

Chief Matthew Murray's Office

200 S 3rd Street | Yakima, WA 98901
Telephone: (509) 575-6211



September 10, 2020

Dear Yakima Community,

As your Chief of Police, I continually work to advance the relationship between the Yakima Police Department and the community. As in any relationship, open and honest communication is the hallmark of the trust the community bestows upon its police. I am writing this letter to explain a recent incident that garnered significant public interest, namely, the death of Ms. Tiffany Eubanks after being transported to the hospital by Yakima Police.

In the interest of transparency, I believe it is my duty to fully explain the details of the incident, and the actions taken by the parties associated with the death of Ms. Eubanks. This letter will explain the procedures taken by me to investigate this incident and report back to you, our community. This letter is the first in a practice I intend to continue in my effort to communicate with you.

Factsⁱ

- On June 2, 2020, at approximately 4:28 P.M., Yakima Police Officers were dispatched to the area of Staff Sergeant Pendleton Way and North 1st Street regarding a traffic hazard. Details from the 911-call indicated that a black female kept walking out on the street and appeared "very hot" and to be foaming at the mouth. Officers located the female as she was walking on the sidewalk near 22 North 1st Street. Officers checked on her welfare, noticing signs which indicated possible drug use. The female was identified as Tiffany Eubanks. She told officers that she had used illicit drugs three days earlier. Officers asked Ms. Eubanks if she wanted to be medically checked by an ambulance, which she verbally refused. Officers warned her to stay out of the street and cleared from the call (left the scene).
- As result of this first encounter with Ms. Eubanks, officers did not believe that she was incapable of caring for herself or gravely disabled, which are elements to the involuntary treatment act. With that said, they had no cause to take her into protective custody. Additionally, they appropriately used discretion in deciding not to arrest for disorderly conduct for the jay-walking offense (Additionally, due to current Covid-19 restrictions, this charge would be insufficient to book her into the Yakima county Jail).
- On this same date (June 2, 2020) at approximately 5:27 P.M., SunComm 911 received a call of a "man down" in the area of Key Bank (102 East Yakima Avenue). The caller indicated that the subject was on the sidewalk in the front the bank, wearing a red hoodie and was not moving. A private ambulance was dispatched to the call. After the ambulance arrived they requested law enforcement due to the patient being a danger to self by walking into the roadway while medics were on scene.

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- Officer Goulet was the first officer to arrive on scene. At 5:46 P.M., he requested additional assistance via radio.
- Several Yakima Police officers responded.
- On June 2, 2020, at 5:46 P.M., Lieutenant Chad Stephens was on-duty as the watch commander for the Criminal Investigations Division. After hearing Officer Goulet's call for assistance he responded to the scene. He observed Officer Goulet on his knees next to a female on the sidewalk. He observed that Officer Goulet was holding onto the subject's wrists and that the female subject appeared to be resisting efforts to handcuff her. She was also attempting to get off the gurney. The medics who were on scene were assisting Officer Goulet. Lieutenant Stephens assisted in securing Ms. Eubanks' feet as she was taken into custody.
- Due to his rank, Lieutenant Stephens was the commanding officer on scene. Officer Goulet indicated that the patient who was later identified as Tiffany Eubanks, was incapable of caring for herself and should be detained under the Involuntary Treatment Act [RCW 71.05.153].
- Discussion occurred between law enforcement and medics regarding who would transport Ms. Eubanks. The medics indicated that they would not transport the patient handcuffed without an officer in the ambulance. Lieutenant Stephens directed Officer Goulet to complete the transport by way of his police vehicle. Ms. Eubanks was placed inside Officer Goulet's assigned patrol vehicle, properly secured with handcuffs and a seatbelt.
- In Officer Goulet's statement he believed that she was under the influence of a "drug/narcotic". Due to that belief he requested a mental health professional assigned to YPD, (known as a 'Designated Crisis Responder' (DCR)), at which time dispatch advised that they were unavailable. Ms. Eubanks' demeanor at the scene became elevated and agitated according to Officer Goulet. She yelled that she wanted to "go." Ms. Eubanks was sweating profusely and her pupils were dilated according to Officer Goulet. He believed these were signs and symptoms of recent drug use.

Officer Goulet indicated that Ms. Eubanks was thrashing and yelling while on the gurney. At one point Ms. Eubanks began to fall off the gurney, requiring Officer Goulet and medics to catch her and restrain her on the gurney until additional assistance could arrive. Officer Goulet indicated that he made the decision to place her into protective custody under the involuntary treatment act.

- Officer Goulet indicated that un-cuffing Ms. Eubanks was not an option due to safety concerns. At this point, Officer Goulet indicated that Lieutenant Stephens had arrived. Lt. Stephens directed Officer Goulet to transport Ms. Eubanks in his patrol car.

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- The Yakima Police Department has COBAN (dash camera) video in its marked vehicle fleet. In addition to the video, officers may also leave on the audio recording (at a limited distance) when walking out of the view of the camera. There is video of this entire incident (including of Ms. Eubanks as she was in the rear of the police vehicle) and audio of Officer Goulet once he was inside the hospital. Investigators also obtained video of the Emergency Room at Virginia Mason while Officer Goulet was attempting to get help.
- Officer Goulet transported Ms. Eubanks to Virginia Mason Memorial Hospital. He attempted to gain assistance from multiple professionals upon his arrival at the hospital. When no one was available to assist him in escorting Ms. Eubanks inside, he entered the hospital and attempted to gain assistance from medical staff.
- While nurses attempted to find a room for Ms. Eubanks, Officer Goulet had personal contact with a security guard whom he asked to assist him in finding a wheel chair. Officer Goulet gave a report of the situation to the nurse's station who attempted to free a room. A Designated Crisis Responder (DCR) entered the emergency department and contacted Officer Goulet. He told the DCR the circumstances surrounding his contact with Ms. Eubanks. The DCR then went to consult with another mental health provider.
- When Officer Goulet returned to his vehicle, he found Eubanks in a state of medical distress. He believed that she had aspirated in the back seat of his patrol car. Officer Goulet immediately summoned emergency assistance, at which time several medical officials from the emergency department exited and began first aid on Ms. Eubanks.
- Ms. Eubanks was admitted into the hospital where she died nine (9) hours later. Chief Murray directed that the incident be turned over to the Yakima Valley Special Investigations Unit (YVSIU) for an independent investigation.
- On June 3, 2020, Chief Murray ordered a subsequent internal investigation into this matter. Lieutenant Chad Janis was directed to complete the separate but parallel administrative investigation.

Timelineⁱⁱ:

June 2, 2020

4:27 P.M.	A community member called 911 to report concern about a female walking in the street.
4:32 P.M.	Two YPD officers contacted the female in the street (Tiffany Eubanks). She was able to walk and communicate. She admitted to drug use, but refused the offer of medical

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	assistance. Officers appropriately advised Ms. Eubanks to stay out of the street and did not arrest her for disorderly conduct.
4:40 P.M.	YPD officers cleared (left) the call.
5:27 P.M.	A business owner called 911 to report a person “down” on the sidewalk. The person did not appear to be moving.
5:29 P.M.	An ambulance crew was dispatched to 102 E. Yakima Ave on a medical call.
5:30 P.M.	The ambulance arrived and called for YPD assistance within three minutes. The crew related that the subject, Ms. Eubanks, was a danger to herself and that she had been walking in the roadway.
5:46 P.M.	YPD Officer Goulet arrived on scene and was told (by the ambulance crew) that “she is absolutely unable to take care of herself” and cannot be left on street. They further indicate that she was wandering into the street. They identify her as “Tiffany”. Officer Goulet requested a DCR via dispatch (Designated Crisis Responder – a mental health professional assigned to YPD) and was told there are none available.
5:47 P.M.	Officer Goulet attempted to communicate with Ms. Eubanks, this was largely unsuccessful, but after being asked when she last ate she responded, “I ate today”.
5:48 P.M.	Medics and Officer Goulet struggled to keep Ms. Eubanks on stretcher. She yelled indecipherable words, repeating “no I don’t”. Officer Goulet told her to “calm down” in non-stressful voice. He also said, “you’re okay” multiple times. Officer Goulet then requested back up.
5:49 P.M.	YPD Lieutenant Chad Stephens and other YPD officers arrived on scene to assist. Ms. Eubanks was handcuffed with minimal force and no injury.
5:50 P.M.	Medics indicated that an officer would need to ride in the ambulance if Ms. Eubanks was handcuffed, “being cuffed we have to have an officer with her”. The medics and Officer Goulet discussed handcuffing in the front, at which time Goulet explained that handcuffing in the front is not a good option because Ms. Eubanks will “kick out” of restraints. The medic said, “then I can’t transport”. Lieutenant. Stephens directed Officer Goulet to transport Ms. Eubanks to the hospital in his police vehicle.
5:54 – 6:03 P.M.	Officer Goulet transported Ms. Eubanks to Virginia Mason Memorial Hospital (2.8 miles by the most direct route). Ms. Eubanks was conscious and alert throughout the transport. Officer Goulet rolled down her window to make her more comfortable. He was reassuring and repeatedly called her by her first name.
6:03 P.M.	Officer Goulet arrived at the hospital and parked near the emergency entrance. Goulet asked Ms. Eubanks if she was doing okay. Ms. Eubanks replied “come on”. She repeated that phrase multiple times. She appeared to panic. Her eyes were wide open and she began to thrust away from the seat while seat belted. Officer Goulet responded “okay”. Goulet said, “give me one second, you’re doing okay”.

