*Please Note: This is a working draft of Directive 0630.50. The PPB has not implemented any portion of this draft. Submit your comments using the "Provide Feedback Here" link located at the end of the directive.

A redline copy of the updated directive is included in this attachment. The redline reflects changes made to the draft posted during the last Second Universal Review from 3/23/22 – 4/21/22.

0630.50, Medical Aid
Second Universal Review (re-posted with changes): 6/15/22 – 7/15/22

Refer:

2021 Enrolled HB 2513 (HB 2513-A)
DIR 0630.40, Medical Service Policy
DIR 0635.10, Portland Police Bureau Response to Demonstrations and Events
DIR 0640.45, Emergency Medical Custody Transports
DIR 0730.00, Bureau Response to Active Violence Incidents
DIR 0850.10, Custody, Civil Holds
DIR 0870.20, Custody and Transportation of Subjects
DIR 0910.00, Use of Force Reporting, Review, and Investigation
DIR 1010.00, Use of Force
DIR 1015.00, Less Lethal Weapons
DIR 1200.00, Inspections, Maintenance, Responsibility and Authority

Definitions:

- Hyperactive delirium with severe agitation: A presentation marked by disorientation and aggressive words and/or actions, and acute life-threatening medical condition requiring emergency medical treatment.

- Individual First Aid Kits (IFAKs): A pouch containing advanced first aid lifesaving supplies such as tourniquets, pressure dressings, occlusive dressings, hemostatic dressings, and trauma shears.

Policy:

1. Preserving life is a fundamental duty for law enforcement. The Bureau and its members are committed to fulfilling that duty. This policy establishes procedures and expectations for sworn members regarding medical aid, in accordance with applicable state laws.

Procedure:

1. Emergency Medical Aid.
   1.1. Members shall provide emergency medical aid to ill or injured persons, to the extent they are currently trained, equipped, and able, under the following conditions:
      1.1.1. Primary police duties have been accomplished:
         1.1.1.1. Any immediate threat has been neutralized.
         1.1.1.2. Dangerous subjects have been apprehended or have fled the immediate area.
         1.1.1.3. And emergency medical services (EMS) have been requested by radio or telephone.

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When the above conditions have been met, members shall provide emergency medical aid as needed, within the scope of their Bureau training and with the equipment they have available.

2. Restrained Persons Having Difficulty Breathing.
   2.1. When members encounter a restrained person suffering a respiratory or cardiac compromise, they shall request EMS immediately if:
      2.1.1. It is tactically feasible to request EMS; and
      2.1.2. The member has access to communications.

3. Hyperactive Delirium with Severe Agitation.
   3.1. When members encounter a person who they suspect is suffering from hyperactive delirium with severe agitation, they shall call for EMS as soon as possible.
   3.2. Signs and symptoms include, but are not limited to: disorientation, aggressive words and/or actions, thrashing movements, inexplicable nudity, lack of tiring, incoherent speech, and attraction to reflective surfaces.

4. Additional Requirements for Post-Force Medical Aid.
   4.1. Members shall request EMS as soon as possible after using force on a person who:
      4.1.1. Is injured;
      4.1.2. Complains of injury;
      4.1.3. Is a child who is known to be, or obviously under age fifteen (15);
      4.1.4. Is known to be or obviously pregnant;
      4.1.5. Is known to be or obviously medically fragile.

   4.2. Members shall continuously monitor the person for changes in skin or lip color, breathing, and levels of consciousness. If the person's condition worsens, the member shall immediately notify EMS.

   4.3. If a person complains of or appears to be experiencing respiratory distress (e.g., positional asphyxia), members shall perform the following as soon as possible:
      4.3.1. If a member's body weight is impeding a subject's breathing, the member shall remove their body weight.
      4.3.2. Request EMS.
      4.3.3. Check and continue to monitor the person's breathing and pulse until EMS arrives.
      4.3.4. If medically appropriate, place the person in a seated position or position the person on their side to facilitate breathing.

   4.4. CEW Procedures.
      4.4.1. When a CEW is deployed in probe mode:
         4.4.1.1. If the probes are embedded in the skin, members shall request Portland Fire and Rescue for removal and any necessary medical treatment.

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4.4.1.1.1. If they are outside of Portland Fire and Rescue's response area, members shall contact the applicable fire department or EMS for the location.

4.4.1.2. When probe removal is the only medical treatment needed, members should advice the Bureau of Emergency Communications (BOEC) that only Portland Fire and Rescue, not EMS, are needed.

