Medical Aid and Response

467.1 PURPOSE AND SCOPE

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

467.2 POLICY

It is the policy of the University of California Santa Cruz Police Department that all officers and other designated members be trained to provide emergency medical aid and to facilitate an emergency medical response. Whenever possible, officers will be dispatched to medical aid calls.

467.3 FIRST RESPONDING MEMBER RESPONSIBILITIES

Whenever practicable, members 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 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.

467.4 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.

467.5 PERSONS REFUSING EMS CARE

A. 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.

B. In cases where mental illness may be a factor, the officer should consider proceeding with a 72-hour treatment and evaluation commitment (5150 WI commitment) process in accordance with the Mental Illness Commitments Policy.

C. 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 should consider requesting EMS personnel to respond and assess the person, including in situations where a citation and release is applicable. 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.

D. If the person 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.

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

467.5.1 SICK OR INJURED ARRESTEE

If an arrestee appears ill or injured, or claims illness or injury, they 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.

467.6 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.

467.7 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.

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.

467.8 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).

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

467.8.2 AED REPORTING

1. The on-duty UCPD supervisor should be notified about the use of an AED as soon as practical.
2. Any member using an AED shall detail its use in an appropriate report.
3. Reporting to the SCEMS Director as outlined in section 467.11.

467.8.3 AED TRAINING AND MAINTENANCE

The Training Sergeant shall 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 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 100021), and the UC Santa Cruz Office of Emergency Service AED Program policy.

467.9 ADMINISTRATION OF OPIOID OVERDOSE MEDICATION

Trained members may administer opioid overdose medication in accordance with provided training and the protocol specified by the licensed health care provider who prescribed the overdose medication for use by the member(Civil Code § 1714.22, 22 CCR 100019, Business and Professions Code § 4119.9) :

(a) When trained and tested to demonstrate competence following initial First Responder Naloxone instruction

(b) When authorized by the medical director of the LEMSA.

(c) In accordance with California Peace Officer Standards and Training (POST) standards and section 467.9.5

467.9.1 OPIOID OVERDOSE MEDICATION MEMBER 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 used, damaged, expired medication or unserviceable administration equipment should be removed from service and given to the Training Sergeant. Any lost medication will be reported to the member's supervisor and the Training Sergeant, in a timely manner.

The Training Sergeant is designated as the Program Coordinator and will be responsible for the tracking, storage, maintenance, replacement of naloxone kits, and reporting as required by law.

Members who are trained should deploy with naloxone kits into the field. However, each member will retain the discretion whether to administer naloxone to individuals experiencing or suspected of experiencing an opiod related overdose.

There is no legal obligation to administer naloxone. Members who administer naloxone to a person experiencing or is suspected of experiencing an overdose are protected from civil and criminal liability if they:

1. Have received training pursuant to section 467.9 above,
2. Act with reasonable care in administering the opioid overdose medication, and
3. Act in good faith and not for compensation (Civil Code § 1714.22(f)).

467.9.2 APPROVED PRODUCT

Naloxone HCL Nasal Spray: 4mg of naloxone hydrochloride (Narcan) is approved for the emergency treatment of known or suspected opioid overdose.

467.9.3 USE OF NALOXONE

Upon identifying a patient with suspected opioid overdose, members should consider the following:

(a) Consider the incident as a medical emergency utilizing standard blood and body fluid precautions, and use personal protective equipment

(b) Perform patient assessment and check for signs of opioid overdose

1. Patient will not wake up or respond to voice or touch
2. Breathing is very slow, irregular, or has stopped
3. Signs of illegal use or prescription use of narcotics
4. Administer 4mg naloxone into one nostril prior to EMS arrival.

(c) Any member who administers an opioid overdose medication shall contact the Dispatch Center as soon as possible and request response by EMS.

(d) After naloxone administration, observe for improved breathing and consciousness

1. One additional naloxone administration may be administered if no improvement in breathing or consciousness within 2-3 minutes
2. Consider rescue breathing or begin CPR/AED use

(e) If the patient responds to naloxone

1. Maintain public and officer safety
2. Prepare for possible narcotic reversal behavior or withdrawal symptoms (vomiting, irritability, agitation, etc.)
   (a) Consider placing patient in recovery position
   (b) Continually monitor the patient's medical condition until officially relieved by EMS personnel.

