

Medical Aid and Response

465.1 PURPOSE AND SCOPE

This policy recognizes that employees often encounter persons in the course of employment who appear to be in need of medical aid and establishes a Probation Department response to such situations.

465.2 POLICY

It is the policy of the Yolo County Probation Department that all officers and other designated members be trained to provide emergency medical aid and to facilitate an emergency medical response when encountering persons in the course of employment who appear to be in need of medical aid.

465.3 FIRST RESPONDING EMPLOYEE RESPONSIBILITIES

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 Dispatch 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 member should provide Dispatch 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.
 5. Whether the person is showing signs or symptoms of excited delirium or other agitated chaotic behavior.

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

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

465.4 TRANSPORTING ILL AND INJURED PERSONS

Except in extraordinary cases where alternatives are not reasonably available, employees should not transport persons who are unconscious, who have serious injuries or who may be seriously ill. EMS personnel should be called to handle such 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.

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

465.5 PERSONS REFUSING EMS CARE

If a person who is not in Probation Department 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, employees 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, with Supervisor concurrence, that a person who is in custody requires EMS care and the person is refusing such care, the officer will require the person to be transported to the nearest medical facility. The officer will document the person's refusal, the reasons for the mandatory transportation to medical care and, if the officer deems the person sufficiently competent, obtain the person's written refusal.

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

465.5.1 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 must 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.

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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.

465.6 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.

465.7 AUTOMATED EXTERNAL DEFIBRILLATOR (AED) USE

Employees 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.)

465.7.1 AED USER RESPONSIBILITY

Employees 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 Officer 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 employee who uses an AED should contact Dispatch as soon as possible and request response by EMS.

465.7.2 AED REPORTING

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

465.7.3 AED TRAINING AND MAINTENANCE

The Training Officer should ensure appropriate training and refresher training is provided to employees authorized to use an AED. A list of authorized employees 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 Officer 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.)

465.9 ADMINISTRATION OF OPIOID OVERDOSE MEDICATION

Yolo County Probation sworn peace officers may administer opioid overdose medication in accordance with protocol specified by the licensed health care provider who prescribed the overdose medication for use by the member and :

- (a) When trained and tested to demonstrate competence following initial instruction.
- (b) When authorized by the medical director of the Yolo County Emergency Medical Services Agency.

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- (c) In accordance with California Peace Officer Standards and Training (POST) standards. (Civil Code § 1714.22; CCR § 100019)

465.9.1 OPIOID OVERDOSE MEDICATION USER RESPONSIBILITIES

Peace officers who are qualified to administer opioid overdose medication, such as naloxone, should handle, store and administer the medication consistent with their training. Peace officers should check the medication and associated administration equipment at the beginning of their shifts to ensure the medication and equipment are serviceable and not expired. Any expired medication or unserviceable administration equipment should be removed from service and given to the Unit Supervisor or Manager.

Any peace officer who administers an opioid overdose medication should contact dispatch as soon as possible and request response by EMS.

465.9.2 OPIOID OVERDOSE MEDICATION REPORTING

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

The Unit Supervisor will review and approve the report to ensure the officer has provided enough information to meet applicable state reporting requirements.

465.9.3 OPIOID OVERDOSE MEDICATION TRAINING

The Division Manager should ensure initial and refresher training is provided to peace officers 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).

465.9.4 STORAGE

Probation Officers shall receive two doses of Naloxone nasal spray. Naloxone nasal spray will be stored in officer's duty belts or duty carriers. Medication shall be handled with the proper storage guidelines for temperature and sunlight exposure based on manufacturer recommendations. No medication shall be stored in vehicles and no duty belts or carriers shall be stored in vehicles. Additionally, two doses of Naloxone nasal spray will be stored at the front desk, behind glass of the Woodland (725 Court St.) and West Sacramento (500 A Jefferson Blvd.) Probation offices.

All other doses will be stored in a locked safe. Officers are responsible for checking the expiration dates and requesting additional Naloxone nasal spray prior to expiration.