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6:03 – 6:06 P.M.	Officer Goulet called two other officers who were in the hospital seeking assistance. He was unable to reach the DCR by phone and neither officer was able to come out to assist.
6:06 P.M.	Officer Goulet went into the hospital to seek assistance – leaving Ms. Eubanks secured in the back of his patrol vehicle. Officer Goulet then made numerous attempts to get assistance for Ms. Eubanks. He asked hospital security for a wheelchair – there was not one immediately available so the security officer went looking for one. Medical staff told him they didn't have a room immediately available and spent several minutes trying to determine where to place Ms. Eubanks.
6:17 P.M.	Although Officer Goulet first attempted to leave the ER at 6:07 P.M. (the security officer stopped him and asked him to go to the nurses station), at 6:17 P.M. he was finally able to leave the ER to go back to his car. When he arrived at his patrol car, Officer Goulet found Ms. Eubanks in obvious medical distress. He checked her pulse and immediately went back into the hospital to seek emergency assistance.
7:00 P.M.	Chief Murray requested that the Yakima Valley Special Investigations Unit investigate this incident (20SIU001)
6/3/20 3:27 A.M.	Ms. Eubanks passed away in the care of Virginia Mason Memorial staff.
9:00 A.M.	Chief Murray directed that an internal investigation be initiated by the YPD Professional Standards Unit. (2020INT-009)
6/4/20	Forensic Pathologist Dr. Jeffery Reynolds of the Yakima County Coroner's Office determined Ms. Eubanks' cause of death to be Methamphetamine toxicity and the manner of death accidental. He determined the mechanism of death to be agitated delirium, malignant hyperthermia, and intra-alveolar hemorrhage.

The total time Officer Goulet was away from Ms. Eubanks at the hospital was 12 minutes and 10 seconds.

Applicable laws and policiesⁱⁱⁱ:

[RCW 71.05.153](#) - Emergency Detentions of Person with Mental Disorders or Substance Use Disorders

YPD 418.3 - Emergency Detentions – Authority
YPD 906.3.1 - Individuals Who Should Not Be In Temporary Custody

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- YPD 906.3.2 - Supervision in Temporary Custody
- YPD 906.4 - Initiating Temporary Custody
- YPD 467.2 - Crisis Intervention Policy
- YPD 467.4 - Transporting Ill and Injured Persons

Incident Review:

I first learned of this incident after Ms. Eubanks was being treated at Virginia Mason Memorial hospital on the evening of June 2nd. I immediately requested that the Yakima Valley Special Investigations Unit (YVSIU) conduct an independent investigation regarding the incident. The YVSIU is a team of trained investigators from law enforcement agencies (not to include the agency where an incident occurred) from within Yakima County. This is done to ensure a non-biased investigation. Further, I had appointed two community members (in January of 2020) to serve as independent community representatives on the YVSIU. One of those community members, Pastor Phil Vargas, participated in this investigation.

The YVSIU works in conjunction, and under the jurisdiction, of Yakima County Prosecutor Joe Brusic. The team concluded its investigation in late July and Prosecutor Brusic declined to file criminal charges against anyone (known or unknown) in this incident. In review of the YVSIU case investigation, no criminality could be attributed to any Yakima Police Officer. The allegations listed in the affidavit for search warrant point to an unidentified drug manufacturer/ or drug dealer. There is no indication who that person is, and no connection to any police officer who responded to this call.

On June 11, 2020, Yakima Fire Chief Aaron Markham, Deputy Chief Patrick Reid, and Deputy Chief Jeremy Rodriguez met with Yakima Police Lieutenant Janis regarding this incident. They collectively reviewed the COBAN video to provide an expert opinion regarding the on scene emergency medical aspects of this incident. They indicated that there were significant concerns with the lack of emergency medical care provided to Ms. Eubanks.

Simply stated, not providing medical care, in the way of checking vital signs, determining cognitive ability, taking a baseline EKG, was a significant misstep by the ambulance crew. Citing combativeness is not cause for not checking the above. EMS protocols allow for physical and chemical restraints in this situation, and they should have been used.

Additionally, turning a patient over to a lower level of care (e.g. a police officer) without taking the above steps or obtaining a refusal would not be appropriate patient care.

All three Chiefs believed that proper Yakima County patient care protocols^{iv} were not followed in this incident.

The YVSIU provided a copy of their investigation to Lieutenant Chad Janis, Commander of the Yakima Police Professional Standards Office, and provided me a briefing of their investigation on July 29, 2020.

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As noted in the timeline, I directed an internal investigation of this incident (to determine if any Yakima Police policies had been violated) on June 3, 2020. However, Lieutenant Janis could not properly complete the investigation without knowing what, if any, misconduct may have been disclosed in the YVSIU investigation. Lieutenant Janis completed his investigation on August 13, 2020.

The internal investigation disclosed:

- Numerous witnesses observed Ms. Eubanks behavior and described it as unusual.
- Numerous witnesses observed the interaction between both ambulance staff and Yakima Police personnel and Ms. Eubanks. None of them indicated that they observed inappropriate force used to detain her.

The internal investigation raised several factors to be considered by the Disciplinary Review Board and myself when contemplating discipline:

- The private ambulance medics had care custody and control of Ms. Eubanks for approximately twenty-four minutes, and provided no medical care to her.
- Medics confirmed that in a normal circumstance they would have checked her vitals, oxygen saturation, and made note of any significant medical issue.
- Had any number of these been done officers, including Lieutenant Stephens, could have made better decisions on what was best for her continuing care.
- According to Pre-Hospital Patient Care Guidelines, a medical provider is not allowed to lower the level of care for a patient. By turning this patient over to YPD prior to a medical assessment this act can be a contributing factor in Ms. Eubanks' rapid decline^v.
- These facts are affirmed in the document provided to the Yakima Police Department by the City of Yakima Fire Department^{vi}.
- Each police officer that was interviewed in this incident confirmed that Yakima Police Officers transport people to the hospital on a regular basis, under ITA's, for jail clearance, and numerous other reasons.
- The DCR confirmed that all mental health related holds require medical clearance prior to an MHP evaluation or placement.

On August 19, 2020, I convened the Yakima Police Disciplinary Review Board (comprised of all Yakima Police Division Commanders) to review the actions/orders of lieutenant Stephens, the highest ranking officer on the scene of the incident. The board recommended that:

- Lieutenant Stephens did not violate any law.
- Lieutenant Stephens did violate Yakima Police policy, to wit:
 - 341.3.2 (c) Supervisor responsibilities
 - 418.5 Transports
 - 467.4 Transporting Ill and Injured Persons

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The board recommended that Lieutenant Stephens receive discipline amounting to a ten hour (one day) suspension without pay.

On September 9, 2020, Lieutenant Stephens was provided an opportunity to present me “matters of refutation, explanation, and/or mitigation.” This is an important step in providing employees due process. Lieutenant Stephens did not accept any responsibility in this incident and stated that he believes he did not violate policy.

Chief's Analysis

Upon reviewing the facts, findings of the review board, and Yakima Police policy, I find that Lieutenant Stephens' actions:

- Were a **violation of Yakima Police policies**

As such, I concur with the Disciplinary Review Board's recommendation and will impose a suspension of one day without pay. Lieutenant Stephens may appeal this decision based on the provisions of his union contract.

