DEPARTMENTAL GENERAL ORDER

ORDER № 2500.100 June 2019 (Revised) 05/16/2005 (New)

MEDICAL AID AND RESPONSE

2500.101 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.

2500.102 POLICY

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

2500.103 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 Dispatch 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. Members 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 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.

2500.104 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.

2500.105 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. 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 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.

2500.106 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.

2500.107 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 and Conducted Energy Device policies.

2500.108 ADMINISTRATION OF OPIOID OVERDOSE MEDICATION

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

2500.109 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 Training Coordinator. Any member who administers an opioid overdose medication should contact Dispatch as soon as possible and request response by EMS.

2500.110 OPIOID OVERDOSE MEDICATION REPORTING

Any member administering opioid overdose medication should detail its use in an appropriate report. The member administering opioid overdose medication shall complete the mandatory SCESMA Law Enforcement Naloxone Utilization Report on the Sacramento County Health and Human Services website and shall document the form was completed in the police report. The Training Coordinator will ensure that the Records Clerk is provided enough information to meet applicable state reporting requirements.

2500.111 OPIOID OVERDOSE MEDICATION TRAINING

The Training Coordinator or authorized designee 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).

2500.112 DESTRUCTION OF OPIOID OVERDOSE MEDICATION

The Administrative Sergeant or authorized designee shall ensure the destruction of any expired opioid overdose medication (Business and Professions Code § 4119.9).

2500.113 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).



State of California—Health and Human Services Agency Department of Health Care Services



May 28, 2019

NOTICE OF ACCEPTANCE OF NALOXONE DISTRIBUTION PROJECT (NDP) APPLICATION

Dear Applicant:

This letter is in response to the NDP application received for California Exposition & State Fair Police Department on May 20, 2019 requesting 48 units of Naloxone. The application has been reviewed and approved as submitted.

The Department's acceptance of the NDP application is based on the organizations' certification to comply by the terms and conditions stated in the application.

If you have any questions, please contact DHCS via email at DHCSMATExpansion@dhcs.ca.gov.

MAT Expansion Project Team
Department of Health Care Services