

GUIDELINES ON MANAGEMENT OF DETAINEES IN CUSTODY PRESENTED TO THE EMERGENCY AND TRAUMA DEPARTMENT

MINISTRY OF HEALTH MALAYSIA

Emergency Services Unit, Medical Development Division

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GLOSSARY OF TERMINOLOGY

- Detainee** : A person who is detained in a lock-up, regardless of conviction.
- Custody** : Refers to a detaining centre such as the police station lock-up, immigration detention centre and prison.
- Custody Officer** : Law Enforcement Agency Officer that accompanies a detainee in custody to government hospital. The officer may be from either Royal Police Malaysia, Immigration Department, Malaysian Anti-Corruption Commission or other agency with lock-up facility under Section 7, Subsection 1 of Prison's Act 1995¹.
- Lock-up** : Place gazetted for confinement of persons, remanded or sentenced to imprisonment, not exceeding one month. It can be located in police station or court houses.
- Lock-up Supervisor** : Officer in-charge of the care and management of lock-up based upon Lock-Up Rules, 1953².
- Medical Officer conducting Medical Examination** : A registered medical practitioner appointed by State Health Director to provide medical examination or forensic medical examination for detainees in Custody.

1. INTRODUCTION

- 1.1. Emergency and Trauma Department (ETD) frequently receives patients whom are detainees in custody. Detainees in custody shall be afforded medical care of the same quality and standard as is available to the public.
- 1.2. A 'detainee' is defined as a person who is detained in a lock-up, regardless of conviction. The term 'custody' here refers to a detaining centre such as the police station lock-up, immigration detention centre and prison.
- 1.3. Detainees in custody have higher risk of drug, alcohol and mental illness compared to normal population^{3, 4}. The stress of incarceration may also lead to diseases such as epilepsy, asthma, hypertension or diabetes to be poorly controlled⁴.
- 1.4. Presence of detainees in custody poses a unique challenge to ETD in the following way:
 - 1.4.1. They are usually brought in with Custody Officers that may comprise of a team of two or more armed officers depending on safety risk assessment. This may create a space issue and discomfort among other patients in the ETD;
 - 1.4.2. Detainees may be aggressive either due to mental disorder or under influence of drugs or alcohol. It may cause discomfort or pose hazard to other ETD patients; and
 - 1.4.3. Detainees may also have previous altercations with other patients in the ETD. This may lead to violence within the ETD.
 - 1.4.4. The legal and ethics of managing detainees in custody is also unique and challenging for the medical services as whole (Appendix 1).

2. OBJECTIVES OF THIS GUIDELINES

- 2.1. To assist ETD in managing adult detainees in custody that present to ETD.
- 2.2. Provide recommendations on treatment areas within the ETD for detainees in custody.
- 2.3. Provide recommendations on treatment and management of the detainees in custody in accordance to medical conditions.
- 2.4. Provide guidance to ETD doctor on information required on the medical management of the detainees upon discharge.

3. SCOPE

- 3.1. These guidelines encompass the management of detainees in custody who are referred or brought to ETD for:
 - 3.1.1. Complaint of acute physical illness or appear to be suffering from acute physical illness; or
 - 3.1.2. Complaint of injuries or appear to be suffering from injuries; or
 - 3.1.3. Complaint of mental illness or appear to be suffering from mental disorders.
- 3.2. These guideline **DO NOT** cover the following situations:
 - 3.2.1. Lock-up Rules 1953 Rules 10, 31, 36, 38 and 41 on medical services required for detainees in Lock-up.
 - 3.2.2. Management of detainees brought in for forensic examinations and samplings.
 - 3.2.3. Management of prisoners under the care of Prisons Department*.
 - 3.2.4. Management of detainees in custody suspected of concealing drugs or any other objects internally.

