



TALLAHASSEE POLICE DEPARTMENT

GENERAL ORDERS

 Proudly Policing Since 1841	SUBJECT <p style="text-align: center;">Substance Abuse Impaired Persons</p>		 Nationally Accredited 1986
	CHIEF OF POLICE <p style="text-align: center;"><i>Signature on file</i></p>		
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AUTHORITY/RELATED REFERENCES

FS Chapter 397, Substance Abuse Services (Marchman Act)
 FS 775.051, Voluntary Intoxication; Not a Defense
 FS 784.07, Assault or Battery of ... Emergency Medical Care Providers
 FS 901.215, Search ... for Identifying Device Indicating a Medical Disability
 General Order 6, Arrests and Alternatives to Arrest
 General Order 42, Impounding and Controlling of Property and Evidence
 General Order 59, Transporting and Booking Procedures
 General Order 72, Search and Seizure

ACCREDITATION REFERENCES

CALEA Chapters 1, 44, 70, 82
 CFA Chapter 2

KEY WORD INDEX

Assaults of Emergency Healthcare Providers Assessment of Substance Abuse Impaired Persons Court Ordered Treatment Documentation Requirements Involuntary Protective Custody Juveniles – Substance Abuse Impaired Legal Guidelines Medical Aid Protocols Medical Disability Assessment <div style="background-color: black; height: 15px; width: 100%; margin-top: 5px;"></div> Voluntary Protective Custody When a Crime Has Been Committed When Involuntary Admission Criteria Are Not Met	Procedure XIII Procedure I Procedure V Procedure XII Procedure IV Procedure XI Procedure VIII Procedure IX Procedure VII <div style="background-color: black; height: 15px; width: 100%; margin-top: 5px;"></div> Procedure III Procedure VI Procedure II
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POLICY

Officers, in the course of their official duties, who contact a suspected substance abuse impaired person are responsible for upholding their Constitutional rights, respecting their dignity, and adhering to established Department protocols and applicable state statutes regarding the assessment and stabilization of the person.

DEFINITIONS

Bias Policing: The selection of individuals for enforcement action based in whole or in part on a trait common to a group, without actionable intelligence to support consideration of that trait. This includes, but is not limited to race, ethnic background, gender or gender identification, sexual orientation, religion, economic status, age, cultural group or other identifiable characteristics.

Central Receiving Facility: The receiving facility located at the Apalachee Center for Human Services (ACHS).

Criteria for Involuntary Admission: When there is good faith reason to believe a person is substance abuse impaired, and because of such impairment, has lost the power of self-control with respect to substance abuse, and either 1) has inflicted, or threatened or attempted to inflict, or unless admitted is likely to inflict physical harm on himself or herself or another, or 2) is in need of substance abuse services and, by reason of substance abuse impairment, his or her judgment has been so impaired that the person is incapable of recognizing the need for such services.

Involuntary Protective Custody: The act of a law enforcement officer placing a substance abuse impaired person in custody against the person's will in order to deliver the person to an authorized medical or detoxification facility.

Receiving Facility: A public or private facility designated by the State of Florida to receive and hold or refer, as appropriate, involuntary patients under emergency conditions for mental health or substance abuse evaluation, and to provide treatment or transportation to the appropriate service provider. The receiving facilities for Department jurisdiction are the Central Receiving Facility, Tallahassee Memorial Hospital, and Capital Regional Medical Center. Per FS 394.455, a county jail is not a receiving facility.

Shall: Indicates the described action is mandatory.

Should: Indicates the described action is not mandatory, but preferred.

Substance Abuse Impaired: A condition involving the use of alcoholic

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beverages or any psychoactive or mood-altering substance in such a manner as to induce mental, emotional, or physical problems and cause socially dysfunctional behavior.

Voluntary Protective Custody: The act of a law enforcement officer placing a substance abuse impaired person in custody with the person's consent in order to deliver the person to a receiving facility, or other safe location, whichever the officer determines to be most appropriate.

PROCEDURES

I. ASSESSMENT OF SUBSTANCE ABUSE IMPAIRED PERSON

- A. When an officer comes in contact with a person they have reason to believe is substance abuse impaired, the officer is responsible for:
 - 1. Determining if the person meets the criteria for involuntary admission based upon the definition presented above, and
 - 2. Being cognizant of the fact the mere refusal to receive substance abuse services does not constitute evidence of lack of judgment with respect to the person's need for such services.
- B. Officers shall not deny substance abuse services or make admission assessments and determinations based on bias policing.

II. WHEN INVOLUNTARY ADMISSION CRITERIA ARE NOT MET

If after an assessment as outlined in section I above, the officer reasonably believes the person does not meet the criteria for involuntary admission, and the person has not committed a crime, the officer may take one of the following actions:

- A. Cease the contact without further action,
- B. Assist the person in arriving at their intended destination by providing transportation or arranging for other transportation, or
- C. Assist in locating an adult who could provide assistance and supervision for the person.

