



## CARIBOU POLICE DEPARTMENT

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Good afternoon Chief Mills,

Thank you for allowing us the opportunity to respond to your research in the increased escalation of violence amongst Health care workers. Within the past 2 years our agency has responded to Cary Medical Center on a few occasions regarding assaults on Nurses or Rude and obnoxious behaviors by patients against doctors and or nurses. I must tell you that on most if not all those occasions we have been there, the incidents involved mental patients. As we all know it can be very difficult to push any charge against someone who has mental issues, let alone the current 17A section 752-B Felony Charge already on the books that makes the act a felony. Our emergency facilities have turned into mental facilities with 2 days to a weeks-worth of waiting for patients to be placed in a proper facility to deal with the issues they presented with. This wait in more instances than not caused patients to lose their patience and lash out.

In answering your questions...

**A.** We are normally called to The Medical care Facility by panic alarm located in the ER or by direct contact from the ER as the incident is unfolding. Our facility has Security Personnel that is already on scene when we arrive

**B.** We usually remain at the scene until the incident is deemed safe. IE the patient has been medicated restrained or arrested. We work with staff and the on-call doctor and supervisor to be certain they are all set with us before we clear the scene.

**C.** In most instances follow up information is needed, statements, medical records of injury are routinely not available due to the staff having to attend to other patients and their work schedule hours. Barriers we run into is that stuff must run the incident through their superiors prior to reporting incidents. Coordinating when a doctor who may be a traveling doctor is back, or contact information is needed to obtain notes or statements. This just extends the time it takes for the case to be submitted to the DA's Office.

**D.** As indicated in my opening response the factors considered are whether a patient is there for mental reasons. Have they been evaluated by A mental Health Professional, have they been in an accident with traumatic Brain injury? Are they under such severe influence that they cannot make rational decisions? All of which has played a major factor in whether not a case is dismissed before it even makes it to through the court system.

Sincerely,

Sgt. Keith Ouellette

Caribou Police Dept

## Ellsworth PD

- a. When is law enforcement called to a hospital or other similar facility? In response to an ongoing incident because law enforcement is needed to help deescalate a situation? Hours or days after an incident? We are typically notified when the incident is ongoing and the patient is out of control. De-escalation is the goal and is often accomplished by our presence however sometimes force is required to restrain an out of control patient and prevent additional staff from being injured.
- b. Is ongoing presence at a scene requested once the police are called to a hospital or similar facility? If ongoing presence is needed, what is the average length of time? Hours? Days? In many cases or presence is required for extended periods of time (hours) repeatedly over several days/ weeks to deal with problematic patients. On several occasions the hospital has contracted with us for round the clock presence to deal with a patient.
- c. Is most of the information needed by law enforcement collected when responding to the initial call, or is follow up questioning more usual? Are there barriers to getting the needed information and if so, what are those barriers? We usually will get what we need however have had barriers with hospital staff using HIPA laws to avoid providing information.
- d. What factors are considered by law enforcement when deciding whether to arrest the perpetrator or issue a summons someone who has committed a crime against a healthcare worker? As a general rule we will not arrest if the patient is still receiving medical treatment. Our DA's office has been clear that they will not pursue criminal charges for assault on hospital staff if the patient suffers from mental illness and in most cases if there is no actual physical injury.

## Bangor PD

This is an issue we are unfortunately very familiar with. The aggression and hostility toward healthcare workers, most especially in the ED, is absolutely unacceptable.

The challenges are many.

The current law is flawed. The law, as you know, requires the healthcare worker be in the action of providing medical services at the time the assault or aggression occurred. Hospital workers and managers struggle with this and feel as if the police are not fulfilling their dutiful obligation when we explain this provision of the law. Many of the assaults do not meet this criteria. DA has told us no compliant. We would strongly support adjusted language to say in substance, “a healthcare worker actively in the healthcare setting” - regardless if medical service was being provided in the moment the assault occurred.

Our two ED also struggle with a crushing number of mental health patients (many youth) who are held in the ED for days and weeks because of the lack of suitable placement. Many are in DHHS custody. They become aggressive and damage property or assault healthcare workers. We cannot arrest (jail will not accept them because they are in the midst of a mental health crisis) – arrest is really not the answer, we do not have an alternative placement option, DA will not write a complaint (due to present mental health crisis issues) – police officer left with no option and an ED staff is upset because the officer will not take the person into custody. The actor who is not in the midst of a crisis – (easy) custody and jail.

The police are seriously in the middle with no practical or sensible solutions. The hospitals have inadequate security staffing (and training) to address or deescalate these issues. It has sadly changed strong decades long partnership and relationship with one of the ED to a point where our officers no longer want to work an evening detail because of the negative comments from ED staff and management. We are actively working to resolve that issue.