



# TRAINING BULLETIN

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Los Angeles Police Department

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## RENDERING MEDICAL AID

As first responders, officers are sometimes in position to assess needed medical aid, request additional resources, and initiate actions regarding the well-being and care of persons in need of immediate, life-saving medical attention. The Los Angeles Police Department is guided by the overarching principle of reverence for human life. In keeping with this principle, officers should take into consideration the response time of the fire department and take necessary action when safe and practicable to do so to provide medical assistance until the arrival of more qualified emergency rescue personnel.

**Note:** *Emergency Rescue Personnel* - Any person who is a peace officer, employee or member of a fire department, fire protection, or firefighting agency of the federal, state, county, or city government.

### Definition

Rendering Medical Aid is defined as the activation of emergency medical services by requesting fire department response and the provision of medical assistance as soon as safe and practicable to the level of an officer's training, experience and available equipment. Medical assistance and medical aid, as used in this Bulletin, include skills from basic first aid up to and including basic life support (BLS). BLS incorporates those skills necessary to extend or preserve life, including but not limited to cardiopulmonary resuscitation (CPR), use of an Automated External Defibrillator (AED), rescue breathing, treating airway obstructions, bleeding control, and treating for shock.

### PROTOCOL

Officers, including detention officers, shall provide basic and emergency medical assistance to all members of the community, including victims, witnesses, subjects, suspects, persons in custody, subjects of a use of force, and fellow officers:

- To the extent of the officer's training and experience in first aid/CPR/AED; **and**;
- To the level of equipment available to an officer at the time assistance is needed. Available equipment includes personal protective equipment (PPE) which is necessary to avoid direct contact with bloodborne pathogens and other bodily fluids.

*Officers should only render aid when it is safe and practicable to do so.* Examples of an unsafe scene, or when aid would not be practicable, are:

- An ongoing tactical situation that would put officers in harm's way;
- During a natural disaster which creates an unsafe environment; and,
- During or directly after a traumatic incident in which the officer's mindset or physiological condition are not conducive to rendering medical aid (e.g. substantially involved in an officer-involved shooting).

### **Duty to Continue Care**

Once officers initiate medical assistance, they must continue until one of the following occurs:

- Environmental hazards endanger the officer or the scene becomes unsafe; or
- The officer is relieved by an equally or higher medically trained person;
- The officer becomes too exhausted to continue;
- The person receiving assistance expressly withdraws medical consent;
- The officer reasonably believes the person receiving assistance has died; or,
- The person receiving assistance responds positively to medical assistance and the officer reasonably believes further medical assistance is not needed.

**Note:** To give or deny medical consent, an officer must reasonably believe the person receiving assistance has the present ability to knowingly give consent.

### **Implied Consent**

There is an assumption that an unconscious or confused person would consent to receiving emergency medical services if that person were able to do so. Officers should operate under this assumption unless a person is able to communicate and explicitly denies medical aid.

Emergency rescue personnel have a responsibility to administer emergency medical services under implied consent whenever an officer reasonably believes a person is:

- Unconscious;
- In an altered mental state due to injury, alcohol, drugs, etc.;
- Incapable of giving consent due to a developmental, emotional or mental disability; or,

- A juvenile, and the parent or guardian is not present.

### **Express Consent**

Officers should clearly identify themselves and ask for consent to administer emergency medical aid. Consent (i.e., permission) must be obtained from the ill or injured person before providing emergency medical aid. For the recipient to give lawful consent, the officer must reasonably believe the ill or injured person is:

- Conscious and oriented;
- Mentally competent enough to make rational decisions regarding his/her well-being; and,
- Eighteen years or older, or an emancipated minor.

### **Refusal**

A conscious and apparently competent adult has the right to refuse any emergency medical services offered by emergency rescue personnel.

### **Documentation**

Normally, the rendering of medical aid by officers, or a subject's refusal of medical aid, will be documented via fire department personnel or recorded on Body Worn Video or Digital In-Car Video. If no separate documentation or recording exists, officers should document the circumstances and the basis for their decision to treat the person on the employee's applicable daily report, e.g., Computer Aided Dispatch Summary Report.

### **Immunity from Liability**

California Health and Safety Code Sections 1799.102-107 state, in part, that emergency rescue personnel qualify for immunity from liability from civil damages for any injury caused by an action taken when providing emergency medical services under certain specified conditions.

California Peace Officer Standards and Training (POST) interprets the law by stating that to be protected from civil liability, emergency rescue personnel must:

- Act within the scope of their employment;
- Act in good faith; and,
- Provide a standard of care that is within the scope of their training and specific agency policy.

## **SUPERVISOR'S RESPONSIBILITIES**

Supervisors should ensure that medical assistance has been initiated under the

guidelines of this Bulletin and that fire department response has been requested in accordance with existing Department policy and procedure.

### **COMMANDING OFFICER'S RESPONSIBILITIES**

Commanding officers are responsible for ensuring that officers under their command are equipped with all Department-issued equipment related to personal protection and First Aid/CPR/AED. Commanding officers shall ensure that employees submit an Employee's Report, Form 15.7, documenting what happened to the used, damaged or missing equipment and what replacement items are needed and that the documentation is retained by the on-duty kit room officer. Replacement items should be obtained through Supply Division via a Supply Order Form, 15.11.00.

### **CONCLUSION**

The Department's principle of reverence for human life dictates that our officers initiate actions for the well-being and care of persons needing immediate, life-saving medical attention. The Department's commitment to the communities we serve embodies not only providing professional policing services, but also providing medical assistance until the arrival of more qualified emergency rescue personnel.

Field Training Services Unit  
Police Training and Education

DISTRIBUTION "A"

Attachment: Definitions

## Rendering Medical Aid Definitions

**Advanced Life Support (ALS):** Medically accepted, life sustaining, invasive procedures, provided at the direction of a physician or authorized registered nurse.

**Automated External Defibrillator (AED):** An external defibrillator capable of cardiac rhythm analysis which can deliver an electric shock to a cardiac arrest victim.

**Basic Life Support (BLS):** Medically accepted non-invasive procedures used to sustain life.

**Cardio-Pulmonary Resuscitation (CPR):** A method of artificially restoring and maintaining a person's breathing and circulation.

**Emergency Medical Services (EMS):** First aid and medical services, rescue procedures and transportation, or other related activities necessary to ensure the health or safety of a person in imminent peril.

**Emergency Rescue Personnel:** Any person who is a peace officer, employee or member of a fire department, fire protection, or firefighting agency of the federal, state, county, or city government.

**Implied Consent:** The legal position that assumes that an unconscious, confused, or seriously ill person would consent to receiving emergency medical services if that person were able to do so.

**Medical First Aid:** Medical attention that is usually administered immediately after the injury occurs and at the location where it occurred. It often consists of a one-time, short-term treatment and requires little technology or training to administer.