



Policy 1114

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By Order of the Police Commissioner

POLICY

Members shall ensure the safety of a detainee when a person is taken into custody, including obtaining medical treatment when necessary, at the nearest emergency medical facility.

PURPOSE

The purpose of this policy is to provide procedures required for the safety and security of detainees, officers, facility staff members and the public.

REQUIRED ACTION

Member

Once an individual is detained or arrested, the transport can only be interrupted upon direct observation of a life threatening incident. Specifically, only when the risk to a third party is both clear and grave and the risk to the detainee is minimal, should the transporting officer stop to render assistance.

GENERAL

1. Whenever a person is taken into custody:
 - 1.1. Ensure the safety of the detainee is maintained.
 - 1.2. Ensure medical treatment for a detainee is obtained, when necessary or requested, at the nearest emergency medical facility.

NOTE: When a juvenile is taken into custody, refer to Policy 1202, Juveniles: Non-Custodial Contacts and Custody Procedures.

- 1.3. Ensure the medical facility or medic number is noted on a supplement to the incident report as well as the date and time treatment was provided.
- 1.4. If a detainee refuses treatment at a medical facility, get a copy of the detainee's written refusal of treatment from the medical facility and give it to the booking personnel. Also, note the refusal on a supplemental report to the incident.
- 1.5. Whenever a detainee is transported in a police vehicle, ensure that:
 - 1.5.1. Only vehicles with safety barriers are used to transport detainees.

- 1.5.2. The detainee is searched and handcuffed by the arresting member (hands cuffed in the rear) before being placed in a police transport vehicle.
- 1.5.3. The transporting officer must also search each detainee prior to placing him/her in the transport vehicle.
- 1.5.4. Only in cases where same gender searches are contrary to safety, will an officer of the opposite gender search a detainee.
- 1.5.5. Detainees shall not be handcuffed to any part of the vehicle.
- 1.5.6. The detainee is secured with the provided seat belt or restraining device. All passengers, regardless of age and seat location, shall be restrained by seat belts or other authorized restraining devices.
- 1.5.7. The seat belt or restraining device is secured around the waist or upper body of the detainee. This will prevent the detainee from maneuvering out of the restraint and possibly causing injury to himself/herself or others.
- 1.5.8. The detainee remains handcuffed upon arrival to any facility (e.g., Headquarters, District station house, Baltimore Central Booking and Intake Center (BCBIC), etc.).
- 1.5.9. The detainee must be escorted by more than one sworn member for all restroom breaks.
- 1.5.10. The transport vehicle is inspected for any property left inside prior to placing the detainee in the vehicle and again after the detainee is removed from the vehicle.

NOTE: If any contraband and/or CDS are found in the vehicle, the transporting officer will recover them in keeping with established departmental policies and procedures. Refer to Policy 1401, Control of Property/Evidence and Policy 1402, Handling of Controlled Dangerous Substances Standing Operating Procedures.

- 1.6. When a detainee is transported to a police building and placed in a holding cell or in DDU's custody, he/she remains the responsibility of the transporting officer, until the detainee is transported from the facility.

NOTE: The transporting officer may relinquish custody of the detainee to another sworn member. This transfer of custody must be clearly communicated between both members, and the member assuming custody of the detainee must again search the detainee.

- 1.7. Ensure sufficient sworn personnel are present when moving detainees from the transporting vehicle to the booking facility or other locations that might afford the opportunity for the escape of the detainee or injury to the officer.
- 1.8. At no time will a detainee be left unattended in a transport vehicle. See Policy 503, Transportation of Passengers in Departmental Vehicles, for further transport direction.
- 1.9. Safety aspects of the transport function require that the detainee's right to communicate with attorneys and others not be exercised during the period the detainee is being transported.
- 1.10. When there is an arrest, involving a wheelchair or other mobility-assisting equipment:

