



Policy Name:	CHECK WELL-BEING		
Policy #:	OP 4.9	Last Updated:	2022-04-07
Issued By:	COMMUNITY POLICING BUREAU	Approved By:	SURREY POLICE BOARD
		Review Frequency:	AS REQUIRED

RELATED POLICIES

OP 4.9.1 Abandoned 9-1-1 Calls

OP 4.35 Missing Persons

OP 4.52.2 Vulnerable Persons – Mental Health

OP 6.1.1 Victim Services

1. PURPOSE

1.1. To ensure Surrey Police Service (SPS) Employees are provided with consistent direction when responding to a call for service to Check Well-Being on an individual(s) that the caller believes to be a Vulnerable Person.

2. SCOPE

2.1. This policy applies to all SPS Employees.

3. POLICY

3.1. A request to Check Well-Being is defined as a call received from a complainant or other agency requesting police assistance to check a residence or known location for any person who may be a Vulnerable Person.

3.2. Check Well-Being should not be the sole responsibility of SPS. Other agencies and/or community partners, such as mental health partners or peer support, should be considered whenever practicable to attend with SPS.

3.3. Check Well-Being files involving Vulnerable Persons should be considered a high priority and reasonable efforts must be made to ensure the well-being of the patient/subject(s) in question.

4. PROCEDURE

4.1. When Operational Communications Centre (OCC) call takers receive a call requesting a Check Well-Being, a PRIME-BC Computer Aided Dispatch (CAD) file will be created documenting the caller's name, contact information, relationship to the person in question, reason for call, and other relevant information.

4.2. In determining whether a call needs to be dispatched, the call taker will enter relevant information into the CAD call and consider various factors not limited to:

- i. clear explanation why police attendance has been requested;
- ii. full name and address of person for whom the Check Well-Being is being requested;
- iii. information about other people who may also be present with that person;
- iv. the expected actions of the police if they attend the address;
- v. will BC Ambulance Service be required to attend;
- vi. will the caller or a point of contact be accompanying Members or meeting them at the address;
- vii. risk assessment information on the patient/subject, in particular any risk to others, history of violent behaviour, self-harm, anti-authority, previous absconding behaviours, access to weapons or firearms;
- viii. information about disabilities, or reasonable adjustments that will need to be made to facilitate contact and communication with the patient/subject;
- ix. details of any known care-giver, family, or persons living with the subject and any associated risk assessments; and
- x. consideration of any views known to have been expressed by the individual themselves.

4.3. Members must consider the threat and risk profile for each request for Check Well-Being, including the threat and risk to:

- i. the patient/subject or Vulnerable Person;
- ii. the public; and
- iii. police officers and first responders;

and the potential adverse effect on the patient/subject's or Vulnerable Person's behaviour due to the presence of police. These factors will guide Members in determining whether and how to approach the situation.

4.4. If Members determine that police are not the appropriate resources, the file should be redirected to other agencies (if appropriate) such as BC Ambulance Service, Surrey Fire Service, Ministry of Children and Family Development, Ministry of Mental Health and Addictions, etc. Members may stand by to keep the peace where other agencies have primary responsibility for responding to the Check Well-Being.

- 4.5. If the location of origin of a call is determined to be in another jurisdiction, the call taker will:
- i. notify the dispatch centre for that jurisdiction by CAD message; and
 - ii. determine whether the caller needs assistance or, if the true nature of the event cannot be classified, follow up the notification with a CPIC message.
- 4.6. If the OCC call taker has reason to believe the health and/or safety of the person of concern is at risk, or the person of concern is a Vulnerable Person, two (2) or more Members will be dispatched to the call to ensure a safe and appropriate response.
- 4.7. Members who are attending calls for Check Well-Being must make all reasonable efforts to physically locate the patient/subject of concern prior to completing their investigation.
- 4.8. If physical contact with the patient/subject cannot be made, documentation must be made in a General Occurrence (GO) file including reasonable efforts made to determine the patient/subject's well-being and whereabouts. This may include, but not limited to:
- i. speaking with the patient/subject by phone or any other electronic communication method;
 - ii. speaking with occupants or nearby neighbours;
 - iii. contacting known family members or associates;
 - iv. checking security of premises and signs of disturbance/sounds of distress;
 - v. checking with local hospitals/ambulance service for recent admissions; and
 - vi. checking any information on the patient/subject's disabilities that may frustrate ability to contact and communicate with the patient/subject.
- 4.9. If attempts to locate the patient/subject are not successful and Members have reason to believe the health and /or safety of the patient/subject is at risk, or the patient/subject is a Vulnerable Person, Members must inform their Supervisor, initiate a Missing Persons investigation, and update the OCC to notify surrounding jurisdictions.
- 4.10. If the individual has been debilitated in their residence due to a medical event and/or a crime, Members must consider if exigent circumstances exist that justify immediate entry into the patient/subject's residence. A Feeney warrant is not required for such an entry.
- 4.11. When Members have determined that the patient/subject has left the area into another jurisdiction, the call taker will notify the police of jurisdiction requesting assistance, or if applicable, request the police of jurisdiction to assume conduct of the investigation.
- 4.12. In the event of a disagreement between the requesting agency and police of jurisdiction, the requesting agency may ask to speak to the Field Supervisor or relevant Supervisor. If an agreement is not reached, the matter should be escalated to the Duty Officer or equivalent.

4.13. Members will record their actions and findings of a Check Well-Being in a GO report. Where there is suggestion of vulnerability or concern, Members should submit an appropriate safeguarding referral and consult a Supervisor as appropriate.

APPENDIX A: DEFINITIONS

“CAD” means Computer Aided Dispatch.

“Duty Officer” means the Frontline Policing Inspector on duty.

“Electronic Communication” means any form of digital communication including, but not limited to, email, text/short message service, instant messaging, online chat, social media posts/tweets, blogs, online video/audio posts, telephonic, faxing, and audio/video conferencing.

“Employee” means a sworn Member or Civilian Employee appointed by the Surrey Police Board.

“Field Supervisor” means a Frontline Policing Sergeant, Staff Sergeant, and any other person acting in a Supervisory capacity who is accountable for a particular area or shift on behalf of the SPS.

“Member” means a sworn Police Officer appointed by the Surrey Police Board.

“OCC” means Operational Communications Centre.

“SPS” means Surrey Police Service.

“Supervisor” means a Team Leader, Manager, Sergeant, Staff Sergeant, Inspector, Superintendent, Deputy Chief Constable, Chief Constable, and any other person acting in a Supervisory capacity who is accountable for a particular area or shift on behalf of SPS.

“Vulnerable Person” means a person who, because of their age, a disability or other circumstances, whether temporary or permanent, are in a position of dependence on others or are otherwise at a greater risk than the general population of being harmed by a person in a position of authority or trust relative to them. Examples of vulnerable persons include but are not limited to persons:

- with substance use disorders;
- with physical or mental health challenges;
- with disabilities or who may have communication barriers (e.g., language, hearing or speech);
- with diverse gender identity or expression;
- who are unhoused or precariously housed;
- who are victims of sexual and/or intimate partner violence;
- who are being exploited and/or are involved in subsistence sex work;
- who may be less inclined to report or speak to police because of precarious legal status (e.g., victims or witnesses who have outstanding warrants or with precarious immigration status);
- who are elderly; and
- who are children.

APPENDIX B: REFERENCES

Criminal Code, R.S.C. 1985, c. C-46

Mental Health Act, R.S.B.C. 1996, c. 288