

	POLICY & PROCEDURE	SERIES # 504	PAGE 1 OF 13
	SUBJECT <b>HANDLING OF INDIVIDUALS WITH PHYSICAL OR MENTAL DISABILITIES, ILLNESS OR INJURY</b>		EFFECTIVE DATE <b>01/04/2021</b>
			OVERSIGHT <b>Operations</b>
	DISTRIBUTION <b>ALL MANUALS</b>	AMENDS/SUPERSEDES/CANCELS P&P # 504 dated 05/16/16.	

I. PURPOSE:

The purpose of this policy is to establish guidelines for the recognition and handling of people with disabilities and to provide them quality service, protect their rights and comply with the provisions of the Americans with Disabilities Act of 1990.

No single policy and procedure can address police response to all people with disabilities. This policy and procedure addresses common police interaction with people with disabilities including those who are complainants, victims, witnesses, arrestees, people seeking information and uninvolved bystanders.

II. POLICY:

The Hampton Police Division will afford people with disabilities the same access to programs and services provided to all citizens. This includes, but is not limited to, services such as first responder recognition of the nature and characteristics of various disabilities and appropriate physical and emotional support to people with disabilities who seek to access police services or who come in contact with the police. The Hampton Police Division will work closely with the Community Services Board to insure that proper assessment and facilities are made available to those in need.

III. PROCEDURES:

A. GENERAL:

1. When anyone with a disability comes into contact with the Police Division, for whatever reason or circumstance, Division personnel must take extra caution to ensure that the person's rights are not violated and that he/she understands what is occurring. Some individuals may not have educational or communications comprehension levels sufficient to fully understand the basic Miranda rights. Simply reading the rights to someone with these types of disabilities and having the individual acknowledge that they understood may not be sufficient.
2. Officers and Division civilian employees must ensure that people with physical and mental disabilities receive the necessary assistance to access Division services. This may require time and patience beyond what is normally provided.
3. People with disabilities may also be suspects or arrestees and require detention, transport, and processing. Employees must familiarize themselves

APPROVED:  
CHIEF OF POLICE



with the proper methods of transport, arrest, and detention to ensure officer safety while providing all reasonable support to an arrestee with a disability.

4. Officers and Division civilian employees must recognize that responses of people with certain disabilities may resemble those of people who have abused substances such as alcohol or drugs. At times, such traits may be exhibited by people with diabetes, epilepsy, multiple sclerosis, hearing impairments and other disabilities.
5. A Safer Hampton Roads Program– a proactive program that is intended to enhance the safety of all of Hampton’s citizens — especially those with disabilities who are deemed to be “at risk.” Moreover, on a continuing basis we will seek to foster better relationships between the HPD, our “at risk” citizens, and Hampton families with “at risk” family member(s) during non-critical times.

**“At Risk”** is defined as; citizens who may or may not respond “appropriately” when interacting with police officers. Having their information readily available during emergencies or other potentially tense situations could help us better serve them by identifying their special needs so that we respond properly, and quickly get them the right help.

For our purposes, we define **“at-risk”** citizens to be, but not limited to, those with: Autism spectrum disorders (ASD), Intellectual disabilities (ID), Developmental delays (DD), Attention deficit hyperactivity disorder (ADHD), Post-traumatic stress disorder (PTSD), Cognitive disorders (i.e., dementia, Alzheimer’s disease, etc.) and Communication disorders.

A mentally competent “at risk” adult, or parent/legal guardian/conservator will fill out the attached form online or use a hard copy version. Police Division may assist in recommending A Safer Hampton Roads to persons that meet the parameters of this program. Officers will assist the family members with filling out the attached form for their family member and turn it into Community Engagement Unit (CEU). CEU will in turn forward the form to the Records Unit for data entry as a field contact card. Records Unit personnel will classify the entry as a Special Needs entry. The hard copy of the form will then be returned to the CEU for storage of the form.