- 1.10.1. Transport the detainee in a police transport vehicle to the appropriate facility.
 - 1.10.2. The wheelchair, if portable, shall be folded and placed in the trunk of the transporting vehicle. If the wheelchair is electric, it shall be secured in a prisoner transport wagon and transported to the facility where the detainee has been taken.
 2. Ensure reasonable accommodations are made for handicapped detainees. Ensure your relief officer is advised of any known physical handicap or mental condition.
 3. Handle all reports of persons with possible or obvious psychological problems, emergency evaluations and related issues in keeping with established departmental policy. Refer to Policy 713, Petition for Emergency Evaluation.
 4. When observing a detainee, consider the following:
 - 4.1. Statements that might indicate suicidal intent,
 - 4.2. Signs of depression or humiliation,
 - 4.3. Evidence of prior suicide attempts (e.g., scars),
 - 4.4. Activity which would lead a prudent individual to suspect a potential for danger,
 - 4.5. Evidence or information received from family, friends or other sources, and
 - 4.6. Information regarding previous arrests.
 5. Immediately transport a person who meets the criteria for emergency psychiatric evaluation to the appropriate medical facility. Provide the required supporting documentation to the medical facility with the detainee. Request an emergency evaluation for any person, coming into police custody, who exhibits any intent toward suicide.
- NOTE:** A detainee does not need to voice suicidal intent to cause an emergency evaluation. Any combination of factors, which may cause alarm on the part of an officer, might trigger an evaluation. Any suicide attempt shall immediately require an evaluation.
6. Upon arresting a person who is ill or seriously injured:
 - 6.1. Determine if a medic should be requested or if the detainee can be transported to a hospital in a departmental transport vehicle.
 - 6.2. Control the individual, handcuff the detainee, taking precautions not to aggravate the injury. Search the detainee for officer protection.
 - 6.3. Ensure the detainee is guarded at all times. When the detainee goes to a hospital for treatment before being taken to a detention facility, ensure the detainee is guarded during the transport and while at the medical facility (See pp. 5-11 of this policy for further information).
 - 6.4. Prior to transporting a detainee to or from the detention facility, mental health facility or hospital, attempt to determine if the detainee is under any prescribed medication. Ensure the medication accompanies the detainee in sufficient quantity to cover the anticipated time in departmental custody. The medication must:

- 6.4.1. Be capable of being administered orally;
 - 6.4.2. Not require refrigeration; and
 - 6.4.3. Be prescribed by a medical professional, authorized and licensed to prescribe the medication.
 - 6.5. If a medical facility notifies a sworn member of the pending discharge of a detainee and he/she requires medication prescribed by the facility that has not been provided, the detainee must not be accepted. The sworn member should seek alternative processing measures, such as criminal citation, criminal summons, and/or consult your supervisor and Assistant State's Attorney for guidance for felony charges.
 - 6.6. Guard your detainee or, if unable, arrange through your supervisor to have another officer respond to the medical facility and guard the detainee until your arrival.
 7. When a detainee is badly hurt or injured and is admitted to a hospital for an extended period of time before being processed at BCBIC:
 - 7.1. Have the detainee fingerprinted by the Laboratory Section or District personnel and hand deliver the prints to Records Management for identification along with a completed Form 85-122, Mobile Unit and Latent Print Report.
 - 7.2. Complete the probable cause and charging documents.
- NOTE:** If the charge is a misdemeanor, write a warrant for the detainee and advise the hospital personnel to notify the police when the detainee is to be released.
- 7.3. If bail is set, but the detainee is unable to post the bail, initiate the procedures for a bedside commitment. See Policy 1117, Adult Booking Procedures.

Supervisor

1. Ensure members assigned to guard detainees have a police radio.
2. In bail situations, provide advice and guidance to officers who are not relieved by BCBIC correctional staff within the prescribed time.
3. Provide relief for the guarding police officer(s) so that the detail does not last longer than two hours.
 - 3.1. If personnel permit, assign same gender officer and detainee. In cases where this is not feasible, officers will maintain professionalism while affording appropriate privacy measures without compromising security and safety.
4. Inspect the hospital detail at the start of each two-hour tour.
5. Review reports to ensure compliance with this directive.

