



SACRAMENTO POLICE DEPARTMENT GENERAL ORDERS



522.02

EMERGENCY CARE FOR INDIVIDUALS UNDER POLICE CARE OR CONTROL

5-18-18

PURPOSE

The purpose of this order is to establish procedures for medical care for individuals under police care or control.

POLICY

It shall be the policy of the Sacramento Police Department to provide emergency medical treatment to individuals under police care or control, while ensuring their safety and that of others during treatment.

PROCEDURE

A. EMERGENCY MEDICAL TREATMENT

1. Officers having any doubt concerning a person's condition shall request emergency medical assistance.
2. Officers shall provide first aid to injured parties if it can be done safely.
3. Officers shall be aware of behaviors indicative of medical distress such as the medical condition known as excited delirium. Excited delirium is a potentially fatal condition caused by a complex set of physiological conditions, including over-exertion of the subject and inability for sufficient respiration to maintain normal blood chemistry. Indicators of excited delirium are
 - a. Bizarre/aggressive behavior.
 - b. Dilated pupils.
 - c. Fear/panic/paranoia.
 - d. High temperature.
 - e. Irrational/incoherent speech.
 - f. Jumping into water.
 - g. Profuse sweating.
 - h. Public disrobing.
 - i. Self-inflicted injuries.
 - j. Shivering.
 - k. Inconsistent breathing patterns.
 - l. Seizure.
 - m. Unexpected physical strength.
 - n. Sudden tranquility.
4. If officers suspect that a subject is suffering from any medical distress, including excited delirium, they should place the subject into a comfortable position (e.g., seated or supine position, etc.), and attempt to keep the subject calm and still until Emergency Medical Services (EMS) arrive and can treat the subject.
5. Officers will use their training and experience in deciding if a subject is suffering from an overdose of opioids and whether it is appropriate to deploy intra-nasal naloxone (Narcan) as directed in G.O. 522.06 (Administration of Narcan).
6. Communications personnel receiving telephone requests for ambulances shall
 - a. Make every effort to determine the seriousness of the situation.
 - b. Follow established procedure for dispatch of appropriate emergency medical personnel.

B. REFUSAL OF MEDICAL ATTENTION

1. The Department has no authority to force a non-arrested injured or ill person of a sound mental state to be transported to a medical facility.



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2. When officers encounter a situation involving a refusal to accept medical attention, an Incident Report (SPD 107) recording the facts and circumstances shall be completed.
EXCEPTION: See G.O. 522.01 (Handling Mentally Ill Persons).
- C. EMERGENCY MEDICAL AUTHORITY
1. The highest-level paramedic/emergency medical technician (EMT) on scene is in charge and responsible for the examination, treatment, and transportation of medical patients.
 2. Police supervisors and/or officers shall inform paramedics/EMTs when a patient is in lawful custody and request the patient be transported to a facility designated to handle prisoners.
 3. Law enforcement does not have the authority to order anyone to stop performing cardiopulmonary resuscitation (CPR) or to interfere with a paramedic/EMT.
- D. OUT-PATIENT MEDICAL CARE FOR ARRESTEES
1. An arrestee requiring outpatient emergency medical care whose condition allows transportation in a passenger vehicle shall be taken to an emergency room.
 2. Sacramento County's "intent to incarcerate" forms are located inside the Prisoner Watch Kit binder. The kits are stored at the following city emergency rooms: UC Davis Medical Center, Sutter General, Mercy General, Methodist, and Kaiser South.
 3. The "intent to incarcerate" form shall be completed and signed by both the treating physician and the custodial officer.
 4. After treatment is rendered, officers shall transport the subject with the proper documentation to the Sacramento County Jail.
- E. ADMISSION OF AN ARRESTEE TO A MEDICAL FACILITY
1. If an ambulance is required, the patient should be sent to the nearest area hospital.
 2. When the subject is waiting for or receiving medical attention, officers shall
 - a. Remain with the subject at all times.
 - b. Obtain an estimated time for medical clearance release.
 - c. Notify their supervisor of the estimated length of hospitalization to allow the supervisor to initiate arrangements for prisoner watch if needed.
 3. The affected watch commander shall be responsible for staffing extended prisoner watch assignments.
 4. Officers shall complete all booking paperwork and give it to the prisoner watch officer before leaving the hospital, unless other arrangements have been made through the affected watch commander.
 5. In any case in which more than one consecutive officer is required for prisoner watch, all officers involved shall
 - a. Ensure a Prisoner Watch Log (SPD 916) is being kept.
 - b. Document all observations on the SPD 916 as to occurrences on their shift. If there is no SPD 916 available, the officer shall document his/her actions within the C.A.D. call.
 - c. Document prisoner comments and actions (e.g., if they are violent or a flight risk).
 - d. Liaison with hospital police or security staff regarding the prisoner watch.
 - e. Keep all SPD 916 pages with the prisoner's paperwork until the prisoner is released for incarceration. When the prisoner is released for incarceration, the SPD 916 pages shall be turned in as a report supplement by the booking officer.