



# ACTON POLICE DEPARTMENT

DEPARTMENT MANUAL; P&P: Transportation and Detention of Detainees		
POLICY & PROCEDURE # 3.04	DATE OF ISSUE: 1/29/2024	EFFECTIVE DATE: 2/9/2024
SUBJECT: DETAINING DETAINEES	ISSUING AUTHORITY: Chief James Cogan	
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## I. PURPOSE

The focus of this policy is the care, safety, and security of detainees being held in the custody of this department.

While detainees are being held in police custody, their well-being is the responsibility of the department. Even though detainees are normally housed for only short periods of time, the environment of police lockups can become volatile and emotionally charged, as evidenced by incidents of detainee suicide and injury. Post-arrest detention is a time when the emotional impact of the arrest becomes evident to many detainees. Particularly prone to actions that may cause injury to themselves or others are persons with mental illness, persons who are intoxicated due to drug or alcohol use, drug addicts, and persons who have arrest warrants against them. Strict adherence to procedures governing the monitoring of detainees and the bringing of weapons and tools into the cell block area is necessary to ensure facility security and detainee well-being.

## II. POLICY

It is the policy of this department to operate the holding facility in a manner that ensures detainee and officer safety and protects the constitutional rights of detainees. Officers are prohibited from the assault and battery of detainees under the custody and control of an officer [26.0.3(7)].

## III. PROCEDURES

### A. Detainee Supervision

## 1. ACCOUNTABILITY FOR DETAINEES

- a. Upon each shift change, the off-going supervisor shall inform the incoming supervisor of the number of persons being detained in the holding facility.
- b. The off-going dispatcher(s) shall inform the incoming dispatcher(s) of the number of persons being detained in the holding facility.
- c. This brief shall include:
  - 1) Any bail status;
  - 2) Suicide risks;
  - 3) Injuries, medical or medication issues;
  - 4) Need for Jenkins hearings; and
  - 5) Detainees at other facilities such as the hospital.
- d. The incoming supervisor shall conduct a visual check of each detainee to verify the number of persons being held. In any event, such detainee count should be done at least once every eight hours.
- e. Security checks for weapons and contraband shall be made of each unoccupied cell, prior to and immediately after each use.

## 2. DETAINEE MONITORING UNDER NORMAL CONDITIONS [72.8.1]

- a. There shall be a 24-hour per day supervision of detainees by department staff.
- b. The patrol shift supervisor shall be responsible for ensuring that regular checks are made of each detainee and that such checks are properly recorded.
- c. A face-to-face population count of detainees shall be made once every 8-hour shift.
- d. Detainee checks shall be made by face-to-face observation of the detainee by physically looking in the cell to observe the detainee and listening to the sounds emanating from the cell. Such physical checks shall normally be made at least every thirty minutes. [72.5.6(4D)(5)] [72.4.8]
- e. Additional detainee checks may be augmented by:

Looking at the detainee on the cell video monitor and listening to the sounds emanating from the holding cell; and

NOTE: If either audio or video is inoperative, or there is any question as to the condition of the detainee, physical checks shall be made.
- f. Checks of the detainee shall be documented by using the cell check recording system or, if such system is inoperative, by logging the checks on paper.