4. REFERRALS TO EMERGENCY AND TRAUMA DEPARTMENT

- 4.1. **Referral from Medical Officer Conducting Medical Examinations on Detainees in Custody**
 - 4.1.1. Rule 10 of the Lock-up Rules 1953 requires that detainees undergo medical examination as soon as possible.
 - 4.1.2. A detainee requiring further assessment or care in a government hospital; will be referred by the MO conducting Medical Examination in the Lock up facility.
 - 4.1.2.1. The referral letter shall summarize the clinical rationale for further assessment and management of the detainee in the ETD.
 - 4.1.2.2. The clinical rationale would take into consideration not only the clinical needs of the detainee but also the ability

of the logistics of the Lock-up environment to meet the added care requirement.

4.1.2.3. The standard referral form of the Ministry of Health (Appendix 2) may be used by the referring MO⁵.

4.1.2.4. The referring MO's name and contact number should be clearly printed or written in the referral form to facilitate further communications regarding the detainee or Lock-up condition.

4.1.3. ETD does not provide medical examination services for detainees in custody.

4.1.3.1. Appendix 3 shows the pathway for Medical Examinations of detainees in custody.

4.1.3.2. Duties of MO conducting Medical Examination in Lock-up are mentioned in Appendix 4.

4.2. **Direct Transportation to ETD**

Situations deemed as emergency requiring direct transportation to the ETD are outlined in Appendix 5.

4.2.1. Lock-up Supervisor or Police Officer may transport a detainee perceived to require emergency care directly to the ETD from the Lock-up or incident site.

4.2.2. Lock-up Supervisor or Police Officer may activate the Ambulance Service to provide emergency care and transportation of a detainee to the hospital from the Lock-up or incident site. In the absence of a MO at scene of the incident; the ambulance crew are not allowed to discharge the detainees.

4.2.3. It is preferable that the ETD will be informed of the arrival of the detainee.

4.3. Appendix 6 outlines the work-process for managing detainees in ETD.

5. EMERGENCY AND TRAUMA DEPARTMENT TRIAGING OF DETAINEES IN CUSTODY

- 5.1. Detainees in custody are entitled to similar standard of healthcare as all other patients in the ETD. Thus, the standard triaging process is applied to them.
- 5.2. Triageur in addition to standard triaging methods, should inquire the following information:
 - 5.2.1. The Lock-up station from where the detainee is brought;
 - 5.2.2. Whether the patient is brought directly from the scene or has been seen by an MO prior to arrival;
 - 5.2.3. Custody Officers' safety risk assessment of detainee.
- 5.3. ETD triage categorization of detainees in custody should consider the waiting time and environment for everyone in the department.
- 5.4. A safe and comfortable waiting environment for everyone in the ETD should be prioritized. Whenever possible, detainees should be:
 - 5.4.1. Brought to waiting area that is easily secured and away from normal ETD waiting area.
 - 5.4.2. Seen as a priority case. This may require up-triaging the patient to facilitate early consultation. An example is the use of priority lane triage code or G1.

6. EMERGENCY AND TRAUMA DEPARTMENT WAITING AND TREATMENT AREA FOR DETAINEES IN CUSTODY

- 6.1. ETD MO will assist Custody Officers in preventing the escape of a detainee in custody⁶.
 - 6.1.1. This rule allows the ETD to arrange treatment areas for detainees in custody.
 - 6.1.2. If a detainee escapes from custody while in the ETD, an incident reporting shall be filed.
- 6.2. Preferably the preparation of the treatment area should consider the following:

- 6.2.1. It can be easily secured by Custody Officers;
- 6.2.2. It minimizes contact with the rest of the department, whilst able to expedite care and space⁶ to accommodate Custody Officers;
- 6.2.3. It is clear of excessive equipment and furniture that could be used as weapons or damaged during altercations⁷;
- 6.2.4. It has no items that can be used as ligature points⁷;
- 6.2.5. The ceilings are preferably sealed to prevent detainees getting into the voids or concealing items⁷.

7. STAFF PROVIDING CARE TO PATIENTS IN POLICE CUSTODY

- 7.1. Detainees in custody are entitled to doctor-patient confidentiality and professionalism.
- 7.2. Staff providing care to detainees must always be vigilant to their personal safety. This includes the use of personal protective equipment, use of proper safe distance during care and proper management of sharp instruments.
- 7.3. It is advisable to have early specialist consultations for detainees in custody. Role of specialist in management of detainees in custody are outlined in Appendix 7.