My responsibility is to be a fair arbiter of the facts, to hold police employees accountable when necessary, and to defend actions when appropriate.

I believe that the actions of the ambulance service likely violated medical protocol. They are appropriately the best people on the scene of a medical call to provide medical assistance and to guide the officers in ensuring that their patient receives the best care possible. Police officers and patrol cars are simply not equipped to provide proper medical care. This was a mitigating factor in the discipline I imposed.

I further found that the actions and demeanor of all Yakima Police personnel was kind, compassionate, and driven by a desire to assist Ms. Eubanks to get help. This resulted in a tragic outcome, but was still an example of professionalism and an attempt to provide customer service. This was a mitigating factor in the discipline I imposed.

I find Officer Goulet's actions blameless. He was following legal orders, he was clearly attempting to aid Ms. Eubanks, and he was professional and kind while interacting with her.

In the end, however, Lieutenant Stephens was the commanding officer on scene. It was/is his responsibility to ensure that we provide exceptional customer service according to law and policy. In this incident, he directed a subordinate to violate policy. He also failed to take the proper time to determine the best alternative for the situation at hand.

I believe that as a person rises in rank they assume more responsibility and should be held to a higher standard. This was an aggravating factor in my decision to impose a suspension.

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I believe it is vital for leaders to accept responsibility and seek to improve. Lieutenant Stephens does not believe he violated policy or direct anyone else to do so. This was an aggravating factor in my decision to impose a suspension.

Procedural or policy changes:

The Yakima Police Department will continually look for opportunities to improve. In this case the current policy properly addresses the need to transport people suffering from drug or alcohol intoxication and those needing medical assistance by ambulance. We will continue to transport persons suffering from **only** a mental crisis by police car.

This topic will also be added to mandatory training for all Yakima Police Officers in the fall of 2020.

Conclusion

I recognize that some will agree with my assessment and others will not. I welcome both points of view and encourage people to communicate your thoughts to me. We work for you and your voice is relevant to how we operate in our shared community.

Warmest regards,

A handwritten signature in dark ink, appearing to read "Matt Murray", is written in a cursive, flowing style.

Chief Matthew Murray
Yakima Police Department

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- ⁱ The facts in this case were largely determined by video evidence and witness statements
 - ⁱⁱ Times were determined by reviewing Yakima Police Dash Cam (COBAN) video
 - ⁱⁱⁱ Laws may be accessed via hyperlink (click the blue text) copies of relevant policies are in Appendix C
 - ^{iv} The referenced protocols are attached in Appendix B
 - ^v The referenced protocols are attached in Appendix B
 - ^{vi} This letter is attached in Appendix A

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Appendix A

Administration
Fire Suppression
Fire Investigation
Fire Training
Fire Prevention
Public Education



401 North Front Street, Yakima, WA 98901

(509) 575-6060
Fax (509) 576-6356
www.yakimafire.com

June 24, 2020

Police Chief Matthew Murray
City of Yakima Police Department
200 South Third Street
Yakima, WA 98901

Re: Case Review – Emergency Medical Response and Patient Care

Chief Murray,

The City of Yakima Fire Department (YFD) Administrative Chief Officers at the request of Lieutenant Chad Janis recently reviewed a case/incident in which a Yakima Police Officer transported a female subject to Virginia Mason Memorial Hospital who later passed away due to a medical disorder/s.

After our review we believe the Yakima Police Officer acted in the best interest of individual and without malice intent for the individual while she was under his supervision. The Yakima Police Department and the officer were put in an awkward position as a result of an American Medical Response (AMR) Ambulance Service paramedic opting not to provide the proper medical care to the subject.


The (AMR) paramedic violated Yakima County Emergency Medical Service patient care protocols. The paramedic did not conduct a full medical assessment of the individual to include taking the subjects vital signs (including respirations), determine her cognitive/mental ability and responsiveness, and a baseline twelve lead EKG. Because she was being combative the paramedic had the right under Yakima County EMS protocols to use soft or chemical restraints on the individual which would have allowed him to properly assess her and then render the proper treatment. Instead the paramedic disregarded patient care protocols and the patient and in turn placed the responsibility for the care of the person on the Yakima Police Department and the Police Officer. This placed the patient in the care of a lesser qualified EMS provider.

Additionally, we reviewed his action with the subject while to and after he arrived at Virginia Mason Memorial Hospital. His actions were conducted with the best concern for the well-being of the subject. The delay in care was a result of the inactions of the hospital staff to rapidly assist the Officer.

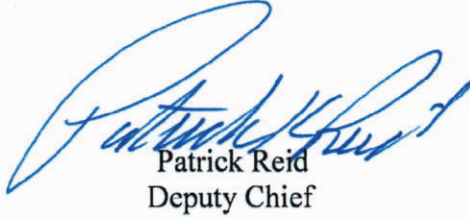
***"The Yakima Fire Department is dedicated to providing
quality public safety services to our community."***

Please do not hesitate to reach out to us if you have any questions or request any other information.

