CITY OF PORTLAND, OREGON

Bureau of Police
Ted Wheeler, Mayor
Charles Lovell, Chief of Police
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Executive Summary
Directive 0650.30, Medical Aid

Introduction

The Portland Police Bureau began reviewing Directive 0650.30, Medical Aid (formerly, Emergency Medical Aid) in late 2021. The Bureau posted the directive for First Universal Review in January 2022. The Bureau posted a revised draft of the directive for Second Universal Review in March – April 2022 to seek public feedback on proposed changes. Following Second Universal Review, the Bureau made additional substantive changes and sought further public feedback in June – July 2022.

In the course of its review, the Bureau significantly revised the directive, which had not been changed since before 2009. In addition to making necessary updates, the Bureau relocated a substantial amount of information that was previously found in Directive 1010.00, Use of Force, relating to post-force medical attention, to Directive 0650.30. This move both streamlined Directive 1010.00 and made Directive 0650.30 more thorough and informative.

Public Comments

The Bureau received feedback during all universal review and public comment periods.

During the First Universal Review period, the Bureau received one comment about the directive's content on bloodborne pathogens and disease transmission. The City of Portland's Bureau of Human Resources is responsible for all bloodborne pathogen policy and training for all City employees, including sworn and professional staff in the Portland Police Bureau. Accordingly, the Bureau deleted bloodborne pathogen related content from Directive 0650.30 as it was redundant with City of Portland policy and training.

During the Second Universal Review period, the Bureau received more comments. Of note, several comments discussed new proposed language derived from House Bill 4008 about access to medical services in the context of crowd control. Ultimately, the Bureau determined that the new proposed language is better addressed in Directive 0635.10, Crowd Management/Crowd Control, because the content relates primarily to crowd management and is not instructive to members providing medical aid. Accordingly, the proposed language was removed from Directive 0630.50. Several comments expressed concern about the removal of the proposed language. As mentioned, the requirements of House Bill 4008, including requirements about access to medical services, will be addressed in Directive 0635.10.

Over time, the Bureau received comments expressing concern about the term "excited delirium." The Bureau removed the term from the revised directive. In consultation with medical subject matter experts, the Bureau identified "hyperactive delirium with severe agitation" as an informative term that is consistent with the American College of Emergency Physicians Task Force Report from 2021, and now uses that term in its place. Following the introduction of "hyperactive delirium with severe agitation," the Bureau received comments expressing concern that reference to a medical term implies an expectation for members to make medical diagnosis. To clarify, the language offered does not impose an expectation that members make a medical diagnosis. Rather, the medical term is used, along with discussion of signs and symptoms, to help members recognize when medical attention may be needed.

Finally, one comment expressed concern that the Bureau deleted policy language requiring members to give information to medical teams or jail staff about a person's known injuries and medical treatment. The Bureau addressed that concern in the final directive in sections 4.3, 4.4, and 4.5. The new language expands upon what Directive 1010.00, Use of Force previously required, and offers clearer and more detailed guidance for member responsibilities regarding a person's known injuries or medical condition.

The Revised Directive

The Bureau revised Directive 0650.30 in several ways. The revised directive no longer includes the term "excited delirium" and introduces the term "hyperactive delirium with severe agitation" for consistency with the American College of Emergency Physicians terminology. The revised directive introduces the term "Individual First Aid Kit (IFAK)" to explain medical supplies used by sworn members and offer inventory tracking guidance and a maintenance schedule. As mentioned above, the revised directive now incorporates a significant amount of information from Directive 1010.00, and no longer includes bloodborne pathogen related information. The revised directive now reflects new state law requirements for members who observe restrained persons having difficulty breathing. The revised directive clarifies member responsibilities regarding relaying information about a person's known injuries or medical condition. And finally, the revised directive ensures that medical supplies that members use are approved by the Bureau's Tactical Emergency Casualty Care (TECC) Committee.

Conclusion

Revised Directive 0650.30, Medical Aid, contains many necessary updates, offering better, clearer, and more thorough guidance for members to fulfill their responsibility to preserve life.

The Bureau welcomes further feedback on this directive during its next review.

This directive goes into effect December 15, 2022. Published on November 17, 2022.

