Clinical Practice Guidelines:
Other/Patient in police custody

Policy code	CPG_OT_PTY_0221
Date	February, 2021
Purpose	To ensure a consistent appproach to the management of patients in police custody.
Scope	Applies to Queensland Ambulance Service (QAS) clinical staff.
Health care setting	Pre-hospital assessment and treatment.
Population	Applies to all ages unless stated otherwise.
Source of funding	Internal – 100%
Author	Clinical Quality & Patient Safety Unit, QAS
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Patients in police custody

February, 2021

In Australia in the 17 years leading up to 2007, there were on average 79 deaths in custody per year. Causes of these deaths included suicide, overdose (alcohol and polypharmacy overdose), acute and chronic medical conditions and trauma (both within the watch-house and prior to detention).[1]

A percentage of prisoners in Queensland watch-houses have chronic substance abuse/misuse problems. A proportion of prisoners also have serious medical comorbidities including diseases such as diabetes, seizure disorders, cardiovascular disease and mental health diagnosis, and are often poorly medically controlled. They are often also commonly exposed to violence and traumatic injury.[2] As a result medical complications related to the prisoners chronic medical condition and/or an acute condition may present on a continuum from minor through to life threatening during the prisoner's incarceration – however short the duration.

Queensland watch-houses do not have regular in-house medical officers. Some watch-houses have a visiting Registered Nurse during daylight hours only. The decision as to whether a prisoner requires a medical assessment therefore lies solely with the assessing watch-house police officer.

During the processing of the prisoner a medical risk criterion is applied by the Queensland Police Service (QPS) watch-house officers, and ongoing prisoner observation is maintained throughout the prisoner's incarceration. Prisoners do routinely present as problematic communicators for a variety of reasons, making clinical assessment difficult, it is therefore essential to complete and record a thorough medical history and examination in all instances.

Clinicians should maintain a high index of suspicion if they are requested to review a prisoner in custody. This will be especially true if the person appears intoxicated, as this appearance may be masking or a result of serious underlying pathology (e.g. hypo/hyperglycaemia, electrolyte abnormalities, head injury, concomitant drug use, and alcohol/drug withdrawal/overdose).

QAS clinicians will be responded to QPS watch-houses when indicated by triggers in the QPS medical risk criteria or as determined by the QPS watch-house policy for conditions ranging from minor wounds and musculo-skeletal injuries to major life threatening conditions. Clinicians should determine if the response has been initiated as a result of concern identified by QPS during the administration of the watch-house medical risk criteria (such as a decreased GCS or response, undiagnosed pain) and in every instance initially approach these cases and patients as medium to high risk.

QAS clinicians will also respond to requests to attend the watch-house by QPS watch-house officers for minor acuity case presentations such as an isolated soft tissue injury (e.g. small wounds not requiring suturing, sprains or strains) after assessment if appropriate these patients may be considered as low risk.

Experience has shown that patient safety is facilitated by effective communication between all stakeholders involved in the patient care continuum. Providing sound written advice from the clinicians to the QPS watch-house officer will control risk and promote patient safety.[3]

Indications

- **Patients in police custody requiring QAS assessment and treatment** (not for routine medical clearance).

Clinical features

- Not applicable

Risk assessment

- Although a Registered Nurse and/or Forensic Medical Officer (FMO) may be present or available to the QPS by phone, watch-houses are not able to provide medical supervision.
- Medical risk assessment by a QPS officer is often limited to include an assessment of the patient's conscious state (modified GCS) and a BGL.
- The QPS watch-house will only request QAS paramedics attend when a protocol threshold has been met and according to QPS watch-house operating procedures.

Risk assessment *(cont.)*

- In a small number of the medium to high risk watch-house cases, there may be a role for not transporting the prisoner to hospital, this decision must be discussed with the Forensic Medical Officer (FMO) – although non-transport should be very infrequent for prisoners with this level of risk in presentation.
- For low risk cases in the watch-house, the decision regarding the need for transport for hospital assessment rests with the treating paramedic team, in consultation with the QPS watch-house officers and **does not** require a call to the FMO.
- All non-transport cases from the watch-house require at a minimum any relevant advice regarding the prisoner be recorded on a ***Prisoner Observation Recommendation Form.*** This information must be communicated and physically handed to QPS watch-house staff prior to the paramedic team clearing from the task. Ideally if the opportunity exists an eARF should also be completed, appropriately witnessed, printed and then remain at the watch-house.