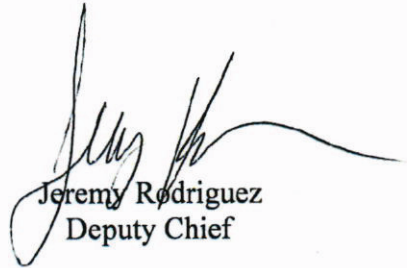
Sincerely,



Aaron Markham
Fire Chief



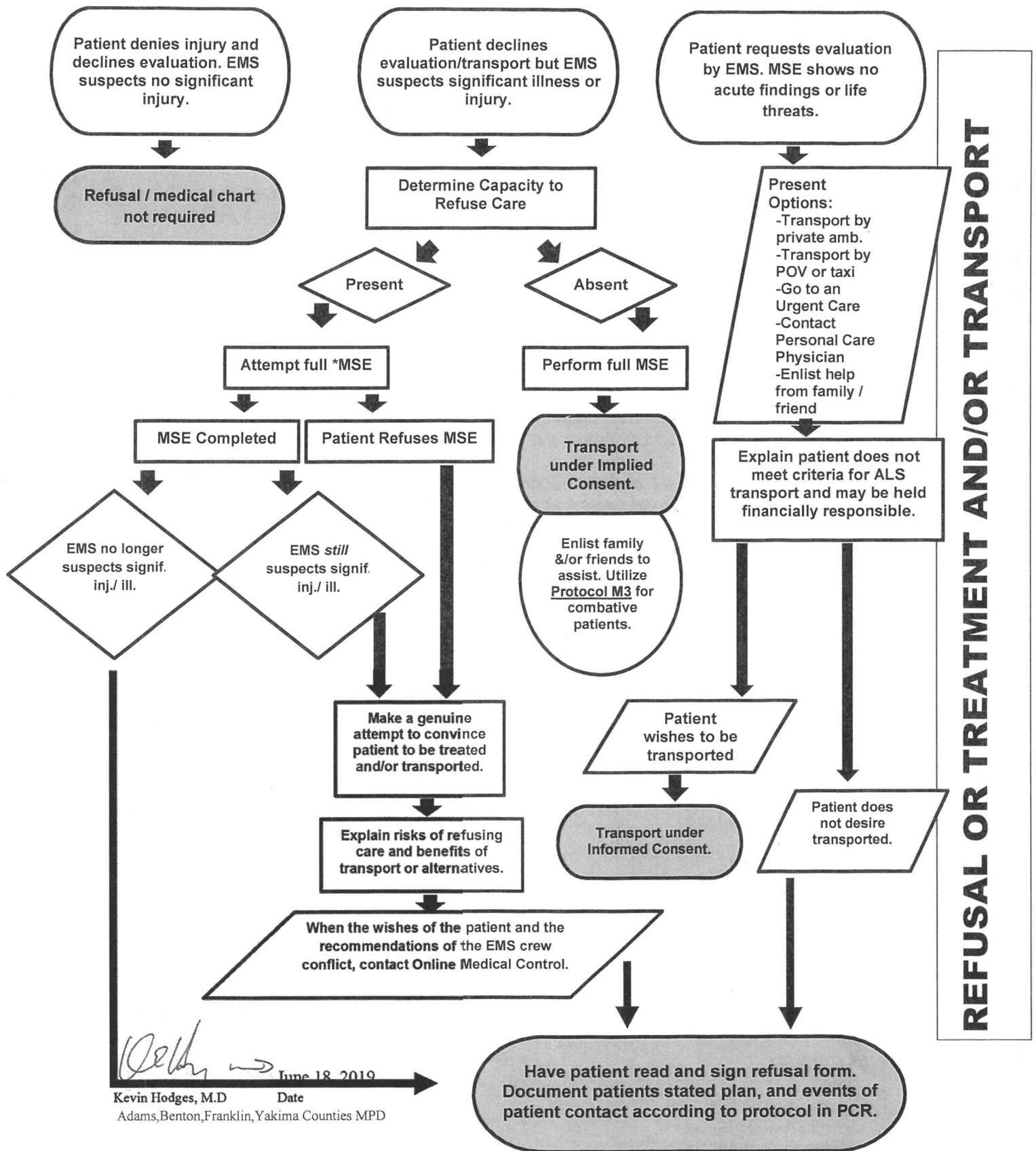
Patrick Reid
Deputy Chief



Jeremy Rodriguez
Deputy Chief

Appendix B

PROTOCOL TITLE: REFUSAL OF TREATMENT AND/OR TRANSPORT



REFUSAL OR TREATMENT AND/OR TRANSPORT

Kevin Hodges
 Kevin Hodges, M.D
 Adams, Benton, Franklin, Yakima Counties MPD
 June 18 2019
 Date

*MSE (Medical Screening Evaluation)

Includes: Hx, PE, VS, BG, ECG or 12 Lead as appropriate

Office of Emergency Medical Services and Trauma System

Situations Requiring Consultation With The Department of Health

The DOH must be consulted when an MPD is aware of issues including, but not limited to:

1. Repeated failure to follow MPD protocols and/or standing orders.
2. Repeated failure to maintain patient confidentiality.
3. Has engaged in the use of alcohol or a controlled substance that affects the certified EMS person's ability to render care according to procedures or protocols.
4. Represents that he/she is qualified at any level other than his/her current certification.
5. Repeated abandonment of a patient to a lesser level of care.
6. Alters any Department certificate or possesses any such altered certificate.
7. Violates probation.
8. Cheats and/or assists another to cheat on a Department examination
9. Assists another to obtain certification by fraud, forgery, deception, misrepresentation or subterfuge.
10. Illegally dispenses, administers or distributes any controlled substance.
11. Has been convicted of a gross misdemeanor that affects his/her ability to function under certification.
12. Falsifies any patient record.
13. Failure to provide the Department with true information pertinent to certification, recertification, etc., upon request.
14. Falsifies any application for certification or recertification.
15. Has demonstrated incompetence or has shown himself/herself otherwise unable to provide adequate service.
16. Has been convicted of a felony.
17. Has failed to complete continuing education requirements and/or any MPD remedial training.
18. Violates any rule or regulation that would jeopardize the health or safety of a patient, or has a potential negative effect on the health or safety of a patient.
19. Performs any medical procedure beyond those permitted by the MPD.
20. Performs any medical procedure beyond those provided in approved training.

PROTOCOL TITLE: INTER-FACILITY TRANSPORT

Inter-facility transport will occur at BLS, ILS and ALS levels within the following general categories:

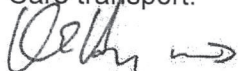
1. Transfer between hospitals for admission for services not available at originating hospital.
2. Transport and return of patient to facility.
3. Transport from hospital to extended care facility.
4. Transport of patient between other facilities at patient's request.

As a general rule, it is the responsibility of the transferring facility to insure that the medical necessities for safe patient transfer are met. Medical instructions of the attending physician and registered nurses will be followed unless specifically contrary to standing orders. If a physician attends the patient during transfer, he or she will direct all care regardless of standing orders. If a registered nurse attends the patient, he or she will direct the care of the patient from the standing orders given by the physician at transfer or by contact with the receiving hospital physician. The registered nurse may desire to defer emergency care in some situations to the paramedic.

The responsibility for transfer to another facility resides with the transferring facility. Patients will not be transferred to another facility without first being stabilized to the extent possible based on the capabilities of the transferring facility. Stabilization includes adequate evaluation and initiation of treatment to assure that transfer of a patient will not, within reasonable medical probability, result in material deterioration of the condition, death, or loss or serious impairment of bodily functions, parts, or organs, except in situations where not transferring the patient is more likely to result in death or serious harm. Evaluation and treatment of patients prior to transfer to include the following:

1. Establish and assure an adequate airway and adequate ventilation.
2. Evaluation and management of a patient in labor.
3. Initiate control of hemorrhage.
4. Stabilize and splint the spine or fractures, when indicated.
5. Establish and maintain adequate access routes for fluid administration.
6. Initiate adequate fluid and/or blood replacement.
7. Determine if the patient's vital signs (including blood pressure, pulse, respiration, oximetry, and urinary output, if indicated) are sufficient to sustain adequate perfusion.

It is also the transferring facility's responsibility to establish the need for BLS, ALS, or Critical Care transport.



Kevin Hodges, M.D.

Date June 18, 2019

Medical Program Director

Adams, Benton, Franklin, Yakima Counties

INTER-FACILITY TRANSPORT

PROTOCOL TITLE: BEHAVIORAL EMERGENCIES**I. BASIC LIFE SUPPORT and INTERMEDIATE LIFE SUPPORT****General Considerations**

- Be aware of dangers to patient or medical personnel.
- Summon law enforcement.
- Request Mental Health Professional as needed.
- Approach patient in a calm manner.
- Show self-confidence and convey concern for patient.
- Reassure patient he/she should and will be taken to a hospital where there are people that are interested in helping him/her.

General Approach

- Transport the patient as quickly as possible to an appropriate facility without causing undue emotional or physical harm.
- If the patient appears to have significant mental disorder and is refusing transport, consider police and/or mental health professional assistance.
- Never stay alone with a violent patient and have enough help to restrain him/her if needed.
- Consider the armed patient potentially homicidal as well as suicidal.
- For severe or dangerous agitation/combativeness that represents an acute danger to the patient or EMS personnel, consider physical restraint:
 - 4-point soft restraints – secure patient safely in supine position to gurney or backboard.
 - Spitting or biting patients may be secured with a spit sock/hood, surgical mask, or an oxygen mask that has flowing oxygen.

***Violent patients judged as unsafe for transport may be sedated by ALS personnel.**



Kevin Hodges, M.D.
Medical Program Director
Adams, Benton, Franklin, Yakima Counties

June 18, 2019

Date

PROTOCOL TITLE: SEDATION

Definition: Procedural sedation and analgesia, previously referred to as conscious sedation, is defined as "a technique of administering sedatives or dissociative agents with or without analgesics to induce a state that allows the patient to tolerate unpleasant procedures while maintaining cardiorespiratory function.

III. ADVANCED LIFE SUPPORT

1. Possible Indications:

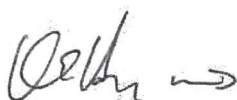
- a. Pre-procedural sedation to facilitate painful procedures such as electrical cardioversion
- b. Induction for RSI
- c. Dramatic examples of severely painful injuries such as large body percentage burns (P14)
- d. Chemical restraint to prevent bodily harm to EMS personnel, patients, and/or bystanders due to violent patients in the setting of excited delirium. (M3)

2. Selecting a sedative agent: Your selection may take into consideration route of administration, onset of action, duration of action, patient allergies or prior adverse reactions, and primary indication for sedation.

- a. **Benzodiazepines** – sedative hypnotics creating a sleep-like state with impairment of memory of events following administration: "anterograde amnesia". May have some respiratory and hemodynamic depression, especially when used in combination with other sedatives. Benzodiazepines may be the sedative of choice in the setting of alcohol withdrawal complications such as Delirium Tremens.

- i. **Versed** (midazolam) – Short acting benzodiazepine sedative hypnotic. Onset of action 1-2 minutes with peak effect in 5-10 minutes. Duration of action highly variable and may range from 45 minutes to 6 hours.
– Sedative dose 1-5 mg IV. May repeat Q 5 minutes PRN but generally should not exceed 10mg

- ii. **Ativan** (lorazepam) – Longer acting benzodiazepine sedative hypnotic. Rapid onset of action when given IV at about 1-2 minutes with significant clinical effect. IM administration is rapidly and predictably absorbed very well at 83-100% of the total dose though therapeutic onset may take 5-10 minutes when given intramuscularly. Duration of action may be 8 hours or more.
– Sedative dose 1-2 mg IV or IM, may repeat Q5 minutes PRN but should generally not exceed 4 mg



Kevin Hodges, M.D.
Medical Program Director
Adams, Benton, Franklin, Yakima Counties

June 18, 2019
Date

SEDATION

468.4 TRANSPORTING ILL AND INJURED PERSONS

Except in extraordinary cases where alternatives are not reasonably available, members should not transport persons who are unconscious, who have serious injuries or who may be seriously ill. EMS personnel should be called to handle patient transportation.

