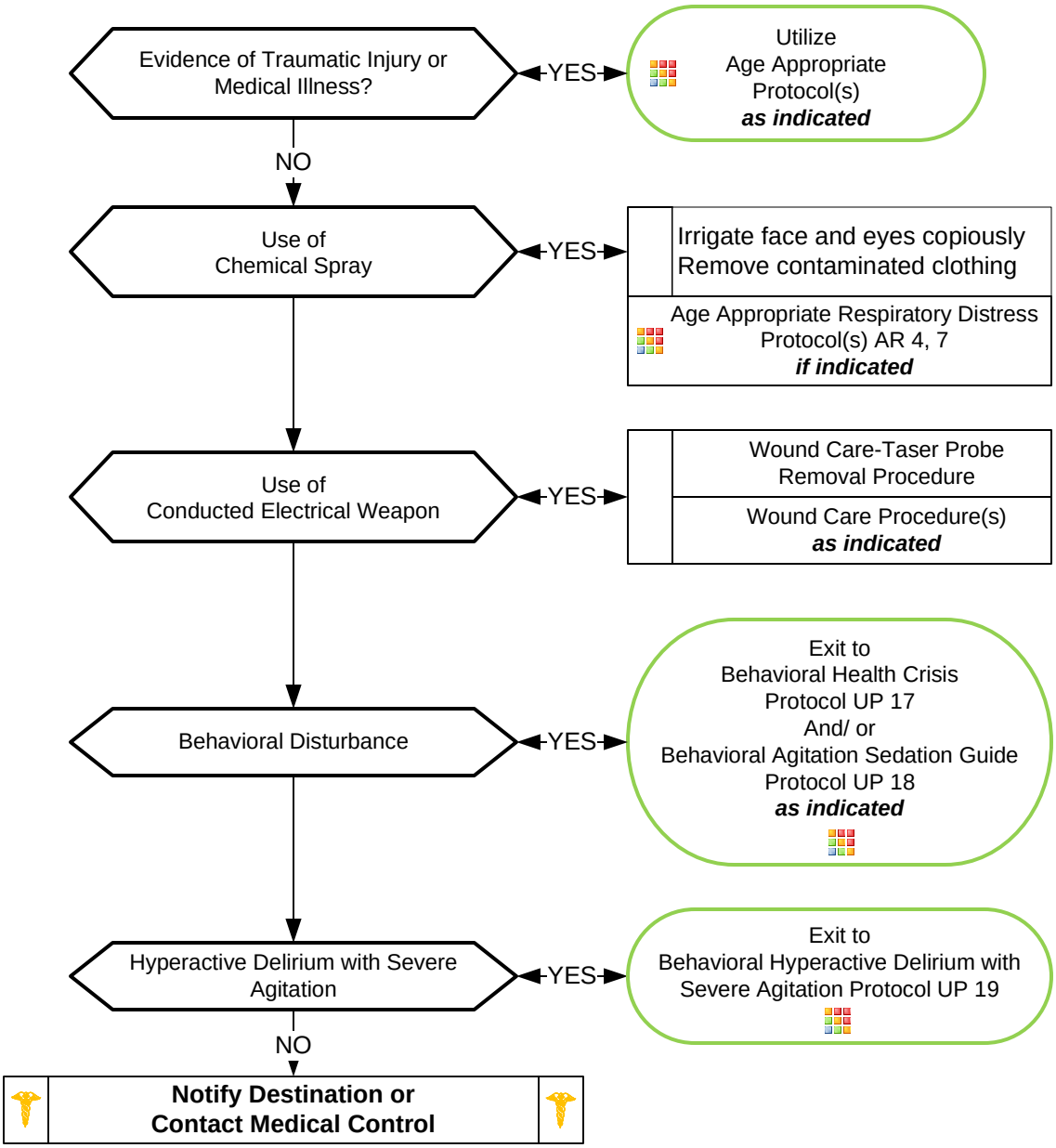
Police Custody

History
- Traumatic Injury
- Drug Abuse
- Cardiac History
- History of Asthma
- Psychiatric History

