 Department of Health Government of Nunavut		NURSING POLICY, PROCEDURE AND PROTOCOLS	
		Community Health Nursing	
TITLE:		SECTION:	POLICY NUMBER:
Clients in Police Custody		Administration	05-024-00
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APPLIES TO:			
Community Health Nurses			

Policy 1:

When a client is in police custody and requires medical attention, the police shall transport the client to the health centre for further assessment. The practitioner will not assess and treat the client in the police station. If extenuating circumstances arise, the practitioner shall discuss the case with the Supervisor of health programs to determine an appropriate plan of care.

Policy 2:

Police officers are responsible for ensuring the safety and security of the public and the supervised client at the community health centre. Clients who are in police custody require constant supervision while at the community health centre.

The health centre staff is not responsible for the supervision or guarding of clients who are in police custody. It is the responsibility of the police to provide continuous 24-hour guard for such clients and will ensure at least one police officer remains with the client at all times.

Policy 3:

Clients in police custody will not have access to any object/material that could be used as a weapon, i.e. steel utensil, instruments from procedure trays, glass, razors, needles, and mirrors.

Definitions:

Clients who are in police custody are individuals who are under arrest and supervision of the police agency and require constant supervision.

Principles:

The Department of Health and Social Services is committed to ensure the safest possible environment for clients who are in police custody.

The police will assess the level of risk associated with each client before attending the health centre.

Related Policies, Guidelines And Legislation:

Guidelines 05-024-01 Provisions of Care to Clients in Police Custody



GUIDELINE 05-011-01

Ambulatory Services

1. Clients will be assigned appointments at the beginning or the end of the clinic schedule where possible.
2. The Supervisor of health programs (SHP) should be notified ahead of time. The SHP or delegate will meet the client and police Officer upon arrival.
3. Upon arrival to the clinic, the client and the police officer shall be taken immediately to an empty examination room.
4. Where possible such clients should be seen in one location.
5. If the client requires suturing, all sharp objects must be removed from the room after the procedure.
6. The RCMP officer must accompany the client for all tests/procedures and the areas should be notified in advance (if applicable). These areas should take precautions with sharp objects.

Restraints

1. Clients in police custody will always be shackled and/or handcuffed as appropriate.
2. Restraints are the responsibility of the Police officer. Restraints may include handcuffs, shackles and/or security belts.
3. Under no circumstances should a member of the health care team remove the restraints (shackles, handcuffs etc.) from the client.
4. The health care professional may request that the police officer remove the restraints if they interfere with treatment or compromise client safety.
 - The police officer must be consulted.
 - If the police officers agree to the removal of the restraint, they are responsible to remove the restraint and must remain with the client.
 - In the event that the restraints cannot be safely removed, then the inability to treat is to be charted, and further medical advice is required.

Visitors

1. Should a visitor arrive at the community health centre, the staff should consult directly with the police officer and obtain approval.
2. If the visitor is not permitted access to the client, as directed by the police officer, the visitor will be asked to leave the health centre.

Release of Information



1. During assessments and treatments, police shall position themselves away from the bedside so that visual contact is maintained while personal health information cannot be overheard unless:
 - The client consents to bedside attendance or;
 - The police officer determines that bedside attendance is required to reduce or eliminate a significant risk of bodily harm.
2. Personal health information about a client from correctional facilities may be disclosed to the Correctional Facility in which the client is being detained, in order to assist the institution in making a decision concerning arrangements for the provision of health care to the client or the placement of the individual into custody, detention, release, conditional release discharge or conditional discharge.
3. Questions about disclosure of client information to correctional facilities are directed to the ATIPP Coordinator for the Department of Health and Social Services.



4. No information regarding the client shall be released to the public including the location of the client in the hospital. All public inquiries are to be directed to the Supervisor of health programs.

References

Adapted from the University Health Network manual

Approved by:		Effective Date:
Chief Nursing Officer	11 FEB 2011 Date	April 1, 2011
	February 11, 2011 Date	
Deputy Minister of Health and Social Services		