## 3. SUICIDAL DETAINEES [72.5.4(1E)(2E)]

- a. For any detainee who exhibits any signs or symptoms of suicidal behavior, obtains a medium or higher rating on the suicide risk screening during booking, or whose name appears on the Q5 query, the supervisor shall be immediately notified.
- b. The supervisor shall determine if a detainee should be placed on suicide watch. A detainee shall be placed on suicide watch if: **[72.5.4(1E)]**
  - 1) The risk screening indicates a medium or higher suicide risk;
  - 2) The detainee exhibits signs or symptoms of suicidal behavior;
  - 3) The detainee threatens to commit suicide;
  - 4) The detainee attempts to commit suicide;
  - 5) The detainee's name appears on the Q5 Suicide Risk File; or
  - 6) The detainee is brought to a hospital for a mental health evaluation, released, and returned to the police holding facility.
- c. The level of a suicide watch shall be proportional to the degree of the detainee's suicide risk.
- d. The patrol shift supervisor shall consider the detainee's charges, mental state, behavior, and other factors and determine if the detainee should be transported to a hospital for a mental health evaluation. See the department policy regarding Handling the Mentally Ill (1.16). **[72.5.4(1F)]**
- e. A suicidal detainee may be segregated from the male/female cell block if deemed necessary, and placed into cell #7 to ensure the safety of the detainee, department employees, and other detainees. Cell #7 is located on the opposite side of the holding facility out of sight and sound from the other cells. **[72.5.4(1E)(2E)]**
- f. Holding facility incidents: Whenever any detainee attempts or threatens suicide within the holding facility, the patrol shift supervisor shall do the following: **[72.5.4(1E)]**
  - 1) Write or cause to be written an incident report;
  - 2) Prior to the end of the shift, but within 24 hours of such an incident, enter the detainee's name and other required information into the CJIS Suicide Risk File.
  - 3) If a detainee attempts or threatens suicide while in police custody and is transferred to another holding facility, the patrol shift supervisor is responsible for notifying the receiving facility, in writing, of the exact nature of the attempt or threat. A copy of the suicide risk evaluation form shall accompany the detainee to the next facility and shall be given to the accepting staff.

- g. In the event that an individual brought to a hospital or medical facility for a suicide evaluation is returned to the holding facility for detainment, the patrol shift supervisor shall institute a suicide watch until such time as the detainee is released from custody or transferred to another agency. **[72.5.4(2E)]**

#### 4. SUICIDE WATCH

- a. Low-Risk suicide watch may include:

- 1) Awareness of the detainee's condition and behavior;
- 2) In-person visual checks of the detainee every fifteen minutes; and
- 3) Periodic audio monitoring of the detainee's cell.

- b. Medium Risk suicide watch may include, at the supervisor's discretion:

- 1) Heightened vigilance of the detainee's condition and behavior;
- 2) In-person visual checks of the detainee at fifteen-minute intervals; and
- 3) More frequent audio monitoring of the detainee's cell.

- c. High-Risk suicide watch may include, at the supervisor's discretion, any of the following:

- 1) A very high degree of vigilance of the detainee's condition and behavior;
- 2) Constant in-person observation of the detainee; and
- 3) Constant monitoring of audio from the detainee's cell.

#### 5. MONITORING DETAINEE ACTIVITIES

- a. Monitoring detainees of the opposite gender: **[72.8.3]**

- 1) There shall be, whenever possible, at least two employees present during all physical contact with detainee(s) of the opposite gender.
- 2) Employees monitoring detainees of the opposite gender shall respect the detainee's privacy rights within the limits of facility security.

- b. Audio and video monitoring:

- 1) Any video monitors and audio listening devices installed in the cell block areas shall be turned on whenever a person is placed into one of the cells in the holding facility and shall be left on as long as anyone is being detained there.

- 2) In order to accommodate the personal privacy rights of individuals held in the facility: **[72.8.2]**
  - a) When a detainee speaks to his/her attorney, the audio listening devices will be turned off during the visit. The video shall remain on and be monitored for the protection of the attorney. **[72.7.1(C)]**
- 3) Cell monitoring equipment is never to be used for covert purposes or unnecessary invasion. **[72.8.2]**

## **B. Medical Care **[72.6.1]****

### **1. FIRST RESPONDER**

- a. No department employees shall be allowed to go beyond the scope of their training in administering medical care to any person held in the custody of this department.
- b. An ambulance shall be called when any detainee requests and/or is deemed in need of medical attention.
- c. A log entry shall be created for all medical assistance received by a detainee.
- d. When a detainee is transferred to an area hospital, [s]he shall be transported by ambulance to the Emergency Room of the departmentally specified hospital. When transporting by ambulance, a police officer will accompany the ambulance attendants. For further information, see the department policy on Transportation of Detainees (3.01).

