

**SAN DIEGO POLICE DEPARTMENT
PROCEDURE**

DATE: MARCH 16, 2020

NUMBER: 6.12 – PATROL

SUBJECT: PARAMEDIC PROCEDURES AND EMERGENCY TREATMENT

RELATED POLICY: [6.12](#)

ORIGINATING DIVISION: OPERATIONAL SUPPORT

NEW PROCEDURE:

PROCEDURAL CHANGE: **MINOR CHANGES**

SUPERSEDES: DP – 06/12/2015

I. PURPOSE

This Department procedure establishes guidelines for paramedic or other emergency medical treatment assistance.

II. SCOPE

This procedure applies to all members of the Department.

III. BACKGROUND

The San Diego Fire-Rescue Department has the role of "First Responder" with paramedic units. Paramedic units are responsible for providing emergency medical care to seriously ill or injured persons within the City. The Emergency Medical Services Program administers the paramedic program and provides overall system planning, direction, and coordination. The City paramedic provider operates under contract with the City to provide paramedic staffing and equipment. Paramedic units are stationed throughout the City and are generally available 24 hours a day.

The San Diego Fire-Rescue Department has primary responsibility for the care and rescue of ill or injured persons. The Fire-Rescue Department evaluates incoming calls and dispatches paramedic units. A screening procedure has been established to evaluate

the medical emergency and the appropriate response. The Fire-Rescue Department is responsible for dispatching private ambulances in appropriate instances.

IV. PROCEDURES

A. Notify Communications

NEW

1. Upon arrival at any scene where medical aid is needed, officers should notify Communications Division of the following:
 - a. Person's approximate age;
 - b. Person's chief complaint;
 - c. If the person is breathing;
 - d. If the person is conscious;
 - e. The number of persons; and,
 - f. If extrication is needed.
2. When a medical emergency is at a crime scene, or when it appears that there may be danger to responding medical units, the Police Department will have Fire-Rescue Department Communications advise the fire units and the paramedics to stand-by near the location. Units standing by will not go to the scene until officers advise them that it is safe to do so.
 - a. Communications Division personnel will advise responding officers when the paramedics are en route but will stand by.
 - b. Officers should advise the radio dispatcher as soon as the scene is secured, and the fire and paramedic units are clear to respond to the scene.
 - c. An officer will brief paramedics and the Fire-Rescue Department captain outside the crime scene to provide information. This information should include the following:
 - (1) The location of any injured person(s) and a brief description of their injuries;
 - (2) The nature of the crime, if any, and steps needed to preserve the crime scene and any evidence; and,

- (3) Whether the injured person is in custody, or if an officer will ride in the ambulance during transport to the hospital.

B. Administer First Aid

1. It is City policy that police officers, firefighters, lifeguards, and other City personnel administer first aid to the extent of their abilities until the First Responder arrives and officially takes charge of the patient. At that time, the Fire-Rescue Department will be in charge of first aid until the arrival of the paramedics. Police officers should assist with medical emergencies, as requested by the Fire-Rescue Department or paramedic personnel.
2. Death should not be assumed by the mere lack of discernable heartbeat or breathing. The San Diego County Trauma Care System is designed to treat this type of patient, especially those with injuries to the abdomen, chest, or head. Successful treatment is dependent on resuscitative efforts being started by police officers or other bystanders and continued until the arrival of paramedics or the First Responder.
3. If officers arrive after bystanders have already begun resuscitative efforts, the officers will ensure that these efforts continue until the arrival of paramedics or the First Responder.
4. Officers will begin resuscitative efforts whenever they encounter a patient with no discernable breathing or heartbeat. These efforts will continue until one of the following occurs:
 - a. The arrival of the First Responders;
 - b. The patient recovers;
 - c. The officer is exhausted and unable to continue;
 - d. The patient is pronounced dead by a physician; or
 - e. A “Do Not Resuscitate” (DNR) form or bracelet has been located and verified.
5. AED (Automatic External Defibrillator) – When an AED is available officers should apply the device and follow the equipment/manufacturer’s instructions. If a patrol sergeant’s vehicle is equipped with an AED, the sergeant will respond to calls where the AED could be utilized.

NEW

NEW

6. If the patient is " obviously dead," officers need not begin resuscitative efforts.

a. " obviously dead" is defined as:

- (1) Decapitation;
- (2) Evisceration of the heart or brain;
- (3) Incineration;
- (4) Rigor mortis; or,
- (5) Decomposition.

NEW

b. If the patient meets the definition of "obviously dead" and resuscitative efforts are not started, officers should so advise the paramedics via Communications Division.