Shift Commander

1. Provide for appropriate handling of the detainee according to background and circumstances.

2. When notified by a supervisor that a detainee, arrested by a member of your district, is being or has been sent to a medical facility for treatment, ensure that a member of your shift responds to the designated medical facility to guard the detainee. When necessary, detail an officer to guard the detainee.
3. If a detainee is injured and admitted to a medical facility as a result of police action or use of force, ensure the Internal Affairs Division as well as the Force Investigation Team (FIT) are immediately notified. A Blue Team entry must be completed. In cases where the detainee's injury is serious and or potentially life-threatening, notification shall be made promptly, even if a decision as to the detainee's admission to a medical facility has not yet been made. In cases of serious injury or death, which necessitate response and or investigation by the Homicide Section, notify Homicide at 410-396-2100. The respective Shift Commander and arresting officer are not relieved of their responsibility to ensure the Internal Affairs Division is notified. Also refer to Policy 1115, Use of Force, and comply with that policy.

Commanding Officer

1. Ensure correspondence is sent to the Administrative Judge requesting a bail hearing by a Court Commissioner when a detainee is badly hurt or injured and must go to a medical facility for an extended stay prior to processing at BCBIC.
2. Ensure a member or members are placed on administrative duty when a person expires:
 - 2.1. While in the custody of a police officer, or
 - 2.2. Soon after being in an officer's custody, or
 - 2.3. As a result of police action (e.g., traffic accident involving an officer).
3. Ensure a member, placed on administrative duty, pursuant to a situation involving a person's death while in police custody, is not assigned any enforcement duties during the investigation of the incident.
4. Ensure an officer is removed from administrative duties only when the investigation into the person's death has been concluded and the Area Commander approves the member's restoration of police powers.

SECURITY OF DETAINEES IN HOSPITAL ENVIRONMENTS/HOSPITAL DETAILS

When guarding and securing persons in a hospital environment, the below measures shall be taken to ensure detainees are guarded with minimal risk and inconvenience to all affected persons, while providing maximum safety to the detainee, medical personnel, the public and departmental members. To achieve this, the following criteria are established to assist in determining the need for additional officers to guard detainees:

1. The detainee's current/potential charges (especially if charges are related to Murder, Attempted Murder, Wanted on a Warrant, Violent Sexual Assault, and Assault on Police);
2. Prior knowledge of the detainee's demonstrated propensity for violence,
3. Any known escapes and/or suicidal tendencies, and
4. Any known gang affiliation.

When a detainee meets such criteria or when determined by a police supervisor, additional members shall be assigned to provide security. Nothing precludes a supervisor from assigning two or more officers to guard a detainee, particularly if the primary or secondary officer is not the same sex as the detainee. Members must be mindful of proper weapons retention in order to prevent detainees from obtaining their weapons.

NOTE: Hospital details may become tedious. Therefore, hospital details shall not last more than two consecutive hours for each member.

REQUIRED ACTION

Member

Prior to arriving at a hospital:

1. Ensure all detainees in need of medical care are transported to the nearest hospital. Search and handcuff the detainee prior to the transport.
2. Physically secure all detainees (on the gurney) in the ambulance with both handcuffs and leg irons, except when injury or sickness precludes the use of approved metal restraining devices. Flex-cuffs may only be used when other restraining devices are not available, or when requested by medical personnel and after supervisory approval is obtained.
3. Ride in the back of the ambulance to maintain security of your detainee. If not possible, follow the ambulance to the hospital.
4. Immediately notify your supervisor.
5. Consult with your supervisor to determine whether or not additional members are needed to provide security for the detainee.

Upon arrival at the hospital:

1. Ensure the detainee enters the hospital via the emergency room entrance. Stay with the detainee at all times and keep the detainee in your direct line of sight.
2. All detainees must be accompanied by members in full uniform or plainclothes members with their departmental identification and badge affixed on their outermost garment. Refer to Policy 1005, Uniformed Policing Standards.
3. Provide the following information, if available, to the hospital security staff:
 - 3.1. Detainee's name,
 - 3.2. Any special security concerns known to the member, such as known gang membership, prior escapes, etc.,
 - 3.3. Any health concerns known to the member, and
 - 3.4. Your supervisor's name and telephone number of assignment.
4. Thoroughly search the detainee before and after all room changes and during the hospital detail shifts' changes. Hospital security officers will not be involved in the search. Ensure the detainee

does not have any property, including but not limited to belts, shoelaces, wallet, money and contraband.