### **2. MEDICATION**

- a. Detainees are permitted to take any necessary medication, over-the-counter or prescription, specifically prescribed in writing by a licensed medical provider, provided that the administration of the drugs is requested by the detainee. **[72.6.4]**
  - 1) Only the quantity of medication specified by the prescribing practitioner shall be given to the detainee.
  - 2) Any medications brought in by a detainee, or given to him/her in the course of any treatment [s]he may require while in department custody, shall be retained with the detainee's property.
  - 3) If there is any question concerning the administration of medications, the patrol shift supervisor may either confer by telephone with a qualified medical physician or pharmacist before administering the medication, medics may be called, or the detainee may be transported to the hospital and the medication administered there.

- 4) The detainee may only receive the dosage of medication as noted on the label, and the administering officer must witness the detainee taking the medication.
- 5) A log entry shall be created and a written record of any medications administered to a detainee shall be maintained. **[72.5.2(4D)]**

**NOTE:** G.L. c. 94C, § 9 prohibits the administration of a controlled substance by non-licensed persons. This policy simply affords a detainee the opportunity to self-administer prescribed medicine in accordance with label directions.

### **C. Handling Violent, Intoxicated, Self-destructive Persons and/or Persons Exhibiting Signs of Mental Health Issues/Illness **[72.5.4(1A-F)]****

#### **1. DETENTION**

- a. The priority of police actions in dealing with violent, self-destructive, intoxicated detainees and/or detainees exhibiting signs of mental health issues/illness is the protection from injury of the department staff, other detainees, and the detainees themselves. **[72.5.4(1A-F)]**
- b. A violent, self-destructive, intoxicated detainees and/or detainees exhibiting signs of mental health issues/illness may be segregated from the male/female cell block and placed into cell #7 to ensure the safety of the detainee, department employees, and other detainees. Cell #7 is located on the opposite side of the holding facility out of sight and sound from the other cells. **[72.5.4(2A-F)]**
- c. Segregation or additional restraints shall not involve any other penalty other than the segregation or restraint. There shall be no abridgment of rights or privileges that would normally be granted to any other detainee.
- d. Any detainee who is uncontrollable due to the influence of alcohol or drugs, or is violent or otherwise self-destructive, shall, if transportation or removal to a detoxification or other mental health facility is not feasible, be placed in a single occupancy cell as deemed appropriate by the patrol shift supervisor. Under no circumstances shall this type of detainee be placed in a cell occupied by another person. **[72.5.4(1A)(2A)(1B)(2B)]**
- e. All detainee behavior that requires segregation, restraint, transfer, or police response shall be included in an incident report.
- f. Such detainees shall be continuously monitored. The detainee's behavior should be captured on video and audio, and the recording preserved, if the agency is so equipped. **[72.5.4(1A-F)(2A-F)]**

#### **2. IN CELL RESTRAINT / CELL BLOCK**

- a. If, in the judgment of a supervisor, a detainee becomes violent or uncontrollable, the detainee may be restrained while in the cell or cell block. Such restraint may include the use of:
  - 1) Handcuffs;
  - 2) Ankle Shackles;
  - 3) Waist chains; and
  - 4) Restrained to the fixed/immovable bench in the Holding Facility. **[72.5.6]**
- b. Detainees shall not be “hogtied” due to the risk of positional asphyxia.

