



TRANSIT POLICE

PRISONER CARE, CONTROL AND TRANSPORTATION

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POLICY

Definitions

Chief Officer – The Transit Police Chief Officer or delegate.

Criminal Code – Criminal Code of Canada, RSC 1985, c. C-46.

Designated Constables – The Transit Police police officers appointed by the Police Board.

Excited Delirium – Means a state of extreme mental and physiological excitement, characterized by extreme agitation, hyperthermia, hostility, exceptional strength and endurance without apparent fatigue.

JPD – Jurisdictional Police Department.

Medically Unfit – Means ill or injured and includes questionable consciousness, psychiatric illness and acute alcohol poisoning or drug overdose.

Member – Designated Constable, the Chief Officer or a Deputy Chief Officer of the Transit Police.

OCC – The Transit Police Operations Communication Centre.

Positional Asphyxia – Means a form of asphyxia which occurs when someone's body position prevents them from breathing adequately.

Questionable Consciousness – Means a state of reduced awareness in which a person is not readily responsive.

Qualified Medical Practitioner – Means a physician or registered nurse. *(Note: BC Ambulance Service paramedics are not medical practitioners and cannot declare a person fit for incarceration.)*

Transgender Person – Person who has non-identification with, or non-presentation as, the gender one was assigned at birth. Transgender can include a number of sub-

categories, which among others, include transsexual, cross-dresser, transvestite, consciously androgynous people, drag king and drag queen.

Transit Police – The South Coast British Columbia Transportation Authority Police Service.

Authority

1. The Transit Police care, control, search and transport of persons in custody will be conducted in accordance with the *Criminal Code*, federal provincial statutes, and provincial policing directives.

General

2. Members are responsible for the safety and well being of Members, prisoners, persons at holding facilities, persons in their custody, and the public.
3. Members will ensure that all transportation of persons in custody is done in a timely manner.
4. The Transit Police will provide for the special handling of prisoners who are: young offenders, of the opposite sex of the handling Member; mentally or physically disabled; violent or self-destructive; sick or injured; or transgender. [Refer to policy chapter OD080 – Arrests for procedures respecting Transgender Persons.]
5. Prisoners will be searched every time they are transferred to the custody of another Member.
6. Once arrested and in custody, prisoners will be supervised by Members or the detention facility personnel.
7. Any escape will be immediately reported by the Member to the Operations Communication Center (OCC) Dispatcher and Watch Commander, including description of the fugitive, mode and direction of travel, original offence and propensity for violence, if known.
 1. The Watch Commander will ensure that the Inspector Operations and the JPD are advised.

PROCEDURES

[Refer also to: Policy Chapter OD120-Search, OD170 - Police Warnings and OD080 - Arrests]

Handcuffing and Restraining

8. Incident to lawful arrest and subsequent transport of a prisoner, Members will take physical custody of the person, which will include handcuffing where the circumstances warrant it, taking into account their surroundings and the need to ensure police officer safety, prisoner safety and safety of the public. Members must

be able to articulate in each circumstance their reasons (upon risk assessment) in applying any restraint device to a prisoner.

9. To ensure the safety of prisoners, Members and the public, it may be appropriate in certain circumstances (upon a risk assessment) for Members to handcuff an individual to fixed objects (such as hand/foot railings in light rail stations). Under no circumstances will a person be handcuffed to a movable object or the exterior of a vehicle. (Individuals handcuffed to a fixed object will remain under observation of the Members unless exigent circumstances exist.) Members will not arbitrarily handcuff individuals to fixed objects as a matter of routine procedure.
10. To avoid positional asphyxia, prisoners should be transported in an upright seated position whenever possible, particularly if the subjects are obese or under the influence of drugs and/or alcohol, and in situations where prone restraints (hand and feet) are necessary, prisoners should be closely and continuously monitored.
11. If an individual is acting contrary to public order or causing a disturbance, putting themselves, Members or the public at risk, (i.e. screaming, swearing, kicking or spitting), then it is the responsibility of the Member to consider moving that person to an area that minimizes contact with the public. For the sake of transparency and accountability Members should consider conducting their investigation in view of a video recording camera, when practicable.

Spit Hoods

12. Members will not apply a spit hood on any person who exhibits any of the following conditions, which indicate that the person may first require first aid treatment by a medical practitioner:
 1. lethargy and/or sleepiness;
 2. vomiting.
13. Members may only apply the spit hood to arrested persons who are already handcuffed and in situations where there is reasonable risk to the Members or others of being spat on.
14. Members may use the spit hood for the length of time appropriate for removing the risk of being spat on.
15. Members will monitor the person's well being frequently (checking at least once every 15 minutes).
16. An applied spit hood must be removed immediately from any person whose well being is in question, as indicated by any of the conditions specified in s.12, which indicate that the person may require first aid treatment or assessment by a medical practitioner.
17. Members will not reapply a used spit hood. If subsequent application is required for the same individual, a new spit hood must be used.

