		Time:		Case number:	

Detainee details:

Surname:		First name:	
Date of birth:		Sex:	☐ *Male* ☐ *Female* ☐ *Other*

QAS assessment & management details: *(summarise patient assessment and management)*

QAS clinician recommendations:

The detainee is to be assessed by QPS every _____ minutes (max interval 30 mins) for a total of _____ hours (min period 4 hours).

QPS are to assess and record at the requested intervals (in QPRIME) the detainee's ability to, on command:

- Independently open both eyes **AND**;
- Respond verbally (response must be appropriate to the situation) **AND**;
- Move all four limbs with purpose.

If the detainee is unable to complete the assessment above, **OR**, the QPS/watch-house officer is concerned with the detainee's presentation in any way, the QPS/watch-house officer must request QAS attendance.

Additionally information for QPS/watch-house officers:

Contact QAS immediately if there are any concerns regarding the health status of the detainee, or if changes in the detainee's condition occur, irrespective of how minor that may be.

Reason detainee was not transported:

☐ The QAS clinician determined that transport was not required at the time the assessment was conducted.

☐ The detainee refused transport to hospital against QAS advice.

QAS clinician's name:		Medal number:		Signature:	
QPS/watch-house officer's name:		Medal number:		Signature:	