Officers should search any person who is in custody before releasing that person to EMS for transport.

An officer should accompany any person in custody during transport in an ambulance when requested by EMS personnel, when it reasonably appears necessary to provide security, when it is necessary for investigative purposes or when so directed by a supervisor.

Members should not provide emergency escort for medical transport or civilian vehicles.

Appendix C

Medical Aid and Response

467.1 PURPOSE AND SCOPE

This policy recognizes that members often encounter persons who appear to be in need of medical aid and establishes a law enforcement response to such situations.

467.2 POLICY

It is the policy of the Yakima Police Department that all officers and other designated members be trained to provide emergency medical aid and to facilitate an emergency medical response.

467.3 FIRST RESPONDING MEMBER RESPONSIBILITIES

Whenever practicable, members should take appropriate steps to provide initial medical aid (e.g., first aid, CPR and use of an automated external defibrillator (AED)) in accordance with their training and current certification levels. This should be done for those in need of immediate care and only when the member can safely do so.

Prior to initiating medical aid, the member should contact the Communications Center and request response by emergency medical services (EMS) as the member deems appropriate.

Members should follow universal precautions when providing medical aid, such as wearing gloves and avoiding contact with bodily fluids, consistent with the Communicable Diseases Policy. Members should use a barrier or bag device to perform rescue breathing.

When requesting EMS, the member should provide the Communications Center with information for relay to EMS personnel in order to enable an appropriate response, including:

- (a) The location where EMS is needed.
- (b) The nature of the incident.
- (c) Any known scene hazards.
- (d) Information on the person in need of EMS, such as:
 - 1. Signs and symptoms as observed by the member.
 - 2. Changes in apparent condition.
 - 3. Number of patients, sex and age, if known.
 - 4. Whether the person is conscious, breathing and alert, or is believed to have consumed drugs or alcohol.
 - 5. Whether the person is showing signs or symptoms of excited delirium or other agitated chaotic behavior.

Members should stabilize the scene whenever practicable while awaiting the arrival of EMS.

Members should not direct EMS personnel whether to transport the person for treatment.

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467.4 TRANSPORTING ILL AND INJURED PERSONS

Except in extraordinary cases where alternatives are not reasonably available, members should not transport persons who are unconscious, who have serious injuries or who may be seriously ill. EMS personnel should be called to handle patient transportation.

Officers should search any person who is in custody before releasing that person to EMS for transport.

An officer should accompany any person in custody during transport in an ambulance when requested by EMS personnel, when it reasonably appears necessary to provide security, when it is necessary for investigative purposes or when so directed by a supervisor.

Members should not provide emergency escort for medical transport or civilian vehicles.

467.5 PERSONS REFUSING EMS CARE

If a person who is not in custody refuses EMS care or refuses to be transported to a medical facility, an officer shall not force that person to receive care or be transported. However, members may assist EMS personnel when EMS personnel determine the person lacks mental capacity to understand the consequences of refusing medical care or to make an informed decision and the lack of immediate medical attention may result in serious bodily injury or the death of the person.

In cases where mental illness may be a factor, the officer should consider proceeding with an emergent detention in accordance with the Emergent Detentions Policy.

If an officer believes that a person who is in custody requires EMS care and the person refuses, he/she should encourage the person to receive medical treatment. The officer may also consider contacting a family member to help persuade the person to agree to treatment or who may be able to authorize treatment for the person.

If the person still refuses, the officer will require the person to be transported to the nearest medical facility. In such cases, the officer should consult with a supervisor prior to the transport.

Members shall not sign refusal-for-treatment forms or forms accepting financial responsibility for treatment.

467.6 MEDICAL ATTENTION RELATED TO USE OF FORCE

Specific guidelines for medical attention for injuries sustained from a use of force may be found in the Use of Force, Handcuffing and Restraints, Control Devices and Techniques, and Conducted Energy Device policies.

467.7 AIR AMBULANCE

Generally, when on-scene, EMS personnel will be responsible for determining whether an air ambulance response should be requested. An air ambulance may be appropriate when there are victims with life-threatening injuries or who require specialized treatment (e.g., gunshot wounds, burns, obstetrical cases), and distance or other known delays will affect the EMS response.

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The Patrol Division Commander should develop guidelines for air ambulance landings or enter into local operating agreements for the use of air ambulances, as applicable. In creating those guidelines, the Department should identify:

- Responsibility and authority for designating a landing zone and determining the size of the landing zone.
- Responsibility for securing the area and maintaining that security once the landing zone is identified.
- Consideration of the air ambulance provider's minimum standards for proximity to vertical obstructions and surface composition (e.g., dirt, gravel, pavement, concrete, grass).
- Consideration of the air ambulance provider's minimum standards for horizontal clearance from structures, fences, power poles, antennas or roadways.
- Responsibility for notifying the appropriate highway or transportation agencies if a roadway is selected as a landing zone.
- Procedures for ground personnel to communicate with flight personnel during the operation.

One department member at the scene should be designated as the air ambulance communications contact. Headlights, spotlights and flashlights should not be aimed upward at the air ambulance. Members should direct vehicle and pedestrian traffic away from the landing zone.

Members should follow these cautions when near an air ambulance:

- Never approach the aircraft until signaled by the flight crew.
- Always approach the aircraft from the front.
- Avoid the aircraft's tail rotor area.
- Wear eye protection during landing and take-off.
- Do not carry or hold items, such as IV bags, above the head.
- Ensure that no one smokes near the aircraft.

467.8 AUTOMATED EXTERNAL DEFIBRILLATOR (AED) USE

A semi-automatic external defibrillator or AED should only be used by members who have completed a course approved by the Washington State Department of Health (DOH) that includes instruction in CPR and the use of an AED (RCW 70.54.310).

467.8.1 AED USER RESPONSIBILITY

Members who are issued AEDs for use in department vehicles should check the AED at the beginning of the shift to ensure it is properly charged and functioning. Any AED that is not functioning properly will be taken out of service and given to the Training Sergeant who is responsible for ensuring appropriate maintenance.

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Following use of an AED, the device shall be cleaned and/or decontaminated as required. The electrodes and/or pads will be replaced as recommended by the AED manufacturer.

Any member who uses an AED shall contact the Communications Center as soon as possible and request response by EMS (RCW 70.54.310).

467.8.2 AED REPORTING

Any member using an AED will complete an incident report detailing its use. Any data from usage shall be made available, upon request, to EMS or other health care providers (RCW 70.54.310).

467.8.3 AED TRAINING AND MAINTENANCE

The Training Sergeant should ensure appropriate training is provided to members authorized to use an AED.

The Training Sergeant is responsible for ensuring AED devices are appropriately maintained and tested consistent with the manufacturer's operational guidelines, and will retain records of all maintenance in accordance with the established records retention schedule (RCW 70.54.310).

467.9 ADMINISTRATION OF OPIOID OVERDOSE MEDICATION

Members may administer opioid overdose medication in accordance with protocol specified by the health care practitioner who prescribed the overdose medication for use by the member (RCW 69.41.095).

467.9.1 OPIOID OVERDOSE MEDICATION USER RESPONSIBILITIES

Members who are qualified to administer opioid overdose medication, such as naloxone, should handle, store and administer the medication consistent with their training. Members should check the medication and associated administration equipment at the beginning of their shift to ensure they are serviceable and not expired. Any expired medication or unserviceable administration equipment should be removed from service and given to the Training Sergeant.

Any member who administers an opioid overdose medication should contact the Communications Center as soon as possible and request response by EMS.

467.9.2 OPIOID OVERDOSE MEDICATION REPORTING

Any member administering opioid overdose medication should detail its use in an appropriate report.

The Training Sergeant will ensure that the Services Unit Manager is provided enough information to meet applicable state reporting requirements.

467.9.3 OPIOID OVERDOSE MEDICATION TRAINING

The Training Sergeant should ensure training is provided to members authorized to administer opioid overdose medication.

