



WRITTEN DIRECTIVE	No.	PD14-2021	Page:	1 of 10
	Subject:	Effective Date: 08-21-14		
	Interacting with Disabled, Injured, or Ill Persons	Supersedes/Amends: PD12-2021		
		Reference: 41.2.7		



41.2.7

I. PURPOSE:

The purpose of this policy is to establish guidelines for the recognition and interaction with persons that have disabilities and to provide them quality service, protect their rights and comply with the provisions of the Americans with Disabilities Act of 1990.

No single policy and procedure can address police response to all people with disabilities. This policy and procedure addresses common police interaction with people with disabilities including those who are complainants, victims, witnesses, arrestees, people seeking information and uninvolved bystanders.

II. POLICY:

The Lynchburg Police Department will afford people with disabilities the same access to programs and services provided to all citizens. This includes, but is not limited to, services such as first responder recognition of the nature and characteristics of various disabilities and appropriate physical and emotional support to people with disabilities who seek to access police services or who come in contact with the police.

III. PROCEDURES:

A. GENERAL:

1. Officers and civilian employees must ensure that people with physical and mental disabilities receive the necessary assistance to access appropriate services. This may require time and patience beyond what is normally provided to others.
2. When members of the police department encounter a person with an apparent disability, Department personnel must take extra caution to ensure that the person's rights are not violated and that he/she understands what is occurring.
3. All personnel of the Department must recognize that responses of people with certain disabilities may resemble those of people who have abused substances such as alcohol or drugs. At times, such traits may be exhibited by people with diabetes, epilepsy, multiple sclerosis, hearing impairments and other disabilities.

4. People with disabilities may also be suspects or arrestees and require detention, transport, and processing. Officers must familiarize themselves with the proper methods of transport, arrest, and detention to ensure officer safety while providing all reasonable support to an arrestee with a disability.

B. VISUAL DISABILITIES:

1. A significant difficulty facing people who are blind or vision impaired is identifying police officials.
 - a. Employees should offer detailed information in identifying themselves as members of the Lynchburg Police Department.
 - b. Whenever possible, if presence of a visual disability is known, officers may have LynComm contact victims or complainants to verify to them that a member of the Department has arrived.
2. Knowing what not to do is as important as knowing what to do to assist a person who is vision impaired.
 - a. You need not raise your voice when speaking.
 - b. Do not grab the person's arm to lead him/her in a particular direction in a non-custodial or non-emergency situation. If needed, the person may take your arm for guidance.
 - c. Never leave visually impaired persons standing alone without their cane, guide dog or physical contact.
3. When requesting visually impaired persons to sign any document, the officer should read the document aloud to ensure the person understands the content.
 - a. The document should be read in the presence of an agreed upon witness to verify its content and authenticity.
 - b. The officer should inquire as to whether the visually impaired person has a signature assist instrument.
 - c. If time allows, documents can be transcribed to Braille by contacting the Roanoke office of the Virginia Department for the Blind and Vision Impaired. Transcriptions can take up to three business days.
 - d. If a Braille copy is used, it will be signed by the transcribing person and include a statement stating that the Braille copy is a true copy of the original.

4. If a visually impaired individual is taken into custody, procedures set forth in *PD-2004 - Prisoner Transport* will be utilized.

41.2.7 A**C. MENTAL, EMOTIONAL AND PSYCHOLOGICAL DISABILITIES:**

1. The terms “mental illness”, “emotional illness”, and “psychological illness”, describe varying levels of a group of disabilities causing disturbances in thinking, feeling, and relating. An estimated ten percent of the population of the United States has some type of mental illness. (Mental illness should not be confused with mental disability – see section D).
2. Frequently, a family member or friend is of great value in calming an individual exhibiting unusual behavior as a result of mental or emotional impairment. If needed, steps should be taken to gain placement for the individual in an appropriate emergency medical, health care or shelter facility.
3. Establishing a level of communication with mentally ill persons is essential in order to render assistance.
 - a. The employee should display a calm demeanor and speak to the person in a reassuring voice.
 - b. Make no attempt to touch the person until rapport has been established.
 - c. Explain to the person you are there to help. Listen to the person, but neither endorse nor argue with their delusions.
4. In a misdemeanor criminal incident not involving physical violence where an individual is apparently mentally ill, officers will seek non-arrest resolutions. The best resolution will generally be voluntary admission to an appropriate mental health facility.
 - a. **VOLUNTARY ADMISSION:** The three following scenarios would indicate minimal officer involvement.