### 3. HARMFUL CONDITIONS

#### a. Conditions

- 1) If the suspect displays impaired thinking, disorientation, hallucinations and/or delusions, intense paranoia, violent and/or bizarre behavior, AND during the arrest exhibited great strength and/or diminished sensitivity to pain, the individual may be showing signs of excited delirium. Immediately after a struggle, sudden death may ensue.
- 2) Persons suffering from cocaine intoxication, particularly if additional alcohol is used, are subject to increased blood pressure, heart rate, and body temperature. Sudden death may occur with such persons.
- 3) Psychiatric patients who display hyperthermia (overheating), are in and out of consciousness, and have lumpiness of skeletal muscles may be suffering from neuroleptic malignant syndrome, and may also be prone to sudden death.

#### b. Precautions

- 1) Detainees displaying these symptoms should be checked by medical personnel. **[72.5.4(1F)(2F)]**
- 2) Such detainees should be closely monitored through video and audio monitoring or physical monitoring if such monitoring can be done without further exciting the detainee. **[72.5.4(2F)]**

4. TRANSFER OF CUSTODY: In cases where the detainee’s actions pose a definite threat to the safety of the department staff, other detainees, or the detainee, the patrol shift supervisor may attempt to make arrangements with corrections officials for transfer to their custody.

## **D. Meals**

1. Three meals will be provided to each detainee during each 24-hour period. Meals shall be provided at regular meal times; however, no more than 14 hours shall elapse between any meals. **[72.7.1(F)]**
2. Detainee meals shall be provided by a vendor designated by the department (McDonalds). Officers shall order and pick up meals from our vendor using a completed detainee meal voucher, and return a copy to the patrol shift supervisor.
3. Meals provided shall be documented in the incident log.
4. The content of meals shall be designated by the department and should be substantial enough to provide adequate nourishment for the detainee.
5. Any special diet that is required in accordance with treatment prescribed by a licensed physician will be granted whenever possible, within the parameters of cost-effectiveness and available resources.
6. Meals and food brought to a detainee by a family member or friend are discouraged but may be provided at the discretion of a supervisor. All meals or food shall be subject to search prior to being allowed into the holding facility.
7. No metal eating utensils or containers are allowed in the cell block area. All eating utensils shall be flexible, disposable plastic, and shall not be re-used.
8. Drinking cups shall be disposable plastic or paper. No common cups shall be shared among detainees. No cups shall be re-used.
9. All containers shall be removed from the cell upon completion of the meal.

## **E. Holding Facility Security**

### **1. GENERALLY**

- a. Except during an officer-in-trouble situation, firearms are not allowed in the cell area. **[72.4.1(2)]**
- b. Whenever an officer closes a cell door to secure a detainee, the officer shall check the door to ensure that it is securely locked.
- c. If any problems in securing a cell door are encountered:
  - 1) The detainee shall be moved to an operational cell;
  - 2) The cell shall be taken out of service;
  - 3) The supervisor shall be notified; and
  - 4) The holding facility manager shall be notified to make arrangements for repair.

### **2. OCCUPIED CELLS**

- a. An officer or medic may only enter an occupied cell when: **[72.4.2]**



- 1) At least one other officer is present; or
- 2) To provide emergency medical care; or
- 3) When there is a safety issue; or
- 4) To extract a detainee.

### 3. ACCESS TO CELL BLOCK [72.1.2]

- a. LIMITATION TO ACCESS: Nonessential persons, including department employees, shall not be allowed unescorted access to the cell block at any time without the permission of the patrol shift supervisor. This includes maintenance personnel, the press, and tour groups.
- b. SANITATION AND MAINTENANCE EMPLOYEES
  - 1) Sanitation and maintenance employees shall not enter the detainee holding area unescorted when a detainee occupies any holding cell.
  - 2) No maintenance or cleaning shall be conducted in any occupied cell.
- c. VISITORS: See Detainee Visitor Policy (3.07).