The Community Engagement Unit will maintain oversight of this program.

B. VISUAL DISABILITIES:

1. One of the most difficult issues facing people in need who are blind or vision impaired is identifying police officials.
  - a. Division personnel should offer detailed information in identifying themselves as members of the Hampton Police Division.
  - b. Whenever possible, if presence of a visual disability is known, officers may have Communications contact the victim or complainant to verify to him/her that a member of the Division has arrived.
  - c. If needed, badges should be offered to the individual to verify the officer's identity.
2. Knowing what not to do is as important as knowing what to do to assist a person who is vision impaired.
  - a. You need not raise your voice when speaking.
  - b. Do not grab the person's arm to lead him/her in a particular direction. If needed, the individual will take your arm for guidance.
  - c. Never leave a visually impaired person standing alone without their cane, guide dog or physical contact.
3. When requesting the visually impaired to sign any document, if the person's normal method of written communication is braille, the document must be transcribed into braille. This will be done by contacting Emergency Communications who will contact the American Red Cross for the transcriber. The braille copy will be signed by the transcribing person and a statement stating that the braille copy is a true copy of the original will be attached.
4. If there is a need to physically arrest a visually impaired person, the person will not normally be handcuffed.
5. If it is necessary for safety reasons to take the person's white cane away from him/her, guidance must be given by placing their hand on your arm or shoulder.

**B. MENTAL, EMOTIONAL AND PSYCHOLOGICAL DISABILITIES:**

The terms "mental illness", "emotional illness", and "psychological illness", describe varying levels of a group of disabilities causing disturbances in thinking, feeling, and relating. It has been estimated that ten percent of the population of the United States has some type of mental illness. (Not to be confused with mental disabilities – see paragraph D).

1. Frequently, a family member or friend is of great value in calming an individual exhibiting unusual behavior as a result of mental or emotional impairment. If needed, steps should be taken to gain placement for the individual in an appropriate emergency medical, health care or shelter facility.

2. Establishing a level of communication with mentally ill persons is essential in order to render assistance.
  - a. The person should be handled calmly and spoken to in a reassuring voice.
  - b. Make no attempt to touch the person until rapport has been established.
  - c. Explain to the person you are there to help. Listen to the person, but neither endorse nor argue with their delusions.
3. In a misdemeanor incident where an individual is apparently mentally ill, officers will seek non-arrest resolutions. The most desired resolution being voluntary admission to an appropriate mental health facility. However, when public safety is at issue, officers will follow the Code of Virginia, Section 37.2-809 regarding involuntary detention.
4. The Division has trained officers as part of a “Crisis Intervention Team” known as “CIT”. CIT officer’s are trained and authorized to make certain assessments and arrangements directly with the “assessment center” located at Riverside Behavioral Center. Subjects in need of services and meeting the criteria can be taken directly there and monitored for further services. The Assessment Center has their own security (NN Sheriff’s Deputy) and is therefore beneficial to the Division by allowing the officer to return to duty verses standing by with a subject. If a CIT officer is not available then the following procedures should be followed:
  - a. **VOLUNTARY ADMISSION:** The three following scenarios would indicate minimal officer involvement.
    - (1) Persons who appear to be in need of psychiatric evaluation and do not appear to pose an imminent danger to themselves or others should be referred to mental health facility. Most referrals within the City are made to the Community Service Board (CSB). If an officer is in doubt, refer the person to the CSB. (A family member or other responsible person is often available to assist the disturbed person in seeking such treatment and should be provided with the information necessary to secure the needed help.)
    - (2) Persons who have been or are under the care of a private physician should be referred to the physician if possible.
    - (3). Persons who voluntarily agree to psychiatric evaluation, but who have no family member or responsible person to assist them will be screened by a CSB counselor. If the counselor believes that the person is in need of psychiatric hospitalization or that the screening must be done in a mental health facility, the counselor will designate the hospital.
  - b. **INVOLUNTARY ADMISSION:**

- (1) A higher level of law enforcement intervention will be required when officers encounter the following scenarios:
  - (a) The person is imminently dangerous to self or others.
  - (b) The person is unable to care for self (unable or refuses to accept intervention which would meet minimum needs for food, clothes, shelter or physical well being).
  - (c) The person is suffering substantial physical deterioration and shows an inability to function if not treated immediately.
  
