


<b>HAVERFORD TOWNSHIP POLICE DEPARTMENT OPERATIONS MANUAL</b>		
<b>Issue Date</b> February 2021	<b>Review Date</b> February 2022	<b>Directive Number</b> <b>3.1.9</b>
<b>Accreditation Index:</b> 3.1.9, 3.1.10, 3.1.11, 3.1.15, 3.1.16, 3.1.17, 3.1.20, 3.2.5e		<b>Rescinds:</b> Directive 3.1.9 of November 2019
<b>Chapter:</b> Three – Staff Support Responsibilities		<b>Section:</b> One – Cell Areas
<b>Chief of Police:</b> <i>John F. Viola</i>		

**SUBJECT: DETAINEE INTAKE, PROPERTY AND MEDICAL ASSISTANCE**

**I. PURPOSE**

The purpose of this Directive is to establish guidelines for the intake and handling of all detainees and to ensure the safety of all persons while a detainee is in custody. This directive along with Directives 2.5.1 Prisoner Transport, 3.1.1 Cells and Temporary Holding Areas, 4.7.1 Handling and Custodial Care of Juveniles and 4.4.1 Processing – Fingerprinting and Photographs cover all aspects of Detainee interaction with this department.

**II. POLICY**

All adults who are formally placed under arrest, taken into custody and returned to the station or juveniles who are detained for any offense (status, summary, misdemeanor or felony) shall be considered detainees and handled in a professional manner as outlined in this directive.

**III. PROCEDURES**

**A. Detainee Intake Form**

1. A Detainee Intake Form shall be completed for every adult arrested and brought to the station. (Appendage #1)
2. A Detainee Intake Form shall be completed for every juvenile taken into custody for status, summary, misdemeanor and felony offenses.
3. Officers shall complete the Detainee Intake Form that contains the following information;
  - a) Personal Identification Information  
(PLEAC 3.1.11 a)
  - b) Arrest Information  
(PLEAC 3.1.11 b)

- c) Property Inventory and Disposition  
(PLEAC 3.1.11 c)
- d) Current Health of the Detainee  
(PLEAC 3.1.11 d)
- e) Medications taken by the Detainee  
(PLEAC 3.1.11 e)
- f) Behavior, involving state of consciousness and mental status  
(PLEAC 3.1.11 f)
- g) Any body deformities, trauma markings, bruises, etc.  
(PLEAC 3.1.11 g)

## B. Inventory Search of Detainee

1. All detainees brought into the station shall be searched in the temporary holding area as soon as possible after being brought into the holding area regardless of any prior searches.  
(PLEAC 3.2.5 e) (PLEAC 3.1.9)
2. Officers shall ensure that no detainee is placed in a cell while in possession of any item(s) which the detainee may use to harm himself or others, or may be used for purposes of escape.
  - a) All belts, laces or items that may be used as a weapon or to inflict any self injury shall be removed.
  - b) All property taken off of a detainee shall be recorded on the Detainee Intake Form in the Property Log section. Any property taken off the detainee as evidence (cell phone, money, etc.) shall be denoted in the Property Log section of the Detainee Intake Form and then handled as evidence in accordance with Directive 3.5.2 Evidence Control.  
(PLEAC 3.1.9 a,b)
  - c) The detainee shall be requested to sign the Detainee Intake Form Property Log when the property is taken. If the detainee refuses the officer shall write “refused” in the “Property In” signature block.
3. All detainee property shall be stored in the locker number corresponding to the cell that the detainee is placed into and documented on the Detainee Intake Form.
  - a) Unusual or oversized items shall be stored securely in an appropriate storage location as directed by the supervisor. (i.e. Detainee bike in temporary bike storage, gas can in Outdoor storage behind the evidence garage)
  - b) Any storage of unusual personal property shall also be documented in the supplement to the report.  
(PLEAC 3.1.10)
4. Officers shall ensure detainees held only in the Temporary Holding Area shall have their property placed on the counter out of the reach of the Detainee.

## C. Strip Searches of Detainee

1. Strip searches must be approved by the on duty supervisor and are controlled by and must conform to Directive 1.2.5.
  - a) A strip search shall only be conducted when reasonable suspicion exists that a prisoner has concealed contraband, weapons, or any device that could inflict injury to a prisoner or police personnel.
  - b) Use of a strip search shall be completely documented in the incident report of that arrest or, if necessary, in a supplemental report.