III. VOLUNTARY PROTECTIVE CUSTODY

If after an assessment as outlined in section I above, the officer reasonably believes the person meets the criteria for involuntary

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admission, and the person gives their consent to be taken into protective custody, the officer may take one of the following actions:

- A. Transport the person to the Central Receiving Facility (CRF) or Tallahassee Memorial Hospital (TMH).
- B. Assist the person in arriving at a safe location by providing transportation or arranging other transportation and, if necessary, ensuring proper adult supervision is in place at the location in case of a medical emergency.

IV. INVOLUNTARY PROTECTIVE CUSTODY

- A. If after an assessment as outlined in section I above, the officer reasonably believes the person meets the criteria for involuntary admission, and the person fails or refuses to give consent to be taken into protective custody (or is incapable of giving consent), the officer may, after giving due consideration to any expressed wishes of the person, take the person to the CRF against the person's will.
- B. If the CRF indicates they have no space available for a person in involuntary protective custody, the officer shall request the on-duty CRF supervisor contact the TMH Emergency Room or Leon County Jail (LCJ) to approve the transport to TMH or LCJ. Transport to LCJ is for adults only.
- C. The officer should ensure TMH or LCJ staff is given advance notice of the arrival to their facility of a person in involuntary protective custody.
- D. The officer shall make every reasonable effort to contact the nearest relative of an adult who is taken into protective custody and advise them of the situation unless the adult requests no notification be made.
- E. In situations involving adults in involuntary protective custody, the officer's duty is concluded upon the:
 - 1. Proper delivery of the person to the CRF, TMH or LCJ, and
 - 2. Completion of required reports.

V. COURT ORDERED TREATMENT

- A. The Leon County Sheriff's Office is the agency designated within Leon County to transport and deliver persons ordered by the court to undergo an involuntary examination and/or treatment.

- B. An officer may transport and deliver a person under this type of court order only if the order specifies any or all law enforcement officers may do so.

VI. WHEN A CRIME HAS BEEN COMMITTED

If the officer has probable cause to believe the substance abuse impaired person has committed a crime, whether or not the officer reasonably believes the person meets the criteria for involuntary admission, the officer shall make an arrest decision based upon:

- A. The totality of the circumstances surrounding the crime,
- B. The guidelines in General Order 6 (Arrests and Alternatives to Arrest),
- C. The person's immediate need for medical treatment, and
- D. The officer's ability to seek an arrest warrant at a later date.

VII. MEDICAL DISABILITY ASSESSMENT

- A. Officers who come in contact with a person who appears to be substance abuse impaired shall examine the person to ascertain whether or not the person possesses identification indicating they have a medical disability that would account for such behavior.
- B. Upon finding such identification, which may be in the form of an identification card, bracelet, or necklace, the officer shall ensure the person promptly receives medical attention.

VIII. LEGAL GUIDELINES

- A. Handcuffing Considerations
 - 1. Officers taking a person into *involuntary* protective custody shall properly handcuff the person to ensure the safety and well-being of the person, the officers, and others.
 - 2. Officers taking a person into *voluntary* protective custody should not handcuff the person unless specific, articulable circumstances justify such restraints to ensure the safety and well-being of the person, the officers, and others.
- B. Search Considerations

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1. Regardless of the mode of transportation, and in both involuntary and voluntary custodial situations, the officer taking the person into protective custody is responsible for conducting a search of the person and their personal property to ensure:
 - a. The safety and well-being of the person, officers, and/or medical personnel during transport to a receiving facility,
 - b. The safety and well-being of the person and facility personnel once the person is brought into a receiving facility, and
 - c. No weapons or contraband are brought into a patrol vehicle, ambulance, and/or receiving facility.
2. If an officer locates contraband or evidentiary items leading to the development of probable cause for the arrest of the person, the officer should refer to the criteria in section VI above prior to making an arrest decision.
3. Officers are responsible for adhering to the impoundment protocols in General Order 42 (Impounding and Control of Property and Evidence) for any property or evidence seized from the person.
4. If the person in a voluntary protective custody situation refuses to be searched, the officer should refrain from providing the transport.

C. Response to Resistance Considerations

If a substance abuse impaired person physically resists officers' efforts to take them into involuntary protective custody, the officers shall only use objectively reasonable force responses to protect themselves and the person in order to take the person into protective custody.

D. Criminal Record Considerations

1. Solely taking a substance abuse impaired person into voluntary or involuntary protective custody under the Marchman Act is not considered an arrest.
2. The Department shall make no record to indicate the substance abuse impaired person was arrested or charged with a crime when the person was only taken into protective custody.