- (2) Officers can respond with the most appropriate of the following alternatives for involuntary admissions to a psychiatric hospital:
  - (a) If the person in question poses no apparent immediate threat to themselves or others, a relative or any responsible person may petition a Hampton Magistrate to order the detention and a hearing for the person who is believed to be in need of psychiatric hospitalization. The CSB will be contacted by the magistrate to advise them of the appropriateness of a Temporary Detention Order.
  - (b) If an officer believes a person is in need of psychiatric hospitalization, they will contact a counselor from CSB. The counselor will evaluate the person. If hospitalization is necessary, the hospital will be determined by the CSB counselor.
  - (c) Police Officers should refrain from initiating involuntary admissions. However, if there is no relative or other responsible person available and/or the officer has probable cause to believe the apparent mentally ill person may be a potential danger to themselves and others, they will take the person into custody and transport to the nearest psychiatric hospital. An Emergency Custody Order (ECO) can be obtained, but not required as Va. Code allows Officers to take into custody those who are at risk as previously described. A temporary mental detention order must be obtained by the officer for the person taken into custody without a written order within eight hours. If an order is not obtained within eight (8) hours, the suspect must be released. If a police officer is the complainant, the Magistrate shall require that a petition be completed and begin to process the Civil Mental Temporary Detention Order. The officer executing a detention

order is not required to attend the hearing unless they are named as a petitioner. (See Va. Code 37.2-808 & 809)

c. CUSTODY AND TRANSPORTATION:

If an individual with a mental, emotional, or psychological disability is taken into custody, officers will make responsible effort to use the least restraint possible and protect the arrestee from self-injury, while taking all necessary precautions. The overall circumstance and the person's potential for violence will determine if handcuffs will be used as a temporary measure to prevent injury to the individual or officer.

- (1) Persons taken into custody who appear in need of medical treatment independent of their psychiatric needs must be taken to a medical hospital prior to being taken to a psychiatric hospital. The officers should transport unless there are injuries of medical circumstances that require immediate medical attention. If needed, the officer will notify Communications to send an ambulance and that the paramedics should be advised of the situation.
  - (2) Persons taken into custody shall be transported in a unit equipped with a safety shield. If possible, two officers should handle the custody and transport of mentally ill persons. If ambulance transport is used, one officer may accompany the ambulance crew during transport, if requested by them, and approval is granted by a supervisor.
  - (3) Persons taken into custody and transported shall remain the responsibility of the police officer(s) until custody is assumed by the receiving personnel at the psychiatric hospital or detention facility.
  - (4) The police officer(s) transporting the detainee shall advise Communications of their destination and estimated time of arrival so that the receiving facility may be made aware that a mentally ill person is enroute.
5. All members of the Division shall receive training on recognizing and dealing with mentally ill persons as well as resources available to assist such persons, at the time of initial employment and annual refresher training.

D. MENTAL DISABILITIES:

Mental disability encompasses a broad range of developmental disabilities from mild to profound. Mental disability and mental illness are distinct conditions, with no similarity. The largest percentage of people with mental disabilities are in the range termed "mild" or "moderate".

1. In responding to the needs of people with severe or profound mental disabilities, the aid of family and friends, and neighbors is invaluable.

2. Officers should recognize that people who have mental disabilities have varied degrees of limited intellectual functions.
3. In all situations, employees should ask short questions, be patient when waiting answers, repeat questions and answers if necessary, have individuals repeat question in their own words, and provide reassurance.
4. In many situations and particularly when dealing with someone who is lost or has run away, the officer may gain improved response by accompanying the person through a building or neighborhood to seek visual clues.