8. EXAMINATION AND TREATMENT OF PATIENTS IN POLICE CUSTODY

- 8.1. The accompanying Custody Officers should be facilitated to have sight of the detainee without compromising patient's privacy and privileged doctor-patient communication.
- 8.2. Law Enforcement restraint devices on detainees such as handcuffs should only be removed during life threatening emergencies, if deemed necessary.
- 8.3. Detainee's right and consent to treatment should be respected at all time. Thus, consent procedures are the same as any other patient in the ETD.
- 8.4. Accompanying Custody Officers have no legal authority to provide consent on detainee's treatment.

- 8.5. A detainee has the right to refuse examination or intervention in the ETD. This should be clearly documented in the clinical notes together with the appropriate advice provided by the MO.
- 8.6. Doctor-patient confidentiality applies to detainees. Consent from detainees is required for disclosure of clinical information.
- 8.7. If a detainee is critically ill (as per 9.1.2), the MO must inform accompanying Custody Officers on the detainee's status. This would facilitate detainee's family notification by the Lock-up Supervisor.

9. DISPOSITION OF PATIENTS IN POLICE CUSTODY

- 9.1. There are two categories of disposition of detainees brought to ETD.
 - 9.1.1. The detainee **will be discharged** from ETD back to the Lock-up; or
 - 9.1.2. The detainee **requires admission to a government hospital**.
- 9.2. A **detainee is discharged back to Lock-up** may require some supervision by the Lock-up Supervision to provide prescribed medication to the detainee. The discharging MO must consider the following prior to discharge:
 - 9.2.1. The discharging MO must not assume that supervision of the detainee in the Lock-up is similar to home environment. Thus, the use of home advice must be used with caution.
 - 9.2.2. The discharging MO is advised to discuss with the Lock-up Supervisor to understand the ability of the Lock-up Supervisor in carrying out the supervision advice.
 - 9.2.3. Discharging MO must provide verbal advice to the Custody Officer on the supervision, medication and observation that the detainee requires.
 - 9.2.4. A summary of the verbal advice shall be documented in the detainee records together with the name of the Custody Officer who received the verbal advice.
- 9.3. A **detainee that requires admission to a government hospital** may include the following situations:

- 9.3.1. Clinical management of the detainee's condition require in-patient care;
 - 9.3.2. Detainee has an infectious disease and may be contagious to other inmates or Lock-up personnel;
 - 9.3.3. Lock-up Supervisor is unable to carry out the necessary supervision, medication and observation that the detainee requires if discharged from ETD.
- 9.4. A detainee has the right to refuse admission to hospital. The MO must provide advice on the risks of refusing admissions and record document the advice in the clinical notes.

REFERENCES

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2. Kaedah-Kaedah Lokap 1953
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4. Baillargeon J., Black S. A., Pulvino J. and Dunn K. (2000). The disease profile of Texas prison inmates. *Annals of Epidemiology*, 10, 74–80
5. Pekeliling Ketua Pengarah Kesihatan Bil 2/2009; Garispanduan Rujukan Dan Perpindahan Pesakit di Antara Hospital-Hospital Kementerian Kesihatan
6. P.U. (A) 325/2000 Prisons Regulations 2000
7. Emergency Department Management of Patients in Police Custody, June 2016, Royal College of Emergency Medicine