5. Check for clear radio communication with the dispatcher. If not, obtain a hospital radio and ensure interoperability with the hospital security officers. This applies to emergency treatment, admissions and inpatient rooms. Note the presence of a hospital radio on your Daily Activity Report, Form 339.

NOTE: If a detainee becomes violent or disruptive inside the hospital, members are strongly discouraged from utilizing OC spray to control the detainee due to the high probability of cross contamination. In a closed environment, the complicating effects of the OC spray to members and others may be debilitating.

6. Ensure a single occupant room is assigned. Relay the room number to your supervisor and dispatcher.
7. While the detainee is in a room, he/she is to be secured to the bed, stretcher or wheelchair with the use of metal restraints. One arm and one leg shall be secured to a bed, stretcher or wheelchair at all times. The use of flex-cuffs for normal restraint is prohibited.
8. Accompany the detainee when transported within the medical facility at all times. Secure the detainee to the bed or wheelchair with both handcuffs and leg irons. DO NOT conceal restrains under sheets, towels, or anything else, unless specifically directed by medical staff for medical purposes.
9. Remain in the detainee's room and keep him/her in a direct line of sight at all times. Each detainee must have at least one member in attendance at all times. When security conditions permit, be sensitive to cross-gender situations.
10. If the detainee requires a restroom break:
 - 10.1. Request hospital personnel bring a portable commode chair to the detainee's room.
 - 10.2. Place the commode chair next to the detainee's bed, stretcher or wheelchair.
 - 10.3. Un-cuff the detainee's leg iron. Handcuffs shall remain on the detainee and the bed, stretcher or wheelchair. When done, re-cuff the leg iron onto the detainee.
11. Inspect the detainee's meal tray to ensure meals can be eaten without utensils (e.g., sandwiches and soup).
12. If medical personnel request the removal of handcuffs and/or leg irons from the detainee for examination, ensure that at least one limb, either the hand at the wrist or leg at the ankle, remains secured on the detainee at all times.
 - 12.1. If medical personnel request removal of metal restraints for the purpose of performing particular examinations, such as MRI and CT Scans, seek permission from your supervisor prior to removing the metal restraints. Additionally, removing metal restraints shall prompt consideration of assigning an additional officer to the detainee.
 - 12.2. Upon approval, substitute metal restraints with flex-cuffs. Upon conclusion of the examination and/or test, re-secure the detainee with metal restraints.

13. Do not leave your post until relieved. Hospital security officers shall never be left as the sole security for detainees. When you need a restroom break:
 - 13.1. If only one member is guarding the detainee, request another member to relieve you.
 - 13.2. If two members are guarding the detainee, request another member or a hospital security officer to relieve you.
14. Do not guard detainees for more than two consecutive hours. When the hospital detail nears or exceeds two hours, notify your supervisor and request a replacement member(s).
15. During hospital details, notify your dispatcher hourly of your status.
16. Under no circumstances are weapons, batons, knives, firearms, ammunition, CEWs or OC spray, allowed in psychiatric areas of the hospital. Secure weapons in designated lockers. Do not enter these areas except with police supervisory approval.
17. Do not obtain anything for the detainee such as water, food, clothes, linens or magazines. Contact medical personnel to provide for the detainee.
18. Do not fraternize with the detainee.
19. As a general rule, the telephone service to a room, occupied by a detainee, is disconnected. However, if the room has a functioning telephone:
 - 19.1. Do not make outgoing calls.
 - 19.2. Do not give the telephone number to anyone except law enforcement personnel.
 - 19.3. Answer all incoming calls. Do not allow the detainee to answer incoming calls.
 - 19.4. Do not allow the detainee to converse on the telephone.
20. Comply with hospital rules unless they interfere with good security practices. If there is a conflict, immediately contact your supervisor, who shall consult with hospital staff.
21. When relieved, provide the relieving member with the following applicable information:
 - 21.1. Charges placed or to be placed against the detainee,
 - 21.2. Who may or may not visit the detainee,
 - 21.3. Any known gang affiliation or other potential security threats,
 - 21.4. The approximate amount of time the detainee will be hospitalized,
 - 21.5. Where the detainee will be transported, when released;
 - 21.6. The hospital radio.
22. When the detainee is released from treatment:
 - 22.1. Obtain discharge instruction documents, signed by the attending physician,