4.4.2. When a member uses a CEW on a person in drive stun mode and no probes are deployed, EMS is not required on the scene unless medical treatment is otherwise necessary.

4.4.2.1. Members shall request EMS if the CEW is deployed in drive stun mode on a person in a prohibited category (i.e., children under the age of fifteen; an individual who is known to be, or is obviously pregnant; a person who is known to be, or is obviously medically fragile).

5. Medical Supplies.

5.1. Medical supplies shall be readily accessible to all members. Supplies are based on the types of injuries that could occur at the place of employment.

5.2. One properly marked and sealed IFAK shall be available in each police vehicle.

5.2.1. Members who use or open an IFAK, or find an IFAK with a broken seal in a vehicle, shall give the IFAK to their RU manager or designee and obtain a replacement for the vehicle.

5.3. First Aid supplies shall be available on each floor of all Bureau facilities.

5.4. Signs stating the location of First Aid supplies shall be posted in conspicuous locations within work areas.

5.5. RU managers are responsible for the annual inspection, maintenance, inventory, and condition of IFAKs and First Aid supplies. IFAKs shall be inspected at the time of fleet inspections.

5.6. Members shall only use medical supplies they are trained to use and that are approved by the Bureau Tactical Emergency Casualty Care (TECC) Committee.

Provide Feedback Here.

0630.50, Medical Aid

Refer:

2021 Enrolled HB 2513 (HB 2513-A)
DIR 0630.40, Medical Service Policy
DIR 0635.10, Portland Police Bureau Response to Demonstrations and Events
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      1.1.1. Primary police duties have been accomplished:
         1.1.1.1. Any immediate threat has been neutralized.
         1.1.1.2. Dangerous subjects have been apprehended or have fled the immediate area.
         1.1.1.3. And emergency medical services (EMS) have been requested by radio or telephone.

      When the above conditions have been met, members shall provide emergency medical aid as needed, within the scope of their Bureau training and with the equipment they

have ~~available. Members may provide Rescue Breathing if an authorized barrier mask is~~ available.

2. Restrained Persons Having Difficulty Breathing.
   2.1. When members encounter a restrained person suffering a respiratory or cardiac compromise, they shall request EMS immediately if:
      2.1.1. It is tactically feasible to request EMS; and
      2.1.2. The member has access to communications.

3. Hyperactive Delirium with Severe Agitation.
   3.1. When members encounter a person who they suspect is suffering from hyperactive delirium with severe agitation, they shall call for EMS as soon as possible.
   3.2. Signs and symptoms include, but are not limited to: disorientation, aggressive words and/or actions, thrashing movements, inexplicable nudity, lack of tiring, incoherent speech, and attraction to reflective surfaces.

~~3.~~4. Additional Requirements for Post-Force Medical Aid.
   ~~3.1.~~4.1. Members shall request ~~medical services at the earliest available opportunity~~EMS as soon as possible after using force on a person who:
      ~~3.1.1.~~4.1.1. Is injured;
      ~~3.1.2.~~4.1.2. Complains of injury;
      ~~3.1.3. Is suffering or perceived to be suffering from excited delirium (before, during, or after the use of force);~~
      ~~3.1.4.~~4.1.3. Is a child who is known to be, or obviously under age fifteen (15);
      ~~3.1.5.~~4.1.4. Is known to be or obviously pregnant;
      ~~3.1.6.~~4.1.5. Is known to be or obviously medically fragile.

   ~~3.2.~~4.2. Members shall continuously monitor the person for changes in skin or lip color, breathing, and levels of consciousness. If the person's condition worsens, the member shall immediately notify EMS.

   ~~3.3. Members shall provide known and reasonably necessary information to facilitate the injured person's transport to a medical facility for additional treatment if recommended by EMS. Refer to Directive 0630.45, Emergency Medical Custody Transports, for additional guidance on transporting injured subjects.~~

   ~~3.4. When transporting a person from hospital treatment to a correctional facility, members shall notify corrections staff of the person's injuries and medical treatment received, and provide the corrections staff with the person's medical release forms from the medical facility.~~

   ~~3.5.~~4.3. If a person complains of or appears to be experiencing respiratory distress (e.g., positional asphyxia), members shall perform the following as soon as ~~practical~~possible:
      ~~3.5.1.~~4.3.1. If a member's body weight is impeding a subject's breathing, the member shall remove their body weight.
      ~~3.5.2.~~4.3.2. Request EMS.

~~3.5.3.~~4.3.3. Check and continue to monitor the person's breathing and pulse until EMS arrives.