Signs and Symptoms
- External signs of trauma
- Palpitations
- Shortness of breath
- Wheezing
- Altered Mental Status
- Intoxication/Substance Abuse

Differential
- Agitated Delirium Secondary to Psychiatric Illness
- Agitated Delirium Secondary to Substance Abuse
- Traumatic Injury
- Closed Head Injury
- Asthma Exacerbation
- Cardiac Dysrhythmia



Universal Protocol Section

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Transport Decisions

Appropriate transport of patient to healthcare facility by LEO:

- Mental health clients that have NO medical needs
- Involuntary commitments with NO medical needs.
- Emergency commitments with NO medical needs.
- Those housed in jail confinement with minor injury or complaints.
- LEO should be instructed to contact EMS for a change in condition of patient deemed to be medical in nature.

The following police/ LEO custody patient types require EMS treatment and transport by EMS:

- Altered level of consciousness.
- Gun shot wounds.
- Significant injury with significant or potential substantial blood loss.
- Ingestion of narcotics, drugs, or other potentially life threatening substances.
- Carbon monoxide poisoning.
- Any client or their family/significant others request transport in an ambulance.

Emergency and involuntary commitments with LEO involvement that require medical intervention:

LEO must be in the ambulance during transport to a medical facility.

Restraints, including handcuffs and/or shackles:

When a patient is being detained for police protection or is under arrest or in jail confinement by LEO and handcuffs and/ or shackles are being used, a restraint form must be completed by the EMS provider and restraints monitored in the usual fashion.

Pearls

- **Patient does not have to be in police custody or under arrest to utilize this protocol.**
- **Local EMS agencies should formulate a policy with local law enforcement agencies concerning patients requiring EMS and Law Enforcement services simultaneously.**
- **Agencies should work together to formulate a disposition in the best interest of the patient.**
- **Patients restrained by law enforcement devices must be transported and accompanied by a law enforcement officer in the patient compartment who is capable of removing the devices. However, when rescuers have utilized restraints in accordance with Restraint Procedure, the law enforcement agent may follow the ambulance during transport.**
- **All patients who receive either physical and chemical restraint must be continuously observed by ALS personnel on scene or immediately upon their arrival.**
- The responsibility for patient care rests with the highest authorized medical provider on scene per North Carolina law.
- If an asthmatic patient is exposed to irritant/ pepper spray and released to law enforcement, all parties should be advised to immediately contact EMS if wheezing/ difficulty breathing occurs.
- All patients with decision-making capacity in police custody retain the right to participate in decision-making regarding their care and may request care or refuse care of EMS.
- If extremity/ chemical/ law enforcement restraints are applied, follow USP 5 Restraints: Physical.
- **Consider Haldol or Droperidol for patients with history of psychosis or a benzodiazepine for patients with presumed substance misuse.**
- **Haldol is acceptable treatment in pediatric patients ≥ 12 years old. Safety and efficacy is not established in younger ages. Contact Medical Control for advice as needed.**
- **Hyperactive Delirium with Severe Agitation:**
  - Medical emergency: Combination of delirium, psychomotor agitation, anxiety, hallucinations, speech disturbances, disorientation, violent/ bizarre behavior, insensitivity to pain, hyperthermia and increased strength.
  - Potentially life-threatening and associated with use of physical control measures, including physical restraints and Tasers.
  - Most commonly seen in male subjects with a history of serious mental illness and/or acute or chronic drug abuse, particularly stimulant drugs such as cocaine, crack cocaine, methamphetamine, amphetamines or similar agents. Alcohol withdrawal or head trauma may also contribute to the condition.
  - **If patient suspected of Hyperactive Delirium with Severe Agitation suffers cardiac arrest, consider a fluid bolus, administration of calcium gluconate (or chloride), and sodium bicarbonate early.**
- Do not position or transport any restrained patient is such a way that could impact the patients respiratory or circulatory status.
- Patients exposed to chemical spray, with or without history of respiratory disease, may develop respiratory complaints up to 20 minutes post exposure.