
Medical Aid and Response

465.1 PURPOSE AND SCOPE

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

465.2 POLICY

In compliance with RCW 36.28A.445 and the WSCJTC First Aid Guidelines, it is the policy of the Vancouver Police Department that all sworn personnel and other designated employees receive approved courses of instruction in cardiopulmonary resuscitation (CPR), first aid, automated external defibrillator (AED) usage, Naloxone administration and Tactical Emergency Casualty Care.

465.3 FIRST RESPONDING MEMBER RESPONSIBILITIES

Whenever practicable, employees should take appropriate steps to provide initial medical aid in accordance with their training and current certification levels. This should be done for those in need of immediate care and when the employee can safely do so.

The employee should contact Dispatch and request response by emergency medical services (EMS) as appropriate.

465.3.1 INJURY DOCUMENTATION

When officers are in a situation requiring police documentation and they contact a visibly injured subject related to the situation, the officer should attempt to determine the cause of the injury, ask if the subject requires medical aid, and document all visible injuries and care rendered. If the subject is uncooperative, refuses aide or refuses to answer questions, the officer should document what they observed and the subject's response.

465.4 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 may 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 generally not provide emergency escort for medical transport or civilian vehicles.

Subjects in custody who are deemed an escape risk while receiving care at a medical facility may be restrained pursuant Department policy. The officer(s) maintaining custody are expected to

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remain reasonably present with the person in custody as long as they are being held in restraints at the facility.

465.5 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 unless authorized pursuant RCW 10.120.020.

In cases where mental illness may be a factor, the officer should consider proceeding with an emergent detention in accordance with Policy 418 - Emergent Detentions.

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

465.5.1 SICK OR INJURED ARRESTEE

Police officers are responsible for the well-being and protection of persons in their custody, and must ensure that a person in custody receives appropriate medical assistance. This can be accomplished by administering first aid and/or by obtaining medical care.

Whenever an officer observes a medical emergency experienced by a person in custody or other injury (i.e., the subject is obviously injured or exhibits signs of physical distress such as a broken bone, bleeding, difficulty breathing, head injury, mental incapacity, excited delirium, severe intoxication, or other visible injury), the officer shall:

- (a) Provide first aid to the extent they are trained and certified to do so and can do so safely, OR depending on the severity of the injury
- (b) Obtain medical assistance as soon as practical

Additionally, officers should obtain medical assistance in the following instances:

- (a) When a subject asks for medical care
- (b) When a subject expresses a complaint of injury or continuing pain
- (c) When a subject is unconscious

Where there is any doubt about the need for medical attention for a person in custody, members should resolve this doubt in favor of obtaining medical attention.

Any individual exhibiting the above signs should be continuously monitored until he/she can be medically assessed.

Medical assistance may consist of examination by fire personnel, paramedics, hospital staff or medical staff at the jail or custody facility.

If any such individual refuses medical attention, such a refusal shall be documented in related reports and, whenever practicable, should be witnessed by another officer and/or medical personnel.

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Incidents where a person in custody receives medical care beyond examination and cursory care at the incident scene, officers shall notify a supervisor and any person taking custody of the arrestee that such medical care was performed.

Known or readily observable injuries and medical care on a subject in custody shall be properly documented on booking sheets and necessary police reports.

465.5.2 NALOXONE (NARCAN) ADMINISTRATION

In cases involving medical emergencies as a result of a suspected opioid overdose, members who have been properly trained in accordance with RCW 69.41.095 - may prescribe, dispense, distribute, and deliver an opioid antagonist directly to a person at risk of experiencing a suspected opioid-related overdose. Employees will only administer Naloxone intranasally.

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 Policy 300 - Use of Force and Restraints.

465.7 AUTOMATED EXTERNAL DEFIBRILLATOR (AED) USE

A semi-automatic external defibrillator or AED should only be used by members who have completed a course approved by the Washington State Department of Health that includes instruction in CPR and the use of an AED (RCW 70.54.310).

465.7.1 AED REPORTING

Any member using an AED during which a shock was advised and delivered will complete a CPR/AED Use Report and forward to the Training Sergeant or designee for review.

[See attachment: 465 CPR-AED Use Report.pdf](#)

465.7.2 AED TRAINING AND MAINTENANCE

The Training Sergeant or designee is responsible for ensuring AED devices are inventoried, appropriately maintained and tested consistent with the manufacturer's operational guidelines, and will retain records of all maintenance in accordance with the established records retention schedule (RCW 70.54.310).

Any AED that is not functioning properly will be taken out of service and given to the Training Sergeant or designee who is responsible for ensuring appropriate maintenance.

465.8 POLICE MEDICS

Certified Police EMT/Paramedics will follow Clark County Public Health medical protocols to their level of certification.

Attachments

465 CPR-AED Use Report.pdf