## **F. Release/Transfer of a Detainee**

1. BAIL AND PROBABLE CAUSE HEARINGS: Bail is determined by the bail commissioner. Probable cause is determined by the Clerk or Assistant Clerk of Courts. For further information see the department policy on Detainee Processing (3.03).
2. RELEASING DETAINEES [72.5.5(C)] [72.5.7]
  - a. Detainee identity: Verify which detainee is to be released.
  - b. Positively Identify the Detainee Prior to Release: The patrol shift supervisor shall positively identify that the detainee to be released is, in fact, the correct detainee. Positive identification may be ascertained from another employee, or by checking the identification of the detainee against the description, AFIS results, booking photo, etc.
3. TRANSFER TO ANOTHER AGENCY: See department policy Transportation of Detainees (3.01) for procedures to follow when a detainee is transferred to another agency or to court. [72.5.5(C)]
4. JUVENILES: See department policy on Handling Juveniles (1.15) for procedures to follow when a juvenile is to be released.

## **G. Supervising Detainees at the Hospital [70.3.2]**

### **1. GENERALLY**

- a. Trips outside of the confines of the holding facility present detainees with an increased opportunity to assault staff members or escape. Accomplices mixed in with the public may take supervising officers by surprise. Officers must remain vigilant while supervising detainees at a hospital.
- b. If possible, the patrol shift supervisor should consider rotating staff through hospital posts every few hours to relieve boredom and complacency on the part of the officers.
- c. Patrol shift supervisors should consider providing officers with a copy of this section of this policy when detainees are transported to a hospital for treatment.

### **2. TRANSPORTATION**

- a. An incident shall be logged in the daily log whenever a detainee is transported to the hospital.
- b. See the department policy on Transportation of Detainees (3.01).

### **3. ACCOUNTABILITY**

- a. Detainees brought to a hospital for a mental health evaluation shall remain the responsibility of the transporting officer until such time that custody is transferred to the receiving hospital's personnel.
- b. Detainees brought to a hospital under arrest shall remain the responsibility of the supervising officer until relieved by another officer, the custody of the detainee is transferred to another entity, the detainee is bailed, or the detainee is returned to the holding facility.

### **4. NOTIFICATION OF HOSPITAL POLICE OR SECURITY**

- a. When a detainee is transported to a hospital, the dispatcher or patrol shift supervisor shall notify the hospital police or security.
- b. If there are any unusual risks or circumstances, the hospital police or security shall be advised.

### **5. SECURITY OF DETAINEE**

- a. Violent or high-security risk detainees may be accompanied by more than one officer while at the hospital, at the discretion of the patrol shift supervisor.
- b. Officers may employ a higher level of security and vigilance for such detainees than is presented in this policy.
- c. The detainee shall remain restrained while at the hospital unless the removal of restraints is required for medical reasons. The following restraints are acceptable: **[70.3.2(2A)]**
  - 1) Detainee handcuffed with hands in front and hands together;
  - 2) Detainee handcuffed one hand to the bed, stretcher, or gurney; and
  - 3) Leg restraints.
- d. The officer shall remain in the area of the detainee at all times unless medical necessity dictates otherwise. In such an event, the officer should attempt to remain in a position to monitor the detainee as best [s]he can to prevent the escape of the detainee. **[70.3.2(2A)]**
- e. The officer shall monitor all personal contact with the detainee to be vigilant of any safety concerns. **[70.3.2(3C)]**
- f. The officer must remain alert for others who may assist the detainee in escaping or harming the detainee.
- g. The officer must be aware of potential weapons in the immediate area of the detainee.

#### 6. EMERGENCY TREATMENT

- a. The officer shall accompany the detainee through registration and triage. His/her knowledge may be helpful to medical staff in evaluating the detainee's claims of sickness or injury. **[70.3.2(2A)(3B)]**
- b. The officer should make periodic inquiries as to the progress of the evaluation and treatment, and keep the patrol shift supervisor up to date for the purpose of planning for staffing.

#### 7. ADMITTANCE

- a. In the event that the detainee is admitted, the officer should request that the detainee be placed in a private room for security purposes and the safety of other patients and staff members. A private bathroom with a single door is desirable. **[70.3.2(2B)]**
- b. The officer shall advise the patrol shift supervisor of the nature of the situation, room number, room telephone number and estimated length of in-patient treatment.

