Kern County Sheriff's Office

Policies and Procedures

TITLE:	**Emergency Care for Individuals Under Sheriff's Office Care or Control**	NO: P-0600
APPROVED:	**Donny Youngblood, Sheriff-Coroner**	
REFERENCE:	**KCSOPPM P-0300, Government Code 7286 & 7286.5, Title 15 Section 1028, Penal Code Section 6048(b)**	

EFFECTIVE:	**REVIEWED:**	**REVISED:**	**UPDATED:**
January 1, 2021	January 23, 2026	January 23, 2026	January 23, 2026

POLICY

When used in this policy, the terms "officer," "peace officer," "deputy," "law enforcement officers," "deputies," or "operators" shall include both Sheriff's Deputies, Detentions Deputies, Detentions Officers, Deputy Coroners, and Park Rangers.

The highest priority of sworn personnel is safeguarding the life, dignity, and liberty of all persons, without prejudice to anyone. It is the policy of the Kern County Sheriff's Office that sworn personnel, as soon as it is safe and practical, will provide or request medical aid for individuals under Sheriff's Office Care or control, while ensuring their safety and that of others during treatment.

EMERGENCY MEDICAL TREATMENT

Whenever a person requires or requests medical attention after a use of force incident, sworn personnel shall promptly request medical aid (e.g., calling for emergency medical services) and/or, if properly trained, promptly provide medical attention (e.g., render first aid and/or transport to an emergency medical facility), when reasonable and safe to do so. Medical assistance should be obtained for any person who exhibits signs of:

- Physical distress;
- Visible injury;
- Alleged injury or complaint of continuous pain, excluding momentary pain associated with routine handcuffing;
- Experienced a lack of consciousness; and,
- Any other reason the deputy may deem necessary, based on training and experience.

Sworn personnel should pay particular attention to vulnerable populations, including but not limited to children, elderly persons, pregnant individuals, and individuals with physical, mental, and developmental disabilities, whose vulnerabilities could exacerbate the impact or risk of injury.

Sworn personnel shall provide first aid to injured parties if it can be done safely and they have the training to do so. Sworn personnel having any doubt concerning a person's condition shall request emergency medical assistance. Individuals who have been placed under arrest after force is used will receive a medical clearance prior to being booked into jail.

Following a use of force, in which a subject is restrained on the ground, they shall be moved into a recovery (side) position as soon as possible, and no unreasonable force shall be applied to the

person's neck, torso, or back. The subject shall be monitored for any signs of positional asphyxia[1] or a medical emergency.

If the subject must be transported in a recumbent (lying down) position, and it is feasible to do so, the subject shall be transported via ambulance and accompanied by an officer. If an ambulance transport is not feasible or required, the subject will be transported in manner that does not compress their airway or reduce the ability to sustain adequate breathing. The subject shall be monitored for any signs of positional asphyxia or medical emergency.

Medical aid for a canine use of force will be handled in accordance with canine policies.[2]

Following a use of force incident, if the individual is not arrested or will be released with a citation, sworn personnel shall follow the emergency medical treatment procedure described above.

DIRECTIVE #1:

Photographs shall be taken to show the existence or absence of injury following a use of force.[3]

BEHAVIORS INDICATING A MEDICAL EMERGENCY

Sworn personnel shall be aware of persons exhibiting symptoms including, but not limited to extreme agitation, violent irrational behavior, profuse sweating, extraordinary strength beyond their physical characteristics, and imperviousness to pain, as they may be in the throes of medical distress and an increased risk of sudden death. This also applies to those who require a protracted physical encounter with multiple sworn personnel to be brought under control. In either case, such an encounter should be treated as a medical emergency.

Deputies can recognize and respond to behavioral indicators of potential medical emergencies using the **R.E.S.P.O.N.D.** model below:

- **R** – Rage (Be alert to signs of extreme aggression, unusual strength, or excitability)
- **E** – Erratic Behavior (Watch for bizarre, unpredictable, or suddenly tranquil behavior)
- **S** – Sweating / Shivering (Profuse sweating, tremors, or abnormal body temperature)
- **P** – Pupils (Observe for unusually large pupils, which may indicate drug use or distress)
- **O** – Outbursts (Agitation, fear, panic, paranoia, or irrational emotional responses)
- **N** – Non-coherent Speech (Confused, irrational, or incoherent communication)
- **D** – Distress Signals (Public disrobing, jumping into water, self-injury)

[1] KCSOPPM F-0100: POSITIONAL ASPHYXIA – Means situating a person in a manner that compresses their airway and reduces the ability to sustain adequate breathing. This includes, without limitation, the use of any physical restraint that causes a person's respiratory airway to be compressed or impairs the person's breathing or respiratory capacity, including any action in which pressure or body weight is unreasonably applied against a restrained person's neck, torso, or back, or positioning a restrained person without reasonable monitoring for signs of asphyxia. [Govt. Code 7286.5(b)(4)]

[2] See F-0910 (Procedure G) for post-apprehension procedures.

[3] See KCSOPPM F-0200 for required use of force documentation and evidence collection.

As a matter of practice for any such instance, sworn personnel will limit placing persons (while handcuffed or otherwise restrained) in a prone position. If in a prone position, sworn personnel will move them on their side to the recovery position or assist them to an upright position as soon as safe and feasible. Sworn personnel shall render aid as described below and immediately seek medical assistance for any stated or observed distress in breathing.

