

TRAINING BULLETIN



Title
Hypothermia Guidelines

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Distribution
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Related to
GO-OPS-207.04 (Provisions for Homeless Persons During Periods of Cold Weather)
GO-OPS-308.04 (Processing of Persons Who May Suffer From Mental Illness)
GO-PCA-501.03 (Handling Intoxicated Persons)

DISTRICT OF COLUMBIA

I. INTRODUCTION

A number of individuals die each winter in the District of Columbia due to hypothermia, mental illness, or drug/alcohol intoxication. These individuals are usually homeless and out in cold weather when they become ill. To address this situation the Mayor has issued Hypothermia Guidelines by Mayor's Order 2001-161 (October 31, 2001) and various District agencies have formulated guidelines that will assist officers of the Metropolitan Police Department in reducing the incidence of hypothermia-related illnesses. The new procedures entail the use of an emergency hotline number to arrange for the non-emergency transportation of homeless persons at risk who are out in the cold and at risk due to inclement weather.

II. BACKGROUND

Hypothermia is defined as the abnormally low temperature of the body. In the District of Columbia, hypothermia conditions exist when the temperature and/or wind-chill are expected to be 32 degrees or lower. Hypothermia season in the District extends from November 1 through March 31 of the following year. Members of the Metropolitan Police Department are often the first to come in contact and provide assistance to homeless individuals on the streets, who are most susceptible to hypothermia. It is directed that members of the Department familiarize themselves with General Order OPS-207.04 (Provisions for Homeless Persons During Periods of Cold Weather). These guidelines should be interpreted in line with the basic procedures in that order.

III. ASSESSING HYPOTHERMIA SYMPTOMS

When assessing whether an individual is suffering from or at risk of hypothermia, members shall look for the following symptoms:

1. Shivering or trembling,
2. Skin discolorization,
3. Urination on self,
4. Confusion or forgetfulness,
5. Slurred speech/difficulty walking,
6. Sleepiness, hard to wake up,
7. Bizarre behavior (removing clothing, etc.),
8. Slow or erratic breathing,
9. Weak pulse, or
10. Loss of consciousness.

IV. WHAT TO DO IF A MEMBER SUSPECTS HYPOTHERMIA

If a member encounters a situation where he/she suspects an individual is in danger due to hypothermia and requires emergency medical services, he/she shall immediately call for an ambulance and remain on the scene until emergency medical service personnel arrive.

V. WHO TO CALL IF A PERSON IS NOT HYPOTHERMIC, BUT OUT IN THE COLD AND IN NEED OF SHELTER

If a member encounters a homeless person out in the cold who runs the risk of becoming hypothermic due to inclement weather, the member shall inquire of the individual whether s/he is willing to seek refuge in a homeless shelter and then request the Communications Division to call the **24-Hour Shelter Hotline on 1-800-535-7252**, to arrange for a van or other appropriate transport.

VI. HYPOTHERMIA WITH OTHER MEDICAL CONDITIONS

The D.C. Hospitalization of the Mentally Ill Act (D.C. Official Code § 21-521), and the D.C. Public Intoxication Act (D.C. Official Code § 24-604) compel certain persons who are homeless and vulnerable to move from the streets into safe facilities. If a person requires services pursuant to these acts, a member shall transport him or her to an emergency or non-emergency medical facility for appropriate crisis intervention, medical assistance or other supportive services.

A. GENERAL

According to General Order OPS-308.04 (Processing of Persons Who May Suffer From Mental Illness), both mental illness and addiction are diseases—not crimes—for which treatment is preferable to arrest. Members shall treat suspected mentally ill persons and intoxicated persons in a way that is sensitive to their needs and rights. Thus, a member encountering a mentally ill or intoxicated individual must use the minimum amount of restraint necessary while transporting the person to detoxification or CPEP. The individual should not be handcuffed unless absolutely necessary to protect the safety of the individual or the officers.