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- 1) Persons who appear to be in need of psychiatric evaluation and do not appear to pose an imminent danger to themselves or others should be referred for a mental health evaluation.
 - a) Most referrals within the City are made to Horizon Behavioral Health. If an officer is in doubt, refer the person to Horizon Behavioral Health.
 - b) A family member or other responsible person is often available to assist the disturbed person in seeking such treatment and should be provided with the information necessary to secure the needed help.

- 2) Persons who have been or are under the care of a private physician should be referred to that physician, if possible.

b. INVOLUNTARY EVALUATION:

- 1) A higher level of law enforcement intervention will be required when officers encounter a person who is imminently dangerous to self or others.
- 2) Should it become necessary for an officer to place an individual in custody to ensure a mental health evaluation, the procedures outlined in III.D should be followed.

c. CUSTODY AND TRANSPORTATION:

- 1) If an individual with a mental, emotional, or psychological disability is taken into custody, procedures set forth in *PD-2004 Prisoner Transport* will be utilized.

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D. EMERGENCY CUSTODY:

1. Any officer who, based upon his observation or the reliable reports of others, has probable cause to believe that a person is mentally ill and in need of hospitalization and that the person presents an imminent danger to self or others as a result of mental illness, or is so seriously mentally ill as to be substantially unable to care for self, may take that person into custody and transport that person to an appropriate location to assess the need for hospitalization without prior authorization.
2. Once a person is taken into emergency custody, officers will adhere to the following procedure:
 - a. The time will be noted with LynComm as beginning the allowed eight hours of emergency custody
 - b. LynComm will be directed to notify the Lynchburg General Hospital emergency room and Horizon Behavioral Health answering service that a subject is in custody on an emergency custody order (ECO)
 - c. Horizon Behavioral Health will advise the officer (via LynComm) of the location that the subject is to be taken for evaluation. This will typically be the Lynchburg General Hospital emergency room unless requested to go to the main Horizon office or other Horizon facilities.

3. If the subject being detained on an ECO is combative due to their mental condition or by some other means poses a threat to the officers or Horizon staff, the subject will be taken directly to the Lynchburg General Hospital Emergency Department.
4. If the person being detained is subject to criminal charges, appropriate arrest procedures will be followed according to LPD policy 0502, Criminal and Civil Process, only after the ECO and related evaluation have been resolved.
5. It may become necessary to transport persons in custody on an ECO to more than one location.
 - a. Horizon staff will not typically have the ability to provide the necessary testing for medical clearance should the counselor decide to obtain a TDO for the person.
 - b. In these cases, officers will transport the person to another location, typically the Lynchburg General Emergency Department or a Centra Health Lab, to allow for medical testing prior to the issuance of a TDO.

E. MENTAL DISABILITY:

1. Mental disability encompasses a broad range of developmental disabilities from mild to profound.
 - a. Mental disability and mental illness are distinct conditions, with no similarity.
 - b. The largest percentage of people with mental disability are in the range termed "mild" or "moderate".
2. In responding to the needs of people with severe or profound mental disability, the aid of family, friends, and neighbors is invaluable.
3. Employees should recognize that people who have mental disability have varied degrees of limited intellectual functions.
4. Employees interviewing persons with apparently limited cognitive function should ask short questions, be patient when waiting for answers, repeat questions and answers if necessary, have individuals repeat question in their own words, and provide reassurance.
5. In many situations and particularly when dealing with someone who is lost or has run away, the officer may gain improved response by accompanying the person through a building or neighborhood to seek visual clues.

F. MEMORY IMPAIRED PERSONS:

1. Alzheimer's disease and dementia causes intellectual deterioration in adults severe enough to dramatically interfere with occupational or social performance.
 - a. The rate of deterioration differs from patient to patient.
 - b. Officers should be mindful that these disorders are not only found in older persons.
2. Symptoms associated with Alzheimer's disease and dementia include:
 - a. Disturbances in memory – loss of short term memory with distant past remembered with some clarity.
 - b. Language use – unable to speak coherently.
 - c. Perception loss – reduced ability to learn or retain necessary skills.
 - d. In some cases, paranoid symptoms are displayed that may result in violent behavior.
 - e. Delusions – see and hear things not there.
 - f. Wandering, mentally and physically-sometimes in an attempt to return to their past.
3. Establishing a level of communications with memory impaired persons is essential in order to render assistance. Caution should always be exercised when an officer encounters memory impaired persons.
 - a. Employees should display a calm demeanor and speak in a reassuring voice.
 - b. In a non-custodial or non-emergency situation, make no attempt to touch the person until rapport has been established.
 - c. By acknowledging their “stories”, their attention can be diverted allowing the officer(s) to gain their confidence, thus avoiding conflict.
4. An important function of the officer is to assist with the reuniting of memory impaired victims with family members or primary care providers in a timely fashion, utilizing available resources.

- a. Memory impaired persons reported missing should be handled utilizing guidelines set in *PD-0902 – Criminal and Special Purpose Investigations*. The level of intensity should be the same as if the missing person was a small child.
- b. Victims should be checked for I.D. bracelets. Those wearing the bracelets will have been photographed and a complete history filed with “Lynchburg Project Lifesaver, Inc.” The I.D. Bracelet Program will assist in reuniting victims.
- c. Transportation may be provided for the victim to the location of the primary care provider.
- d. Assistance and information on victims may be obtained from Lynchburg Project Lifesaver, Inc. through the Lynchburg Sheriff’s Office.

G. MOBILITY IMPAIRMENTS:

1. Among the disabilities that are the most identifiable are mobility impairments. People with mobility-related impairments include those who have difficulty walking, those who use a wheelchair or other mobility aid, and those who are immobile.
2. In a critical or emergency situation, employees should be aware of the safest and most rapid methods for assisting people with mobility impairments to avoid causing them unnecessary strain or injury.
3. When there is a need to arrest a person who is confined to a wheel chair due to a physical handicap, this person will be given special attention and adequate transportation will be obtained. Officers will be mindful that normal handcuffing procedures may not be appropriate.

H. NON-DETECTABLE DISABILITIES:

1. Many disabilities are difficult to observe. An officer’s failure to recognize characteristics associated with certain non-detectable disabilities could have serious consequences for the person with the disability.
 - a. Outward signs of a disability such as epilepsy generally do not exist unless the person with the disability experiences a seizure.
 - b. People with diabetes may have reactions from either too little insulin or too much insulin.
 - 1) Low blood sugar reactions are common and are usually treated by ingesting sugar.

- 2) Detaining someone and preventing them from getting sugar could have serious health implications for the individual and liability consequences for the officer and department.
2. Officers should realize that involuntary behavior associated with some invisible disabilities may resemble behavior characteristically exhibited by intoxicated or, less frequently, combative individuals. For example, a person experiencing a mild seizure may appear incoherent and physically imbalanced. The response is temporary.
3. An officer's patience and understanding of the characteristics commonly associated with invisible disabilities will lead to a successful resolution. An inaccurate assessment may lead to unnecessary confrontation, injury, and denial of needed medication and/or treatment.
4. As with all types of disabilities, an employee's first obligation is to protect the individual from unnecessary harm. When aiding a person experiencing a seizure, protection from obstacles, a calm reassuring manner, and patience are important responses. Family members and friends should be sought to provide information. Their presence may prove invaluable in understanding the needs of the person with the disability and guiding the officer's actions. Emergency medical services should be sought from the Lynchburg Fire Department.

