



# Seattle Police Department Policy Manual



## 16.130 – Providing Medical Aid

Effective Date: 01/01/2020

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### 16.130-POL-1 Definitions

**Emergency Medical Technician (EMT) Officer** – A Seattle Police Officer that is certified through the State of Washington as an EMT and currently possesses a license to practice medicine.

**Emergency Medical Services (EMS) Coordinator** – An EMT Police Officer appointed by, and who reports to, the commander of the Training Section. The Assistant Chief of the Professional Standards Bureau shall have final authority over the appointment, and duties assigned to, the EMS Training Coordinator.

### 16.130-POL-2 Sworn Employees Providing Medical Aid

#### 1. Recognizing the Urgency of Providing Medical Aid and the Importance of Preserving Human Life, Sworn Employees Will Request Medical Aid, if Needed, and Render Appropriate Medical Aid Within Their Training as Soon as Reasonably Possible

Sworn employees assisting a sick and/or injured person will attempt to determine the nature and cause of the person's injury or illness, provide first aid, and initiate EMS, as needed.

After requesting a medical aid response, sworn employees will render aid within the scope of their training unless aid is declined.

Sworn employees will provide medical aid within their training until an EMT officer or qualified medical personnel takes over patient care. Certified EMT officers should be given priority to render care, when feasible. Consent should be assumed for unconscious subjects or subjects' incapable of providing consent.

**Exception:** A call for medical aid is not required for apparent injuries that can be treated by basic first aid (e.g., minor cuts and abrasions).

Sworn employees will follow their training and this manual section, and standing orders provided by the SPD/SFD Medical Director when applying CPR, the AED, and/or Naloxone.

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SPD's medical standing orders are provided by the SPD/SFD Medical Director, who is a licensed medical practitioner in the State of Washington.

## **2. Officers Respond to Reports of a Heart Attack and Provide CPR/AED as Needed**

(See 16.130-POL-3 #7 Standing Orders for Use of Nasal Naloxone)

## **3. Sworn Employees Cooperate with Medical Personnel**

Sworn employees provide care to sick or injured people until transferring care to EMS.

Sworn employees will remain on the scene to assist medical personnel, as necessary.

## **4. Officers May Transport Sick or Injured Persons in a Department Vehicle**

Officers may use a department vehicle to transport a sick or injured person if, in the officer's opinion, the transport will save the person's life, and SFD or other medical transport is unavailable.

## **5. Officers Report Their Use of First-Aid, CPR, the AED, and/or Nasal Naloxone**

Officers will obtain the names and addresses of witnesses to the medical emergency when available, practical, and safe to do so.

If known, officers will update the call on the MDC with the victim's name, witness names and the names of responding SFD personnel when:

- Responding to a dispatched call to assist a sick or injured person
- When first aid is provided
- When responding to a report of sudden cardiac arrest
- When transporting a sick or injured person in a department vehicle

Officers will complete a report when:

- The injury or illness is caused by a criminal act
- The injury or illness involves city property
- CPR, the AED, and/or nasal naloxone is used (see 16.130-TSK-1 Employees Reporting the Use of an AED and 16.130-TSK-2 Using Nasal Naloxone)

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Officers will document the use of tourniquets, nasal naloxone, pressure bandages, CPR, AEDs, and other trained medical techniques to the EMS Coordinator via online RedCAP reporting. If documenting the incident in Mark43, officers will also select the corresponding check boxes, as appropriate.

RedCAP reporting can be found on the SharePoint home page, VMDT links and on the Policy Unit SharePoint webpage [here](#).

- Select the link SPD - First Aid Reporting
- EMT officers will also complete the SOAP (Subjective, Objective, Assessment, and Plan) section within the RedCAP report, as instructed by the EMS Coordinator.

## **16.130-POL-3 Officers Administering Naloxone**

### **1. Officers May Use Nasal Naloxone at a Scene Where, Based on Their Training and Experience, They Reasonably Believe That a Subject is in an Opioid-Induced Overdose**

To carry and be issued nasal naloxone, officers must complete the online SPD – Issuance of Naloxone eLearning in Cornerstone. This training must be completed annually to maintain certification to carry nasal naloxone. This requirement is set forth by the SPD Medical Director.

### **2. Officers Will Only Use Department Issued Nasal Naloxone**

### **3. Officers Provide Information to Medical Personnel**

Officers will provide SFD personnel, hospital staff or other medical transport personnel the names of all sworn employees that assisted with the person's care.

Note: This information is used to notify involved Sworn employees of possible exposure to pathogens discovered on further medical examination of the treated person.

Medical facilities will notify the Employment Services Lieutenant of any possible infectious exposures to officers (see [3.040 – Infectious Diseases Exposure Control](#)).

### **4. The Quartermaster, or Their Trained Designee, Will Maintain Department Nasal Naloxone Distribution Logs**

When nasal naloxone is used, the Quartermaster or their trained designee will issue the officer a new kit and log the information.

