

Medical Treatment for Arrestees

(Last Updated – March 2011)

Recommendation	Status
<p>Issue revised and updated general orders that reflect the department's current reliance on local medical facilities and that explicitly prohibit officers from discouraging arrestees to seek medical treatment. The revised and updated general order would address the procedures that officers should follow now that D.C. General Hospital is no longer the full service inpatient facility it was when MPD General Order 502.7 was issued. Like the policies of the Portland and San Francisco police departments, the updated general order should also list specific and objective criteria for the transportation of an arrestee to a medical facility. By setting forth in its general order a list of illnesses and injuries that require immediate medical attention, MPD would reduce the likelihood of officers making uninformed assessments of an arrestee's medical state, and would ensure that an arrestee who complains of, or appears to have, a serious injury or medical condition such as chest pains, seizures, or head wounds receives appropriate medical care.</p>	<p>Pending. MPD states that General Order 502.07 (Medical Treatment and Hospitalization for Prisoners) is actively being revised with PCB's recommendations being taken into consideration.</p>
<p>Establish "best practices" and quality assurance mechanisms that would ensure that MPD officers are providing arrestees with prompt access to medical care when needed. Such practices and mechanisms could include cross-checking use of force complaints where the citizen was arrested and alleged an injury with the corresponding PD 313. MPD should also conduct audits of the PD 313s on a regular basis to make sure that the form is being fully and accurately completed by the appropriate officer, that citizens have an opportunity to present on the form their account of how the injury was obtained, and that supervisors are adequately investigating the incident. MPD should post information at its processing stations explaining to arrestees the procedures for seeking medical treatment if the individual needs it.</p>	<p>Pending. MPD states that it has no update. PBC will follow up with MPD in the coming fiscal year.</p>

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<p>Explore the feasibility of adopting alternative approaches to MPD's current method of providing medical treatment to arrestees. One possible approach to consider is having a trained health care or emergency medical professional on call, perhaps from the District's Fire and Emergency Medical Services, to assess an arrestee's medical condition and determine the proper mode of transport to a hospital where further medical care is warranted. Another idea would be to staff each district with trained health care or emergency medical professionals who can conduct assessments of arrestees around the clock. A third alternative would be to contract with a local university hospital to have trained health care professionals available and conducting assessments at some or all of the police districts.</p>	<p>Adopted. On January 14, 2010, MPD reported that it conducted a seven-month pilot program to assess the feasibility of having a central processing facility and contracting with a medical services provider for non-emergency medical care to arrestees. MPD concluded that the program was not cost effective and, that the Department could not find additional funding for the program. MPD has, therefore, resumed its policy of having officers take arrestees to the nearest hospital for non-emergency treatment.</p>
<p>Review the MPD Form PD 313, Arrestee's Injury/Illness Report, and make changes where appropriate. Although the PD 313 appears to be adequate, PCB recommends that MPD review the form and make changes to it based on whatever changes are made to General Order 502.7.</p>	<p>Pending. MPD states that PD Form 313 (Arrestee Injury Report) is currently under review, and that necessary changes will be made based on revisions to General Order 502.07</p>
<p>Provide enhanced in-service and new recruit training to MPD officers. Such training should focus on making sure that officers are aware that arrestees complaining of medical illness or injury should be treated immediately, and that officers do not have the discretion to refuse medical treatment for an arrestee who requests it. In addition, the training should prohibit the practice of dissuading arrestees from seeking medical care, and explicitly inform officers that under no circumstances can they fail to seek medical treatment for those arrestees who appear to have a serious injury or illness.</p>	<p>Adopted. On December 20, 2007, MPD reported that this topic was included in the October 2007 roll call training and was to be included again in December 2007 for new recruit training and as a module in the 2008 in-service training.</p>