



Approved:  
*Chief Marcia Harnden*

Subject:

# 236. Medical Aid Response

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CALEA Standards: 41.2.4, 41.2.8, 70.3.1,  
81.2.13

Page:  
1

## 236.1: PURPOSE AND SCOPE

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

## 236.2: POLICY

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

## 236.3: FIRST RESPONDING MEMBER RESPONSIBILITIES

- a. Whenever practicable and safe, members should take appropriate steps to provide initial medical aid (e.g., first aid, CPR and use of an automated external defibrillator (AED)) for those in need of immediate care, and in accordance with the member's training and current certification levels.
- b. Prior to initiating medical aid, the member should contact the Communications Center and request response by emergency medical services (EMS) as the member deems appropriate.
- c. Members should follow universal precautions when providing medical aid, such as wearing gloves, using barrier devices, and avoiding contact with bodily fluids, consistent with the [Communicable Diseases Policy 871](#).
- d. When requesting EMS, the member should provide the Communications Center with information for relay to EMS personnel in order to enable an appropriate response, including:
  - 1) The location where medical aid is needed, if not already known by Communications;
  - 2) The nature of the incident;
  - 3) Known scene hazards, if relevant;
  - 4) Information on the person in need of EMS, such as:
    - A. Signs and symptoms observed by the member;
    - B. Changes in apparent condition;

- C. Number of patients, age, and gender, if known;
  - D. Whether the person is conscious, breathing, and alert, or is believed to have consumed drugs or alcohol;
  - E. Whether the person is showing signs or symptoms of excited delirium or other agitated chaotic behavior.
- e. Members should stabilize the scene whenever practicable while awaiting the arrival of EMS.
  - f. Members should not direct EMS personnel whether to transport the person for treatment.

### **236.3.1: COMMUNICATIONS CENTER RESPONSIBILITIES**

Communications personnel shall not provide emergency medical aid or instruction over the telephone. Callers requiring medical assistance shall immediately be transferred to the primary Public Safety Answering Point (PSAP) responsible for medical aid and continuing care at the caller's location.

### **236.4: TRANSPORTING ILL AND INJURED PERSONS**

- a. Except in extraordinary cases where alternatives are not reasonably available, members should not transport persons who are unconscious, who have serious injuries or who may be seriously ill. EMS personnel should be called to handle patient transportation.
- b. Officers should search any person who is in custody before releasing that person to EMS for transport.
- c. An officer should accompany any person in custody during transport in an ambulance when requested by EMS personnel, when it reasonably appears necessary to provide security, when it is necessary for investigative purposes or when so directed by a supervisor.
- d. Members should not provide emergency escort for medical transport or civilian vehicles.

### **236.5: PERSONS REFUSING EMS CARE**

- a. 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.
  - 1) Members 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.
  - 2) In cases where mental illness may be a factor, the officer should consider proceeding with a civil commitment in accordance with the Civil Commitments Policy.
- b. If an officer believes that a person who is in custody requires EMS care and the person refuses, they 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.

- 1) If the person 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.
- c. Members shall not sign refusal-for-treatment forms or forms accepting financial responsibility for treatment.

#### **236.5.1: SICK OR INJURED ARRESTEES**

- a. If an arrestee appears ill or injured, or claims illness or injury, he/she should be medically cleared prior to booking.
  - 1) 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.
- b. 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.
- c. Arrestees who appear to have a serious medical issue should be transported by ambulance. Officers shall not transport an arrestee to a hospital, for purposes other than medical clearance, without a supervisor's approval.

#### **236.6: 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: Policy 240](#).

#### **236.7: AUTOMATIC EXTERNAL DEFIBRILLATOR (AED) USE**

An AED should only be used by members who have completed a course with published standards and guidelines for CPR and the use of an AED.

#### **236.7.1: AED USER RESPONSIBILITY**

- a. Members who are issued AEDs for use in department vehicles should check the AED at the beginning of the shift to ensure it is properly charged and functioning.
  - 1) Any AED that is not functioning properly shall be taken out of service and given to the Administrative Lieutenant who is responsible for ensuring appropriate maintenance.
- b. Following use of an AED, the officer to whom the AED is assigned is responsible for ensuring that the AED is cleaned and/or decontaminated as required. The officer shall also ensure that electrodes and/or pads are replaced as recommended by the AED manufacturer.
- c. Any member who uses an AED should contact the Communications Center as soon as practicable and request response by EMS.
- d. Any member using an AED will complete an incident report detailing its use.

**236.7.2: AED TRAINING AND MAINTENANCE**

- a. The Administrative Lieutenant should ensure appropriate training is provided to members authorized to use an AED.
- b. The Administrative Lieutenant is responsible for ensuring AED devices are appropriately maintained and will retain records of all maintenance in accordance with the established records retention schedule.

**236.8: ADMINISTRATION OF PHARMACEUTICALS**

Only members who possess a current and valid certification may administer opioid overdose medication or members may administer opioid overdose medication in accordance with protocol specified by the physician who prescribed the overdose medication for use by the member ([ORS 689.800](#)).

**236.8.1: OPIOID OVERDOSE MEDICATION USER RESPONSIBILITIES**

- a. Members who are qualified to administer opioid overdose medication, such as naloxone, should handle, store and administer the medication consistent with their training.
- b. Members should check the medication at the beginning of their shift to ensure it is serviceable and not expired.
- c. Any expired medication or unserviceable administration equipment should be removed from service and forwarded to the Administrative Lieutenant.
- d. Any member who administers an opioid overdose medication should contact the Communications Center as soon as possible and request response by EMS.
- e. Any member administering opioid overdose medication shall detail its use in an appropriate report.

**236.8.2: OPIOID OVERDOSE MEDICATION TRAINING**

The Administrative Lieutenant should ensure training and retraining is provided to members authorized to administer opioid overdose medication. Training shall be coordinated with the Oregon Health Authority, Public Health Division ([ORS 689.800](#)).

**236.8.3: LEAVE-BEHIND PROGRAM**

Officers are authorized to distribute opioid overdose kits to at-risk persons or their family members or friends who have experienced an opioid overdose. APD voluntarily participates in the "Leave-Behind" program through Save Lives Oregon Clearinghouse, which provides opioid overdose kits at no-cost for the purpose of distributing to at-risk persons. The Watch Supervisor has access to opioid overdose kits for the purpose of distributing them to at-risk persons.

**236.8.4: CONTROLLED MEDICATIONS FOR SWAT EMS**

Emergency Medical Personnel employed by APD, assigned to the Linn County Regional SWAT Team, and acting in the capacity of a Paramedic under the direct supervision of the SWAT Team's Supervising Physician shall comply with the [Controlled Medications for SWAT EMS Standard Operating Procedure SOP144](#).