- 22.2. Search and ensure the detainee is restrained.
- 22.3. Return the hospital radio to the security office, (Note its return on your Daily Activity Report.)
- 22.4. Notify the nursing staff and hospital security prior to leaving the hospital.
- 22.5. Record the detainee's condition on your Daily Activity Report.

Supervisor

1. Once a detainee has been transported to a hospital, conduct a risk assessment on the detainee and determine how many officers will be assigned to guard the detainee. Consult with members and assign other members as needed. Considerations shall include, but are not limited to the detainee's current/potential charges, especially if charges are related to Murder, Attempted Murder, Wanted on a Warrant, Violent Sexual Assault and Assault on Police, any known prior escapes, suicidal tendencies and gang affiliation.
 - 1.1. When two officers are assigned, it is preferred that one officer be the same sex as the detainee.
 - 1.2. Additional risk assessments may be necessary as the detainee's behavior and condition change. Ensure hospital personnel and your relief supervisor are notified of the detail and when the risk level changes.
2. At least four times per shift, respond to the hospital to inspect the condition/status of the hospital detail. The supervisor will inspect the detail at the start of each 2 hour detail. Note inspections on your Daily Activity Report.
3. Ensure handcuffs and leg irons are securely on the detainee. Flex-cuffs are not to be used for normal restraints. Approve/Disapprove the use of flex-cuffs when medical examinations conflict with metal restraints.
4. Ensure subordinates make the hourly call to their dispatcher. If an hourly call is missed, make contact with the detailed officers.
5. If hospital rules interfere with good security practices, resolve the conflict in accordance with established departmental policies and procedures with the consultation of hospital personnel. Officer safety is paramount.
6. Accompany subordinates to psychiatric areas of the hospital. Ensure weapons are secured in designated lockers prior to entry to these areas.
7. Ensure that subordinates' hospital details do not last longer than two hours. Reassign members as needed. When requested, provide for subordinates' relief.

Dispatcher, Communications Unit

1. Maintain an open line of communication with members on hospital details.
 - 1.1. Attempt to reach members who do not conduct hourly calls while on hospital details.
 - 1.2. If an hourly call is missed, dispatch another member to the hospital and notify the member's supervisor.

- 1.3. Note in the call history the room number and the hourly call information.

VISITATION RULES

Member

As a general rule, outpatient detainees and detainees who do not have a life-threatening condition and who are hospitalized less than five days, are not allowed visitors. Therefore, detainees are not allowed to have any communication or contact with anyone except identified hospital personnel.

1. Detainees with life-threatening conditions, as determined by the attending physician, may only be seen by clearly identified visitors (as defined below) with the Shift Commander's authorization. Record the name of the attending physician, who determined the life-threatening status. Limit visitation to:
 - 1.1. Immediate family members such as spouse, mother, father, sister, brother, son, daughter, grandparents;
 - 1.2. Clergy, as requested or authorized by the family;
 - 1.3. Legal representative; and
 - 1.4. Other person(s) deemed necessary and appropriate by your supervisor.
2. When authorization has been granted by your supervisor for visitors, notify hospital personnel and security officers of all approvals.
 - 2.1. Allow only one visitor at a time.
 - 2.2. Visits will not exceed 30 minutes, unless special circumstances exist with supervisory approval.
 - 2.3. Require photo identification and conduct a warrant check on each visitor. If a visitor refuses to furnish identification for a warrant check, advise them that their visitation is denied.
 - 2.4. Ask to inspect all articles in which contraband and/or weapons could be secretly hidden in the visitor's possession, such as a briefcase, a carrying case, or a handbag. If a visitor refuses inspection, deny the visit.
 - 2.5. Conduct a careful pat-down of the garments worn by all visitors. To avoid cross-gender encounters, have a member of the same sex as the visitor conduct the pat-down, if possible. If the pat-down is refused, deny the visit.
 - 2.6. Do not leave the visitor and detainee alone during the visitation.
 - 2.7. Record the names of the visitor, the date, time and duration of the visit on an Administrative Report.