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467.10 ADMINISTRATION OF EPINEPHRINE

The Chief of Police shall designate a trained member to be responsible for the storage, maintenance and oversight of the epinephrine auto-injector devices pursuant to a prescription from an authorized health care provider as provided by RCW 70.54.440.

467.10.1 EPINEPHRINE USER RESPONSIBILITIES

Members who are qualified to administer epinephrine should handle, store and administer the medication consistent with their training. Trained members may administer epinephrine on the premises of the Yakima Police Department or provide an epinephrine auto-injector to a person for immediate self-administration when there is a good faith belief the person is experiencing anaphylaxis (RCW 70.54.440).

Any member who administers epinephrine should contact the Communications Center as soon as possible and request response by EMS.

467.10.2 EPINEPHRINE USE REPORTING

Any member administering epinephrine should detail its use in an appropriate report. All uses shall be immediately reported to the DOH on the appropriate DOH form (RCW 70.54.440).

467.10.3 EPINEPHRINE TRAINING

The Training Sergeant shall ensure that members authorized to use epinephrine auto-injector devices successfully pass a training course by a nationally recognized organization experienced in training emergency health treatment or an approved DOH training course and receive the appropriate certificate of completion prior to use (RCW 70.54.440).

467.11 FIRST AID TRAINING

Subject to available resources, the Training Sergeant should ensure officers receive periodic first aid training appropriate for their position.

467.12 SICK OR INJURED ARRESTEE

If an arrestee appears ill or injured, or claims illness or injury, he/she should be medically cleared prior to booking. If the officer has reason to believe the arrestee is feigning injury or illness, the officer should contact a supervisor, who will determine whether medical clearance will be obtained prior to booking.

If the jail or detention facility refuses to accept custody of an arrestee based on medical screening, the officer should note the name of the facility person refusing to accept custody and the reason for refusal, and should notify a supervisor to determine the appropriate action.

Arrestees who appear to have a serious medical issue should be transported by ambulance. Officers shall not transport an arrestee to a hospital without a supervisor's approval.

Nothing in this section should delay an officer from requesting EMS when an arrestee reasonably appears to be exhibiting symptoms that appear to be life threatening, including breathing problems

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or an altered level of consciousness, or is claiming an illness or injury that reasonably warrants an EMS response in accordance with the officer's training.

Temporary Custody of Adults

906.1 PURPOSE AND SCOPE

This policy provides guidelines to address the health and safety of adults taken into temporary custody by members of the Yakima Police Department for processing prior to being released or transferred to a housing or other type of facility.

Temporary custody of juveniles is addressed in the Temporary Custody of Juveniles Policy. Juveniles will not be permitted where adults are in custody are being held.

Custodial searches are addressed in the Custodial Searches Policy.

906.1.1 DEFINITIONS

Definitions related to this policy include:

Holding cell/cell - Any locked enclosure for the custody of an adult or any other enclosure that prevents the occupants from being directly visually monitored at all times by a member of the Department.

Safety checks - Direct, visual observation by a member of this department performed at random intervals, within time frames prescribed in this policy, to provide for the health and welfare of adults in temporary custody.

Temporary custody - The time period an adult is in custody at the Yakima Police Department prior to being released or transported to a housing or other type of facility.

906.2 POLICY

The Yakima Police Department is committed to releasing adults from temporary custody as soon as reasonably practicable, and to keeping adults safe while in temporary custody at the Department. Adults should be in temporary custody only for as long as reasonably necessary for investigation, processing, transfer or release.

906.3 GENERAL CRITERIA AND SUPERVISION

No adult should be in temporary custody for longer than six hours.

906.3.1 INDIVIDUALS WHO SHOULD NOT BE IN TEMPORARY CUSTODY

Individuals who exhibit certain behaviors or conditions should not be in temporary custody at the Yakima Police Department, but should be transported to a jail facility, a medical facility or other type of facility as appropriate. These include:

- (a) Any individual who is unconscious or has been unconscious while being taken into custody or while being transported.
- (b) Any individual who has a medical condition, including pregnancy, or who may require medical attention, supervision or medication while in temporary custody.
- (c) Any individual who is seriously injured.

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- (d) Individuals who are a suspected suicide risk (see the Emergent Detentions Policy).
 - 1. If the officer taking custody of an individual believes that he/she may be a suicide risk, the officer shall ensure continuous direct supervision until evaluation, release or a transfer to an appropriate facility is completed.
- (e) Individuals who are obviously in crisis, as defined in the Crisis Intervention Incidents Policy.
- (f) Individuals who are under the influence of alcohol, a controlled substance or any substance to the degree that may require medical attention, or who have ingested any substance that poses a significant risk to their health, whether or not they appear intoxicated.
- (g) Any individual who has exhibited extremely violent or continuously violent behavior.
- (h) Any individual who has claimed, is known to be afflicted with or displays symptoms of any communicable disease that poses an unreasonable exposure risk.
- (i) Any individual with a prosthetic or orthopedic device where removal of the device would be injurious to his/her health or safety.

Officers taking custody of a person who exhibits any of the above conditions should notify a supervisor of the situation.

906.3.2 SUPERVISION IN TEMPORARY CUSTODY

An authorized department member capable of supervising shall be present at all times when an individual is held in temporary custody. The member responsible for supervising should not have other duties that could unreasonably conflict with his/her supervision. Any individual in custody must be able to summon the supervising member if needed. If the person in custody is deaf or hard of hearing or cannot speak, accommodations shall be made to provide this ability.

No individual in custody shall be permitted to supervise, control or exert any authority over other individuals in custody.

906.3.3 ENTRY RESTRICTIONS

Entry into any location where a person is held in custody should be restricted to:

- (a) Authorized members entering for official business purposes.
- (b) Emergency medical personnel when necessary.
- (c) Any other person authorized by the Watch Commander.

When practicable, more than one authorized member should be present for entry into a location where a person is held in custody for security purposes and to witness interactions.

906.4 INITIATING TEMPORARY CUSTODY

The officer responsible for an individual in temporary custody should evaluate the person for any apparent chronic illness, disability, vermin infestation, possible communicable disease or any

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other potential risk to the health or safety of the individual or others. The officer should specifically ask if the individual is contemplating suicide and evaluate him/her for obvious signs or indications of suicidal intent.

The receiving officer should ask the arresting officer if there is any statement, indication or evidence surrounding the individual's arrest and transportation that would reasonably indicate the individual is at risk for suicide or critical medical care. If there is any suspicion that the individual may be suicidal, he/she shall be transported to the City jail or the appropriate mental health facility.

The officer should promptly notify the Watch Commander of any conditions that may warrant immediate medical attention or other appropriate action. The Watch Commander shall determine whether the individual will be placed in a cell, immediately released or transported to jail or other facility.

906.4.1 SCREENING AND PLACEMENT

The officer responsible for an individual in custody shall:

- (a) Advise the Watch Commander of any significant risks presented by the individual (e.g., suicide risk, health risk, violence).
- (b) Evaluate the following issues against the stated risks in (a) to determine the need for placing the individual in a single cell:
 - 1. Consider whether the individual may be at a high risk of being sexually abused based on all available known information (28 CFR 115.141), or whether the person is facing any other identified risk.
 - 2. Provide any individual identified as being at a high risk for sexual or other victimization with heightened protection. This may include (28 CFR 115.113; 28 CFR 115.141):
 - (a) Continuous, direct sight and sound supervision.
 - (b) Single-cell placement in a cell that is actively monitored on video by a member who is available to immediately intervene.
 - 3. Ensure individuals are separated according to severity of the crime (e.g., felony or misdemeanor).
 - 4. Ensure males and females are separated by sight and sound when in cells.
 - 5. Ensure restrained individuals are not placed in cells with unrestrained individuals.
- (c) Ensure that those confined under civil process or for civil causes are kept separate from those who are in temporary custody pending criminal charges.
- (d) Ensure separation, as appropriate, based on other factors, such as age, criminal sophistication, assaultive/non-assaultive behavior, mental state, disabilities and sexual orientation.

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Temporary Custody of Adults

906.4.2 CONSULAR NOTIFICATION

Consular notification may be mandatory when certain foreign nationals are arrested. The Patrol Division Commander will ensure that the U.S. Department of State's list of countries and jurisdictions that require mandatory notification is readily available to department members. There should also be a published list of foreign embassy and consulate telephone and fax numbers, as well as standardized notification forms that can be transmitted and then retained for documentation. Prominently displayed signs informing foreign nationals of their rights related to consular notification should also be posted in areas used for the temporary custody of adults.