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
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.

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. Members shall inform EMS of the person's known injuries, disclosed medical condition, complaint of pain or injury, or loss of consciousness.

   4.4. If EMS determines that a person does not require ambulance transport and a member transports the person to jail or another holding facility, the member shall inform the receiving staff of the person's known injuries, disclosed medical condition, complaint of pain or injury, or loss of consciousness and provide any EMS-provided release documents.

   4.5. When transporting a person from hospital treatment to a correctional facility, members shall notify corrections staff of the person's known injuries, disclosed medical condition, complaint of pain or injury, or loss of consciousness, and provide the corrections staff with any hospital-provided release documents.

   4.6. 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:
      4.6.1. If a member's body weight is impeding a subject's breathing, the member shall remove their body weight.
      4.6.2. Request EMS.

4.6.3. Check and continue to monitor the person's breathing and pulse until EMS arrives.
4.6.4. If medically appropriate, place the person in a seated position or position the person on their side to facilitate breathing.

4.7. CEW Procedures.
4.7.1. When a CEW is deployed in probe mode:
4.7.1.1. If the probes are embedded in the skin, members shall request Portland Fire and Rescue for removal and any necessary medical treatment.
4.7.1.1.1. If they are outside of Portland Fire and Rescue's response area, members shall contact the applicable fire department or EMS for the location.
4.7.1.2. When probe removal is the only medical treatment needed, members should advise the Bureau of Emergency Communications (BOEC) that only Portland Fire and Rescue, not EMS, are needed.
4.7.2. 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.
4.7.2.1. 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).

4.8. Handheld and Launched Chemical Incapacitant Procedures.
4.8.1. After using handheld or launched chemical incapacitants:
4.8.1.1. Unless the person refuses by words or action, members shall make a reasonable effort to relocate that affected individual to a safe area, if necessary, and ensure they are exposed to fresh air.
4.8.1.2. Members shall notify the receiving agency of handheld chemical incapacitant exposure and monitor the condition of the exposed individual they take into custody. If the individual's condition appears to worsen while in the member's custody, the member shall notify medical personnel.

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.

Effective: 12/15/2022
Next Review: 12/15/2024

00630.50 EMERGENCY, Medical Aid

Index: Title

PROCEDURE (630.50)

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 **Aid (630.50)**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
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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.

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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 willshall provide emergency medical aid to ill or injured persons, to the extent they are currently trained, equipped, and able, under the following conditions:
      a. The member has completed a Bureau approved First Responder or First Aid course within the past three years.
      b. The member has been CPR certified within the past year.
   1.1.1. c. Primary police duties have been accomplished.:
      1.1.1.1. 1. Any immediate dangerthreat has been neutralized.

1.1.1.2. ~~2.~~ Dangerous subjects have been apprehended or have fled the immediate area.

1.1.1.3. ~~3. Any required~~And emergency ~~assistance has~~medical services (EMS) have been requested by radio or telephone ~~or radio, at the earliest time feasible.~~.

~~If~~

When the above conditions have been met, ~~the member will perform artificial resuscitation, if necessary, using an authorized barrier resuscitation mask. Artificial resuscitation may be performed if the authorized barrier mask is unavailable.~~

~~**Communicable Diseases Procedure (630.50)**~~

~~It is possible that in the course~~members shall provide emergency medical aid as needed, within the scope of their ~~duties, members will come into physical contact with individuals infected with communicable diseases. These diseases include, but are not limited to, Hepatitis A, B, or C, AIDS, Tuberculosis, Diphtheria and certain venereal diseases. Members contacting individuals in the presence of body fluids should take the following precautions:~~Bureau training and with the equipment they have available.

~~a. Wear surgical gloves if there is a possibility of contamination from body fluids, especially blood.~~

~~b. Wash hands as soon after contact as possible.~~

2. ~~c. Clean and disinfect contaminated skin, clothing and equipment~~ 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.
   ~~1.2.~~4.1. Members shall request EMS as soon as possible ~~with~~ after using force on a ~~1 to 9 chlorine bleach solution.~~person who:

~~d. If it is a possibility that body fluids from an infected individual have penetrated the member's skin, contact the exposure line and follow reporting protocol. The exposure line phone number is available in the Problem Solving Resource Guide.~~

~~e. Write a Special Report documenting the incident.~~

~~Surgical gloves and disinfectant solution will be made available in the first aid kits in the precincts.~~

      4.1.1. ~~**First Aid**~~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. Members shall inform EMS of the person's known injuries, disclosed medical condition, complaint of pain or injury, or loss of consciousness.