D. Medical Assistance

1. Any detainee that is injured or reports a sickness shall be examined by a Paramedic Unit. If recommended by the Paramedic Unit, the detainee shall be transported to the medical facility designated by the Paramedic.
  - a) Generally, routine treatment shall be at the Delaware County Memorial Hospital.
  - b) The Paramedic Unit shall recommend the best method of transport. If a police vehicle is not used, supervisors shall ensure that police officers are assigned as guards.
2. Regardless of the Paramedic recommendation, a supervisor can authorize a prisoner to be taken to a hospital emergency room.
  - c) When appropriate, a supervisor can authorize a prisoner to be taken directly to a hospital emergency department without a paramedic examination.

**(PLEAC 3.1.17)**

E. Dispensing of Medications

1. Members of this department and Paramedics acting on behalf of a member of this department shall not dispense any medication(s) for prisoners regardless of whether they are prescribed or over the counter medications.
  - a) All prisoners who require medication will be taken to the Delaware County Memorial Hospital.
  - b) If a prisoner states he/she needs medication but does not have that medication, the prisoner should be taken to the hospital emergency department for evaluation.
  - c) This procedure must be followed even when a prisoner has a valid prescription.
2. This prohibition on dispensing Medications does not apply to Emergency Medical Personnel acting in their life-saving capacity during a medical emergency.

**(PLEAC 3.1.20)**

F. Medical Release Documentation

1. After the prisoner is treated and released, the officer assigned as a guard shall obtain a medical release and any discharge instructions from the treating physician.
2. This medical release paperwork shall be maintained with all papers pertaining to the arrest.
  - a) In the event a prisoner is committed to prison, a duplicate of the medical release paperwork shall be prepared.
  - b) The duplicate shall be maintained by this Department and the original shall accompany the prisoner with the commitment papers.

**(PLEAC 3.1.17)**

G. Detainee Processing

1. Detainee processing shall be conducted in accordance with Directive 4.4.1 Processing – Fingerprinting and Photographs.
  - a) All detainees shall be processed as required and identified prior to release.
  - b) If processed officers shall ensure the “Live Scan” processing form is completed.

H. Release of Detainees

1. Detainees shall be released in accordance with the Rules of Criminal Procedure (Title 234), Directive 1.2.4 Arrests and this directive.
2. Positive identification of a detainee must be made before any detainee is released from Haverford police custody.  
**(PLEAC 3.1.15)**
3. If a detainee is being released to another jurisdiction or agency, identify the person taking custody of the detainee and the detainee’s property.
4. If a detainee is being released from custody to another person, positively identify the person taking custody of the detainee.
5. All personal property taken at the time of intake shall be returned upon release, except any property held as evidence.  
**(PLEAC 3.1.16)**
6. The above identifications and property release shall be documented on the back of the Detainee Intake Form in the appropriate boxes and signed as required.  
**(PLEAC 3.1.16)**
  - a) If the release is to another jurisdiction officers are to ensure they document Agency Name, Officer Name and Badge Number.

7. This form will be forwarded to Records Unit, scanned and attached to the multimedia file in Metro ALERT records management system.