Department members assigned to process a foreign national shall:

- (a) Inform the individual, without delay, that he/she may have his/her consular officers notified of the arrest or detention and may communicate with them.
 - 1. This notification should be documented.
- (b) Determine whether the foreign national's country is on the U.S. Department of State's mandatory notification list.
 - 1. If the country is on the mandatory notification list, then:
 - (a) Notify the country's nearest embassy or consulate of the arrest or detention by fax or telephone.
 - (b) Tell the individual that this notification has been made and inform him/her without delay that he/she may communicate with consular officers.
 - (c) Forward any communication from the individual to his/her consular officers without delay.
 - (d) Document all notifications to the embassy or consulate and retain the faxed notification and any fax confirmation for the individual's file.
 - 2. If the country is not on the mandatory notification list and the individual requests that his/her consular officers be notified, then:
 - (a) Notify the country's nearest embassy or consulate of the arrest or detention by fax or telephone.
 - (b) Forward any communication from the individual to his/her consular officers without delay.

906.5 SAFETY, HEALTH AND OTHER PROVISIONS

906.5.1 TEMPORARY CUSTODY REQUIREMENTS

Members monitoring or processing anyone in temporary custody shall ensure:

- (a) Safety checks and significant incidents/activities are noted on the log.
- (b) Individuals in custody are informed that they will be monitored at all times, except when using the toilet.
 - 1. There shall be no viewing devices, such as peep holes or mirrors, of which the individual is not aware.

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2. This does not apply to surreptitious and legally obtained recorded interrogations.
- (c) There is reasonable access to toilets and wash basins.
- (d) There is reasonable access to a drinking fountain or water.
- (e) There are reasonable opportunities to stand and stretch, particularly if handcuffed or otherwise restrained.
- (f) There is privacy during attorney visits.
- (g) Those in temporary custody are generally permitted to remain in their personal clothing unless it is taken as evidence or is otherwise unsuitable or inadequate for continued wear while in custody.
- (h) Clean blankets are provided as reasonably necessary to ensure the comfort of an individual.
1. The supervisor should ensure that there is an adequate supply of clean blankets.
- (i) Adequate shelter, heat, light and ventilation are provided without compromising security or enabling escape.
- (j) Adequate furnishings are available, including suitable chairs or benches.

906.5.2 MEDICAL CARE

First-aid equipment and basic medical supplies should be available to department members. At least one member who has current certification in basic first aid and CPR should be on-duty at all times.

Should a person in custody be injured or become ill, appropriate medical assistance should be sought. A supervisor should meet with those providing medical aid at the facility to allow access to the person. Members shall comply with the opinion of medical personnel as to whether an individual in temporary custody should be transported to the hospital. If the person is transported while still in custody, he/she will be accompanied by an officer.

Those who require medication while in temporary custody should not be at the Yakima Police Department. They should be released or transferred to another facility as appropriate.

906.5.3 ORTHOPEDIC OR PROSTHETIC APPLIANCE

Subject to safety and security concerns, individuals shall be permitted to retain an orthopedic or prosthetic appliance. However, if the appliance presents a risk of bodily harm to any person or is a risk to the security of the facility, the appliance may be removed from the individual unless its removal would be injurious to his/her health or safety.

Whenever a prosthetic or orthopedic appliance is removed, a supervisor shall be promptly apprised of the reason. It shall be promptly returned when it reasonably appears that any risk no longer exists.

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906.5.4 TELEPHONE CALLS

Every individual in temporary custody may, when appropriate, be allowed to make a reasonable number of completed telephone calls as soon as possible after arrival.

- (a) Telephone calls may be limited to local calls, except that long-distance calls may be made by the individual at his/her own expense.
 - 1. The Department should pay the cost of any long-distance calls related to arranging for the care of a child or dependent adult (see the Child and Dependent Adult Safety Policy).
- (b) The individual should be given sufficient time to contact whomever he/she desires and to make any necessary arrangements, including child or dependent adult care, or transportation upon release.
 - 1. Telephone calls are not intended to be lengthy conversations. The member assigned to monitor or process the individual may use his/her judgment in determining the duration of the calls.
- (c) Calls between an individual in temporary custody and his/her attorney shall be deemed confidential and shall not be monitored, eavesdropped upon or recorded.

906.5.5 RELIGIOUS ACCOMMODATION

Subject to available resources, safety and security, the religious beliefs and needs of all individuals in custody should be reasonably accommodated. Requests for religious accommodation should generally be granted unless there is a compelling security or safety reason and denying the request is the least restrictive means available to ensure security or safety. The responsible supervisor should be advised any time a request for religious accommodation is denied.

Those who request to wear headscarves or simple head coverings for religious reasons should generally be accommodated absent unusual circumstances. Head coverings shall be searched before being worn.

Individuals wearing headscarves or other approved coverings shall not be required to remove them while in the presence of or while visible to the opposite sex if they so desire. Religious garments that substantially cover the individual's head and face may be temporarily removed during the taking of any photographs.

906.5.6 FIREARMS AND OTHER SECURITY MEASURES

Firearms and other weapons and control devices shall not be permitted in secure areas where individuals are in custody or are processed. They should be properly secured outside of the secure area. An exception may occur only during emergencies, upon approval of a supervisor.

All perimeter doors to secure areas shall be kept locked at all times, except during routine cleaning, when no individuals in custody are present or in the event of an emergency, such as an evacuation.

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906.6 USE OF RESTRAINT DEVICES

Individuals in custody may be handcuffed in accordance with the Handcuffing and Restraints Policy. Unless an individual presents a heightened risk, handcuffs should generally be removed when the person is in a cell.

The use of restraints, other than handcuffs or leg irons, generally should not be used for individuals in temporary custody at the Yakima Police Department unless the person presents a heightened risk, and only in compliance with the Handcuffing and Restraints Policy.

Individuals in restraints shall be kept away from other unrestrained individuals in custody and monitored to protect them from abuse.

906.6.1 PREGNANT ADULTS

Women who are known to be pregnant should be restrained in accordance with the Handcuffing and Restraints Policy.

906.7 PERSONAL PROPERTY

The personal property of an individual in temporary custody should be removed, inventoried and processed as provided in the Custodial Searches Policy, unless the individual requests a different disposition. For example, an individual may request property (e.g., cash, car or house keys, medications) be released to another person.

Upon release of an individual from temporary custody, his/her items of personal property shall be compared with the inventory, and he/she shall sign a receipt for the property's return. If the individual is transferred to another facility or court, the member transporting the individual is required to obtain the receiving person's signature as notice of receipt. The Department shall maintain a copy of the property receipt.

A supervisor shall be notified whenever an individual alleges that there is a shortage or discrepancy regarding his/her property. The supervisor shall attempt to prove or disprove the claim.

906.8 HOLDING CELLS

A thorough inspection of a cell shall be conducted before placing an individual into the cell to ensure there are no weapons or contraband and that the cell is clean and sanitary. An inspection also should be conducted when he/she is released. Any damage noted to the cell should be photographed and documented.

The following requirements shall apply:

- (a) The individual shall be searched (see the Custodial Searches Policy), and anything that could create a security or suicide risk, such as contraband, hazardous items, belts, shoes or shoelaces, and jackets, shall be removed.
- (b) The individual shall constantly be monitored by an audio/video system during the entire custody..
- (c) Safety checks by department members shall occur no less than every 15 minutes.

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1. Safety checks should be at varying times..
2. The safety check should involve questioning the individual as to his/her well-being.
3. Individuals who are sleeping or apparently sleeping should be awakened.

906.9 SUICIDE ATTEMPT, DEATH OR SERIOUS INJURY

The Patrol Division Commander will ensure procedures are in place to address any suicide attempt, death or serious injury of any individual in temporary custody at the Yakima Police Department. The procedures should include the following:

- (a) Immediate request for emergency medical assistance if appropriate.
- (b) Immediate notification of the Watch Commander, Chief of Police and Detectives Division Commander.
- (c) Notification of the spouse, next of kin or other appropriate person.
- (d) Notification of the appropriate prosecutor.
- (e) Notification of the City Attorney.
- (f) Notification of the Coroner.
- (g) Evidence preservation.