APPENDIX 1: LEGAL AND ETHICS FOR MEDICAL SERVICES WITH REGARDS TO DETAINEES IN CUSTODY

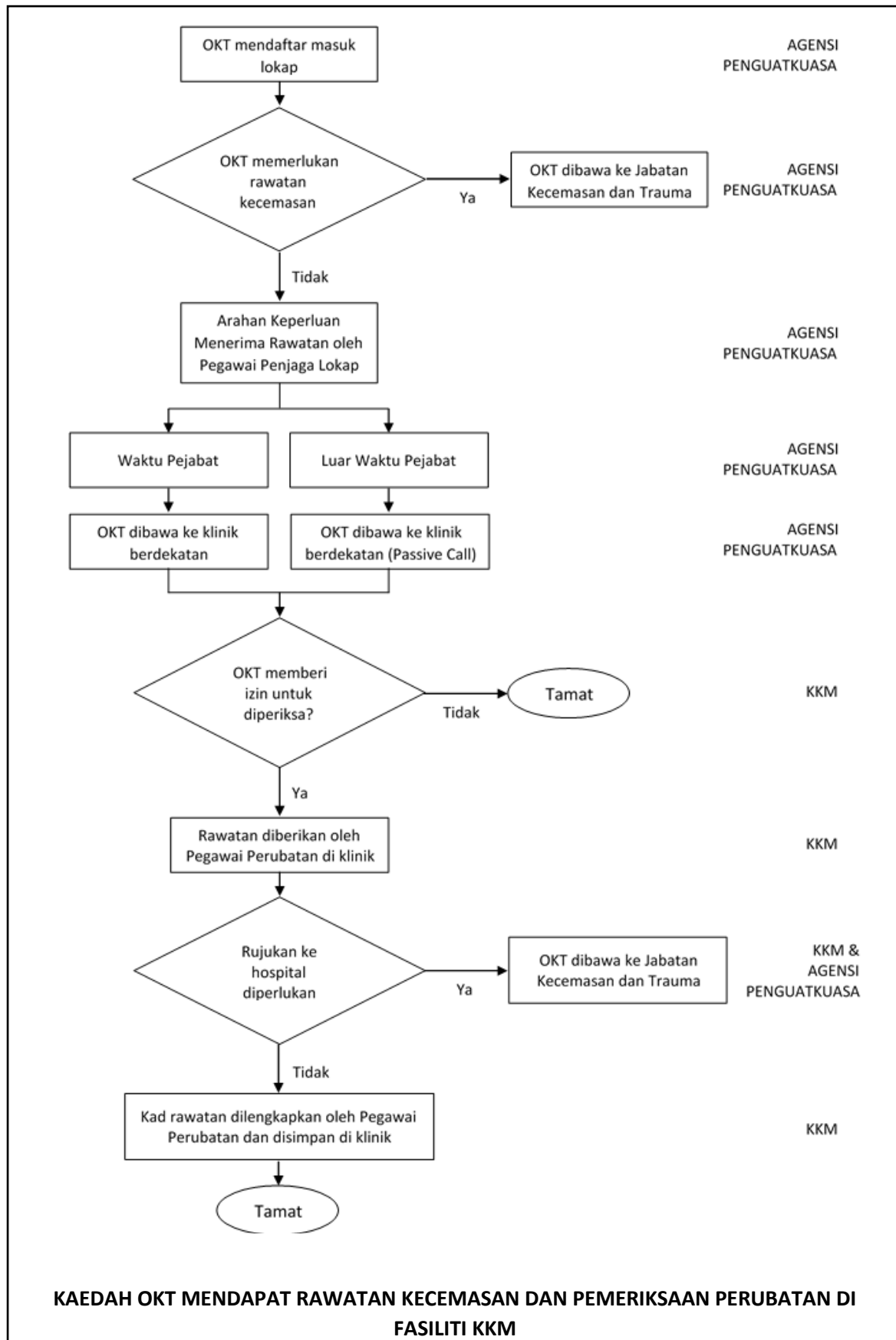
Summary of Medical Services Based on Lock-up Rules 1953

1. State Health Director shall appoint a Medical Officer to provide medical care to detainees in Lock-up (Rule 2);
2. Detainees shall be examined by an MO as soon as possible after admission to the Lock-up (Rule 10);
3. Detainees punished with food restrictions shall be examined by an MO to determine fitness for the punishment (Rule 31);
4. MO shall receive reports regarding a sick, injured or mentally illness of detainee (Rule 36);
5. MO shall visit the Lock-up and inspect the Lock-up condition and food provided when required by the Lock-up Supervisor (Rule 38 and 41);
6. MO shall report regarding the mental illness of a detainee in Lock-up (Rule 39);
7. MO shall report to the Lock-up Supervisor if a detainee is deemed medically unfit to be detained in Lock-up (Rule 40).