- c. The officer shall sweep the interior of the room, closets, and bathroom for unnecessary potential weapons within reach of the detainee.
- d. The officer must remain in the room or just outside of the room, but always within sight of the detainee. **[70.3.2(3B)]**

#### 8. EATING

- a. The officers should advise hospital staff that the detainee should be fed using disposable plates, cups, and dinnerware. **[70.3.2(3G)]**
- b. The officer should visually inspect any meals or beverages prior to their being given to the detainee.

#### 9. BATHROOM

- a. The bathroom should be checked for potential weapons or routes of escape prior to being used by the detainee.

#### 10. VISITORS

- a. Detainees are under arrest and in police custody.
- b. The visitation policy that applies to the Holding Facility (3.02) and Detainee Visitors (3.07) policy applies to the hospital as well.

#### 11. BAIL OR ARRAIGNMENT

- a. In the event that a detainee will be admitted to a hospital for an extended period of time, the patrol shift supervisor may consider bailing the detainee at the hospital.
- b. The patrol shift supervisor may also request that the court arraign the detainee at the hospital.

PHONE: Detainees admitted to a hospital shall have the right to one phone call. Use of the phone thereafter shall be restricted to emergencies. **[70.3.2(3F)]**

#### 12. RELEASE: Upon release of the detainee from the hospital, the officer shall:

- a. Obtain any prescriptions and dosage instructions;
- b. Obtain any instructions for care of the detainee, including follow-up visits, while in custody;
- c. Advise the dispatcher of the release form the hospital and the return trip to the holding facility;
- d. Transport the detainee back to the holding facility;

- e. Return the detainee to the holding cell;
- f. Brief the dispatcher on any medications, care, or return visits while in custody, and create written instructions for subsequent shifts, if necessary; and
- g. Have the dispatcher annotate the return time in the log.

## **H. Receiving Persons From Outside Agencies [72.5.5]**

- 1. M.G.L. c. 40 §37 requires that “lockups shall at all reasonable hours be accessible to the state police, sheriffs, constables, and police officers for any legal and proper use.”
- 2. Detainees may be held for other agencies. For information on detainee intake, see the department policy on Detainee Processing (3.03).
- 3. Unless bailed, released, or transferred, detainees shall be returned to the custody of the delivering agency.
- 4. For further information, see Release/Transfer of Detainees in this policy.

## **I. Escapes**

- 1. In the event of an escape of a detainee from the department’s holding facility:
- 2. The dispatcher shall immediately broadcast to all patrol units the name and a description of the escapee, the estimated time of escape, whether armed, whether on foot or in a vehicle, the possible direction of travel, and any other pertinent information. **[72.4.10(A)]**
  - a. The patrol shift supervisor shall immediately be notified, who in turn will notify the chain of command up to the Chief of Police as soon as practicable. **[72.4.10(A)]**
  - b. An immediate search shall commence under the direction of the patrol shift supervisor. The use of a K-9 should be considered. **[72.4.10(C)]**
  - c. The dispatcher should consider contacting local cab companies and other transportation services to inquire if requests have been made for pick-ups and to alert them of possible fares. **[72.4.10(C)]**
  - d. The dispatcher shall then broadcast the same information to other area departments and agencies over the radio system. **[72.4.10(A)(C)]**
  - e. As soon as possible, a message shall be sent over the CJIS system, advising other departments and agencies of the situation. **[72.4.10(A)(C)]**
- 3. Should the escapee be caught, the dispatcher shall notify other law enforcement agencies of this fact through the appropriate communications channels, according to the time frame of the capture. **[72.4.10(A)]**

4. A written report shall be completed regarding the circumstances of the escaped detainee. **[72.4.10(B)]**

## **DETAINING DETAINEES INFORMATION**

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**History: Manual I, Section II & III.**