

Medical Aid and Response

425.1 PURPOSE AND SCOPE

Best Practice MODIFIED

This policy recognizes that employees of the Department of State Hospitals (DSH) Office of Protective Services (OPS) often encounter persons who appear to be in need of medical aid and establishes a law enforcement response to such situations. This policy is specific to non-DSH committed patients. Please refer to facility policies for DSH patients requiring emergency medical services.

425.2 POLICY

Best Practice MODIFIED

It is the policy of the DSH and OPS that all officers and other designated employees be trained to provide emergency medical aid and to facilitate an emergency medical response.

425.3 FIRST RESPONDING EMPLOYEE RESPONSIBILITIES

Best Practice MODIFIED

Whenever practicable, employees should take appropriate steps to provide initial medical aid (e.g., first aid, CPR and 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 Communications 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 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 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.

Medical Aid and Response

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.

425.4 TRANSPORTING ILL AND INJURED PERSONS

Best Practice **MODIFIED**

Except in exceptional cases where alternatives are not reasonably available, members should not transport persons who are not in custody and who are unconscious, unresponsive, have difficulty breathing, have chest pains, 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.

425.5 PERSONS REFUSING EMS CARE

Best Practice **MODIFIED**

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, 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 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 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.

425.5.1 SICK OR INJURED ARRESTEE

Agency Content

Medical Aid and Response

If an arrestee appears ill or injured, or claims illness or injury, he/she 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. Officers shall not transport an arrestee to a hospital without a supervisor's approval.

425.6 MEDICAL ATTENTION RELATED TO USE OF FORCE

Best Practice **MODIFIED**

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

425.7 AIR AMBULANCE

Discretionary **MODIFIED**

Generally, when on-scene, EMS personnel will be responsible for determining whether an air ambulance response should be requested. An air ambulance may be appropriate when there are victims with life-threatening injuries or who require specialized treatment (e.g., gunshot wounds, burns, obstetrical cases), and distance or other known delays will affect the EMS response.

The Hospital Police Chief should develop guidelines for air ambulance landings or enter into local operating agreements for the use of air ambulances, as applicable. In creating those guidelines, OPS should identify:

- Responsibility and authority for designating a landing zone and determining the size of the landing zone.
- Responsibility for securing the area and maintaining that security once the landing zone is identified.
- Consideration of the air ambulance provider's minimum standards for proximity to vertical obstructions and surface composition (e.g., dirt, gravel, pavement, concrete, grass).
- Consideration of the air ambulance provider's minimum standards for horizontal clearance from structures, fences, power poles, antennas or roadways.
- Responsibility for notifying the appropriate highway or transportation agencies if a roadway is selected as a landing zone.
- Procedures for ground personnel to communicate with flight personnel during the operation.

Medical Aid and Response

One OPS member at the scene should be designated as the air ambulance communications contact. Headlights, spotlights and flashlights should not be aimed upward at the air ambulance. Employee should direct vehicle and pedestrian traffic away from the landing zone.

Employee should follow these cautions when near an air ambulance:

- Never approach the aircraft until signaled by the flight crew.
- Always approach the aircraft from the front.
- Avoid the aircraft's tail rotor area.
- Wear eye protection during landing and take-off.
- Do not carry or hold items, such as IV bags, above the head.
- Ensure that no one smokes near the aircraft.

425.8 AUTOMATED EXTERNAL DEFIBRILLATOR (AED) USE

State

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).

425.8.1 AED USER RESPONSIBILITY

State **MODIFIED**

Members who are issued AEDs 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 shall be taken out of service and given to the Central Supply Office or other designated department that 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 the Communications Center as soon as possible and request response by EMS.

425.8.2 AED REPORTING

Best Practice **MODIFIED**

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

425.8.3 AED TRAINING AND MAINTENANCE

State **MODIFIED**

The OPS Training Coordinator or the designated facility Training Division 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).

Medical Aid and Response

The Hospital Police Chief should designate a member responsible for ensuring AED devices assigned to OPS are inspected. The member should ensure AED devices assigned to OPS requiring maintenance are sent to the Central Supply Office or the designated department. The Central Supply Office or the designated department is responsible for appropriately maintaining and retaining records of all maintenance in accordance with the established records retention schedule (22 CCR 100027.05).

425.9 FIRST-AID TRAINING

State **MODIFIED**

The OPS Training Coordinator or the designated facility Training Division 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).