E. MEMORY IMPAIRED PERSONS:

1. Alzheimer's disease causes intellectual deterioration in adults severe enough to dramatically interfere with occupational or social performance.
  - a. The changes include:
    - (1) Disturbances in memory – loss of short term memory with distant past remembered with some clarity.
    - (2) Language use – unable to speak coherently.
    - (3) Perception loss – reduced ability to learn or retain necessary skills.
    - (4) In some cases, paranoid symptoms are displayed that may result in violent behavior.
    - (5) Delusions – see and hear things not there.
  - b. These disorders are not only found in older people. The youngest diagnosed case is age 22, however most victims are people in their 40's and 50's when diagnosed. Many Alzheimer victims have a tendency to wander, mentally and physically, sometimes in an attempt to return to their past. The rate of deterioration differs from patient to patient.
2. Establishing a level of communications with memory impaired persons is essential in order to render assistance. Caution should always be exercised when an officer encounters memory impaired persons.
  - a. Victims should be handled calmly and spoken to in a reassuring voice.
  - b. Make no attempt to touch the person until rapport has been established.
  - c. By agreeing with the victim's "stories", their attention can be diverted allowing the officer(s) to gain their confidence, thus avoiding conflict.

3. An important function of the Hampton police officer is to assist with the reuniting of memory impaired victims with family members of primary care providers in a timely fashion, utilizing available resources.
  - a. Memory impaired persons reported missing should be handled utilizing guidelines set in Policy #717, Missing Persons. The level of intensity should be the same as if the missing person was a small child.
  - b. Victims should be checked for I.D. bracelets. Those wearing the bracelets will have been photographed and a complete history filed with the local chapter of Alzheimer's Disease and Related Disorders Association for Hampton Roads, Inc. (ADRDA). The I.D. Bracelet Program will assist in reuniting victims.
  - c. Transportation may be provided for the victim to the location of the primary care provider.
  - d. Assistance and information on victims may be obtained from ADRDA of Hampton Roads or the Peninsula Agency on Aging.

F. MOBILITY IMPAIRMENTS:

Among the disabilities that are the most identifiable are mobility impairments. People with mobility-related impairments include those who have difficulty walking, those who use a wheelchair or other mobility aid, and those who are immobile.

1. In a critical or emergency situation, employees should be aware of the safest and most rapid methods for assisting people with mobility impairments to avoid causing them unnecessary strain or injury.
2. In an arrest encounter, once an arrestee with a mobility impairment is secure in a cell and safety concerns are resolved, an effort should be made to return use of any mobility aids (wheel chair, cane, etc.)
3. When there is a need to arrest a person who is confined to a wheel chair due to a physical handicap, this person will be given special attention and adequate transportation will be obtained. Handcuffs will not normally be used on a person who is confined to a wheel chair.

G. INVISIBLE DISABILITIES:

Many disabilities are difficult to notice. An officer's failure to recognize characteristics associated with certain invisible disabilities could have serious consequences for the person with the disability. Outward signs of a disability such as epilepsy generally do not exist unless the person with the disability experiences a seizure. People with diabetes may have reactions from either too little insulin or too much insulin. Low blood sugar reactions are common and are usually treated by ingesting sugar. Detaining someone and preventing them from getting sugar could have serious health implications for the individual and liability consequences for the officer and department.



1. Officers should realize that involuntary behavior associated with some invisible disabilities may resemble behavior characteristically exhibited by intoxicated or, less frequently, combative individuals. For example, a person experiencing a mild seizure may appear incoherent and physically imbalanced. The response is temporary.
2. An officer's patience and understanding of the characteristics commonly associated with invisible disabilities will lead to a successful resolution. An inaccurate assessment may lead to unnecessary confrontation, injury, and denial of needed medication and/or treatment.
3. As with all types of disabilities, an employee's first obligation is to protect the individual from unnecessary harm. When aiding a person experiencing a seizure, protection from obstacles, a calm reassuring manner, and patience are important responses. Family members and friends should be sought to provide information and assistance. Their presence may prove invaluable in understanding the needs of the person with the disability and guiding the officer's actions.

