Medical Aid and Response

413.1 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.

413.2 POLICY

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

413.3 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 Communications Bureau 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 Communications Bureau 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.

413.4 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.

413.5 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.

413.6 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.

413.7 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 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.

One department member at the scene should be designated as the air ambulance liaison. 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.

413.8 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).

Use of the AED for defibrillation is indicated on victims of cardiac arrest with apparent lack of circulation as indicated by:

- Unconsciousness;
- Absence of breathing, and
- Absence of pulse and other signs of circulation.

The AED's come with both Adult and Pediatric electrodes. Electrodes labeled "Infant/Child" should be used when the patient is less than 8 years old or weighs less than 55 lbs.

413.8.1 AED USER RESPONSIBILITY

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

In the unlikely event that the AED does not operate properly, authorized individuals shall continue with basic life support measures, including CPR, until a more highly trained medical authority arrives on scene.

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 Communications Bureau as soon as possible and request response by EMS.

413.8.2 AED REPORTING & REVIEW OF AED INCIDENTS

Each time an AED is used to medically assist someone, the deploying officer shall complete the Automated External Defibrillator (AED) Post-Incident Report Form available in the report writing

room and in the AED cabinet in Property and Evidence, and provide this form to Technical Services with the AED used during the event.

For the purposes of this policy section, “medically assist” means attaching electrodes to someone, whether or not any shocks are actually delivered.

The event data stored on the AED will be transferred to a computer by Technical Services personnel. The Business Services Administrator or his/her designee will be responsible for saving the information under the police report DR number and forwarding it to records personnel to be stored in the completed police report. Additionally, this information will be sent to the prescribing physician and/or the Orange County Health Care Agency via City of Irvine Business Services Administrator (Refer to Policy Section §413.8.4).

413.8.3 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).

In order for an individual to obtain authorization to use and AED, the individual shall pass the curriculum as approved by the prescribing physician. Training shall include, but will not be limited to:

- Demonstrated proficiency in the skills necessary to deploy the AED.
- Regular updates on new methods/skills necessary to deploy the AED.
- Current issues pertinent to the use of the AED.
- Proper maintenance and inspection of the AED.

The Business Services Administrator 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).

Each AED must be checked for readiness at least once every 30 days. Technical Services personnel will be responsible for conducting these checks on a regular monthly schedule and submitting a completed AED maintenance log to the Business Services Administrator each month.

Maintaining the Unit

Monthly inspection of each AED will include inspection of the following items:

(a) Power - Turn the unit “on” to verify the unit has power.

(b) Battery age - Battery life expectancy is five years. Batteries for the AEDs will be changed out every three years. AED units will be clearly labeled with the date of the last battery change.

(c) Condition of unit - Verify unit is clean, undamaged and free of excessive wear.

(d) Adult electrodes - Verify an adult electrode is connected to the unit, sealed in its package and is within its expiration date.

(e) Accessory pack - Verify the accessory pack is sealed and available for use.

(f) Pediatric electrodes - Verify a pediatric pad is available for use, sealed in its package, and is within its expiration date.

(g) Green check (#) - Verify the green check is showing.

If the AED unit fails any area of the monthly inspection or shows a red (X), the unit shall be removed from service for maintenance. If the AED is not immediately serviceable, a spare AED shall be placed in the vehicle.

413.8.4 MEDICAL OVERSIGHT & MEDICAL POINT-OF-CONTACT
Two individuals in the County of Orange serve as points of contact for AED policy development and review and post-use case review. Each time an AED is deployed to medically assist someone, the data download must be sent to one of these individuals, in the following order:

Primary: BLS & AED Coordinator, OC HCA EMS Programs Office 714-834-6233
Secondary: OC HCA Medical Director 714-834-2824

413.8.5 REPLACEMENT / SPARE AEDS
Spare, or replacement, AEDs will be located inside a locked cabinet in the Property & Evidence hallway. A key to the cabinet will be available in the key cabinet in the Watch Commander's Office.

In the event an AED is used to medically assist someone or a red (X) is showing that the unit is not ready for use, the employee who used the AED or who identifies that it is not ready for use, will remove the AED from service by placing it on the appropriately labeled shelf in the AED cabinet in Property and Evidence. This same employee should replace the AED taken out of service with one of the spare AEDs, which can also be found in the AED cabinet in Property and Evidence.

Prior to placing the spare AED into service, the employee should verify that a green (#) appears showing the unit is ready for use.

An email should be sent to Technical Services personnel notifying them that an AED has been placed in the AED cabinet in Property and Evidence for recertification (see below).

413.8.6 AED SERVICE AND RECERTIFICATION
The Business Services Administrator shall maintain a database of all AEDs in service and the replacement dates for all components that require routine or periodic change including, but not limited to, batteries and adult and child electrodes. Through monthly inspections, Technical Services personnel, under the direction of the Business Services Administrator, will be responsible for ensuring these components are changed prior to their expiration dates.

413.9 ADMINISTRATION OF OPIOID OVERDOSE MEDICATION
Trained members may administer opioid overdose medication (Civil Code § 1714.22; Business and Professions Code § 4119.9).

413.9.1 OPIOID OVERDOSE MEDICATION USER RESPONSIBILITIES & USE

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 Program Coordinator.

Officers who have completed the mandated Naloxone training by HCA/EMS are authorized to administer Naloxone when they reasonably believe someone is experiencing an opioid-related overdose. Personnel 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 dispatch of potential overdose state.

(f) Follow Naloxone protocol.

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

(h) Notify a field supervisor.

Any member who administers an opioid overdose medication should contact the Communications Bureau as soon as possible and request response by EMS.

413.9.2 OPIOID OVERDOSE MEDICATION REPORTING

Upon completion of the incident, officers will submit an incident report detailing the nature of the incident, the care the patient received and the fact Naloxone was deployed. A copy of the report will be forwarded to the Naloxone Program Coordinator who will track and monitor the use of Naloxone.

The Program Coordinator will ensure that the Records Supervisor is provided enough information to meet applicable state reporting requirements.

413.9.3 OPIOID OVERDOSE MEDICATION TRAINING

The Program Coordinator should ensure initial and refresher training is provided to members authorized to administer opioid overdose medication. Training should be coordinated with the local health department and comply with the requirements in 22 CCR 100019 and any applicable POST standards (Civil Code § 1714.22).

413.9.4 MAINTENANCE AND REPLACEMENT

The daily inspection of Naloxone kits will be the responsibility of officers who are assigned the kit for field deployment. Officers should handle, store and administer the medication consistent with

their training. Officers 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 reported to the Office of Professional Development. Replacement kits will be issued by Technical Services during normal working hours. Several kits will also be placed in the Watch Commanders safe should an officer need a new kit after hours or on weekends.

413.9.5 PROGRAM COORDINATOR

The Office of Professional Development will serve as the department's Program Coordinator and will work in collaboration with the HCA/EMS. The Program Coordinator will be responsible for tracking, storage, maintenance, replacement of Naloxone kits and reviewing Naloxone use reports.

413.9.6 DESTRUCTION OF OPIOID OVERDOSE MEDICATION

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

413.9.7 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).

413.10 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.

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.

413.11 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).