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IX. MEDICAL AID PROTOCOLS

- A. When an officer takes a substance abuse impaired person into voluntary or involuntary protective custody, and the officer reasonably believes the person's medical condition (illness or injury) requires immediate medical attention, the officer shall ensure Leon County Emergency Medical Services (EMS) responds to the scene or the person is promptly transported to either TMH or Capital Regional Medical Center (CRMC).
- B. The officer shall, based upon the substance abuse impaired person's demeanor and any apparent medical conditions, determine the appropriate mode of transportation as either:
 - 1. Police vehicle, or
 - 2. Ambulance
- C. If the transport is by ambulance, the officer(s) shall assist EMS personnel as needed in the securing and loading of the person into the ambulance.
- D. If the transport is by ambulance, and the person is handcuffed (as mandated above) or otherwise secured, an officer shall accompany the person in the ambulance.
 - 1. Officers shall not provide handcuffs, handcuff keys, flex-cuffs, or leg restraints to EMS personnel in lieu of accompanying a secured/handcuffed person being transported in an ambulance.
 - 2. An officer following an ambulance in a police vehicle does not constitute accompanying the person in the ambulance.
 - 3. The officer is responsible for ensuring the person is properly restrained until transfer to the hospital staff has been safely completed, but must be cognizant of the need for EMS personnel to provide medical interventions (e.g., airway management, medicine administration, IV access) to the substance abuse impaired person and shall:
 - a. As needed, reposition the handcuffs, temporarily un-handcuff the person, or use alternative restraints (e.g., hobble restraints, flex-cuffs, or EMS medical restraints) to facilitate the needed medical intervention,

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- b. Reposition or re-handcuff the person when appropriate, and
 - c. Not take any action which would knowingly endanger the safety of the substance abuse impaired person, EMS personnel, or the officer.
- E. Unless necessary due to safety concerns, pending criminal charges, or an on-going investigation, officers are not required to stay with the substance abuse impaired person once the person has been properly delivered to hospital staff.
- F. An officer shall only transport a substance abuse impaired person from the hospital to another facility when approved by the Watch Commander.

■ [REDACTED]

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[REDACTED]

[REDACTED]

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XI. SUBSTANCE ABUSE IMPAIRED JUVENILES

- A. This policy is equally applicable for officer contacts with juveniles who are substance abuse impaired, with the below listed exceptions.
- 1. The officer shall not end the contact until the juvenile has been properly delivered to a parent, guardian, other authorized adult, the CRF, TMH, CRMC, or in the case of an arrest, the Juvenile Assessment Center (JAC).
 - 2. Substance abuse impaired juveniles shall not be delivered to LCJ.
- B. The officer shall make every reasonable effort to contact the juvenile's parent(s), guardian(s), or nearest relative and advise the person of the situation.

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XII. DOCUMENTATION REQUIREMENTS

- A. Officers shall comply with reasonable requests by the CRF, TMH, CRMC, and LCJ in completing administrative reports concerning the substance abuse impaired person delivered to their facility by the officer.
- B. An officer who encounters a person reported as or suspected of being substance abuse impaired shall document the situation in a Department offense report in the following situations:
 - 1. An assessment of the person is conducted as required by FS and this written directive – whether or not the person meets the criteria for involuntary admission, and
 - 2. In voluntary protective custody situations.
- C. The offense report shall include, at a minimum:
 - 1. The circumstances of the situation (e.g., reporting person, observations, to whom or where the person was delivered), and
 - 2. For encounters with a substance abuse impaired juvenile, the name(s) of the adult(s) contacted (or contact attempted) as directed in subsection XI B above.
- D. Officers are not required to complete a separate offense report as mandated in subsection B above if the circumstances surrounding the encounter are adequately documented in a Department offense report of another classification (e.g., If a substance abuse impaired person is arrested for burglary, documentation of the substance abuse impairment in the burglary report is sufficient).
- E. Officers shall complete the appropriate Department report as required by General Order 72 (Search and Seizure).
- F. If applicable, officers shall complete a response to resistance report.

XIII. ASSAULTS OF EMERGENCY MEDICAL CARE PROVIDERS

- A. All reports of assaults and batteries against emergency medical care providers (as defined by FS Chapter 784) shall be appropriately documented in a Department offense report.

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- B. During incidents where probable cause exists to believe a person has committed an assault or battery upon an emergency medical care provider, responding officers shall arrest the offending person regardless of their substance abuse impairment.

History: previous title (*handling intoxicated persons*) – issued 07/15/1985, revised 01/01/1991, 10/01/1991, 12/01/1995, 10/15/2001 (*change of title*), 04/08/2004, 07/23/2014, 11/02/2015, 02/03/2017 and 06/27/2017.