

Guideline

Subject: Medical Care in Police Custody
Approval Date: September 2017
Review Date: September 2020
Review By: Faculty of Clinical Forensic Medicine
Number: 4/2017

The scope of this document relates to the provision of medical care in the police custody setting. Each jurisdiction will be subject to its own legislation, policies and procedures and it is imperative that medical practitioners familiarise themselves with their jurisdictional requirements.

Principles of Care

In general, people in police custody are a vulnerable, socially disadvantaged patient group with poor health. This marginalised group require healthcare to meet their needs at least at the community standard level. It is known that of those who enter prison in Australia for example, 17% had had a parent in jail while they were a child, 25% had been homeless, 32% did not finish year 10 and 48% were unemployed in the last 30 days before custody¹.

In particular, police detainees have much higher rates of psychiatric illness, drug and alcohol addiction, and infectious disease. About 49% have had a diagnosed mental disorder, 67% have used illicit drugs in the last 12 months and 31% have tested positive to Hepatitis C². These factors must be borne in mind when providing medical care to police detainees.

Clinical Forensic Medical Practitioners are best placed to manage these patients and must have a comprehensive knowledge, background and skills to manage police detainees safely and effectively.

Background

The Clinical Forensic Medical Practitioner may be involved in the forensic medical care of police detainees for a variety of reasons, including:

- Medical assessment and initial management.
- Assessment of fitness for custody.
- Assessment of fitness for interview.
- Assessment related to care of those unable to care for themselves, not under any charges. Commonly this group of patients are detained for their own protection due to mental health or substance use.
- Medical Review and management of remanded detainees.

Environment

The police custody environment is one in which safety of the detainee, police, medical and nursing staff is potentially at risk. The environment is under the police jurisdiction and those invited medical practitioners or registered nurses should be cognisant of the police environment.

¹ AIHW, 2015

² *ibid*

Due to the nature of the police custody environment, a close working relationship between medical, nursing and police staff is required for the best patient and safety outcomes.

Appropriate memoranda of understanding are recommended for these invited staff to ensure that best medical practice can occur, acceptable behaviour standards can be maintained, appropriate lines of reporting are documented and staff and detainee safety is recognised. Safety standards may dictate that the presence of one or multiple police officers be present during any assessment and treatment provided for the protection of the patient and the medical staff.

Ethical Considerations for Detainees

Police custody is an environment where the right of freedom has been removed however detainees should be afforded basic human rights and be treated with dignity and respect. Practitioners must have the right to clinical independent practice. Detainees should receive equivalent care to that available in the community. It is important that patient confidentiality should be maintained as is practically possible and that clinical practice be delivered in accordance with local legislation³.

Staffing

In order for detainees to have equivalence of care it is required that medical staffing and nursing staff have qualifications and training consistent with duties required of them. Qualifications may include the FFCFM(RCPA). All registered medical practitioners are bound by AHPRA Code of Conduct (Australian Health Practitioners Regulatory Authority, 2017 and N.Z Health and Disability Act).

It is necessary to determine a level of staffing which will ensure that detainees will have access to medical assessment in a reasonable time period without jeopardising clinical care or forensic assessment.

A policy should be in place that outlines procedures should the detainee require urgent care or if care or assessment can not be obtained in a reasonable time period and appropriate medical environment.

Given the fact that such decisions may require medical advice, a system for on call medical advice should be in place and clearly understood by both medical and custodial staff.

Equipment

Equipment should be present which is adequate for the types of examinations that may be required to be undertaken in a centre. Due to the variable nature of care and assessment, each centre should draft a list of potential requirements which should be used to ensure local stock that may be required is available. A system should be in place to restock any items prior to expiry.

Initial History, Physical and Mental Assessment

The medical care of the patient is the priority of the forensic medical examination. The purpose of the forensic medical assessment is twofold; firstly, to identify medical issues that should be addressed to ensure comprehensive medical care is provided. Following this, the collection of forensic evidence and documentation of injuries can be completed.

The second reason for a forensic medical assessment is to fulfil any forensic evidence requirements. It is not the role of the forensic clinician to elicit information relating to the investigation of the crime, this is the role of the police.

³ Australian Medical Association, 2013.

Undertaking an assessment in police custody can be difficult for many reasons such as the detainee is likely to be distressed and perhaps under the influence of a substance. It is important to use a system that will cover the usual aspects of history and examination. Attention should be given to elements of the history and examination which relates to substance use, psychiatric illness and psychosocial factors.

Where possible the clinical forensic medical practitioner should address any specific medical concerns that the client may have.

Universal Precautions

Police detainees are at higher risk of having blood borne viral infections and universal precautions must be applied for all patients without discrimination.

Documentation

Documentation is particularly important in police detainees because of their intersection with the legal system. Details regarding the medical care for patients during forensic examination must be documented as clinically appropriate and in keeping with jurisdictional requirements.

Fitness for Custody

Patients with medical needs may not be fit to remain in the custodial environment. These patients should be appropriately referred to medical services better able to manage their health requirements. This may include people who are experiencing an acute psychiatric disturbance.

People at Risk in Custody

Certain groups of police detainees are at high risk of adverse medical outcomes in police custody. Recognition and appropriate management of these groups of patients is paramount. Systems for acquiring advice must be in place and systems to transfer those requiring additional care should be available. The groups include but are not limited to those with or at risk of:

- Insulin dependent diabetes.
- Chest pain.
- Alcohol withdrawal.
- Substance withdrawal.
- Psychiatric illness.
- Self harm.
- Head injuries.
- Intoxication
- Other serious underlying medical conditions such as cancer or asthma.
- Acute behavioural disturbance including acute delirium.
- Acute injuries before or during arrest, including having been tasered.
- Intellectual disability

Also, special groups may require additional support and care. These include but are not limited to:

- Juveniles
- Pregnant women
- Aboriginal and Torres Strait Island detainees.
- Culturally and linguistically diverse detainees.

Fitness for Interview

In some jurisdictions, it may be necessary to assess police detainees for Fitness For Interview (FFI). FFI is the process for a person in police custody where a request is made by the police for an independent assessment of a person for capacity for police interview. Clear and concise records are important for the legal process. FFI assessments may generate requests for court reports and court attendance. FFI regulation may vary between jurisdictions but typically:

- A person may be deemed fit for interview with limitations:
 - allow to rest for a period of time – time to be stipulated
 - provide food and fluids
 - independent support to be present for interview.
- A person may be deemed fit for interview and they may still decline to be interviewed by the police.
- If deemed not fit for interview the assessment outcomes should be discussed with police.

Medication Management

It is imperative that police detainees are provided with the medications they require whilst in police custody. There may be challenges in relying on patient reports and where possible corroboration of their reports with external providers and prescribers should be undertaken. Clear and detailed instructions with regard to the dispensing of medications are required, especially to those who are not medically trained.

Jurisdictions have requirements for the safe storage, ordering and supply of medications which are mandated and must be adhered to in the police custody setting. Clear process documentation is required for the administration of medication in police custody. Patients who attend with their own medications must be assessed before a decision is made to allow self administration.

Clinical Handover to Reception/Remand Centres or Release

Robust procedures for Clinical Handover of police detainees are required to ensure their welfare. Documented procedures pertaining to clinical handover should be available in each location. It is important that handover between clinical and non-clinical staff should respect patient confidentiality whilst working towards the best care for the detainee.

References

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