
Medical Aid and Response

470.1 PURPOSE AND SCOPE

This policy recognizes that employees often encounter persons in need of medical aid and establishes a law enforcement response to such situations.

470.2 POLICY

It is the policy of the Elk Grove Police Department that all officers and other designated employees be trained to provide emergency medical aid and to facilitate an emergency medical response.

470.3 FIRST RESPONDING MEMBER RESPONSIBILITIES

Whenever practicable, employees should take appropriate steps to provide initial medical aid (e.g., first aid, CPR, use of an automated external defibrillator (AED)) in accordance with their training and current certification levels. This should be done for those in need of immediate care and only when the employee can safely do so.

Prior to initiating medical aid, the employee should contact the Dispatch Center and request response by Emergency Medical Services (EMS) as the employee deems appropriate.

Employees should follow universal precautions when providing medical aid, such as wearing gloves and avoiding contact with bodily fluids, consistent with the Communicable Diseases Policy. Employees should use a barrier or bag device to perform rescue breathing.

When requesting EMS, the employee should provide the Dispatch Center with information for relay to EMS personnel in order to enable an appropriate response, including:

- (a) The location where EMS is needed.
- (b) The nature of the incident.
- (c) Any known scene hazards.
- (d) Information on the person in need of EMS, such as:
 1. Signs and symptoms as observed by the employee.
 2. Changes in apparent condition.
 3. Number of patients, sex, and age, if known.
 4. Whether the person is conscious, breathing, and alert, or is believed to have consumed drugs or alcohol.
 5. Whether the person is showing signs or symptoms of extreme agitation or is engaging in violent irrational behavior accompanied by profuse sweating, extraordinary strength beyond their physical characteristics, and imperviousness to pain.

Employees should stabilize the scene whenever practicable while awaiting the arrival of EMS.

Employees should not direct EMS personnel whether to transport the person for treatment.

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470.4 TRANSPORTING ILL AND INJURED PERSONS

Except in exceptional cases where alternatives are not reasonably available, employees should not transport persons who are not in custody and who are unconscious, who have serious injuries, or who may be seriously ill. EMS personnel should be called to handle patient transportation.

For guidelines regarding transporting ill or injured persons who are in custody, see the Transporting Persons in Custody Policy.

Employees should not provide emergency escort for medical transport or civilian vehicles.

470.5 PERSONS REFUSING EMS CARE

If a person who is not in custody refuses EMS care or refuses to be transported to a medical facility, an officer shall not force that person to receive care or be transported. However, employees may assist EMS personnel when EMS personnel determine the person lacks mental capacity to understand the consequences of refusing medical care or to make an informed decision and the lack of immediate medical attention may result in serious bodily injury or the death of the person.

In cases where mental illness may be a factor, the officer should consider proceeding with a 72-hour treatment and evaluation commitment (5150 commitment) process in accordance with the Mental Illness Commitments Policy.

If an officer believes that a person who is in custody requires EMS care and the person refuses, he/she should encourage the person to receive medical treatment. The officer may also consider contacting a family member to help persuade the person to agree to treatment or who may be able to authorize treatment for the person.

If the person who is in custody still refuses, the officer will require the person to be transported to the nearest medical facility. In such cases, the officer should consult with a supervisor prior to the transport.

Employees shall not sign refusal-for-treatment forms or forms accepting financial responsibility for treatment.

470.6 MEDICAL ATTENTION RELATED TO USE OF FORCE

Specific guidelines for medical attention for injuries sustained from a use of force may be found in the Use of Force, Handcuffing and Restraints, Control Devices and Techniques, and Conducted Energy Device policies.

470.7 ADMINISTRATION OF OPIOID OVERDOSE MEDICATION

Trained employees may administer opioid overdose medication (Business and Professions Code § 4119.9).

470.7.1 OPIOID OVERDOSE MEDICATION USER RESPONSIBILITIES

Employees who are qualified to administer opioid overdose medication, such as naloxone, should handle, store and administer the medication consistent with their training. Employees should check

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the medication and associated administration equipment at the beginning of their shift to ensure they are serviceable and not expired. Any expired medication or unserviceable administration equipment should be removed from service and given to the Training Sergeant.

Any employee who administers an opioid overdose medication should contact the Dispatch Center as soon as possible and request response by EMS.

470.7.2 OPIOID OVERDOSE MEDICATION REPORTING

Any employee administering opioid overdose medication should detail its use in an appropriate report.

The employee administering opioid overdose medication shall complete the mandatory SCESMA Law Enforcement Naloxone Utilization Report on the Sacramento County Health and Human Services website and shall document the form was completed in the police report.

The Training Sergeant will ensure that the Records Manager is provided enough information to meet applicable state reporting requirements.

470.7.3 OPIOID OVERDOSE MEDICATION TRAINING

The Training Sergeant or authorized designee should ensure initial and refresher training is provided to employees authorized to administer opioid overdose medication. Training should be coordinated with the local health department and comply with the requirements in 22 CCR 100019 and any applicable POST standards (Civil Code § 1714.22).

470.7.4 DESTRUCTION OF OPIOID OVERDOSE MEDICATION

The Training Sergeant or authorized designee shall ensure the destruction of any expired opioid overdose medication (Business and Professions Code § 4119.9).

470.7.5 OPIOID OVERDOSE MEDICATION RECORD MANAGEMENT

Records regarding acquisition and disposition of opioid overdose medications shall be maintained and retained in accordance with the established records retention schedule and at a minimum of three years from the date the record was created (Business and Professions Code § 4119.9).

470.8 SICK OR INJURED ARRESTEE

If an arrestee appears ill or injured, or claims illness or injury, the arrestee should be medically cleared prior to booking. If the officer has reason to believe the arrestee is feigning injury or illness, the officer should contact a supervisor, who will determine whether medical clearance will be obtained prior to booking.

If the jail or detention facility refuses to accept custody of an arrestee based on medical screening, the officer should note the name of the facility person refusing to accept custody and the reason for refusal, and should notify a supervisor to determine the appropriate action.

Arrestees who appear to have a serious medical issue should be transported by ambulance to an appropriate medical facility.

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Nothing in this section should delay an officer from requesting EMS when an arrestee reasonably appears to be exhibiting symptoms that appear to be life threatening, including breathing problems or an altered level of consciousness, or is claiming an illness or injury that reasonably warrants an EMS response in accordance with the officer's training.

470.8.1 HOSPITAL SECURITY AND CONTROL

Officers who transport persons in custody to medical facilities for treatment should provide security and control during examination and treatment consistent with department protocols. Any such transport should be conducted in accordance with the Transporting Persons in Custody Policy.

The Field Services Division Commander should develop protocols related to the following:

- (a) Providing security and control during an examination or treatment, including:
 - 1. Monitoring the person in custody (e.g., guarding against escape, suicide, and assault of others)
 - 2. Removal of restraints, if necessary and appropriate (see the Handcuffing and Restraints Policy)
- (b) Responsibility for continuing security and control if the person in custody is admitted to the hospital
 - 1. This should include transferring custody of the person to an appropriate agency.

470.9 FIRST-AID TRAINING

The Training Sergeant should ensure officers receive initial first-aid training within one year of employment and refresher training every two years thereafter (22 CCR 100026.03; 22 CCR 100027.06).