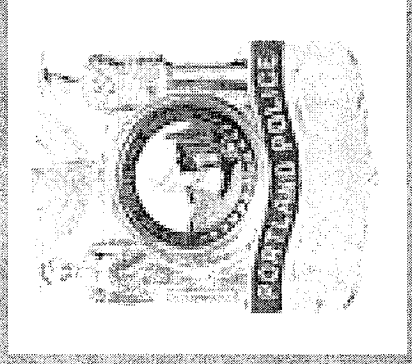
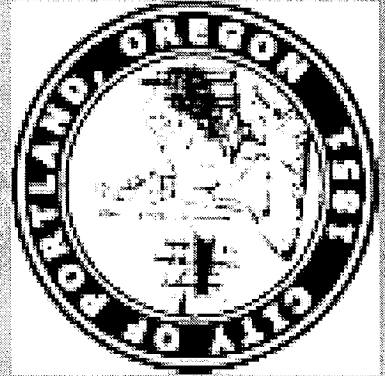


# Civil Law Updates - 2009

Presented by

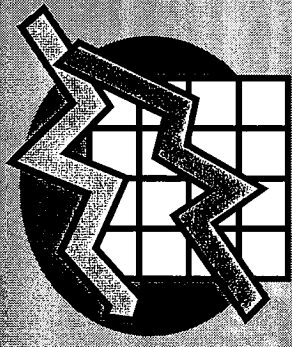
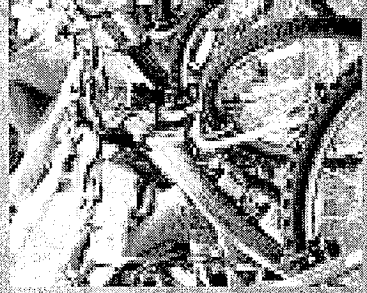
Dave Woboril and Ellen Osoinach

Portland City Attorney's Office



## Areas of good progress:

- Report writing generally better, and sometimes great.
- Interactions with mentally ill and Project Respond
- Force review and internal audit capability
- Avoiding old trap of police-advocated policy and practice and requiring community to become expert and make the tough policy calls – example Toronto
- Relations with bike community

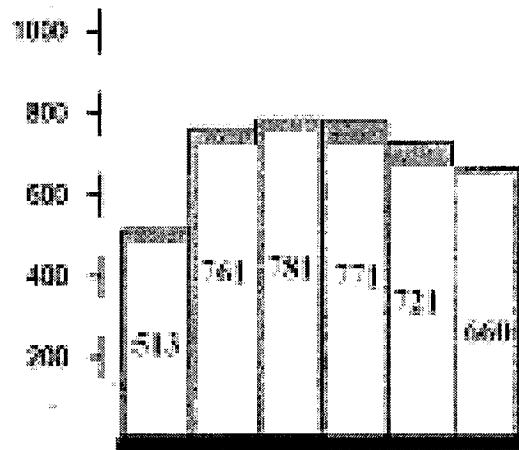


## ■ Executive Summary and Introduction

- This Report describes an increasingly excellent police department. Chief Rosanne Sizer and her command staff have worked diligently and in good faith to improve the Portland Police Bureau. To the extent this has meant implementation of the Police Assessment Resource Center recommendations, the Chief has done so effectively and with seriousness of purpose. Importantly, the current administration has built upon PARC's recommendations and developed first-rate new policies. The PPB is indeed in a progressive mode, with an increased capacity for self-critical identification of issues and formulation of solutions. We conclude that the PPB has made substantial progress since we first looked at it in 2002 and 2003.

IPR Annual Report 2007

Complaints Received 2002-2007



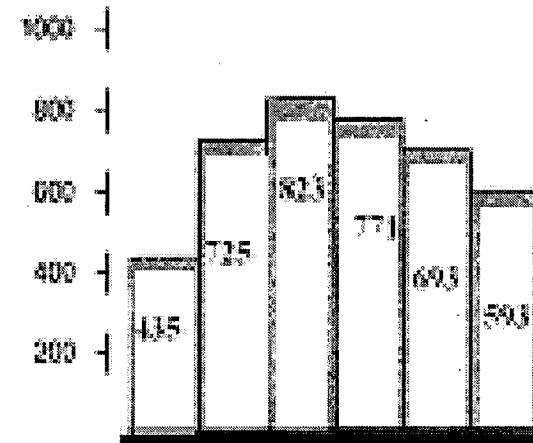
2002 2003 2004 2005 2006 2007

Figure 2.1

IPR opened 660  
citizen-initiated  
complaints in 2007.