906.10 RELEASE AND/OR TRANSFER

When an individual is released or transferred from custody, the member releasing the individual should ensure the following:

- (a) All proper reports, forms and logs have been completed prior to release.
- (b) A check has been made to ensure that the individual is not reported as missing and does not have outstanding warrants.
- (c) It has been confirmed that the correct individual is being released or transported.
- (d) All property, except evidence, contraband or dangerous weapons, has been returned to, or sent with, the individual.
- (e) All pertinent documentation accompanies the individual being transported to another facility (e.g., copies of booking forms, medical records, an itemized list of his/her property, warrant copies).
- (f) The individual is not permitted in any nonpublic areas of the Yakima Police Department unless escorted by a member of the Department.
- (g) Any known threat or danger the individual may pose (e.g., escape risk, suicide potential, medical condition) is documented, and the documentation transported with the individual if he/she is being sent to another facility.
 1. The department member transporting the individual shall ensure such risks are communicated to intake personnel at the other facility.

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- (h) Generally, persons of the opposite sex, or adults and juveniles, should not be transported in the same vehicle unless they are physically separated by a solid barrier. If segregating individuals is not practicable, officers should be alert to inappropriate physical or verbal contact and take appropriate action as necessary.
- (i) Transfers between facilities or other entities, such as a hospital, should be accomplished with a custodial escort of the same sex as the person being transferred to assist with his/her personal needs as reasonable.

906.10.1 TRANSFER TO HOSPITAL

When an individual in custody for a violent or sex offense is taken to a hospital, the transporting officer shall remain with, or secure, the individual while the individual is receiving care, unless (RCW 10.110.020; RCW 10.110.030):

- (a) The medical care provider determines the individual does not need to be accompanied or secured.
- (b) The officer notifies the medical care provider that the officer is leaving after reasonably determining:
 - 1. The individual does not present an imminent and significant risk of causing physical harm to themselves or another person.
 - 2. There is no longer sufficient evidentiary basis to maintain the individual in custody.
 - 3. In the interest of public safety, his/her presence is urgently required at another location and supervisor approval is obtained.
- (a) The officer shall make a reasonable effort to ensure a replacement officer is provided or other means of securing the individual is provided as soon as possible.

906.11 ASSIGNED ADMINISTRATOR

The Special Operations Division Commander will ensure any reasonably necessary supplemental procedures are in place to address the following issues:

- (a) General security
- (b) Key control
- (c) Sanitation and maintenance
- (d) Emergency medical treatment
- (e) Escapes
- (f) Evacuation plans
- (g) Fire and life-safety
- (h) Disaster plans
- (i) Building and safety code compliance

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906.12 TRAINING

Department members should be trained and familiar with this policy and any supplemental procedures.

Emergent Detentions

418.1 PURPOSE AND SCOPE

This policy provides guidelines for when officers may place an individual under an emergent detention (RCW 71.05.153).

418.2 POLICY

It is the policy of the Yakima Police Department to protect the public and individuals through legal and appropriate use of the emergent detention process.

418.3 AUTHORITY

An officer who has reasonable cause to believe that a person is suffering from a mental disorder or a substance abuse disorder and presents an imminent likelihood of serious harm, or is in imminent danger because of being gravely disabled, may take the person into emergent detention and immediately transport the person to a triage facility, crisis stabilization unit, evaluation and treatment facility, secure withdrawal management and stabilization facility, approved substance use disorder treatment program, or the emergency department of a local hospital (RCW 71.05.153).

An officer may also take a person into emergent detention and deliver the person to an evaluation and treatment facility upon the written or oral request of a crisis responder designated by the county or other authority who has determined that the person, as the result of a mental disorder or substance abuse disorder, presents an imminent likelihood of serious harm, or is in imminent danger because of being gravely disabled (RCW 71.05.153).

An officer shall take a person who is the subject of a written court order for apprehension issued pursuant to RCW 71.05.201 into initial detention and transport the person to the designated facility or emergency room as determined by the designated crisis responder (RCW 71.05.201).

418.3.1 VOLUNTARY EVALUATION

If an officer encounters an individual who may qualify for an emergent detention, he/she may inquire as to whether the person desires to voluntarily be evaluated at an appropriate facility. If the individual so desires, the officers should:

- (a) Transport the individual to an appropriate facility that is able to conduct the evaluation and admit the person pursuant to emergent detention.
- (b) If at any point the individual changes his/her mind regarding voluntary evaluation officers should proceed with the emergent detention, if appropriate.
- (c) Document the circumstances surrounding the individual's desire to pursue voluntary evaluation and/or admission.

Emergent Detentions

418.4 CONSIDERATIONS AND RESPONSIBILITIES

Any officer handling a call involving an individual who may qualify for an emergent detention should consider, as time and circumstances reasonably permit:

- (a) Available information that might assist in determining the cause and nature of the individual's action or stated intentions.
- (b) Community or neighborhood mediation services.
- (c) Conflict resolution and de-escalation techniques.
- (d) Community or other resources available to assist in dealing with mental health issues.

While these steps are encouraged, nothing in this section is intended to dissuade officers from taking reasonable action to ensure the safety of the officers and others.

Emergent detentions should be preferred over arrest for individuals with mental disorders, who are suspected of committing minor crimes or creating other public safety issues.

418.5 TRANSPORTATION

When transporting any individual for an emergent detention, the transporting officer should have the Communications Center notify the receiving facility of the estimated time of arrival, the level of cooperation of the individual and whether any special medical care is needed.

Officers may transport individuals in a patrol vehicle and shall secure them in accordance with the Handcuffing and Restraints Policy. Should the detainee require transport in a medical transport vehicle and the safety of any person, including the detainee, requires the presence of an officer during the transport, Watch Commander approval is required before transport commences.

418.6 TRANSFER TO APPROPRIATE FACILITY

Upon arrival at the facility, the officer will escort the individual into a treatment area designated by a facility staff member. If the individual is not seeking voluntary treatment, the officer should provide the staff member with the written application for an emergent detention and remain present to provide clarification of the grounds for detention, upon request.

Absent exigent circumstances, the transporting officer should not assist facility staff with the admission process, including restraint of the individual. However, if the individual is transported and delivered while restrained, the officer may assist with transferring the individual to facility restraints and will be available to assist during the admission process, if requested. Under normal circumstances, officers will not apply facility-ordered restraints.

418.7 DOCUMENTATION

The officer should complete an application for emergency admission, provide it to the facility staff member assigned to the individual and retain a copy of the emergency application for inclusion in the case report.

Emergent Detentions

The officer should also provide a verbal summary to any evaluating staff member regarding the circumstances leading to the involuntary emergent detention.

418.8 CRIMINAL OFFENSES

Officers investigating an individual who is suspected of committing a minor criminal offense and who is being taken on an emergent detention should resolve the criminal matter by issuing a warning or a citation, as appropriate.

When an individual who may qualify for an emergent detention has committed a serious criminal offense that would normally result in an arrest and transfer to a jail facility, the officer should:

- (a) Arrest the individual when there is probable cause to do so.
- (b) Notify the appropriate supervisor of the facts supporting the arrest and the facts that would support the emergent detention.
- (c) Facilitate the individual's transfer to the jail facility.
- (d) Thoroughly document in the related reports the circumstances that indicate the individual may qualify for an emergent detention.

In the supervisor's judgment, the individual may instead be arrested or booked and transported to the appropriate facility. The supervisor should consider the seriousness of the offense, the treatment options available, the ability of this department to regain custody of the individual, department resources (e.g., posting a guard), and other relevant factors in making this decision.

418.9 FIREARMS AND OTHER WEAPONS

Whenever an individual is taken into custody for an emergent detention, the handling officers should seek to determine if the individual owns or has access to any firearm or other deadly weapon. Officers should consider whether it is appropriate and consistent with current search and seizure law under the circumstances to seize any such firearms or other dangerous weapons (e.g. safekeeping, evidence, consent).

Officers are cautioned that a search warrant may be needed before entering a residence or other place to search, unless lawful, warrantless entry has already been made (e.g., exigent circumstances, consent). A warrant may also be needed before searching for or seizing weapons.

The handling officers should further advise the individual of the procedure for the return of any firearm or other weapon that has been taken into custody.

418.10 TRAINING

This department will endeavor to provide department-approved training on interaction with mentally disabled persons, emergent detentions and crisis intervention.