4.4. If EMS determines that a person does not require ambulance transport and a member transports the person to jail or another holding facility, the member shall inform the receiving staff of the person's known injuries, disclosed medical condition, complaint of pain or injury, or loss of consciousness and provide any EMS-provided release documents.

4.5. When transporting a person from hospital treatment to a correctional facility, members shall notify corrections staff of the person's known injuries, disclosed medical condition, complaint of pain or injury, or loss of consciousness, and provide the corrections staff with any hospital-provided release documents.

4.6. 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:
4.6.1. If a member's body weight is impeding a subject's breathing, the member shall remove their body weight.
4.6.2. Request EMS.
4.6.3. Check and continue to monitor the person's breathing and pulse until EMS arrives.
4.6.4. If medically appropriate, place the person in a seated position or position the person on their side to facilitate breathing.

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4.7.1.1.1. If they are outside of Portland Fire and Rescue's response area, members shall contact the applicable fire department or EMS for the location.
4.7.1.2. When probe removal is the only medical treatment needed, members should advise the Bureau of Emergency Communications (BOEC) that only Portland Fire and Rescue, not EMS, are needed.
4.7.2. 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.
4.7.2.1. 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).

4.8. Handheld and Launched Chemical Incapacitant Procedures.

4.8.1. After using handheld or launched chemical incapacitants:

4.8.1.1. Unless the person refuses by words or action, members shall make a reasonable effort to relocate that affected individual to a safe area, if necessary, and ensure they are exposed to fresh air.

4.8.1.2. Members shall notify the receiving agency of handheld chemical incapacitant exposure and monitor the condition of the exposed individual they take into custody. If the individual's condition appears to worsen while in the member's custody, the member shall notify medical personnel.

~~2.~~5.Medical Supplies ~~**(630.50)**~~.

~~2.1.~~5.1. ~~a. Emergency medical aid~~Medical supplies ~~will~~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. ~~b.~~ One properly marked ~~first aid container, adequate to protect contents from damage, deterioration or contamination, will~~and sealed IFAK shall be available in each ~~marked patrol~~ police vehicle~~, police motorcycle, and on~~ .

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.

~~2.2.~~5.3. First Aid supplies shall be available on each floor of all ~~work areas~~Bureau facilities.

~~2.3.~~5.4. ~~c.~~ Signs stating the location of First Aid ~~kits will~~supplies shall be posted in conspicuous locations within work areas.

~~2.4.~~5.5. ~~d.~~ RU managers are responsible for the ~~regular~~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.

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.

#1

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Sunday, January 16, 2022 7:23:26 PM
Last Modified: Sunday, January 16, 2022 7:24:17 PM
Time Spent: 00:00:50

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Q1

Please provide feedback for this directive

- Under communicable diseases procedure, AIDS is listed as a disease members may be exposed to. This should be changed to HIV/AIDS, or maybe just HIV. People with HIV do not always have AIDS. Although I think this whole list could be simplified to "blood-borne infections".

- A - Members should consider using gloves regardless of anticipated contamination, for everyone's safety.

- D - Many people are unaware that they are infected with disease-causing pathogens. Members exposed to bodily fluids that penetrate the member's skin should presume that those bodily fluids are infected. (maybe change 'infected' to 'any')

- Supplies D - Should the directive prescribe a minimum maintenance schedule? How regular is regular?

Q2

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

Name **Nathan Castle**

#1

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Friday, July 15, 2022 8:24:32 AM
Last Modified: Friday, July 15, 2022 8:25:57 AM
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Page 1

Q1

Please provide feedback for this directive

It's bullshit that this update removes the instruction that police officers should not prevent medical services (including non-certified medics) from providing medical aid.