(c) Should it become necessary to utilize physical force or restraints to control a patient who may be agitated while recovering from naloxone, members should consider the underlying medical condition, utilize deescalation techniques, and balance the public and officer safety risks against the risk of harming the patient. Also refer to Policy section 467.6.

3. Observe the patient for additional care needs

(a) Notify the first arriving EMS personnel of patients medical condition.

(b) Members will record the name and agency of the EMS personnel they provided the information to in the appropriate report.

(c) Responding EMS personnel must be notified of naloxone administration and the number of doses administered.

Each patient or family member that is present must be provided with a contact card with information on local substance abuse treatment.

467.9.4 OPIOID OVERDOSE MEDICATION REPORTING

1. The on-duty UCPD supervisor should be notified about the naloxone administration as soon as practical.
2. Any member administering opioid overdose medication shall detail its use in an appropriate report.

467.9.5 OPIOID OVERDOSE MEDICATION TRAINING

The Training Sergeant 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 Civil Code § 1714.22, as well as any applicable POST standards .

A. Training shall consist of a one-hour presentation approved by SCEMS, which shall minimally cover the following:

1. Background Information on opioid use and abuse
2. Definition of opioids
3. Causes of an opioid overdose
4. Signs and symptoms of overdose
5. Reversal of opioids using naloxone
6. Administration of an opioid antagonist
7. Emergency field treatment of the opioid overdose patient, including mouth to mouth resuscitation
8. Mechanism of drug action of naloxone
9. Safety, medical asepsis, and personal protective equipment measures
10. EMS notification

B. Training should include a written examination and student demonstration of the administration of intranasal naloxone

C. One hour refresher training shall be conducted at least every 2 years

Training records for each individual member should record the date of the successful initial training, and refresher training.

467.9.6 DESTRUCTION OF OPIOID OVERDOSE MEDICATION
The Training Sergeant shall ensure the destruction of any expired opioid overdose medication (Business and Professions Code § 4119.9).

467.9.7 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).

467.10 ADMINISTRATION OF EPINEPHRINE AUTO-INJECTORS

The Patrol Division Commander may authorize the acquisition of epinephrine auto-injectors for use by Department members as provided by Health and Safety Code § 1797.197a. If the department chooses to acquire epinephrine auto-injectors for use by members, the Training Sergeant shall create and maintain an operations plan for the storage, maintenance, use and disposal of epinephrine auto-injectors as required by Health and Safety Code § 1797.197a(f).

Trained members who possess valid certification may administer an epinephrine auto-injector for suspected anaphylaxis (Health and Safety Code § 1797.197a(b); 22 CCR 100019).

467.10.1 EPINEPHRINE USER RESPONSIBILITIES
The Department does not provide epinephrine auto-injectors to members for use in the field. However, members may administer epinephrine auto-injectors prescribed to individual patients that carry them. Members should administer epinephrine auto-injectors consistent with their training and the Department operations plan. Members should check the auto-injectors to ensure the medication is not expired. Any expired medication should not be used.

Any member who administers an epinephrine auto-injector medication should contact the Dispatch Center as soon as possible and request response by EMS (Health and Safety Code § 1797.197a(b)).

467.10.2 EPINEPHRINE AUTO-INJECTOR REPORTING
The on-duty UCPD supervisor should be notified about the epinephrine administration as soon as practical.

Any member who administers an epinephrine auto-injector shall detail its use in an appropriate report.

The Training Sergeant should ensure that the required reporting to the EMS Authority is completed within 30 days after each use (Health and Safety Code § 1797.197a(f)).

Records regarding the acquisition and disposition of epinephrine auto-injectors shall be maintained pursuant to the established records retention schedule but no less than three years (Business and Professions Code § 4119.4(d)).

467.10.3 EPINEPHRINE AUTO-INJECTOR TRAINING
The Training Sergeant should ensure that members authorized to administer epinephrine auto-injectors are provided with initial and refresher training that meets the requirements of Health and Safety Code § 1797.197a(c) and 22 CCR 100019.