B. WHAT TO DO IF MENTAL ILLNESS IS SUSPECTED

1. When a member suspects that an individual may be suffering from mental illness, he/she shall be guided by GO-OPS-308.04 (Processing of Persons Who May Suffer From Mental Illness). In addition, members shall look for signs indicating mentally ill conditions, including inability to think rationally, inability to exercise control over behavior, or the inability to take reasonable care of one's personal welfare.
2. Pursuant to D.C. Official Code § 21-521, if a member has reason to believe that someone is mentally ill and is a danger to him/herself or

others, the member can take that suspected mentally ill person into custody and transport him/her to a hospital for an emergency psychiatric evaluation. The following guidelines shall apply when a member takes a suspected mentally ill person into custody:

- a. Offer the person voluntary hospitalization, and if the person agrees, transport them to any hospital for voluntary admission.
- b. If the person refuses voluntary hospitalization, the member shall transport them to the Comprehensive Psychiatric Emergency Program (CPEP) on the grounds of DC General Hospital, Building 14, for an emergency psychiatric evaluation. The member will be required to fill out a FD-12 form, listing all of the reasons that the individual appeared to be a danger to him/herself or others, or could not adequately provide for him/herself.
- c. If the member is unsure whether an emergency evaluation is necessary, the member shall call the CPEP outreach team at 202-673-9300 to ask for an outreach team to come to the scene to help assess whether an emergency evaluation is necessary.

C. WHAT TO DO IF A MEMBER OBSERVES BEHAVIOR CONSISTENT WITH INTOXICATION

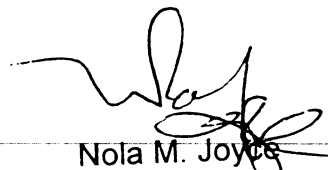
A person's judgment can become clouded when under the influence of alcohol, thereby preventing that individual from making a sound decision on how to protect themselves from the cold. When a person consumes a lot of alcohol, the alcohol causes blood vessels to dilate and blood to flow away from the core of the body, which can cause body temperature to drop, thereby causing the person to have a false sense of being warm. Members should be aware of the following:

1. D.C. Official Code § 24-604(a) allows for any person who is intoxicated in public to be transported by the police to a detoxification center. Once at the detoxification center, the individual will be required to stay until he/she is sober and no longer incapacitated, but in any event no longer than 72 hours after admission as a patient. The detoxification center will make all reasonable efforts to detain a person in need of detoxification services (as an "involuntary placement," if necessary). Each person shall be informed, at admission and in the presence of the transporting MPD member, that if he/she refuses the required stay, he/she will be reported to the police as absconding.
2. D.C. Official Code § 24-604(b)(1) requires that any person who is intoxicated (whether in or on public or private property) and a danger to himself, herself, or any other person or property, be transported to a

detoxification center. The District of Columbia's detoxification facility is located on the grounds of D.C. General Hospital, in Building 12. Once at the detoxification center, the individual will be required to stay for as long as is reasonably necessary to conduct a diagnosis for alcoholism. The detoxification center will take all reasonable measures to detain a person in need of detoxification services. Each person shall be informed, at admission and in the presence of the transporting MPD official, that if he/she refuses the required stay, he/she will be reported to the police as absconding.

3. In extreme cases, where the detoxification center is unable to detain a non-compliant patient for necessary medical evaluation, the member may be called back to the center to assist with the endeavor to keep the patient in from out of the cold.
4. D.C. Official Code § 25-1001(c) makes it a crime to be intoxicated (whether in or on public or private property) and pose a danger to him/herself or other persons or property. This offense is punishable by a fine of not more than \$500, or imprisonment of not more than 90 days, or both. Although the option to arrest in these instances should be reserved for extreme circumstances, the police do have the alternative of taking a non-cooperative individual into custody and processing him/her as in any other criminal case. Medical attention is the preferred choice when dealing with an inebriated person; however, members shall bear in mind that the cellblock is preferable to the cold until the medical danger passes.

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Nola M. Joyce
Senior Executive Director
Office of Organizational Development