
Medical Aid and Response

433.1 PURPOSE AND SCOPE

This policy recognizes that investigators s often encounter persons in need of medical aid and establishes a law enforcement response to such situations.

433.2 POLICY

It is the policy of the Placer County District Attorney's Office that all investigators and other designated investigators be trained to provide emergency medical aid and to facilitate an emergency medical response.

433.3 FIRST RESPONDING INVESTIGATOR RESPONSIBILITIES

Whenever practicable, investigators should take appropriate steps to provide initial medical aid (e.g., first aid, CPR.) in accordance with their training and current certification levels. This should be done for those in need of immediate care and only when the investigator can safely do so.

Prior to initiating medical aid, the investigator should contact Placer County Sheriff's Office Communications and request response by Emergency Medical Services (EMS) as the investigator deems appropriate.

Investigators should follow universal precautions when providing medical aid, such as wearing gloves and avoiding contact with bodily fluids, consistent with the Communicable Diseases Policy. Investigators should use a barrier or bag device to perform rescue breathing.

When requesting EMS, the investigator should provide Placer County Sheriff's Office Communications 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 investigator.
 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.

Investigators should stabilize the scene whenever practicable while awaiting the arrival of EMS.

Investigators should not direct EMS personnel whether to transport the person for treatment.

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433.4 TRANSPORTING ILL AND INJURED PERSONS

Except in extraordinary cases where alternatives are not reasonably available, investigators 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.

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

An investigator 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.

Investigators should not provide emergency escort for medical transport or civilian vehicles.

433.5 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 investigator shall not force that person to receive care or be transported. However, investigators 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 investigator should contact the agency of jurisdiction to proceed with a 72-hour treatment and evaluation commitment (5150 commitment) process in accordance with the Mental Illness Commitments Policy.

If an investigator 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 investigator 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 investigator will require the person to be transported to the nearest medical facility. In such cases, the investigator should consult with a supervisor prior to the transport.

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

433.6 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 investigator has reason to believe the arrestee is feigning injury or illness, the investigator 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 investigator 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. Investigators shall not transport an arrestee to a hospital without a supervisor's approval.

Nothing in this section should delay an investigator 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 investigator's training.

433.7 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..

433.9 ADMINISTRATION OF OPIOID OVERDOSE MEDICATION

Trained investigators may administer opioid overdose medication (Civil Code § 1714.22; Business and Professions Code § 4119.9).

433.9.1 OPIOID OVERDOSE MEDICATION USER RESPONSIBILITIES

Investigators who are qualified to administer opioid overdose medication, such as naloxone, should handle, store and administer the medication consistent with their training. Investigators should check the medication and associated administration equipment periodically to ensure they are serviceable and not expired. Any expired medication or unserviceable administration equipment should be removed from service and given to the Lieutenant.

Any investigator who administers an opioid overdose medication should contact Placer County Sheriff's Office Communications as soon as possible and request response by EMS.

433.9.2 DESTRUCTION OF OPIOID OVERDOSE MEDICATION

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

433.9.3 OPIOID OVERDOSE MEDICATION REPORTING

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

The Lieutenant will ensure that the Administrative Assistant is provided enough information to meet applicable state reporting requirements.

433.9.4 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).

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433.9.5 OPIOID OVERDOSE MEDICATION TRAINING

The Lieutenant 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).

433.9 FIRST AID TRAINING

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