~~3.5.4.~~4.3.4. If medically appropriate, place the person in a seated position or position the person on their side to facilitate breathing.

~~3.6.~~4.4. CEW Procedures.

~~3.6.1.~~4.4.1. When a CEW is deployed in probe mode:

~~3.6.1.1.~~4.4.1.1. If the probes are embedded in the skin, members shall request Portland Fire and Rescue for removal and any necessary medical treatment.

~~3.6.1.1.1.~~4.4.1.1.1. If they are outside of Portland Fire and Rescue's response area, members shall contact the applicable fire department or EMS for the location.

~~3.6.1.2.~~4.4.1.2. When probe removal is the only medical treatment needed, members should advice the Bureau of Emergency Communications (BOEC) that only Portland Fire and Rescue, not EMS, are needed.

~~3.6.2.~~4.4.2. When a member uses a CEW on a person in drive stun mode and no probes are deployed, EMS is not required on the scene unless medical treatment is otherwise necessary.

~~3.6.2.1.~~4.4.2.1. Members shall request EMS if the CEW is deployed in drive stun mode on a person in a prohibited category (i.e., children under the age of fifteen; an individual who is known to be, or is obviously pregnant; a person who is known to be, or is obviously medically fragile).

~~3.7. When members use force on a person suffering or perceived to be suffering from excited delirium (before, during or after the application of force), they shall request EMS to the scene.~~

~~3.7.1. If EMS recommends transport, EMS will transport the subject to the hospital.~~

~~3.7.2. If the individual is not a custody, and EMS declares the individual mentally competent, the individual can refuse treatment and transport.~~

~~3.8. Crowd Control.~~

~~3.8.1. If a member lawfully uses chemical incapacitants, KIPs, or sound devices for crowd control or in a crowd, the member shall:~~

~~3.8.1.1. Attempt to take injured persons to safety or allow injured persons to seek medical help, including from non-certified medics.~~

~~3.8.1.2. Not prevent medical services, including from non-certified medics, from reaching injured persons.~~

~~3.8.1.3. Take reasonable action to accommodate disabilities when issuing or enforcing order to disperse.~~

~~4.~~5.~~First Aid~~Medical Supplies.

~~4.1.~~5.1. ~~Emergency medical aid~~Medical supplies shall be readily accessible to all members. Supplies ~~will be~~are based on the types of injuries that could occur at the place of employment.

5.2. One properly marked ~~first aid container, adequate to protect contents from damage, deterioration, or contamination,~~and sealed IFAK shall be available in each ~~marked patrol~~ police vehicle~~, police motorcycle, and~~ .

5.2.1. Members who use or open an IFAK, or find an IFAK with a broken seal in a vehicle, shall give the IFAK to their RU manager or designee and obtain a replacement for the vehicle.

~~4.2.~~5.3. First Aid supplies shall be available on each floor of all Bureau facilities.

~~4.3.~~5.4. Signs stating the location of First Aid ~~kits~~supplies shall be posted in conspicuous locations within work areas.

~~4.4.~~5.5. RU managers are responsible for the ~~quarterly~~annual inspection, maintenance, inventory, and condition of ~~first aid kits.~~IFAKs and First Aid supplies. IFAKs shall be inspected at the time of fleet inspections.

~~4.5.~~5.6. Members shall only use medical ~~aid~~ supplies they are trained to use and that are approved by the Bureau Tactical Emergency Casualty Care (TECC) Committee.

#1

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Tuesday, March 22, 2022 12:28:05 PM
Last Modified: Tuesday, March 22, 2022 12:32:28 PM
Time Spent: 00:04:22

Page 1

Q1

Please provide feedback for this directive

Under section 3.8, I assume the intent of this language is to align PPB Directives with Oregon State law. The latest version of House Bill 4008 contains the language "when it is possible to do so safely" prior to outlining the requirements to render aid or allow someone to seek medical services. I would recommend including that language in this directive. Also, the language under section 3.8.1.3 does not relate to rendering medical aid. This language should be contained in 635.10 or whatever version replaces the Directive on Crowd Management/Control and outlines requirements around crowd dispersals.

Q2

Respondent skipped this question

Contact Information (optional - your name will be visible on PPB's website)

#2

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Thursday, March 24, 2022 8:42:00 AM
Last Modified: Thursday, March 24, 2022 8:43:26 AM
Time Spent: 00:01:26

Page 1

Q1

Please provide feedback for this directive

What are our expectations of a First Aid kit being in each vehicle? We have iFAK kits, but the first aid kits are all over the board. We will provide whatever, but want to make sure we are consistent. We have First AId kits in the RUs but not iFAK kits. They are two different things. Do we also need iFAK kits or those types of supplies in the RUs?