**BY ORDER OF THE CHIEF OF POLICE**



# Haverford Township Police Department

1010 Darby Road  
Havertown, Pennsylvania 19083  
Phone: 610-853-1298 Fax: 610-853-3481

Appendage # 1



## DETAINEE INTAKE RECORD

INCIDENT #:		DATE:		TIME:		OFFICER:	
NAME:				DOB:		AGE:	SS #:
ADDRESS: (Street, City, State)							
PHONE #1: (Home, Cell, Work – Circle One)			PHONE #2: (Home, Cell, Work – Circle One)			OLN & State:	SID #:
SEX:	RACE/ ETHNICITY:	HEIGHT:	WEIGHT:	EYES:	HAIR:	PLACE OF BIRTH:	
SCARS, MARKS, or TATTOOS:							
OCCUPATION:				WHERE EMPLOYED (LIST SCHOOL & GRADE IF STUDENT):			
MOTHER'S NAME: (JUVENILE ONLY)			ADDRESS: (IF DIFFERENT) / CELL OR CONTACT PHONE NUMBER				SS #:
FATHER'S NAME: (JUVENILE ONLY)			ADDRESS: (IF DIFFERENT) / CELL OR CONTACT PHONE NUMBER				SS #:
<input type="checkbox"/> ADULT		<input type="checkbox"/> JUVENILE		<input type="checkbox"/> MALE		<input type="checkbox"/> FEMALE	
<input type="checkbox"/> ARREST		<input type="checkbox"/> ON VIEW		<input type="checkbox"/> WARRANT #			
<input type="checkbox"/> SECURE HOLDING		<input type="checkbox"/> NON-SECURE HOLDING		<input type="checkbox"/> SUMMONS		<input type="checkbox"/> CITATION	
<input type="checkbox"/> PROCESSED		<input type="checkbox"/> LIVE SCAN PROCESSING FORM		<input type="checkbox"/> REPRIMAND		<input type="checkbox"/> REFERED TO YAP / TASK FORCE	
OTN:			OCA#:			BAIL:	
PRIMARY CHARGE:							

### TRANSPORT RECORD

HANCUFFED: YES: <input type="checkbox"/> NO: <input type="checkbox"/> N/A: <input type="checkbox"/>		DOUBLE LOCKED: YES: <input type="checkbox"/> NO: <input type="checkbox"/> N/A: <input type="checkbox"/>		LEG SHACKLED / RESTRAINING BELT: YES: <input type="checkbox"/> NO: <input type="checkbox"/> N/A: <input type="checkbox"/>	
SUBJECT SEARCHED: YES: <input type="checkbox"/> NO: <input type="checkbox"/> N/A: <input type="checkbox"/>		TRANSPORT: YES: <input type="checkbox"/> NO: <input type="checkbox"/> N/A: <input type="checkbox"/>		PATROL VEHICLE SEARCHED BEFORE TRANSPORT: YES: <input type="checkbox"/> NO: <input type="checkbox"/> N/A: <input type="checkbox"/>	
MILEAGE RECORDED YES: <input type="checkbox"/> NO: <input type="checkbox"/> N/A: <input type="checkbox"/>		TRANSPORT VEHICLE #		PATROL VEHICLE SEARCHED AFTER TRANSPORT: YES: <input type="checkbox"/> NO: <input type="checkbox"/> N/A: <input type="checkbox"/>	

### MEDICAL EVALUATION – TRANSPORT & DETENTION

(NOTE: ALL CONDITIONS OR EXPLANATIONS IN COMMENT SECTION IF AN AREA IS CHECKED BELOW)

<b>CURRENT HEALTH:</b>	<input type="checkbox"/> ALERT AND ORIENTED	<input type="checkbox"/> NO VISIBLE INJURIES	<input type="checkbox"/> EASE IN MOVEMENT
<b>VISIBLE INJURIES OR CONDITIONS:</b>	<input type="checkbox"/> BLEEDING	<input type="checkbox"/> BRUISING, TRAUMA, OTHER BODY DEORMITIES OR MARKINGS	<input type="checkbox"/> BROKEN BONES
<b>MENTAL STATUS:</b>	<input type="checkbox"/> DISORIENTED	<input type="checkbox"/> VIOLENT BEHAVIOR	<input type="checkbox"/> WITHDRAWN
<b>PHYSICAL CONDITION:</b>	<input type="checkbox"/> UNDER INFLUENCE OF ALCOHOL	<input type="checkbox"/> UNDER INFLUENCE OF CONTROLLED SUBSTANCES	<input type="checkbox"/> COMPLAINT OF PAIN OR IRRITATION
<b>HEALTH CONCERNS:</b>	<input type="checkbox"/> HEPATITIS OR OTHER TRANSFERABLE DISEASE	<input type="checkbox"/> JAUNDICE	<input type="checkbox"/> TAKING PERSCRIBED MEDS, IF YES LIST IN COMMENTS
<b>RISK:</b>	<input type="checkbox"/> NONE	<input type="checkbox"/> SUICIDAL	<input type="checkbox"/> ESCAPE
COMMENTS: _____ _____ _____			