Shift Commander

1. Authorize a detainee to have hospital visitors only when an exigent life-threatening circumstance presents itself. Detainee visitation should be authorized only after first consulting with the attending physician, who has determined the condition. Obtain the name of the physician who provided the detainee's condition.

2. Ensure all hospital visitations are handled in keeping with this policy.

ESCAPES

1. Following the escape of a detainee, the custodial police officer must:
 - 1.1. Immediately notify your supervisor and request him/her to respond.
 - 1.1.1. The supervisor will in turn notify IAD.
 - 1.1.2. The supervisor will submit a Blue Team entry.
 - 1.2. Immediately notify the Communications Unit, providing:
 - 1.2.1. Time of the escape,
 - 1.2.2. Location of the escape,
 - 1.2.3. Direction and method of travel of the escapee, and
 - 1.2.4. Description of the escapee.
 - 1.3. Prepare an Incident Report, to include:
 - 1.3.1. Time of escape,
 - 1.3.2. Location of escape,
 - 1.3.3. Direction and method of the escapee,
 - 1.3.4. Description of the escapee,
 - 1.3.5. Circumstances of the escape,
 - 1.3.6. Notifications made.

BALTIMORE CENTRAL BOOKING AND INTAKE CENTER

The Baltimore Central Booking and Intake Center (BCBIC) provides beds for pretrial offenders and a central location for the booking of offenders. Detainee information, charging documents, and other reporting data are reported "online." This method improves data quality and makes it available almost instantly to those persons and agencies needing it. See Policy 1117, Adult Booking Procedures.

Member of the Agency

1. When making entry into BCBIC enter the facility by vehicle through the door located on the Madison Street side of the building, and park in the provided temporary space.

NOTE: Once inside, your vehicle will be in the vehicular sally port with overhead doors on each end. For security reasons, you must present photo identification. Your vehicle will be searched and your detainee might be searched.

- 1.1. Provide your name, assignment and other information that might be asked of you.
- 1.2. After the correctional officer reviews your credentials, checks your vehicle and completes the facility's logbook, the second overhead door will be opened, allowing you to enter the ramp and processing area.
- 1.3. After parking your vehicle in the provided area, proceed to the gun locker, secure your weapon(s) and take the key after you have locked the locker.

NOTE: No firearms, ammunition, knives, batons, OC spray or other weapons are allowed inside the detainee pedestrian sally port.

- 1.4. Remove the detainee from your vehicle and take him/her to the detainee sally port. Announce your presence through the intercom and the door will be opened for you. The detainee will remain handcuffed during this process.
- 1.5. You will be met by a correctional officer, who will search your detainee for contraband, conduct an evaluation of the detainee and obtain information about the detainee. Police officers might be searched, if for any reason the correctional officer believes they are still armed. You are required to wait in the sally port area for this assessment to be completed.

NOTE: If any narcotics, weapons or contraband, warranting criminal charges, are found on the detainee, the arresting officer will immediately assume responsibility for it. Include the correctional officer in the chain of custody for the Property Receipt, Form 56, and your reporting. When taking property or evidence into custody, refer to Policy 1401, Control of Property/Evidence and Policy 1402, Handling of Controlled Dangerous Substances.