18. Used spit hoods will be treated as bio-hazardous material and disposed of accordingly:
1. place spit hood in a plastic bag and clearly mark with bio-hazard stickers (or use bio-hazard bag if available);
 2. submit bag to the Exhibit/Property Custodian or lock in an exhibit locker, clearly marked as “Bio-hazard – For Destruction”; and
 3. the Exhibit/Property Custodian will then dispose of the item as per policy.

Search of Prisoners

19. Members will thoroughly search all prisoners in their custody, regardless of whether they have already been searched by another Member or not.
20. Members who conduct a search will take appropriate precautions to protect themselves (e.g., wearing protective gloves). Any Member who suffers a puncture wound or comes into contact with bodily fluids from a person suspected to be in a high risk category will attend to hospital, report the exposure to their Supervisor and follow procedures as set out in Policy Chapter OG040 – Communicable Diseases (including completion of WCB injury report form).
21. The arresting Member is responsible for searching, recovery of evidence, and cataloguing of all personal property associated to the prisoner prior to turning them over to transport. It is the responsibility of the Member who seizes property from a prisoner to account for that property.
1. Personal effects will be placed in clear plastic bags, with the prisoner’s surname and first initial on the bag. All currency will be secured in an envelope for this purpose, labeled with the amount and the prisoner’s surname, and then placed in the larger plastic effects bag, ensuring that it is visible through the bag. The currency amount should be documented on the detention arrest report. (Currency will be counted and witnessed by another Member in accordance with policy.) Members will also note if there is no currency among the prisoner’s effects. Further, Members will note any seizure made from the prisoner’s effects.
 2. When booking a prisoner, Members will follow the JPD detention facility procedures on tagging and handling of a prisoner’s personal effects. It is recognized that certain items may not be accepted by a detention facility (e.g., dangerous weapons or large items) and such items may need to be submitted to the JPD property office.

[See also: Policy Chapters OF010 – Evidence and OF020 – Exhibits/Property]

22. It is the responsibility of the investigating Members to advise any subsequent police officers of any special instructions (i.e. seizure of clothing, risk of suicide, known medications, disclosure of any contagious diseases, or security concerns).

23. Pre-existing injuries (i.e. bruising or lacerations) or medical conditions will be documented in the Member's notebook, on the booking sheet, on the PRIME General Occurrence (GO) and reported to their Supervisor.

NOTE: When Members are working in Surrey or Vancouver, there are mobile mental health resources available to assist in the assessment related to: pre-apprehension consultation; mental health evaluations; subsequent referral to mental health resources; and post arrest assessment.

Police Transport Vehicles

24. Police transport vehicles will be searched before, where practicable, and after transporting prisoners by the operating Member, and the Member will make an entry in their notebook to that effect.
25. All prisoners will be transported in a police vehicle equipped with a security cage.
26. If the situation dictates that a prisoner is to be transported in a vehicle without a cage, the prisoner will be placed in the rear of the vehicle on the passenger side, with a second Member seated in the rear seat, immediately behind the driver.
27. Where there are two or more prisoners from the same incident, they should be transported separately.
28. All prisoners will be handcuffed during transportation; however, there may be physical limitations and/or other aggravating health conditions which preclude handcuffing. Seatbelts will be utilized, where possible.
29. Prisoners who are handcuffed will not be transported in the same compartment of a police transport as prisoners who are not handcuffed.

Opposite Sex, Young Offender, and Transgender Prisoners

30. When a Member transports a prisoner who is of the opposite sex to the Member, or young offender prisoner, the transporting Member will advise the OCC dispatcher of the intended destination, times of departure and arrival and the vehicle's odometer reading at the beginning and end of the transport. The dispatcher will record this information on the CAD file.
31. Prisoners of the opposite sex will not be transported in the transport vehicle, except if utilizing the prisoner transport wagon, at which time the persons of the opposite sex will be secured in a separate compartment.
32. Young offenders will not be transported together with adult prisoners in the transport vehicle, except if utilizing the prisoner transport wagon, at which time the young persons and adults will be secured in a separate compartment.
33. Members will refer to OD080 – Arrests for guidelines respecting the transport of a prisoner identifying as a Transgender Person.

Physically Disabled Persons

34. Any wheelchairs, crutches, prosthetic devices, and medications should be transported with, but not necessarily in the possession of, the prisoner.
35. In the circumstance where a Member must transport a physically disabled person, they will be transported in the same manner as any other prisoner, unless the person's disability is of a nature that transportation by police vehicle would be impractical or cause undue discomfort or injury to the prisoner. Under those circumstances, the transporting Member should consult with their Supervisor regarding alternate transport, such as Emergency Health Services (EHS), Handy Dart, or a handicapped equipped taxi.
36. Regardless of the form of transport selected, a Member must accompany the prisoner in the vehicle, with a second Member following in a police vehicle if the prisoner is, or has, displayed a potential for violent behaviour.

Transportation to Court

37. Prisoner transportation to court will be the responsibility of the JPD and the BC Sheriff Services. However, there may be occasions where a JPD will request the Transit Police to transport a person arrested on a warrant directly to court. In this case, the Transit Police will transport the prisoner to the appropriate court and turn the prisoner over to the BC Sheriff Services.

