Medical Aid and Response

436.1 PURPOSE AND SCOPE

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

436.2 POLICY

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

436.3 FIRST RESPONDING MEMBER RESPONSIBILITIES

Whenever practicable, members 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 member can safely do so.

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

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

When requesting EMS, the member should provide Public Safety Communications 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 member.
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.

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

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

436.4 TRANSPORTING ILL AND INJURED PERSONS

Except in exceptional cases where alternatives are not reasonably available, members 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.

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

436.5 PERSONS REFUSING EMS CARE

If a person who is not in custody refuses EMS care or refuses to be transported to a medical facility, a sworn officer shall not force that person to receive care or be transported. However, 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.

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 a sworn 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.

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

436.6 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.

436.7 AUTOMATED EXTERNAL DEFIBRILLATOR (AED) USE

A member may use an AED only after receiving appropriate training from an approved public safety first aid and CPR course (22 CCR 100026.01; 22 CCR 100027.01; 22 CCR 100027.02).

436.7.1 AED USER RESPONSIBILITY

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. Any AED that is not functioning properly will be taken out of service and given to the Training Sergeant who is responsible for ensuring appropriate maintenance.

Following use of an AED, the device shall be cleaned and/or decontaminated as required. The electrodes and/or pads will be replaced as recommended by the AED manufacturer.

Any member who uses an AED should contact Public Safety Communications Center as soon as possible and request response by EMS.

436.7.2 AED REPORTING

Any member using an AED will complete an incident report detailing its use.

436.7.3 AED TRAINING AND MAINTENANCE

The Training Sergeant should ensure appropriate training and refresher training is provided to members authorized to use an AED. A list of authorized members and training records shall be made available for inspection by the local EMS agency (LEMSA) or EMS authority upon request (22 CCR 100027.05; 22 CCR 100027.06; 22 CCR 100028.07).

The Training Sergeant is responsible for ensuring AED devices are appropriately maintained and will retain records of all maintenance in accordance with the established records retention schedule (22 CCR 100027.05).

436.8 OPIOID OVERDOSE

The purpose of this section and related subsections is to establish procedures to equip Department personnel with the ability to assist with the medical emergency of an opioid (i.e., Heroin, Fentynal, Hydrocodine, Oxycodine, etc.) overdose by administering Naloxone Hydrochloride, the generic name for "Narcan".

436.8.1 OPIOID OVERDOSE MEDICATION KITS

The Operations Executive Officer, or designee, will develop a procedure for obtaining, issuing, storing, and tracking opioid overdose medication kits for Department members and Department vehicles.

In the event of an incident involving multiple overdose subjects, an emergency bag containing a large quantity of Naloxone kits will be located in the Watch Commander's office and can be deployed. If this bag is used, the member shall remove it from service and give it to the Watch Commander, or designee, to be replenished. This bag is not to be used to replace the Naloxone issued to individual members or vehicles.

436.8.2 ADMINISTRATION OF OPIOID OVERDOSE MEDICATION

Members who have completed the Department approved Naloxone training are authorized to administer Naloxone when they reasonably believe a person is experiencing an opioid-related

overdose. Members shall only use Department approved Naloxone kits. Members will treat the incident as a medical emergency and follow these steps when performing this intervention:

(a) Confirm emergency personnel are responding

(b) Maintain universal precautions

(c) Perform patient assessment

(d) Determine unresponsiveness

(e) Update communications Center of potential overdose state

(f) Follow Naloxone protocol

(g) Immediately notify responding emergency medical personnel that Naloxone has been administered

(h) Notify the Watch Commander

Members are afforded the following administrative guidelines in regard to the administration of Naloxone:

(a) The member retains the discretion to administer or not administer Naloxone to persons experiencing or suspected of experiencing opioid-related overdoses. There is no legal obligation to administer naloxone.

(b) Members who administer Naloxone are protected from civil and criminal liability if the "act with reasonable care" and "in good faith." This is accomplished by administering naloxone according to established protocol.

436.8.3 OPIOID OVERDOSE MEDICATION REPORTING REQUIREMENTS

After a member of the Department has administered Naloxone to a subject, the member shall as soon as practical:

(a) Complete Naloxone Use Report (SMPD form #1509).

(b) If necessary, such as in cases of death, attempted suicide, suspect in a crime, reportable force used, etc., complete the appropriate report.

(c) Provide Naloxone Use Report form to Watch Commander, or designee, to replenish used Naloxone.

If Naloxone medication is administered to a Department member, refer to § 1022 Work-related Injury or Illness for further reporting responsibilities.

436.8.4 SUPERVISOR RESPONSIBILITIES

A supervisor receiving a Naloxone Use Report form from an employee shall complete the Supervisory Responsibilities section. This section includes:

(a) Assisting the employee with replenishing the used Naloxone

(b) Documenting the incident in the Daily Log.

(c) Document information on the Department Naloxone Use tracking log.

436.8.5 OPIOID OVERDOSE MEDICATION MAINTENANCE

Members who are assigned Naloxone should handle, store and administer the medication consistent with their training. Members should check the Naloxone and any associated equipment assigned to them at the beginning of their shift to ensure it is serviceable and not expired.

It is also the member's responsibility to check the Naloxone and associated equipment assigned to their vehicle during their pre-shift vehicle inspection to ensure it is serviceable and not expired.

Any expired Naloxone or unserviceable associated equipment should be removed from service and given to the Watch Commander, or designee, to be replaced.

The Operations Executive Officer, or designee, shall ensure the destruction of any expired Naloxone (Business and Professions Code § 4119.9).

436.8.6 STORAGE

Naloxone kits issued to Department vehicles will generally be stored in the rear storage area of the vehicle. The Department member using the vehicle may choose to store it elsewhere inside the vehicle during their shift. The member should avoid storage areas where the kit could be damaged or will be exposed to direct sunlight or heat for an extended period of time.

Naloxone kits issued to individual Department members should generally be stored in the designated storage pouch issued to them by the Department. The member may choose to store the Naloxone kits elsewhere. The member should avoid storage areas where the kit could be damaged or exposed to direct sunlight or heat for an extended period of time.

Additional Naloxone kits will be stored in the Watch Commander's Office, Jail, Harbor Services Office and Property.

436.8.7 TRAINING

Members shall be trained to administer Naloxone in accordance with mandated training guidelines pursuant to Health & Safety Code § 1797.197 and California Civil Code § 1714.22 and as determined and established by Vital Medical Services, the Department's contracted medical provider.

Training on the administration of the nasal spray shall be conducted by a current certified first aid instructor trained in teaching administration of Narcan Nasal Spray. All members will receive training that will include, but not be limited to, an overview of California Civil Code § 1714.22, patient assessment (signs/symptomology of overdoses), universal precautions, rescue breathing, emergency medical attention, and the use of the intra-nasal Naloxone. Members will receive refresher training as determined by the Personnel and Training Unit.

436.8.8 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).

436.9 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.

Nothing in this section should delay a sworn 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.

436.9.1 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 Operations 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.

436.10 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).