

## **FNIHB-OR Nursing Policy and Procedure**

Section:	<b>Professional Nursing Practice</b>	Policy Number:	<b>II - 03</b>
Subject:	<b>Clients in Police Custody</b>	Issued:	<b>March 31, 2015</b>
Distribution:	<b>All Nursing Facilities</b>	Revised:	

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### **1. POLICY:**

- 1.1 When a client is in police custody and requires medical attention, the law enforcement personnel shall transport the client to the health care facility for further assessment. First Nations and Inuit Health Branch – Ontario Region (FNIHB-OR) staff will not assess and treat the client in the police station. If extenuating circumstances arise, the nurse shall discuss the case with Nurse in Charge (NIC) (or 2<sup>nd</sup> Nurse on Call if an NIC is not available) to determine appropriate plan of care.
- 1.2 FNIHB-OR staff is not responsible for the supervision or guarding of clients who are in police custody. It is the responsibility of the law enforcement officer(s) to provide continuous 24-hour guard coverage for such clients.
- 1.3 Clients in police custody will not have access to any object/material that could be used as a weapon (e.g. steel utensil, instruments from procedure trays, glass, razors, needles, and mirrors). The nurse must ensure that these items are not left unattended.

### **2. PRINCIPLES:**

- 2.1 It is expected that law enforcement personnel will assess each client's level of risk and provide adequate security to maintain a safe environment at the health care facility.

### **3. DEFINITIONS:**

- 3.1 **Nurse:** Refers to Registered Nurses, Nurse Practitioners and Registered Practical Nurses (RPN)
- 3.2 **Police Custody:** Refers to individuals who are under arrest and supervision of the police agency and require constant supervision.
- 3.3 **Police station:** Also refers to holding cells, RCMP stations, detention centres, etc.

### **4. PROCEDURE:**

#### **Ambulatory Services**

- 4.1 Where possible, clients will have appointments booked at the beginning or the end of the clinic schedule.

- 4.2 The Nurse in Charge (NIC) should be notified ahead of time. The NIC or delegate will meet the client and law enforcement officer upon arrival to the health care facility and promptly escort them to an empty examination room.
- 4.3 If the client requires suturing or another procedure involving sharps, the nurse must ensure that all sharp objects are removed from the room immediately following the procedure.
- 4.4 The law enforcement officer must accompany the client for all tests/procedures (if applicable). The staff working in these areas must be advised to follow similar precautions with all sharps and other items that could potentially be used as a weapon.

### **Restraints**

- 4.5 Clients in police custody will be shackled and/or handcuffed as appropriate. The use of restraints is the responsibility of the law enforcement personnel and not the nursing staff.
- 4.6 Under no circumstances should a member of the health care team remove the restraints from the client. The health care member may request that the law enforcement officer remove the restraints if they interfere with treatment or compromise client safety.
- 4.7 If the law enforcement personnel agrees to the removal of the restraint, they are responsible for the removal of the restraint and must remain with the client.
- 4.8 In the event that the restraints cannot be safely removed, then the inability to treat is to be documented, and further medical advice is required.

### **Visitors**

- 4.9 Should a visitor for the client in police custody arrive at the health care facility, the staff should consult directly with the law enforcement officer to obtain approval.
- 4.10 If the visitor is not permitted access to the client, as directed by law enforcement personnel, the visitor will be asked to leave the health care facility – as directed by the law enforcement officer or health care professional.

### **Disclosure of Medical Information**

- 4.11 During assessments and treatments, law enforcement personnel shall position themselves away from the bedside so that visual contact is maintained while personal health information cannot be overheard unless:
  - i. The client consents to bedside attendance or;
  - ii. The law enforcement personnel determine that bedside attendance is required to reduce or eliminate a significant risk of bodily harm.
- 4.12 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.

4.13 The nurse shall refer to the policy *Release of Information – Law Enforcement Investigations* for direction on how to proceed with requests to release information for police investigations. The ATIP Coordinator should be consulted if there are questions or concerns about disclosing client information.

4.14 No information regarding the client shall be released to the public, including the location of the client in the health care facility. All public inquiries are to be directed to the NIC or the Zone Nursing Officer, as available.

## **5. RELATED POLICIES AND LEGISLATION:**

FNIHB-OR Policy: Release of Information – Law Enforcement Investigations

FNIHB-OR Policy: Release of Information

FNIHB-OR Policy: Restraints

FNIHB-OR Policy: Continuous Observation

Personal Health Information Protection Act

College of Nurses of Ontario (2009). Practice Standard: Confidentiality and Privacy – Personal Health Information.

## **6. REFERENCES:**

University Health Network (2010). *University Health Network Manual*: Toronto, ON

Personal Health Information Protection Act

College of Nurses of Ontario (2009). Practice Standard: Confidentiality and Privacy – Personal Health Information.

<b>Approved by:</b>	<b>Effective Date:</b>  <b>March 31, 2015</b>
<b>Director of Nursing, Ontario Region</b> <b>Date:</b>	
<b>Regional Executive, Ontario Region</b> <b>Date:</b>	