Q2

Contact Information (optional - your name will be visible on PPB's website)

Name	**LeAnn Barnett**

#3

COMPLETE

Collector:	Web Link 1 (Web Link)
Started:	Wednesday, April 20, 2022 4:49:30 PM
Last Modified:	Wednesday, April 20, 2022 4:50:12 PM
Time Spent:	00:00:41

Page 1

Q1

Please provide feedback for this directive

COMMENTS ON FORCE, MEDICAL AND PROCEDURAL JUSTICE DIRECTIVES, APRIL 2022

To Chief Lovell, Capt. Parman, Lieutenant Morgan, PPB Policy Analysts, Compliance Officer/Community Liaison Team, Portland Committee on Community Engaged Policing, US Dept. of Justice, Citizen Review Committee and the Portland Police Bureau:

Below are comments from Portland Copwatch (PCW) on the Directives posted for review in mid March which focus on force, medical aid and procedural justice < http://www.portlandoregon.gov/police/59757 >. The Force policy (1010.00) was split up to once again remove "Less Lethal" Weapons (now 1015.00, was 1050.00), after being integrated just five years ago in 2017. Force reporting now has its own policy (910.00). Parts of the Force policy about medical aid were moved into the specific Directive on that topic (630.50). We made comments on the Force policy in January 2021. The procedural justice policy is new.

We note up front that, although we only found it in once place, the Bureau has finally heeded our advice to distinguish between de-escalation prior to using force and lowering the amount of force being used on a person. The latter is now referred to as "reactive de-escalation." However this distinction has not been added to the Definitions section of Directive 1010.00.

We also noticed there are fewer references to weapons as "tools" in these directives, with the exception of the definition of "Less Lethal Weapon" in three policies and one other use in 1015.00. As we have noted before "these items are all designed to kill, harm, wound, or physically coerce people to follow police orders, not items used to open paint cans or build shelters for houseless people."

Unfortunately, the major revisions to 1010.00 almost make the redline version meaningless for purposes of comparison. Entire sections are crossed out but reappear in other places in that Directive, and the parts that were moved to new Directives show no indication where changes were made since those policies are being treated as "new." That said, after laborious line-by-line comparisons, PCW is re-stating many of its previous comments and adding new ones based on significant changes being proposed.

As usual, we ask the Bureau to give different labels to all of the major sections of the Directives, such as the Definitions, Policy and Procedure sections. Our comments refer to the Procedure section unless otherwise noted.

DIRECTIVE 630.50 MEDICAL AID
(not previously commented on, but comments here from 1010 review, January 2021)

Still Bogus Science: As noted repeatedly in the past, Portland Copwatch does not find the Bureau's argument persuasive that the DOJ authorized use of the phrase "excited delirium" (Section 3.1.3, requiring EMS to be called), because it is a "term of art" so can remain in the policy. "Excited delirium" is not defined in the Directive, is not a medically accepted term, and was objected to by others in the community other than Portland Copwatch. Taser International (now Axon) uses this term to explain why hundreds of people have died since 2002 after being struck by their allegedly safe electroshock weapons. If there are certain conditions or behaviors the Bureau is trying to describe, those should be listed.

A Huge Step Forward: PCW is very appreciative that new language allows people injured at protests to seek medical aid from "non-certified medics" (Section 3.8.1.1) without interference (3.8.1.2). Of course a better route would be to not have people being injured by "chemical incapacitants, Kinetic Impact Projectiles or sound devices" (3.8.1). On that note, the description of police using these weapons uses the term "lawful," which is something which cannot be determined on scene and should not be decided by the offending officers; that word should be removed.

CONCLUSION

Portland Copwatch appreciates that all of these Directives are being given a full 30 days for review, but still would like to see review periods extended to allow for groups who only meet once a month to give input during the Bureau's time frame. The Bureau would also benefit from holding public meetings to discuss the intent behind proposed changes and to take questions about community ideas for improvements to policies. We wrote previously: "Frequently when there are references to comments made but not acted upon, the answers are unsatisfactory and dismissive; we should be able to engage in a dialogue to help move the Bureau more toward one that is free from brutality, corruption and racism."

--dan handelman and other members of
Portland Copwatch

Q2

Contact Information (optional - your name will be visible on PPB's website)

Name	**Portland Copwatch**