2/2016

## DETAINEE DETENTION / PROPERTY RECORD

REF #	DETAINEE:	DATE:	TIME:
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CELLS	<input type="checkbox"/> #1	<input type="checkbox"/> #2	<input type="checkbox"/> #3	<input type="checkbox"/> #4	<input type="checkbox"/> #5	<input type="checkbox"/> #6	<input type="checkbox"/> BOOKING AREA
FEMALE(s) / MALE(s) SEPARATE YES <input type="checkbox"/> NO <input type="checkbox"/>		ADULT(s) / JUVENILE(s) SEPARATE YES <input type="checkbox"/> NO <input type="checkbox"/>		OFFICER'S FIREARM SECURED YES <input type="checkbox"/> NO <input type="checkbox"/>			
JUVENILE SECURED TO FIXED OBJECT YES <input type="checkbox"/> NO <input type="checkbox"/>		HOLDING AREA SEARCHED BEFORE USE YES <input type="checkbox"/> NO <input type="checkbox"/>		DETAINEE PROPERTY REMOVED AFTER TRANSPORT YES <input type="checkbox"/> NO <input type="checkbox"/>			

### OBSERVATION

- Y  N  1. CONSTANT SUPERVISION FOR **UNSECURED** IN BOOKING AREA AND **ALL JUVENILES**.  
 a) 10 MINUTE INTERVALS FOR AT RISK DETAINEE(s) i.e.: (SUICIDAL, INTOXICATED, OR SELF-DESTRUCTIVE).  
 b) 30 MINUTE INTERVALS FOR SECURE HOLDING.
- Y  N  2. AUDIO / VIDEO MONITORING WORKING PROPERLY.
- Y  N  3. NOTIFIED CYS AT **5 HOURS** FOR ASSISTANCE IN PLACEMENT OF JUVENILE.
- Y  N  4. NOTIFIED CHILD LINE (1 800 932 0313) AT **6 HOURS** OF CUSTODY FOR A JUVENILE.
- Y  N  5. PROVIDED BEDDING FOR A DETAINEE IN CELL AT **8 HOURS** IN CELL.

TIME IN	:10	:20	:30	:40	:50	1 HR	:10	:20	:30	:40	:50	2 HR	:10	:20	:30	:40	:50
3 HR	:10	:20	:30	:40	:50	4 HR	:10	:20	:30	:40	:50	5 HR	:10	:20	:30	:40	:50
6 HR	:10	:20	:30	:40	:50	7 HR	:10	:20	:30	:40	:50	8 HR	:10	:20	:30	:40	:50

### OBSERVED BY

NAME:	TIME ON:	TIME OFF:
NAME:	TIME ON:	TIME OFF:
NAME:	TIME ON:	TIME OFF:
NAME:	TIME ON:	TIME OFF:
NAME:	TIME ON:	TIME OFF:
NAME:	TIME ON:	TIME OFF:
NAME:	TIME ON:	TIME OFF:

EVENT TIME	DETAINEE ACTIVITY REPORT (Processing, Interview, Bail Interview, Court, etc.)	RETURNED TO SECURE HOLDING
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

<b>DETAINEE PROPERTY LOG</b> (Use extra space for additional items) <input type="checkbox"/> CASH \$						PROPERTY SECURED <input type="checkbox"/>
<input type="checkbox"/> BELT	<input type="checkbox"/> COAT	<input type="checkbox"/> CELL PHONE	<input type="checkbox"/> GLASSES	<input type="checkbox"/> HAT	<input type="checkbox"/> KEYS	
<input type="checkbox"/> MEDICATION	<input type="checkbox"/> PURSE	<input type="checkbox"/> SWEATSHIRT	<input type="checkbox"/> SHOES	<input type="checkbox"/> WALLET	<input type="checkbox"/> WATCH	
<b>Detainee Signature</b>	Property In:	Property Out:				

### DETAINEE DISPOSITION

Holding Area Searched After Use: Y <input type="checkbox"/> N <input type="checkbox"/>		Detainee Identification Verified Prior to Release: Y <input type="checkbox"/> N <input type="checkbox"/>	
Property Stored in Secure Locker # _____	Property Returned: Y <input type="checkbox"/> N <input type="checkbox"/>	Any Property Taken as Evidence: Y <input type="checkbox"/> N <input type="checkbox"/>	
Detainee Released To: (List Relationship if Juvenile)	Print: (Mark N/A if Self):	Sign:	
Person Taking Custody Notified of Risk/Medical Info: Y <input type="checkbox"/> N <input type="checkbox"/>	Date:	Time:	Officer & Badge #:

