	HARRISONBURG POLICE DEPARTMENT General Orders	**Policy Number:** 424
	Chapter: Field Operations	**Total Pages:** 6
	Section: Medical Aid and Response	**Issue Date:** 02/01/2022
	Issued By: Kelley Warner, Chief of Police	**Effective Date**: 05/16/2024
	Replaces: All General Orders Previously Issued Relative to Subject	
VALEAC Standards: ADM.05.04 (b), OPR.07.09 (b)		

A. POLICY AND PURPOSE

This policy recognizes that employees often encounter persons in need of medical aid and establishes a law enforcement response to such situations. It is the policy of the Harrisonburg Police Department that all officers and other designated employees be trained to provide emergency medical aid and to facilitate an emergency medical response.

B. ACCOUNTABILITY STATEMENT

All employees are expected to fully comply with the guidelines and timelines set forth in this policy. Responsibility rests with the supervisor to ensure that any violations of policy are investigated and appropriate training, counseling and/or disciplinary action is initiated. This directive is for internal use only and does not enlarge an employee's civil liability in any way. It should not be construed as the creation of a higher standard of safety or care in an evidentiary sense, with respect to third party claims. Violation of this directive, if proven, can only form the basis of a complaint by this department, and then only in a non-judicial administrative setting.

C. DEFINITIONS

Naloxone - Naloxone is an opioid antagonist that can be used to counter the effects of opiate overdose. Specifically, it can displace opioids from the receptors in the brain that control the central nervous system and respiratory system. It is marketed under various trademarks including Narcan®.

Naloxone Coordinator - The Naloxone Coordinator (NNC) shall be an individual designated by the Chief of Police or his/her designee to collect, review and track all reports of naloxone usage and who shall be responsible for any subsequent reporting necessary to any state or Federal agency as required by law in connection with the use of naloxone by the Harrisonburg Police Department.

Opiate - An opiate is a medication or drug that is derived from the opium poppy or that mimics the effect of an opiate (a synthetic opiate). Opiate drugs are narcotic sedatives that depress activity of the central nervous system, reduce pain, and induce sleep. Commonly encountered opiates include:

morphine, methadone, codeine, heroin, fentanyl, oxycodone (OxyContin®, Percocet®, and Percodan®) and hydrocodone (Vicodin®).

Opioid Overdose - An acute condition due to excessive use of narcotics, indicated by symptoms including, but not limited to, extreme physical illness, decreased level of consciousness, respiratory depression, coma or death, resulting from the consumption or use of an Opioid or another substance with which an Opioid is combined, or that a layperson would reasonably believe to be caused by and Opioid-related drug overdose that requires medical assistance.

D. FIRST RESPONDING MEMBER RESPONSIBILITIES

Whenever practicable, employees should take appropriate steps to provide initial medical aid (e.g., first aid, CPR, 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 (VA Code § 8.01-225).

Prior to initiating medical aid, the employee should contact Emergency Communications Center (ECC) and request response by emergency medical services (EMS) as the employee deems appropriate.

Employees should follow standard 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 (patient in respiratory arrest).

When requesting EMS, the employee should provide Emergency Communications Center 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.

Employees should not direct EMS personnel whether to transport the person for treatment and employees should defer medical decisions to the appropriate medical personnel.

E. TRANSPORTING ILL, INJURED, PHYSICALLY DISABLED PERSONS

Except where alternatives are not reasonably available, officers should not transport persons who are unconscious, who have serious injuries, may be seriously ill or are physically disabled; EMS personnel should be called to handle these instances.

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.

Vehicles and equipment that may be contaminated from blood or bodily fluids should be decontaminated in accordance with the Communicable Disease Policy.

F. 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 medical care or be transported.

However, officers may assist EMS personnel when EMS personnel determine the person lacks the 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 civil commitment or an involuntary commitment.

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 who is in custody 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.

Other than as a witness, employees shall not sign "refusal for treatment" forms or forms accepting financial responsibility for treatment.

a. SICK OR INJURED ARRESTEE

If an arrestee appears ill, injured, or handicapped, or claims illness, injury or handicap, 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 or significant handicap should be transported by ambulance. Officers should, when practicable, comply with hospital protocol while continuing to maintain custody and provide for the safety of officers, arrestees and others. Officers shall not transport an arrestee to a hospital without a supervisor's approval.

