GENERAL ORDER 28

EFFECTIVE: 1 January 2008

REVIEWED: 1 December 2008

1 January 2010 20 June 2011

SUBJECT: Investigating Psychologically Impaired Persons

ISSUED BY: Fernando Solorzano

I. PURPOSE:

To establish guidelines for University Police Department personnel as they respond to, investigate and care for any individual who may be psychologically impaired to the extent that they are unable to care for themselves or others, or who represent a threat to themselves or others.

II. POLICY:

It shall the be policy of the University Police Department to respond as soon as possible to any report of an individual who is suspected of being psychologically impaired, and whose personal well-being is of heightened concern.

Furthermore, the University Police Department will investigate the reported concerns, and interview the individual to determine whether or not the person is psychologically impaired, and the severity of the impairment.

- (a) At all times, the responding officer(s) shall exercise all appropriate officer safety procedures, and act to protect any third party and the patient at all times.
- (b) The responding officer(s) shall investigate the reported person with full consideration of section 5150 of the Welfare and Institutions Code of California.
- (c) The responding officer(s) should call upon one or more psychological assessment resources, when appropriate and available, to determine more accurately, if necessary.
- (d) When any individual is deemed to meet the criteria or is in-need of advanced psychiatric care as prescribed in 5150 WIC, the officer shall assume custody of the person and transport that person to a designated care facility.

- (1) When any University Police officer assumes custody of a patient, the person shall be restrained by handcuffing to mitigate the opportunity for the person to harm him/herself or others.
- (2) When a patient is handcuffed, it is not an arrest (as per 5157 WIC), but only a restrained medical custodial procedure for the purposes of transportation to an area care facility.
- (3) The transporting of any <u>non-handcuffed</u> person deemed psychologically impaired shall only be done with the prior approval of the on-duty Watch Commander.
- (e) Any person who voluntarily commits him/herself for advanced psychiatric care shall also be transported to an area care facility by University Police when asked to do so. University Police will honor these requests whether they are made by a medical professional, family member or friend, or the patient.
 - (1) The University Police Department will transport persons voluntarily committing themselves for advanced care so as to ensure the continued safety of the patient.
 - (2) When the officer assumes custody of the patient, the person shall be restrained by handcuffing to mitigate the opportunity for the person to harm him/herself or others.
 - (3) When a patient is handcuffed, it is not an arrest (as per 5157 WIC), but only a restrained medical custodial procedure for the purposes of transportation to an area care facility.
 - (4) The transporting of any <u>non-handcuffed</u> person deemed psychologically impaired shall only be done with the prior approval of the on-duty Watch Commander.
 - (5) Once taken into custody, a person who is deemed in need of psychiatric care by voluntary or involuntary commitment can only be released to a care facility who will make the decision as to when and under what conditions to release the patient. In no case will an officer take back a patient once they have delivered a patient to a care facility.
- (f) Whenever an officer of the University Police Department is summoned to investigate an individual who may be psychologically impaired, and that investigation leads to a voluntary or involuntary hold and transport of the patient for advanced care, the officer will prepare a written report detailing the investigation.
- (g) In all cases, an individuals' rights will be preserved as provided by Section 5150 of the Welfare and Institutions Code, and the Health Insurance Portability and Accountability Act (HIPAA) of 1996.

APPROVED