

## Attending Persons in Custody PHC Remote Guideline

<b>Target Audience</b>	All Clinical Employees
<b>Jurisdiction</b>	Primary Health Care Remote CAHS; Primary Health Care Remote TEHS
<b>Jurisdiction Exclusions</b>	N/A
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<b>Approval Authority</b>	Chair Primary Health Care NT Wide Leaders Committee
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The attributes in the above table will be auto-filled from the PGC System. Do not update in this document.

### Purpose

To provide Primary Health Care remote staff with a guideline on the requirements for assessment and management of persons in Police custody, when required to do so.

### Guideline

#### 1. General Information

The health status of persons in custody may be affected by alcohol and drugs, injury (which may have occurred before the person was apprehended or at the time apprehension), pre-existing physical or mental health conditions requiring ongoing assessment, and management of an illness occurring while the person is in custody. Persons in custody are also at great risk of self harm, particularly in the first 48 hours.

Primary Health Care (PHC) remote health centre staff are required to undertake the assessment and management of persons in Police custody, when requested to do so.

Persons in custody who require medical assessment and/or management fall into two different categories:

##### **Protective Custody when Apparently Seriously Affected by Alcohol or a Drug**

The requirements for medical assessment and/or management of persons in protective custody when apparently seriously affected by alcohol or a drug are clearly defined in the Joint Policy Agreement for Medical Assessment and Management of Persons in Police Protective Custody between the Department and the Police Force of the Northern Territory (the Police). This agreement is based on specific timelines and requirements as defined in Section 128 of the [Police Administration Act](#) and clearly defines the roles and responsibilities of health practitioners and police.

##### **Custody or Protective Custody Where Alcohol or Drugs are not a Factor**

The requirements for medical assessment and/or management of persons in protective custody where alcohol has not been consumed, nor drugs taken immediately before detention are not covered by any specific agreement between DoH and the Police.

The roles and responsibilities of health practitioners and police are not defined as in the previous category, but the duty of care remains.

The [Royal Commission on Aboriginal Deaths in Custody Report](#) recommends that persons in custody must have access to health care equivalent to community standards.

## 2. Definitions

**Custody:** detaining of a person by lawful process or authority.

**Death in Custody:** for the purpose of this document refers to the death wherever occurring of a person whose death is caused or contributed to by traumatic injuries sustained or by lack of proper care whilst in such custody or detention (Recommendation 6(b) from the National Report Volume 1, [Royal Commission on Aboriginal Deaths in Custody Report](#)).

**Health Practitioner:** under Section 132 of the [Police Administration Act](#) means one of the following who is available to attend to a person held in custody:

- (a) a medical practitioner;
- (b) a person registered under the [Health Practitioner Regulation \(National Uniform Legislation\) Act](#) (other than as a student) to practise in:
  - (i) the Aboriginal and Torres Strait Islander health practice profession; or
  - (ii) the nursing and midwifery profession as a nurse.

**Intoxicated person:** for the purpose of Division 4 of the [Police Administration Act](#), a person is *intoxicated* if:

- (a) the person's speech, balance, coordination or behaviour appears to be noticeably impaired; and
- (b) it is reasonable in the circumstances to believe the impairment results from the consumption or use of alcohol or a drug.

**Joint Agreement:** the Joint Policy Agreement for Medical Assessment and Management of Persons in Police Protective Custody between the Police Force of the NT and DoH.

**Person in Custody:** someone who has been legally detained by the Police. This terminology has been used throughout this document (not 'client') to maintain consistency with the Police Administration Act and the Joint Agreement.

**Protective Custody:** under Section 128(1) of the [Police Administration Act](#) a person may be taken into custody if the Police have reasonable grounds for believing:

- (a) the person is intoxicated; and
- (b) the person is in a public place or trespassing on private property; and
- (c) because of the person's intoxication, the person:
  - (i) is unable to adequately care for himself or herself and it is not practicable at that time for the person to be cared for by someone else; or
  - (ii) may cause harm to himself or herself or someone else; or
  - (iii) may intimidate, alarm or cause substantial annoyance to people; or
  - (iv) is likely to commit an offence.

## 3. Responsibilities

### 3.1 Police

- Promote the welfare, dignity and privacy of persons in protective custody
- Request a medical assessment if a person:
  - appears to be injured or in need of medical treatment or care
  - is not responding or not recovering from intoxication in the usual way
  - has been held in protective custody for 6 hours and still appears to be so seriously affected by alcohol as to merit further detention in protective custody (see Section 132 of the [Police Administration Act](#)).
- Convey the person to the health centre

- Provide health practitioners with relevant information
- Remain with the person (or in the close vicinity of the person) while the medical assessment is taking place

### 3.2 Health Practitioner

- Undertake assessment and treatment of persons in custody at the request of the Police
- ATSIHPs only, must consult with a Nurse, or the Medical Officer On-call, in all instances of attending a person in custody
- Be mindful of personal safety and the safety of others in the health centre
- Provide police with *relevant* health information to ensure the safety and appropriate care of the person in custody
- Where clinically indicated, consult with the Medical Officer On-call when called upon to assess and/or manage persons in custody
- Notify Manager / Manager On-call of any involvement in attending persons in custody

## 4. Procedure

Police may request the clinical assessment and review of a client in custody where:

- the Police have concern regarding the health status of any person detained in custody (in which case they should immediately seek assistance from a Health Practitioner)
- the Police feel that a person who is affected by alcohol or drugs and who has been in *protective* custody for six hours needs to be detained for longer (in which case they are legally required to arrange for a Health Practitioner to examine the person as soon as practicable).