Persons with Mental Disorder

38. The police have the following roles under the Mental Health Act (MHA):
 1. authority to apprehend a person with an apparent mental disorder and transport them to a physician for an examination;
 2. assisting in the apprehension and transportation of a person under a Medical Certificate issued by a physician;
 3. apprehending and transporting a person on a warrant for examination issued by a judge;
 4. apprehending and returning patients to a designated facility; and
 5. other roles not under the MHA, but related, including custody at the designated facility, and assisting hospital staff to keep the peace.
39. When a Member apprehends a person with apparent mental disorder, that Member will transport the apprehended person to the nearest hospital (or location as specified in a Warrant), if this can be done safely having assessed the needs of the apprehended subject. If BC Ambulance Service conducts the transport, a Member will be sent with the ambulance to provide security for both the paramedics and the prisoner.

Transporting Medically Unfit Prisoners

40. Members should be guided by EHS personnel regarding appropriate medical treatment for the prisoner.
41. Prisoners, who are sick, injured, displaying signs of Excited Delirium or Questionable Consciousness, should have an initial assessment from EHS to assess if they need to have treatment. Those prisoners, who are considered competent and accept the advice of EHS that they should seek treatment from a medical doctor, will be transported to hospital by EHS.

NOTE: Refer to ss. 49-51 for handling of prisoners who refuse medical care.

42. Members will provide EHS and Qualified Medical Practitioners with all the relevant available information concerning the condition and circumstances of the person in custody prior to and during custody, and note the conversations in their notebooks and the Prisoner Record.
43. Any time a prisoner has been attended to/received treatment by EHS, Members will advise the detention facility staff that EHS has assisted in the assessment of the prisoner and provide any known history on the prisoner, including if the prisoner:
 1. suffers from any illness or any injury, known or suspected, whether prior to or as a result of contact with police;
 2. was placed in a vascular neck restraint;
 3. is a known drug addict or has taken any substance, object of contraband that may cause harm to themselves;
 4. requires, or is presently on medication;
 5. has received treatment or refused such treatment from the EHS;
 6. has a medical information bracelet with information;
 7. has a history of mental illness or suicide attempts or suicidal tendencies;
 8. has had intermediate weapons deployed on them (Baton, Oleoresin Capsicum Spray, Conducted Energy Weapon);
 9. has a personal trait of a security nature or is an escape risk.
44. Prisoners requiring medical aid should be transported via EHS with an accompanying police officer, unless there is a security risk that would prohibit transport in this manner.
45. All prisoners transported to hospital will remain under constant guard during the transportation and throughout the duration of the stay at the facility unless released from police custody or until a JPD Member, Sheriff's Deputy or a Provincial or Federal Corrections guard relieves the Member.
46. When a prisoner is taken from hospital to a detention facility, the Member will provide a copy of the hospital medical treatment and/or release form to the detention facility staff.
47. In some cases, the Transit Police will arrest persons who require medical treatment and cannot be transported to a detention facility. In consultation with their

Supervisor, Members will consider a bail hearing in the hospital, where appropriate, so that Members are not seized with guarding the prisoner. When considering this option, the safety of the prisoner, hospital staff and general public will be the primary concern.

48. The primary responsibility for addressing the medical needs of a prisoner lies with the agency having custody of the prisoner when the medical condition is reported or detected. The Supervisor will not authorize the release or transport of any prisoner requiring medical treatment to another agency without first obtaining verification from the receiving agency that they are aware of the condition and are still willing to accept the prisoner. That verification will be documented by the Supervisor.

Refusal of Medical Care

49. Members must respect a competent adult's right to refuse medical treatment but must ensure that a person in custody who refuses medical treatment has the capacity to make a rational decision to refuse medical treatment. In assessing whether a person in custody is capable of making a rational decision regarding the need for medical treatment, Members must record their personal observations as appropriate in the circumstances.
50. If a person in custody refuses medical care and is capable of making a rational decision regarding the medical care, Members must make careful notes of the refusal and, where practicable, have the refusal witnessed.
51. If a person in custody who is Medically Unfit refuses medical care but is not capable of making a rational decision regarding the need for medical care, Members must make a decision on behalf of the person in custody. Members exercising their authority may use force when justified by s. 25 of the *Criminal Code* and the MHA.

Reportable Injury

52. Any time a person is injured during the course of their arrest, that injury must be reported to the Patrol Supervisor and ultimately the Watch Commander, and where appropriate a Subject Behaviour Officer Response Report (SBORR) will be completed. The Watch Commander will then forward the circumstances of the incident to the Transit Police Professional Standards Unit, who will notify the Office of the Police Complaints Commissioner pursuant to the Police Act.

Detention Facility Protocols

53. Members will familiarize themselves with and exercise the individual practices and operating procedures of the various JPD detention facilities, in order to ensure that the Transit Police complies with the JPD policy. When unsure of protocols, Members will seek direction of the JPD Non-Commissioned Officer (NCO) or Officer in Charge (OIC) of the detention facility.

Key References

BC Mental Health Act [RSBC 1996, Chapter 288]

BC Police Act [RSBC 1996, Chapter 367]

Canadian Charter of Rights and Freedoms [1982]

Criminal Code of Canada [RSC 1985, c. C-46]