APPENDIX 2: REFERRAL FORM FORMAT

KEMENTERIAN KESIHATAN MALAYSIA SURAT RUJUKAN HOSPITAL.....		Tarikh Temujanji:
Rujukan mestilah kepada Pegawai Perubatan/Pendaftar/Pakar/Pengarah Hospital		
Kepada :	Jabatan/Unit :	
Tarikh :	Masa :	
Nama Pesakit :	Umur :	
No. K/P :	Jantina :	
No. Ruj. Tuan :	No. Ruj Kami :	
History & Physical Findings :		
Results of Investigations :		
Diagnosis :		
Treatment :		
Reason for Referral :		
Daripada Pegawai Perubatan/Pendaftar/Pakar/Pengarah Hospital :		
Nama : Tandatangan :		
Hospital/Jabatan/Unit : Tel :		

APPENDIX 3: MEDICAL EXAMINATION AND EMERGENCY CARE FOR A DETAINEE (OKT) IN CUSTODY



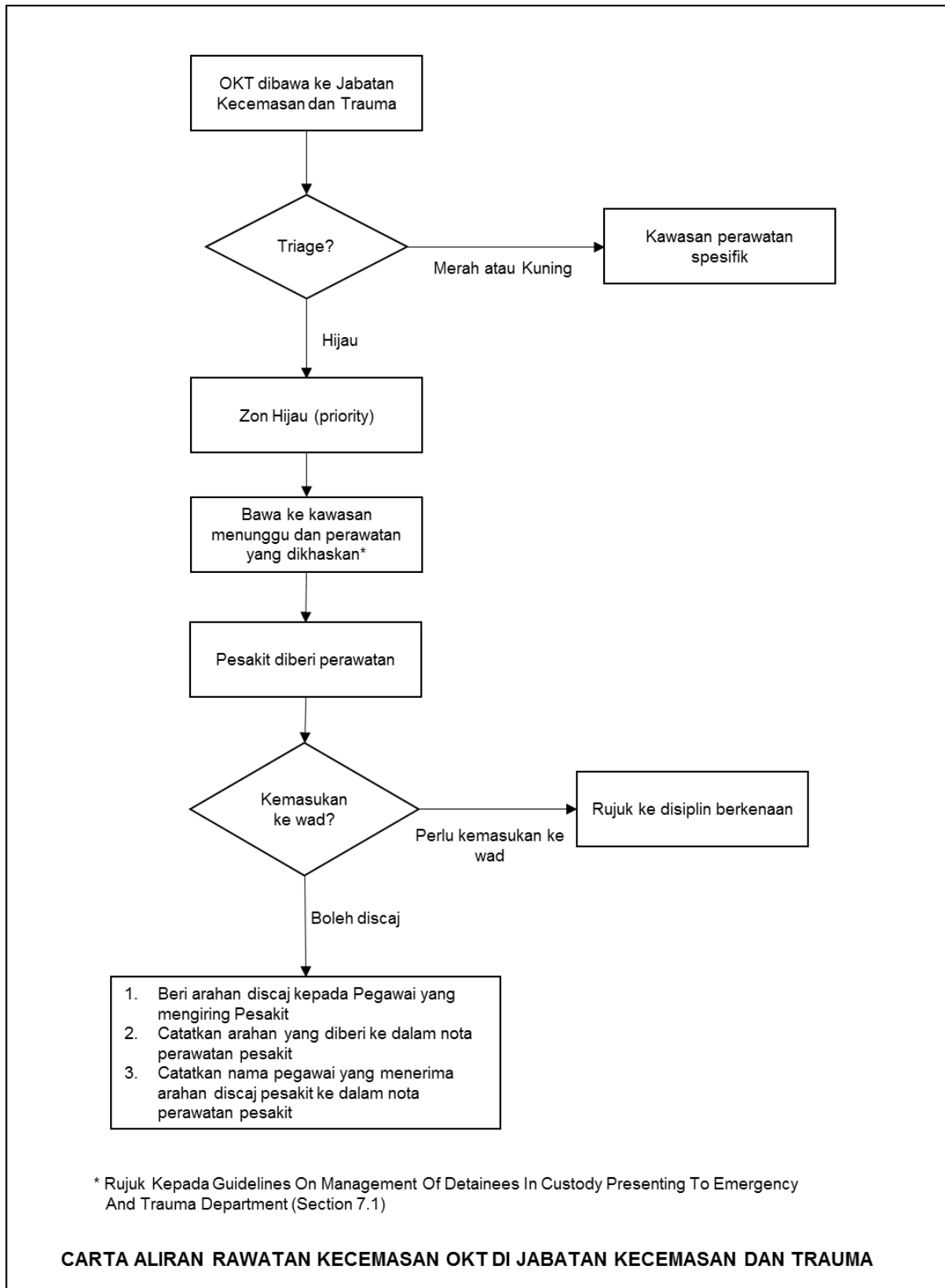
APPENDIX 4: DUTIES OF MEDICAL OFFICERS CONDUCTING MEDICAL EXAMINATIONS ON DETAINEES IN LOCK-UP