I. SPEECH AND HEARING DISABILITIES:

Officers may confuse the behavior of individuals with hearing and speech disabilities with those of people who intentionally refuse to cooperate or those who abuse illegal substances. Officers should be aware that an individual's failure to comply with or respond to verbal orders does not always constitute defiance, but may be the result of that individual's inability to hear the officer or respond verbally. Before committing themselves to a course of action, officers should attempt to identify whether or not they are dealing with a person who has a communication-related disability.

1. The Lynchburg Police Department may, if deemed necessary, provide and communicate through a qualified sign language interpreter in each of the following situations:
 - a. At the earliest possible time after apprehension or arrest.
 - b. During the presentation of the advisement of constitutional rights (Miranda Warnings).
 - c. During questioning and interrogations.
 - d. During any taking of statements.

2. A certified sign language interpreter may be obtained for interpreting if deemed appropriate.
 - a. A resource for certified interpreters is the Virginia Department for the Deaf and Hard of Hearing, toll free number (Richmond) 1-800-552-7917.
 - b. Sign language interpreters may also be located locally and are listed on the LPD language interpreter list available to LynComm.
3. The qualification of any sign language interpreter shall also be determined by their ability to communicate with the hearing-impaired person, and effectively convert the sign language back into English for the detectives. The detective, the hearing-impaired person, or the interpreter may make the determination that the interpreter is unqualified to assist in the questioning/investigation, and should be replaced.
4. Due to the possibility of the significant time delays involved with obtaining the services of a qualified sign language interpreter, and the resulting emotional stress which a time delay could place on the hearing-impaired person, efforts should be made to contact family members while awaiting the arrival of the interpreter in cases in which the notification would not be detrimental to the investigation.

J. ARREST OF PERSONS WITH DISABILITIES:

1. Consideration should be given to the special needs of some people with disabilities in an arrest situation. The response of the officer(s) in these situations requires discretion and will be based largely on the officer's knowledge of the characteristics and severity of the disability, the level of resistance exhibited by the suspect, and the immediacy of the situation.
2. Officers should always employ appropriate precautions and safety techniques in arresting and incarcerating a person, whether or not they have a disability, and follow all policies and procedures for arrest and incarceration.
3. A person whose disability affects the muscular and/or skeletal system may not be able to be restrained using handcuffs or other standard type restraints. Alternative methods should be sought (transport vans equipped to carry wheel chairs, seat belts).
4. Some people with disabilities require physical aids (canes, wheel chairs, leg braces) to maintain their mobility.
 - a. Once the immediate threat/presence of danger has diminished, and/or the suspect is safely incarcerated, every effort should be made to return the device.

- b, If mobility aids must be withheld, the individual must be closely monitored to ensure that their needs are met.
5. Prescribed medication may be required at regular intervals by people with disabilities (diabetes, epilepsy). Medical personnel (the suspect's physician, on-call medical staff, emergency room medical staff) should be contacted immediately to determine the importance of administering the medication, potential for overdose, etc.
6. Lack of speech or other impairment may make it difficult for an arrestee to notify the officer of an urgent need. Officers should regularly check on the welfare of impaired arrestees.

K. INJURED OR ILL PERSONS:

1. If an officer finds a person that is ill or has an injury in a public place and the person requests medical attention, or they are unable to request medical attention, the officer shall contact LynComm and request emergency medical personnel be dispatched to that location to render appropriate treatment to the individual.
2. If an officer finds an individual who is unconscious or incoherent, they will render first aid as needed and contact LynComm to request emergency medical personnel to respond.
3. Persons will not be taken to any lock-up in an unconscious or semi-conscious/incoherent condition without first having been evaluated by medical personnel.

L. TRAINING OF DEPARTMENT PERSONNEL

41.2.7 D & E

1. To comply with accreditation mandates, all new employees of the department will receive training in dealing with individuals with physical handicaps and mental illness. Refresher training will be conducted at least every three years for all agency personnel.

Original Signed

Parks H. Snead
Chief of Police

August 21, 2014

Date