
Medical Aid and Response

470.1 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.

470.2 POLICY

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

470.3 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 the Dispatch 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 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 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 excited delirium or other agitated chaotic behavior.

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.

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470.4 TRANSPORTING ILL AND INJURED PERSONS

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.

Officers should search any person who is in custody before releasing that person to EMS for transport.

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.

Members 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, 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 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.

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 AIR AMBULANCE

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

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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 Field Operations Division Commander 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, the Department 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.

One department 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. Members should direct vehicle and pedestrian traffic away from the landing zone.

Members 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.

470.8 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 100014; 22 CCR 100017; 22 CCR 100018).

470.8.1 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 Manager who is responsible for ensuring appropriate maintenance.

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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 Dispatch Center as soon as possible and request response by EMS.

470.8.2 AED REPORTING

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

470.8.3 AED TRAINING AND MAINTENANCE

The Training Manager 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 100021; 22 CCR 100022; 22 CCR 100029).

The Training Manager 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 100021).

470.9 ADMINISTRATION OF OPIOID OVERDOSE MEDICATION

With the objective of reducing the number of fatal opiate overdoses and to increase officer safety, trained members may administer opioid overdose medication (Civil Code § 1714.22; Business and Professions Code § 4119.9).

Definitions:

A.. Naloxone Hydrochloride (Narcan): Naloxone, also commonly known as Narcan, is a prescription medication used for the treatment of possible opioid or suspected opioid overdose.

B. Intranasal: Naloxone is a narcotic antagonist, which works by affecting opiate receptor sites within the brain. Naloxone is administered into the subject's nose via intranasal administration (spray). The nasal cavity is covered by a thin mucosa, which is extremely vascular and provides a direct route into the blood stream of the subject. This method of administration is non-invasive and quickly effective.

C. Opioid Overdose: An opioid overdose is an acute, life threatening medical condition caused by excessive intake of opiates, such as heroin, morphine, tramadol, and oxycodone. This serious medical condition causes the victim to suffer from an altered level of consciousness, pinpoint pupils, respiratory arrest, and can lead to death.

470.9.1 NALOXONE MEDICATION

A standing order from Alameda County EMSA Medical Director authorizes officers who have been trained by an authorized Opioid Overdose Trainer to possess and administer nasal Naloxone to a person who is experiencing a possible overdose.

Only personnel who have completed authorized training in the use and application of Naloxone will be permitted to carry or utilize Naloxone.

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470.9.2 OPIOID OVERDOSE MEDICATION TRAINING

The Training Manager should ensure initial and refresher training is provided to members authorized to possess and administer opioid overdose medication (Naloxone). Training should be coordinated with The Alameda County Emergency Medical Services Agency (EMSA) Medical Director and comply with the requirements in 22 CCR 100019 and any applicable POST standards (Civil Code § 1714.22).

An authorized trainer must be trained by Alameda County EMS to conduct Opioid Overdose Responder training. The training will be conducted every two years during departmental Continued Professional Training (CPT).

470.9.3 NALOXONE STORAGE

Naloxone kits will be deployed in locations where they can be easily accessed and utilized:

- a) Kits assigned to each patrol vehicle, including officers, sergeants, school resource officers, K-9s, and Community Service Officers.
- b) Kit assigned to each detective vehicle.
- c) Kit assigned to each Animal Control vehicle.
- d) Kit assigned to each Major Crimes Task Force vehicle.
- e) Kit assigned to Property and Evidence Unit.
- f) Kit assigned to the Temporary Holding Facility.
- g) Newark Police Department evidence processing area.
- h) Newark Police Department Records Division.

470.9.4 OPIOID OVERDOSE MEDICATION USER RESPONSIBILITIES

Members who are qualified to administer opioid overdose medication, such as naloxone, should handle, store and administer the medication consistent with their training. Members should check 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 First Aid Program Supervisor.

Personnel trained in the use of Naloxone are authorized to use it without prior approval in cases where an opiate overdose is suspected.

Prior to administration of Naloxone personnel must assess the victim for lack of breathing, pulse and unresponsiveness. Personnel should conduct a brief visual survey for any obvious evidence of drug use or exposure.

Naloxone should be administered by trained personnel utilizing intranasal method only.

When using Naloxone, personnel will maintain universal precautions against blood borne pathogens. Any member who administers an opioid overdose medication should contact dispatch

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as soon as possible and request response by Emergency Medical Services (EMS) immediately prior to the administration of Naloxone.

Personnel using Naloxone on anyone, including other members of this agency or other law enforcement agencies, shall notify the appropriate medical personnel so a more thorough assessment can be performed.

A supervisor shall be notified of any administration of Naloxone.

470.9.5 OPIOID OVERDOSE MEDICATION REPORTING

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

The report should describe the details, circumstances and results of the incident. The report should include any information for victims, witnesses or suspects and include a detailed narrative describing symptoms observed at the scene. This report is imperative for EMSA to conduct an audit of Naloxone administration within Alameda County. This report should be forwarded to the Naloxone Coordinator, Training Manager and Division Command Officer (DCO).

470.9.6 MAINTENANCE AND REPLACEMENT

a) An inventory of Naloxone kits; including the kit number, expiration, and location will be maintained by the Equipment Manager and will be conducted during monthly vehicle audits.

b) The replacement of the Naloxone kits will be the responsibility of the Naloxone Coordinator.

470.9.7 DESTRUCTION OF OPIOID OVERDOSE MEDICATION

The Naloxone Coordinator shall ensure the destruction of any expired opioid overdose medication (Business and Professions Code § 4119.9).

Missing or damaged Naloxone kits will be reported as missing or damaged to an immediate supervisor. The supervisor will notify the Naloxone Coordinator and Equipment Manager, who will re-issue supplies. A department memo will be generated for the missing or damaged Naloxone kits.

470.9.8 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).

470.10 SICK OR INJURED ARRESTEE

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.

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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.

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.

470.11 FIRST AID TRAINING

The Training Manager should ensure officers receive initial first aid training within one year of employment and refresher training every two years thereafter (22 CCR 100016; 22 CCR 100022).