1. The MO conducting Medical Examination is not required to provide emergency care or observational medicine care for detainees in Lock-up.
2. The scope of care provided by MO conducting Medical Examination is limited to:
 - 2.1. Provision of medical examination to determine the fitness of a detainee to be in Lock-up;
 - 2.2. Conduct mental health risk assessment to determine the need for further assessment in a government hospital;
 - 2.3. Primary health services for detainees with known illness.
3. The MO conducting Medical Examination on a detainee upon completion of the examination; will provide an assessment of the detainee to the Lock-up Supervisor.
4. If a detainee is found to have physical or mental illness that requires medications or further evaluation in a government hospital, the findings shall be recorded and documented in the Lock-up Journal and informed to the Lock-up Supervisor.

APPENDIX 5: SENARAI KEADAAN TAHANAN YANG MEMERLUKAN RAWATAN KECEMASAN

1. Kecederaan atau penyakit akut yang memerlukan rawatan kecemasan oleh Pegawai Penjaga Lokap
2. Aduan atau situasi detainee atau orang kena tuduh (OKT) tidak sedar atau kurang sedar atau pitam atau pengsan.
3. Aduan atau situasi OKT mengalami kesukaran bernafas, bernafas laju atau seperti tidak bernafas.
4. Aduan atau situasi OKT mengalami kesakitan di bahagian dada.
5. Aduan atau situasi OKT mengalami situasi sawan atau seperti sawan.
6. Aduan atau situasi OKT mengalami kecederaan seperti pendarahan yang banyak, kepatahan tulang, dislokasi sendi, lecuran atau kebakaran.
7. Aduan atau situasi OKT lemas.
8. Aduan atau situasi OKT mencederakan diri sendiri atau kecelaruan mental.

APPENDIX 6: PATHWAY FOR MANAGEMENT OF DETAINEE (OKT) IN CUSTODY BROUGHT TO EMERGENCY AND TRAUMA DEPARTMENT



APPENDIX 7: ROLE OF SPECIALIST IN MANAGEMENT OF DETAINEES / PATIENTS IN CUSTODY

1. Expedite appropriate management of detainee/patient and referral.
2. Prevention of inappropriate discharges of detainees/patients back to Police Lock-up.
3. Manage risk associated to manipulation of the system by either the detainee/patient or others in the custodial system.
4. Facilitate interagency and intradepartmental communication.
5. Communicate with the Lock-up Supervisor on his ability to monitor detainee's/patient's condition.

APPENDIX 8: DRAFTING COMMITTEE FOR MANAGEMENT OF DETAINEES / PATIENTS IN CUSTODY

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