



# Colorado Springs Police Department Standard Operating Procedure

## DL-1020-33 Medical & Mental Health Transports

### Section 1000 - Patrol Functions

Effective Date: 6/23/2021  
Supersedes Date: 8/22/2013

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#### **.01 Purpose**

The purpose of this written directive is to outline the procedure for the transportation of patients from medical facilities.

#### **.02 Cross Reference**

[GO 310 Routine Patrol Functions](#)  
[GO 530 Intoxicated Persons](#)  
[GO 540 Mentally Ill Persons](#)  
[GO 770 Prisoner Processing](#)  
[GO 773 Ill or Injured Prisoners](#)  
[GO 775 Searching of Prisoners](#)  
[GO 960 Vehicles Normal Operations](#)  
[PM1-10 Prisoner Transportation](#)

#### **.03 Definitions**

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#### **.04 Procedure**

All requests for transportation of patients originating from hospitals or medical facilities will be screened by the appropriate divisional supervisor, who must authorize each transport on a case-by-case basis.

The distinct difference in this procedure, as opposed to existing procedure, is the transportation of 'patients' as opposed to 'prisoners'. Prisoner processing will continue in accordance with existing policy.

The preferred method of transportation for medical or psychiatric patients is a fully equipped ambulance staffed by emergency medical personnel.

Generally, police officers and vehicles should not be used to transport persons unless it accomplishes a law enforcement purpose.

These requests place additional liability on the department, as few officers have the appropriate medical equipment or knowledge to respond to a medical emergency. These types of requests are not courtesy services.

Supervisors should be cautious about authorizing police transport of medical/psychiatric patients, including:

- The use of officers for transportation of patients with real or potential medical problems.
- The use of officers for transportation of patients from one medical facility to another (e.g., from a hospital to the Crisis Center for evaluation; from hospital to detoxification center; from one hospital to another).

Supervisors may consider making exceptions when they feel that medical staff or the public would be seriously endangered if another mode of transportation is utilized. If the medical condition of the person being transported is in question, supervisors may consider authorizing an officer to accompany medical personnel doing the transport.

## **Exceptions**

Officers may routinely transport the following persons, without prior supervisory approval, so long as the prisoner's medical condition permits:

- Sick or injured prisoners who were initially transported to the facility by an officer.
- Prisoners or suspects placed on a hold order by an officer.
- Any individual for whom an officer is seeking a medical clearance, prior to transport to another facility (e.g., from a hospital to the Crisis Center, from a hospital to the Detoxification Center, etc.).
- Any individual who, in the opinion of the appropriate divisional supervisor, the department should accept responsibility for transport.

## **Checklist**

Officers and supervisors may consider the following options regarding the transport of medical or psychiatric patients:

- Is a concerned citizen willing to provide transportation for the person in question? (e.g., family member, friend, neighbor, etc.)
- Are the circumstances appropriate for a concerned citizen to provide transportation? (e.g., potential for violence, need for restraints, etc.)
- Have other transportation alternatives been requested to respond? (Yellow Cab, Crisis Center Van, Alcohol Detoxification Center Van, Crisis Transport Van, etc.)
- Has the use of non-emergency or full emergency ambulance services been considered?
- What additional liability is the department accepting in assisting with the transportation? (e.g., medical situations, possible or unnecessary injury to transporting officer and/or patient)
- Are any other circumstances present that require the attention of the police? (Are there priority calls holding that would supersede the medical or psychiatric transport?)
- Is the patient going voluntarily and will the transport prevent repeat contacts with the patient in the near future? (Will taking the patient prevent additional calls-for service in the future?)