### **5. Officers Must Carry Nasal Naloxone Kits in One of Three Ways**

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Officers will carry their kits in one of these manners:

- Cargo pants pocket
- On their duty belt or vest carrier in a pouch or carrier that will secure the device
- Secured in a patrol vehicle or mountain bike bag

At the end of shift, officers will secure their kits with their other equipment. Kits will not be left in patrol vehicles.

## **6. Officers Will Periodically Check the Manufacturer's Expiration Date on their Issued Nasal Naloxone**

If beyond the expiration date, officers will exchange the expired naloxone for a new one from the Quartermaster or their trained designee.

## **7. Standing Orders for Use of Nasal Naloxone**

These standing orders provide guidelines and authorize a properly qualified Seattle Police Department or criminal justice employee to use nasal naloxone on a subject who is reasonably believed to be suffering an opioid-induced overdose.

These orders were issued on March 15th, 2016, and remain in effect until modified or rescinded by the SPD/SFD Medical Director.

The Department EMS Coordinator oversees the Nasal Naloxone Program.

### **Upon encountering the patient:**

1. **Establish** patient unresponsiveness.
2. **Discover** signs of opioid overdose (behavior, paraphernalia, witness statements).
3. **Activate** the EMS (Emergency Medical Services) System (CALL FOR MEDICS).
4. **Administer** nasal naloxone to the patient in accordance with training.
5. **Notify** SPD Communications that naloxone has been administered.
6. **Provide** basic life support care, per training.

### **Upon arrival of EMS:**

Patient care is the responsibility of EMS.

- Officers may assist as needed.

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7. **Provide** a verbal report of findings and actions to EMS member in charge.

## **16.130-POL-4 EMT Unit**

Many emergency situations occur in which sworn employees are first on the scene, or where the sworn employees are the only personnel on scene because the scene is deemed unsafe for EMS to enter. In many of these cases, medical treatment is necessary, but EMS has not arrived or is unable to do so. The SPD EMT Unit serves to bridge this gap in patient care and provide life-saving medical aid until EMS arrives on scene.

The SPD EMT Unit does not replace the care rendered by the Seattle Fire Department. The goal of the SPD EMT Unit is to render care in places that traditional EMS organizations cannot go due to the scene safety or time proximity.

All sworn employees are required to provide medical aid within their level of training. The SPD EMT Unit does not replace immediate life-saving medical interventions of patrol officers.

### **1. EMS Coordinator's Roles and Responsibilities**

The role of the EMS Coordinator is to manage the training, logistics and deployment of the SPD EMTs.

The EMS Coordinator reviews and approves all medical devices used by the Seattle Police Department via the SPD/SFD Medical Director, serves as a subject matter expert as it pertains to medical interventions, and acts as a liaison between the SPD/SFD Medical Director, Seattle Fire Department, Medic One, and various other EMS entities as it pertains to care rendered by the Seattle Police Department.

The EMS Coordinator creates, approves, and maintains all SPD medical training to include but not limited to Automated External Defibrillation, Infectious Disease Prevention, Cardiopulmonary Resuscitation, Law Enforcement Casualty Care, and naloxone.

The EMS Coordinator manages the certification, training, and deployment of the EMT unit sworn employees and the use /deployment of SPD EMT Unit equipment.

### **2. EMT Officers Will Complete Required Training**

EMTs within the State of Washington are required to attend mandatory training to maintain their state certification. EMT mandatory training is governed by the Washington State Department of Health.

EMT officers must meet the mandatory training requirement, or the State of Washington will revoke their EMT License.

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Upon completion of mandatory training, the EMS Coordinator will submit EMT training records to the Washington State Department of Health.

### 3. EMT Officers Will Document Patient Care at the Direction of the SPD/SFD Medical Director and the EMS Coordinator

EMT officers will document their patient care via RedCAP reporting. RedCAP reporting can be found on the VMDT links and on the Policy Unit SharePoint webpage [here](#), titled SPD - First Aid Reporting.

EMT officers will also complete the SOAP (Subjective, Objective, Assessment, and Plan) section within the RedCAP report.

### 4. Supervisors Will Grant EMT Officers Priority to Render Life-Saving Medical Aid, When Feasible

### 5. The EMS Coordinator Manages the Use and Deployment of Designated EMT Unit Equipment

## 16.130-TSK-1 Using Nasal Naloxone

**Before** or immediately after using nasal naloxone, the **officer**:

1. **Verifies** with Communications that SFD is enroute.

**After** using nasal naloxone, the **officer**:

2. **Advises** Communications that they used nasal naloxone and asks for SFD.
3. **Monitors** the subject until SFD arrives.
4. **Provides** basic life support care, per training.
5. **Informs** SFD personnel of the use of nasal naloxone.
6. **Disposes** of the used kit in a sharps container.
7. **Completes** a report in Mark43 and checks the box indicating that nasal naloxone was administered by SPD.
8. **Completes** an online SPD - First Aid Reporting form via RedCAP which can be found on the Policy Unit webpage [here](#).

- Select the link SPD - First Aid Reporting