IPR closed 593  
citizen-initiated  
complaints in 2007.

Complaints Closed 2002-2007



2002 2003 2004 2005 2006 2007

Figure 2.2

The number of citizen complaints per thousand police contacts has declined steadily since 2004 (Table 2.1). Although the number of contacts between citizens and officers (as measured by dispatched and self-initiated calls for service) declined about 5% during the same period, complaints declined by about 15%.

# Emergency Medical Custody Transports

The reason for confusion in the past -- Medical people couldn't put custodies into their ambulances without consent to treatment.

The NEW agreement (630.45) is:

When a person is in custody and EMS believes the person needs treatment or evaluation at a medical facility, EMS will transport to the hospital regardless of consent to treatment.

If there is an issue about consent to treatment, it will be resolved on the hospital grounds -- not at the door to the ambulance.

A corollary -- no medical transports of custodies in police cars except when necessary in emergencies.

# Take No Medical Risks – Call EMS and

Sgt. to scene if:

- Seriously ill
- Seriously injured
- Unconscious
- Excited delirium
- Respiratory difficulty
- TASER plus prolonged struggle
- Head trauma
- LOC
- Seizure
- Intoxicated / drugged and prolonged struggle

-- AND --

## Provide full information and have EMS make the medical call;

- EMS and PPB have agreed that PPB will provide complete information on use of force and patient's symptoms.

- It is EMS' job to determine if a subject needs medical evaluation or treatment at a medical facility. By agreement between PPB and EMS, this evaluation is to be independent of the evaluation of consent to treatment.

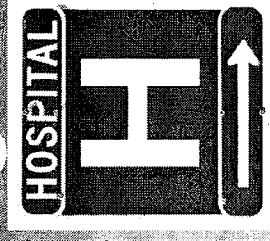
## Officer responsibilities once EMS

arrives:

- Announce custody status of subject: civil hold, arrest with charges, etc.
- Describe all use of force or police action that might be related to patient's medical condition.



# If EMS determines the patient needs to go to a medical facility:



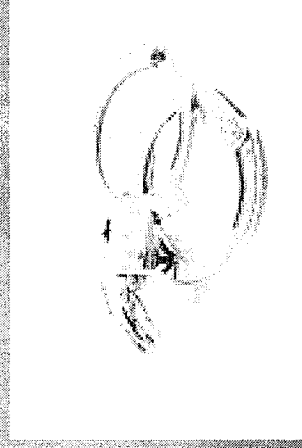
- EMS has agreed to do the transport in an ambulance regardless of consent to treatment
- If EMS wants an officer to ride in the ambulance, PPB will provide an officer
- If PPB wants an officer to ride in the ambulance, EMS will accommodate.
- Search rules: properly-limited search incident to arrest for evidence and safety but no inventory. (More on search incident to arrest later.)

If EMS determines the patient does not require treatment or examination at a medical facility:

Officers may transport to jail

EMS must provide officers with Pre-hospital Medical Treatment Worksheet

EMS will not ask PPB to sign refusal of treatment on behalf of patients. Report to Sergeant if they try to get you to sign any kind of release or refusal.



# At jail:

• Give jail the Pre-hospital Treatment Worksheet and document it.

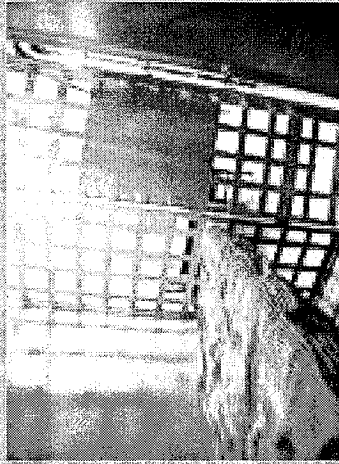
• If jail refuses to accept the prisoner for medical reasons, jail must decide mode of transport to hospital.

• If jail decides EMS transport is appropriate, transport in a police car is out of the question unless an emergency.

• If jail rejects for medical reasons and says police car transport is OK.

• Document the name of the decision maker.

• Call the sergeant and participate in decision on whether to call EMS to MCDC or transport in a police car.



Subjects who are not in custody on a criminal charge who have medical problems:

No authority to do a forced transport unless you place a police hold (i.e.: you determine the person is incompetent and requires mental health or medical treatment).

You must call EMS if you have "concerns about a subject's medical status during an incident or custody situation."

# The Medical Catch-All

You must call EMS if you have “concerns about a subject’s medical status during an incident or custody situation.”