- 1.6. Relinquish responsibility for the detainee to the correctional officer when all the conditions set forth by the BCBIC are met for the booking process. Retrieve your handcuffs at the search room prior to the strip search and after the prisoner clears medical.
- 1.7. You will retain custody and provide for emergency treatment for your detainee when:
 - 1.7.1. There is obvious trauma and a need for immediate medical care,
 - 1.7.2. There is a life threatening injury or condition that requires immediate medical care,
 - 1.7.3. The detainee claims to have one of the above conditions and presents some symptoms that verify those conditions, or
 - 1.7.4. They are unconscious or unable to walk under their own power. This does not apply to physically challenged persons, whose functions may be limited by their disabilities.
- 1.8. Advise BCBIC personnel of any potential medical or security risks.
- 1.9. Detainee's personal property will be accepted but limited to:
 - 1.9.1. Clothing being worn by the detainee upon arrival, and
 - 1.9.2. Non-contraband personal property.

FUGITIVE UNIT

1. Transports that require more than a 2-hour drive are facilitated through commercial airlines at departmental expense for lodging, meals and ground transportation.
2. At no time should an officer transport more than one prisoner without the approval of a permanent rank supervisor.
3. Prior to the transport, ensure the vehicle is equipped properly with a spare tire, jack, and lug wrench. It must also have properly inflated tires, fuel, and sufficient oil.
4. Obtain expense approval from Fiscal Services. Acquire forms and detainee documentation.
5. The detainee should be made as comfortable as possible, given the length of the trip, and shall be secured to the maximum degree with appropriate restraints.
6. Schedule restroom breaks and meal consumption prior to departure to alleviate the need for interrupted transport.
7. Should a detainee escape occur in another jurisdiction, the transporting officer will be guided by the policy of that jurisdiction. In the absence of a Memorandum of Understanding (MOU) between the Baltimore Police Department and the subsequent jurisdiction, search and apprehension of the detainee will be handled by the other agency.
 - 7.1. The transporting officer will immediately notify the jurisdictional agency.
 - 7.2. Notification will be made to his/her immediate supervisor, who will ensure all subsequent notifications are made.
 - 7.3. Notification will be made to IAD and the supervisor will make the Blue Team entry.

IN CUSTODY DEATHS

In all situations where a detainee loses his/her life while in the custody of a member of BPD:

1. Notify a command staff member immediately and secure the scene.
2. Notify the Homicide Unit.
3. Request activation of FIT by Communications.
4. Be guided by Policy 710, Categorical Use of Force and In Custody Death Response.

ANNEX

A, Detainees Transported to Johns Hopkins Medical Institutions (JHMI)

ASSOCIATED POLICIES

Policy 503, Transportation of Passengers in Departmental Vehicles

Policy 710, Categorical Use of Force and In Custody Death Response

Policy 713, Petition for Emergency Evaluation

Policy 1115, Use of Force

Policy 1117, Adult Booking Procedures

Policy 1202, Juveniles: Non-Custodial Contacts and Custody Procedures

Policy 1401, Control of Property/Evidence

Policy 1402, Handling of Controlled Dangerous Substances Standing Operating Procedures

RESCISSION

Remove and destroy/recycle General Order K-14, Persons in Police Custody dated, 18 September 1997.

COMMUNICATION OF POLICY

This policy is effective on the date listed herein. Commanders are responsible for informing their subordinates of this policy and ensuring compliance.

ANNEX A**DETAINEES TRANSPORTED TO JOHNS HOPKINS MEDICAL INSTITUTIONS (JHMI)****Member**

1. Adhere to the aforementioned policies and procedures.
2. Before responding with the detainee, notify the off-duty member (Unit call number 3093), working secondary employment at the hospital, via the Eastern District channel. If known, provide the nature of the detainee's injury, the estimated time of arrival, the detainee's propensity for violence and gang affiliation. Unit 3093 may assist in locating a treatment area for the detainee, and determine whether additional security is needed. If needed, obtain assistance from an unarmed JHMI security officer.
3. The on-duty and secondary member shall escort the detainee throughout the entire treatment process.
4. Provide JHMI security officers the names of persons authorized to visit the detainee, if any.

Supervisor

1. Adhere to the aforementioned policies and procedures.
2. Prior to the detainee's arrival at JHMI notify the hospital's security office and provide the detainee's name, pending charges, your contact information and any special security and or health concerns.
3. When applicable, determine visitor's list (see Visitation Rules of this Order).