Q2

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

Respondent skipped this question

#2

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Friday, July 15, 2022 3:19:44 PM
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Time Spent: 00:01:26

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Q1

Please provide feedback for this directive

COMMENTS on Vehicle Pursuit, Mental Health and Procedural Justice Directives, July 2022

COMMENTS ON VEHICLE PURSUIT, MENTAL HEALTH AND PROCEDURAL JUSTICE DIRECTIVES, JULY 2022

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

Below are our comments on the Directives posted for review on in July . With the exception of the Vehicle Interventions and Pursuits policy, which was last posted in 2018, these are all "Second Universal Reviews" which we commented on earlier this year.

We have asked that the Bureau release, during the First Universal Review, a list of known issues that are going to be addressed in the revisions. This would both alert community members to the appropriate parts of the Directives and make it so that Portland Copwatch can't claim victory when the Bureau was already planning to make changes we suggest. So it's a win-win.

While some of our previous suggestions have been incorporated, they were not necessarily made in ways that improve the policies, and are few in number.

It would greatly help the navigation of the hundreds of policies if the Bureau would give different labels to all of the sections of the Directives, such as the Definitions, Policy and Procedure sections so there are not multiple sections numbered "1." Our comments here refer to the Procedure section unless otherwise noted.

DIRECTIVE 630.50 MEDICAL AID
(previously commented on April, 2022)

Is This Any Better?: Our previous comments continued our ongoing criticism of the PPB using the term "excited delirium" to describe people's medical/mental state without a definition, with no medical consensus that it exists, and as a term used to excuse deaths of people hit by conductive energy weapons (AKA Tasers). That term has been
replaced in the new draft by "Hyperactive delirium with severe agitation." The definition describes "disorientation and aggressive words and/or actions, and [sic] acute life-threatening medical condition requiring emergency medical treatment." This still puts police officers in the position of making a medical diagnosis. New Section 3 describing
the condition lists more behaviors: "thrashing movements, inexplicable nudity, lack of tiring, incoherent speech and attraction to reflective surfaces." It seems that listing these behaviors (and noting how many of them might be present to raise concerns) is better for police officers than trying to use medical jargon.

--> Showing how fluid the definition can be, the Mayo clinic lists these symptoms for Hyperactive Delirium, some of which aren't listed in the Directive, and which don't include some which are: "agitation, rapid mood changes or hallucinations, and refusal to cooperate."
https://www.mayoclinic.org/diseases-conditions/delirium/symptoms-causes/syc-20371386

Huge Steps Backward: It is not clear why the Bureau cut the Sections requiring officers to tell medical teams or jail staff what is known about a person's injuries and medical treatment (previous sections 3.3 and 3.4 per the redline). This was the one thing the officers who were responsible for the death of James Chasse, Jr. were initially disciplined for (albeit that was overturned). Similarly, the Sections we thanked the Bureau for regarding people injured at protests being able
receive aid from "non-certified medics" without interference has been removed-- in fact, the whole section on Crowd Control is being struck (previous section 3.7 per the redline).

These deletions are unacceptable and we hope that the DOJ joins Portland Copwatch in insisting they be restored.

CONCLUSION

Chief Lovell made a comment at a meeting recently about how public comments have been incorporated to improve PPB policies. While it is nice to be acknowledged, the reality is that the Bureau has either ignored or mis-applied the vast majority of comments Portland Copwatch has made over the years. We continue to believe that direct dialogue about the changes during public meetings would lead to an improved process, improved outcomes, and improved trust. The PPB could better understand community members' concerns and explain its rationale for why things are written in a certain way. Given the requirement for advisory bodies such as the Citizen Review Committee, Portland Committee on Community Engaged Policing and Training Advisory Council to make policy recommendations, holding these meetings in conjunction with those groups would make sense. Extending the deadlines to comment would also allow those groups, which only meet once every month or two, time to formulate meaningful feedback.

Finally, we once again call attention to the fact that a higher percentage of people in mental health crisis have been shot/shot at/killed by Portland Police officers since the implementation of the US Department of Justice Settlement Agreement. So while the policies focusing on this vulnerable part of the population are improving, they are still not fixing an underlying issue where force is relied on too heavily.

--dan handelman (and other members of)
--Portland Copwatch

Q2

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

Name	**Portland Copwatch**