Additional information

- All assessment recommendations must be clearly documented on the eARF AND/OR ***'Prisoner Observation Recommendation Form'*** indicating consultation if required.

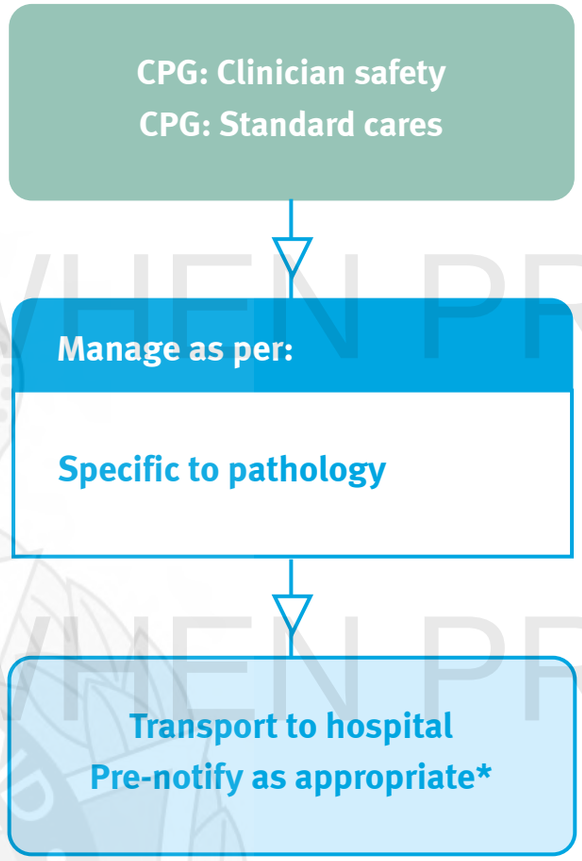
Suggested narrative includes: *(please tick)*

☐ *I have discussed the Prisoner's presentation and QAS assessment with the Forensic Medical Officer (FMO). The FMO has deemed the Prisoner 'fit to stay' and has made the following observation orders.*

☐ *I have discussed the Prisoner's presentation and QAS assessment with QPS watch-house officers. I have deemed the Prisoner 'fit to stay' and make the following observation orders.*

Observation orders:

- *The prisoner must be assessed by QPS every _____ minutes (max frequency 30 mins) for a total period of _____ hours (min period 4 hrs).*
- *QPS must assess and record at the requested intervals (in QPRIME) the prisoners ability to, on command:*
  - *Independently open their eyes (both); **AND***
  - *Respond verbally (response must be appropriate to the situation); **AND***
  - *Move all four limbs with purpose.*
- *If prisoner is unable to complete the above assessment **OR** the QPS officer is concerned with the patient's presentation in anyway, QAS must be requested.*



** An exception can be made for low risk presentations*

** Medium to high risk presentations considered for non-transport will require discussions with the FMO.*

** All non-transport cases from QPS watch-houses require advice be documented on the 'Prisoner Observation Recommendation Form' and the form remain at the watch-house.*

PRISONER OBSERVATION RECOMMENDATION FORM

Prisoner details location:

Surname:		First Name:	
DOB:		Ethnicity:	
Location:			

Reason QAS requested by police:

Police officer name:		Police officer rank:	
Police officer station:		Date/Time QAS requested:	

QAS Assessment / Treatment:

Paramedic name:		Paramedic medal number:	

Attending Paramedic Recommendations:

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Additionally, the FMO/I request the following (write nil if N/A): _____

_____

Paramedic name:		Paramedic medal number:	
FMO name:		Date/Time consulted:	

Notes:

* *This form may be hand written*
* *This form is to be completed when a prisoner has been deemed fit to stay in the watch house and the QAS are unable to leave a copy of the eARF outlining FMO recommendations*
* *Completed forms must be scanned into QPRIME and associated with the prisoner's detention log*

Paramedic signature:		Police officer signature:	