467.11 REPORTING TO THE SCEMS MEDICAL DIRECTOR

1. The Training Sergeant is responsible to make sure that all cases of naloxone and AED administration are reported to the SCEMS Medical Director within 10 business days;
2. All cases of epinephrine with be reported within 30 days of administration.
3. The report should include, but is not limited to:
    1. Date, time and location of service
    2. Brief description of initial physical findings (e.g., unresponsive, not breathing, blue skin, no pulse, etc.)
    3. Amount of naloxone or epinephrine administered, and/or the number of times the AED was used
    4. Effectiveness of the naloxone, AED and/or epinephrine administered

The Training Sergeant will also ensure that the Records Manager is provided enough information to meet applicable state reporting requirements.

467.12 PROGRAM EVALUATION/CONTINUOUS QUALITY IMPROVEMENT

The SCEMS Agency, in accordance to the EMS Quality Improvement Plan, should notify the department of any opportunities for improvement. If opportunities for improvement are recommended, the Training Sergeant will review the recommendations, determine the best course of action, and submit a plan to the Chief of Police or designee for follow up.

In addition, the Training Sergeant will be responsible for the following annually:

1. All required reports are submitted within the necessary timeframe
2. The deployment and use of naloxone complies with this policy
3. The deployment and use of an AED or epinephrine complies with this policy
4. Evaluating the policy guidelines and training plan for members authorized to administer naloxone, AED, and/or epinephrine
5. Ongoing training for all members issued or otherwise expected to deploy naloxone, AED, and/or epinephrine
6. Completion of initial approved training prior to initial issuance or deployment by members

7. Completion of approved update training for all members

467.13 DISPOSAL OF MEDICAL WASTE

All medical waste should be properly disposed of by utilizing the following:

1. Sharps containers for all needles, empty syringes, etc.
2. Any opioid medication and actuator should be disposed of in a medical waste container.
3. Any medical waste with saturated blood in red bio-hazard bags, and placed in a red container
    1. Once the red container is full, the medical waste can be disposed of by the campus pharmacy or EHS

Any expired medication should be disposed of pursuant to Section 467.9.6.

467.14 HEALTH AND SAFETY CODE § 11376.5

Members are reminded that California Health and Safety Code § 11376.5 protects persons seeking assistance for overdose incidents from prosecution for being in possession of, or under the influence of controlled substances.

Health and Safety Code § 11376.5 states the following:

(a) Notwithstanding any other law, it shall not be a crime for a person to be under the influence of, or to possess for personal use, a controlled substance, controlled substance analog, or drug paraphernalia, if that person, in good faith, seeks medical assistance for another person experiencing a drug-related overdose that is related to the possession of a controlled substance, controlled substance analog, or drug paraphernalia of the person seeking medical assistance, and that person does not obstruct medical or law enforcement personnel. No other immunities or protections from arrest or prosecution for violations of the law are intended or may be inferred.

(b) Notwithstanding any other law, it shall not be a crime for a person who experiences a drug-related overdose and who is in need of medical assistance to be under the influence of, or to possess for personal use, a controlled substance, controlled substance analog, or drug paraphernalia, if the person or one or more other persons at the scene of the overdose, in good faith, seek medical assistance for the person experiencing the overdose. No other immunities or protections from arrest or prosecution for violations of the law are intended or may be inferred.

(c) This section shall not affect laws prohibiting the selling, providing, giving, or exchanging of drugs, or laws prohibiting the forcible administration of drugs against a person’s will.

(d) Nothing in this section shall affect liability for any offense that involves activities made dangerous by the consumption of a controlled substance or controlled substance analog, including, but not limited to, violations of Section 23103 of the Vehicle Code as specified in Section 23103.5 of the Vehicle Code, or violations of Section 23152 or 23153 of the Vehicle Code.

(e) For the purposes of this section, “drug-related overdose” means an acute medical condition that is the result of the ingestion or use by an individual of one or more controlled substances or one or more controlled substances in combination with alcohol, in quantities that are excessive for that individual that may result in death, disability, or serious injury. An individual’s condition shall be deemed to be a “drug-related overdose” if a reasonable person of ordinary knowledge would believe the condition to be a drug-related overdose that may result in death, disability, or serious injury.