#### H. SPEECH AND HEARING DISABILITIES:

Officers may confuse the behavior of individuals with hearing and speech disabilities with those of people who intentionally refuse to cooperate or those who abuse illegal substances. Officers should be aware that an individual's failure to comply with or respond to verbal orders does not always constitute defiance, but may be the result of that individual's inability to hear the officer or respond verbally. Before committing themselves to a course of action, officers should attempt to identify whether or not they are dealing with a person who has a communication-related disability.

1. The Hampton Police Division will provide and communicate solely through a qualified sign language interpreter in each of the following situations:
  - a. At the earliest possible time after apprehension or arrest.
  - b. During the presentation of the advise of constitutional rights (Miranda Warnings).
  - c. During all questioning and interrogations.
  - d. During any taking of statements.
2. A qualified sign language interpreter will be obtained through the Virginia Department for the Deaf and Hard of Hearing, telephone number 225-2570; toll free number (Richmond) 1-800-552-7917. At no time will a teacher of sign language be used as an interpreter unless they are qualified. Salaries and expenses for the interpreter will be funded by the Police Division.
3. Written notice of the right to a sign language interpreter before and during all communication shall be presented to each such arrestee immediately upon arrest. This right must also be conveyed in sign language through a qualified sign language interpreter at the earliest possible time after arrest. The right to a sign language interpreter may be waived only:

- a. By the hearing-impaired arrestee;
  - b. If there is no problem in communication; and
  - c. After the hearing-impaired arrestee has received notice of this right through a qualified sign language interpreter.
4. The hearing-impaired arrestee who has waived the right to an interpreter may at any time reinvoke that right. In this situation, all questioning and communication must cease until the arrival of a qualified sign language interpreter.
  5. The interpreter shall be one holding an active Comprehensive Skills Certificate (CSC) by the Registry of Interpreters for the Deaf, as first choice. When an interpreter for a hearing-impaired person is needed, Emergency Communications shall contact the American Red Cross who has a list of certified interpreters.
  6. The qualification of any sign language interpreter shall also be determined by their ability to communicate with the hearing-impaired person, and effectively convert the sign language back into English for the investigators. Either the investigator, the hearing-impaired person, or the interpreter may make the determination that the interpreter is unqualified to assist in the questioning/investigation, and should be replaced.
  7. Due to the possibility of the significant time delays involved with obtaining the services of a qualified sign language interpreter, and the resulting emotional stress which a time delay could place the hearing-impaired person, efforts should be made to contact family members while awaiting the arrival of the interpreter in cases in which the notification would not be detrimental to the investigation.

#### I. ARREST OF PERSONS WITH DISABILITES:

Consideration should be given to the special needs of some people with disabilities in an arrest situation. The response of the officer(s) in these situations requires discretion and will be based largely on the officer's knowledge of the characteristics and severity of the disability, the level of resistance exhibited by the suspect and the immediacy of the situation.

1. Officers should always employ appropriate precautions and safety techniques in arresting and incarcerating a person, whether or not they have a disability, and follow all policies and procedures for arrest and incarceration.
2. A person whose disability affects the muscular and/or skeletal system may not be able to be restrained using handcuffs or other standard type restraints. Alternative methods should be sought (transport vans equipped to carry wheel chairs, seat belts).
3. Some people with disabilities require physical aids (canes, wheel chairs, leg braces) to maintain their mobility. Once the immediate threat/presence of

danger has diminished, and/or the suspect is safely incarcerated, every effort should be made to return the device. If mobility aids must be withheld, the individual must be closely monitored to ensure that their needs are met.