NEW

c. In all cases other than those listed above for "obviously dead," resuscitative efforts will be started.

C. Do Not Resuscitate (DNR)

1. If a patient has a DNR (Do Not Resuscitate) form or a DNR Medic Alert bracelet, they have invoked their right to refuse specific resuscitative measures that may keep them alive. These measures include CPR (chest compressions and assisted ventilation/breathing), endotracheal intubation, defibrillation, and cardiotoxic drugs (drugs for the heart). Therefore, CPR should not be performed on someone who is the holder of a DNR form/bracelet (after making a positive identification of the individual).
2. Treatment for other medical conditions, such as bleeding, choking, and breathing difficulties, should be performed, as needed.

D. Cardiopulmonary Resuscitation (CPR) Mask

1. Field personnel up to the rank of sergeant, including Reserves, will carry a Department-approved disposable CPR mask while in the field.
2. Other personnel who desire to carry a CPR mask in the field are encouraged to obtain one from Central Stores, located at 2773 Caminito Chollas.
3. Supervisors will ensure that all appropriate personnel under their supervision have been issued a mask and carry it while in the field.

NEW

- E. Officers should not instruct paramedics or private ambulance attendants to take a patient to any specific hospital.
- F. Transporting Non-Emergency Patients
 - 1. A standard police vehicle can be used for transporting non-emergency patients who can be safely moved without an ambulance.
 - 2. Patients with suspected or known cases involving cardiovascular ailments, asthma, or respiratory depression will not be transported in a police vehicle.
 - 3. Head, neck, and back injuries should be closely evaluated and transported by ambulance when injury severity is questionable.
 - 4. Every effort should be made to prevent injury complications due to transportation.

G. Private Transportation

Situations where paramedics are not generally needed, and private transportation should be used, include:

- 1. Pregnant women not in labor, or in the initial stages of labor, where delivery is obviously not immediately imminent; or
- 2. Minor illnesses and injuries where immediate medical attention is not required.

NEW

H. Juveniles

- 1. Whenever a juvenile requires non-emergency transportation to a hospital or doctor's office, the officers should:
 - a. Make every effort to determine the identity, residence, and telephone number of the juvenile's parents or guardians and advise Communications Division;
 - b. Communications Division personnel should attempt to locate the juvenile's parents or guardians and advise them of the situation. Every effort should be made to get the parents or guardians to the hospital or doctor's office, as treatment cannot be given without the consent of a parent or guardian; and,
 - c. In all cases involving a juvenile in need of emergency medical care, where the parent or guardian cannot be located or objects to

medical treatment, the hospital will contact the Polinsky Center to obtain consent from Juvenile Probation personnel.

2. If the sick or injured juvenile is under arrest, the following procedures will be used:
 - a. Minor injuries, which can be handled by routine treatment of a registered nurse, may be treated at Juvenile Hall on a 24-hour basis; and,
 - b. Serious injuries should be transported by ambulance to the nearest hospital.

I. Arrestees in Need of Medical Care

1. A suspect's medical condition and the potential for medical treatment should not be considered when determining whether or not to arrest a subject.
2. Penal Code section 4015(c) precludes holding the City liable for medical expenses when officers transport an arrestee to a hospital for treatment. Even if a suspect is in police custody, costs associated with providing medical care to an arrested person are not the responsibility of the City prior to booking into jail.
3. Officers should not make "routine" arrests of misdemeanants when hospitalization is required. Instead, the suspect may be issued a misdemeanor citation, or warrant procedures should be followed in such cases.
4. Once a suspect is booked into jail, the County is liable for medical expenses.
5. In unusual cases, the Watch Commander may direct that an arrest be made, and a "hold" placed on the prisoner. Under such circumstances, the prisoner should be handled according to procedures for felony prisoners outlined in Department Procedure 6.02, Booking Procedures.

J. Psychiatric Care

NEW

In cases where patients require mental health assistance (including attempt suicides) are taken to a hospital for emergency psychiatric medical treatment, an officer should accompany the ambulance and stand by until the patient is transferred to the San Diego County Psychiatric Hospital (SDCPH) or other medical facility, or some satisfactory disposition is reached.

K. Miscellaneous

1. Unless external trauma is evident indicating a possible crime, stillborn fetuses should be transported to the hospital with the mother. In cases involving a possible crime, the scene should be preserved, and the Homicide Unit contacted.
2. Officers with complaints regarding paramedic or other medical procedures or services should submit an ARJIS-9 report to the Paramedic Liaison in Operational Support at MS 776.
3. Procedures for handling injured prisoners who do not require hospitalization are outlined in Department Procedure 6.02, Booking Procedures.