Under the terms of the Joint Agreement, DoH Health Practitioners must carry out this assessment if asked to do so by the Police.

### 4.1 Assessment and Management

The purpose of the medical assessment is to identify if the person in custody has any acute medical condition that is affecting them at the time of assessment or that is likely to affect them in the immediate future.

ATSIHPs must seek the assistance of a nurse when asked to attend a person in custody. Where a nurse is not available in the community, the ATSIHP may see the person, but must consult with the Medical Officer On-call.

An assessment undertaken by a nurse as per [CARPA STM](#) will initially determine the nature and the extent of the clinical intervention required. Where indicated, the Medical Officer On-call is to be consulted to direct further assessment or intervention, as required.

On occasions the assessment may include a request to collect a sample to measure blood or drug alcohol levels. In this case, refer to [Collection of Blood for Alcohol or Drug Forensic Analysis](#).

The person may be discharged into the care of the Police, remain at the health centre for further assessment and management, or be evacuated to hospital. In this case, health centre staff must decide whether police need to be given special instructions to ensure the client's wellbeing during custody. This may include advice on signs to watch for as indicators for the need for action, and what action should then be taken. Such advice should be legibly written or typed so that it may be communicated precisely from shift to shift. A copy of the advice given must be filed in the client's Electronic Health Record (EHR).

If the person needs ongoing medical care the Police are to release them into the care of a Health Practitioner or take action as directed by the Health Practitioner.

If the person is violent or cannot be adequately supervised, Police will consult with the Health Practitioner to determine a satisfactory arrangement for the clinical assessment. When confronted with this situation, health practitioners should seek advice from the Medical Officer On-call and/or other available health professionals such as mental health workers.

*Note: It is important for Health Practitioners to be aware that deaths from acute alcohol poisoning, alcohol withdrawal or the presence of pre-existing conditions exacerbated by alcohol, such as cardiomyopathy, were strongly represented in the [Royal Commission on Aboriginal Deaths in Custody Report](#).*

## 4.2 Attending a Person in a Location other than the Health Centre

Whenever possible, all assessment and treatment of persons in custody should take place in the health centre and Police are responsible to transport the person to the health centre in this instance. If it is unreasonable to do this, health practitioners, accompanied by the Police, should attend the person if it is safe to do so.

If indicated, a person should be taken to the health centre after initial assessment and treatment if their condition makes this possible. The Police are to remain with the person and assist staff in transporting them to the health centre.

## 4.3 Documentation

The heightened potential for legal use of health records dictates that it is essential to maintain a high standard of promptly recorded documentation. General documentation principles described in [Health Records Documentation](#) apply. Particular attention should also be given to record consent for assessment and treatment (including verbal consent), the exact start and end times of the consultation and the names of any Police present. It is important to be objective and definitive when recording the assessment and to describe all observations accurately, for example: 'the person was unsteady on his feet' rather than 'the person appeared to be drunk'.

## 4.4 Medico-Legal Issues

The duty of care of persons in custody is of very high importance. In extreme cases, failure to provide the requisite standard of care may provide grounds for criminal prosecution or civil action for damages including injury or loss sustained as a consequence of that breach.

Staff are advised to adhere strictly to endorsed protocols, and to seek a second opinion if there is the slightest uncertainty or cause for concern.

## 4.5 Notification of Management

In view of the significant nature of attending clients in custody it is important to notify the Manager or Manager On-Call of any involvement in attending clients in custody.

### Document Quality Assurance

	Method	Responsibility
<b>Implementation</b>	Document will be accessible via the Policy Guidelines Centre and Remote Health Atlas	Health Policy Guidelines Program Atlas Development Officer, Primary Health Care CAHS
<b>Review</b>	Document is to be reviewed within three years, or as changes in practice occur	Atlas Development Officer, Primary Health Care CAHS
<b>Evaluation</b>	Evaluation will be ongoing and informal, based on feedback.	Atlas Development Officer, Primary Health Care CAHS

**Key Associated Documents**

<b>Forms</b>	Nil
<b>Key Legislation, By-Laws, Standards, Delegations, Aligned &amp; Supporting Documents</b>	<p><a href="#">Collection of Blood for Alcohol or Drug Forensic Analysis</a></p> <p><a href="#">Duty RMP Telephone Consultations PHC Remote TEHS Guideline</a></p> <p><a href="#">Health Records Documentation</a></p> <p><a href="#">Management On-Call PHC Remote CAHS Guideline</a></p> <p><a href="#">Staff Safety Attending a Call-out and Home Community or Outstation Visits PHC Remote Policy</a></p> <p><a href="#">Staff Safety Attending a Call-out and Home Community or Outstation Visits PHC Remote Procedure</a></p> <p><a href="#">Police Administration Act</a></p> <p><a href="#">Health Practitioner Regulation (National Uniform Legislation) Act</a></p> <p><a href="#">Royal Commission into Aboriginal Deaths in Custody Report</a></p> <p><a href="#">Remote Primary Health Care Manuals</a> website</p> <p>Central Australian Rural Practitioners Association (CARPA) Standard Treatment Manual</p> <p>Joint Policy Agreement for Medical Assessment and Management of Persons in Police Protective Custody</p>
<b>References</b>	As Above

**Evidence Table**

Reference	Method	Evidence level (I-V)	Summary of recommendation from this reference
N/A	N/A	N/A	N/A