4. Prescribed medication may be required at regular intervals by people with disabilities (diabetes, epilepsy). Medical personnel (the suspect's physician, on-call medical staff, emergency room medical staff) should be contacted immediately to determine the importance of administering the medication, potential for overdose, etc.
5. Lack of speech or other impairment may make it difficult for a suspect to notify the arresting officer of an urgent need. Frequent checks of the individual should be conducted.

J. PERSON ILL IN PUBLIC:

If an officer finds a person that is ill or has an injury, in a public place and the person requests medical attention, or they are unable to request medical attention, the officer shall render first aid as needed and contact the Dispatcher and request an ambulance be dispatched to that location to transport the individual to a hospital.

K. PERSON UNCONSCIOUS OR INCOHERENT:

If an officer finds an individual who is unconscious or incoherent condition, they will render first aid as needed and contact the Dispatcher and request a medical response. Persons will not be taken to any lock-up in an unconscious or semi-conscious/incoherent condition.

L. PERSONS SUFFERING FROM SUSPECT EXCITED DELIRIUM:

1. Excited Delirium (E. D.) is described as a category of symptoms seen in some people after they have ingested stimulants (usually cocaine): delirium, bizarre behavior, violent struggle, often followed by death. Causes of excited delirium include metabolic (e.g. low blood sugar), pharmacologic (e.g. cocaine), infectious (e.g. meningitis), and psychological (e.g. underlying mental illness). E. D. is a MEDICAL EMERGENCY and the primary concern should be the welfare of the subject and the citizens in the immediate surrounding area. Law violations can be addressed after the subject is under control and has been medically cleared. It is important for officers to recognize potential E. D. events through information gathered when being dispatched as well as observations at the scene.
2. Officers should prepare themselves for dealing with E. D. events. E. D. events occur rapidly and can result in death very quickly. There are four stages of E. D., they include: 1) Hyperthermia, 2) Delirium with Agitation, 3) Respiratory Distress potentially followed by arrest, and 4) Cardiac Arrest.
3. If officers suspect that they are dealing with an E. D. event, the following steps should be taken to protect the welfare of the subject, the surrounding community, and all public safety personnel involved in the incident.
  - a. Communications Personnel

- (1) Call takers should note all specific details regarding a subject's behavior when dealing with suspected E. D. events. Key indicators include:
    - (a) Physical behavior
    - (b) Psychological behavior
    - (c) Communicative behavior
  - (2) All calls for service regarding suspected E. D. events shall include the relaying of the specific details regarding the subject's behavior as noted above.
  - (3) Communications personnel shall ensure that a minimum of two units are dispatched and an on duty unit supervisor is notified.
- b. Responding Officers
- (1) Assess and Plan
    - (a) Responding officers and Supervisors shall listen to the details of the information provided by dispatch.
    - (b) EMS personnel should be requested to stage in the area and be ready to respond as soon as the subject is under control.
    - (c) Upon arrival, if not already determined, identify behavioral clues of the subject.
    - (d) Identify immediate safety concerns as they pertain to the subject, the community, and to public safety personnel. Look for others who may need help.
    - (e) Establish Inner and Outer perimeters to safeguard the subject and the community
    - (f) Determine equipment options, establish a contact team, and assign responsibilities
  - (2) Capture / Control
    - (a) It is recommended that contact teams consist of a minimum of 4 officers whenever possible.
    - (b) Contact teams should capture and control the subject as quickly and safely as possible, using reasonable force options.
    - (c) Mechanical Restraint Devices such as handcuffs, shackles, and/or the Kickstop should be employed as quickly as possible.
    - (d) Once secured, the subject should be moved to a seated position if possible. If they must remain in a lying position, lay them on their side, keeping them off their chest / stomach.
  - (3) Transport

- (a) The subject should be turned over to EMS personnel for medical care as soon as possible after Capture and Control.
- (b) The subject will most likely require transportation to a medical facility for stabilization.
- (c) Whenever possible, the subject should be transported by emergency medical personnel, accompanied by an officer when practical.