The on-duty supervisor will be notified as soon as practical, if not on scene, and will ensure appropriate actions are taken.

Sworn personnel shall not use the term "excited delirium" to describe an individual in an incident report or death certificate. Sworn personnel may describe the characteristics of an individual's conduct, but shall not generally describe the individual's demeanor, conduct, or physical and mental condition at issue as "excited delirium" (H&S 24401, 24402).

"Excited delirium" means a term used to describe a person's state of agitation, excitability, paranoia, extreme aggression, physical violence, and apparent immunity to pain that is not listed in the most current version of the Diagnostic and Statistical Manual of Mental Disorders, or for which the court finds there is insufficient scientific evidence or diagnostic criteria to be recognized as a medical condition. Excited delirium also includes excited delirium syndrome, excited delirium, hyperactive delirium, agitated delirium, and exhaustive mania. (H&S 24400)

Pursuant to Section 1156.5 of the Evidence Code, evidence that a person suffered or experienced excited delirium is inadmissible in any civil action. Sworn personnel may describe the factual circumstances surrounding the case, including a person's demeanor, conduct, and physical and mental condition at issue, including, but not limited to, a person's state of agitation, excitability, paranoia, extreme aggression, physical violence, and apparent immunity to pain, but shall not describe or diagnose such demeanor, conduct, or condition by use of the term excited delirium, or attribute such demeanor, conduct, or physical and mental condition to that term. (H&S 24403)

OVERDOSES

Sworn personnel 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 KCSOPPM Section P-0300 (Nasal Naloxone Policy).

REFUSAL OF MEDICAL ATTENTION

The Sheriff's Office has no authority to force a non-arrested injured or ill person of a sound mental state to be transported to a medical facility.

When sworn personnel encounter a situation involving a refusal to accept medical attention by a person under the Sheriff's Office's care or custody, a crime/incident report[4] documenting the facts

and circumstances shall be completed.

- The refusal to accept medical attention shall be made to a qualified medical professional (e.g., Doctor, Nurse, Nurse Practitioner, Physician Assistant, Paramedic)

DIRECTIVE #2:
When practicable, the refusal should be witnessed by another sworn staff member or medical personnel and recorded on BWC. In addition, photographs shall be taken in accordance with **DIRECTIVE #1** of this policy.

DIRECTIVE #3:
In the event of an emergency care incident involving an individual in custody, the following provisions shall be followed:

- All Cardiopulmonary Resuscitation (CPR) and First Aid shall be employed in coordination with the training and standards set during the employees most recent First Aid/CPR Training received.

- All sworn personnel working in a detentions capacity shall be certified in CPR and a copy of the certification shall be on file in the facility or at a central location and available for review.

- All sworn personnel working in a detentions capacity shall use personal protective equipment (PPE) when administering CPR whenever possible to reduce exposure to bodily fluids or bloodborne pathogens that may contain disease-causing agents.

- All sworn personnel working in a detentions capacity shall immediately summon medical aid when a person is identified as nonresponsive. Additionally, the sworn personnel shall immediately administer CPR unless the sworn personnel are aware of a known medical condition(s) that would contraindicate its use.

  Note: Per PC 6048 (b), All sworn personnel working in a detentions capacity "shall be certified in cardiopulmonary resuscitation (CPR) and shall be required, when safe and appropriate to do so, to begin CPR on a non-responsive person without obtaining approval from supervisors or medical staff."

- All sworn personnel working in a detentions capacity shall continue performing CPR, absent imminent physical danger, until the nonresponsive person shows obvious signs of life, such as breathing or physical or verbal responses, or until medical staff or alternative medical responders arrive and take over.

  Note: If an imminent physical danger prevents the sworn personnel working in a detentions capacity from safely administering CPR, they shall begin or resume CPR as soon as the threat has passed, or the non-responsive person has been safely removed from danger, provided medial aid has not yet arrived.

- In situations where medical personnel or alternative medical responders are present when a person is identified as non-responsive, sworn personnel working in a detentions capacity shall defer CPR to those individuals.

EMERGENCY MEDICAL AUTHORITY

The highest-level paramedic/emergency medical technician (EMT) on scene is in charge and responsible for the examination, treatment, and transportation of medical patients.

Sheriff's Office 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.

Law enforcement does not have the authority to order anyone to stop performing cardiopulmonary resuscitation (CPR) or to interfere with a paramedic/EMT.

OUT-PATIENT MEDICAL CARE FOR ARRESTEES

An arrestee requiring outpatient emergency medical care whose condition allows transportation in a passenger vehicle shall be taken to an emergency room.

The "Law Enforcement Notice to Kern Medical Regarding Patient Hold" form shall be completed. After treatment is rendered and Kern Medical has notified the Sheriff's Office the arrestee is ready for pick up, officers shall transport the subject to the Inmate Receiving Facility for booking. The transporting officer will document the transportation by completing a crime/incident or supplemental report.

ADMISSION OF AN ARRESTEE TO A MEDICAL FACILITY

If an ambulance is required, the patient should be sent to an area hospital. When the subject is waiting for or receiving medical attention, officers shall:

- Remain with the subject at all times;.
- Obtain an estimated time for medical clearance release;
- Notify their supervisor;
- Estimated length of time until the medical clearance release; and,
- Allow the supervisor to initiate arrangements for hospital guard if the subject is admitted to the hospital.

The affected Watch Lieutenant will be responsible for staffing extended prisoner watch assignments until the subject has either been cleared for booking or admitted to the hospital.