Known injuries and medical conditions of an arrestee present both before and after transportation should be documented in the related report.

G. 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 Conducted Energy Weapon policies.

H. AIR AMBULANCE

Generally, when on-scene, EMS personnel will be responsible for determining whether an air ambulance response should be requested. An air ambulance may be appropriate when there are victims with life-threatening injuries or who require specialized treatment (e.g., gunshot wounds, burns, obstetrical cases), and distance or other known delays will affect the EMS response.

Headlights, spotlights, and flashlights should not be aimed upward at the air ambulance. Officers should direct vehicle and pedestrian traffic away from the landing zone.

Officers shall follow these cautions when near an air ambulance:

- Never approach the aircraft until signaled by the flight crew.
- Always approach the aircraft from the front.
- Avoid the aircraft's tail rotor area.
- Wear eye protection during the landing and take-off.
- Do not carry or hold items, such as IV bags, above the head.
- Ensure that no one smokes near the aircraft.

I. AUTOMATED EXTERNAL DEFIBRILLATOR (AED) USE

a. AED USER RESPONSIBILITY

Officers 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 Property Clerk 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 Emergency Communications Center as soon as possible and request response by EMS.

b. AED TRAINING AND MAINTENANCE

The Training Officer should ensure appropriate training is provided to members authorized to use an AED. The training will be conducted every two years.

Each officer is responsible for completing a monthly visual inspection of the AED, and required associated equipment, kept in their assigned patrol vehicle. Any issue or need of replacement should be brought to the attention of the Property Clerk for replacement, repair, and record keeping.

J. ADMINISTRATION OF OPIOID OVERDOSE MEDICATION

Harrisonburg Police Department personnel shall make every reasonable effort to administer aid, including administering Naloxone (Narcan), to victims suffering from an apparent opiate overdose. Administering Naloxone (Narcan) should only be done by employees trained in its use and does not preclude immediate response by EMS personnel.

a. OPIOID OVERDOSE MEDICATION USE RESPONSIBILITIES

Employees who are qualified to administer opioid overdose medication, such as naloxone, should handle, store and administer the medication consistent with their training. Employees 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 Officer.

Naloxone Use: Before any agency personnel deploy Naloxone the following facts must be considered:

a. Agency personnel shall maintain universal precautions.
b. Agency personnel shall perform a patient assessment based on their training in first aid and CPR.
c. As a part of the assessment agency personnel shall speak with any by-standers, if appropriate, and scan the area for any indication of opiate use by the patient.
d. Agency personnel shall determine the patient's level of alertness, check for signs of life and determine if depressed breathing is occurring.
e. Notify the Emergency Communications Center (ECC) that the patient is in a potential overdose state and request that Fire/Rescue be dispatched to the scene and/or verify if they are enroute.
f. Administer Naloxone as trained.

Any officer who administers an opioid overdose medication should contact Emergency Communications Center as soon as possible and request response by EMS.

b. REPORTING

Officers must complete a Incident report regarding the Opioid Overdose. Upon treating a patient with nasal Naloxone, the officer shall submit a Incident report detailing the nature of the incident, the care the patient received, and the fact that the nasal Naloxone was deployed.

Officers administering Naloxone must complete the Naloxone Administration Reporting form (294- NALOXONE USE FORM v2) to be turned in to Nasal Naloxone Coordinator (NNC).

c. TRAINING

Officers shall receive a standard training course (REVIVE) administered by the Harrisonburg Police Department, in conjunction with an appropriate training facility/provider prior to being allowed to carry and use nasal Naloxone. The Harrisonburg Police Department shall provide subsequent training every two (2) years.

d. MAINTENANCE/REPLACEMENT

Periodic inspections of the Naloxone kits shall be conducted by the agency personnel assigned the kit.

Any missing/damaged/or expired Naloxone kits will be reported to the supervisor.

Shift supervisors shall immediately replace nasal Naloxone kits that have been used during the course of a shift and shall make note of the replacement in the written inventory maintained in the patrol supervisors closet.

K. FIRST AID TRAINING

Subject to available resources, the Training Officer should ensure officers receive periodic first aid training appropriate for their position.

Officers shall receive initial training upon employment and subsequent training every two years for the administering of First Aid, CPR, and AED.