Medical Aid and Response

428.1 PURPOSE AND SCOPE

This policy recognizes that officers often encounter persons in need of medical aid and establishes a law enforcement response to such persons.

428.2 POLICY

It is the policy of the Havre de Grace Police Department that all officers and other designated members be trained to provide emergency medical aid and to facilitate an emergency medical response.

428.3 FIRST RESPONDING MEMBER RESPONSIBILITIES

Whenever practicable, members should take appropriate steps to provide initial medical aid (e.g., first aid, CPR, use of an automated external defibrillator (AED)) in accordance with their training and current certification levels. This should be done for those in need of immediate care and only when the member can safely do so.

Prior to initiating medical aid, the member should contact Dispatch and request response by Emergency Medical Services (EMS) as the member deems appropriate.

Members should follow universal precautions when providing medical aid, such as wearing gloves and avoiding contact with bodily fluids, consistent with the Communicable Diseases Policy. Members should use a barrier or bag device to perform rescue breathing.

When requesting EMS, the member should provide Dispatch with information for relay to EMS personnel in order to enable an appropriate response, including:

(a) The location where EMS is needed.

(b) The nature of the incident.

(c) Any known scene hazards.

(d) Information on the person in need of EMS, such as:

1. Signs and symptoms as observed by the member.
2. Changes in apparent condition.
3. Number of patients, sex, and age, if known.
4. Whether the person is conscious, breathing, and alert, or is believed to have consumed drugs or alcohol.
5. Whether the person is showing signs of extreme agitation or is engaging in violent irrational behavior accompanied by profuse sweating, extraordinary strength beyond their physical characteristics, and imperviousness to pain.

Members should stabilize the scene whenever practicable while awaiting the arrival of EMS.

Members should not direct EMS personnel regarding whether to transport the person for treatment.

428.4 TRANSPORTING ILL AND INJURED PERSONS

Except in exceptional cases where alternatives are not reasonably available, members should not transport persons who are not in custody and who are unconscious, who have serious injuries, or who may be seriously ill. EMS personnel should be called to handle patient transportation.

For guidelines regarding transporting ill or injured persons who are in custody, see the Transporting Persons in Custody Policy.

Members should not provide emergency escort for medical transport or civilian vehicles.

428.5 PERSONS REFUSING EMS CARE

If a person who is not in custody refuses EMS care or refuses to be transported to a medical facility, an officer shall not force that person to receive medical care or be transported.

However, members may assist EMS personnel when EMS personnel determine the person lacks the mental capacity to understand the consequences of refusing medical care or to make an informed decision and the lack of immediate medical attention may result in serious bodily injury or the death of the person.

In cases where mental illness may be a factor, the officer should consider proceeding with a mental health hold in accordance with the Mental Health Evaluations Policy.

If an officer believes that a person who is in custody requires EMS care and the person refuses, he/she should encourage the person to receive medical treatment. The officer may also consider contacting a family member to help persuade the person to agree to treatment or who may be able to authorize treatment for the person.

If the person who is in custody still refuses, the officer will require the person to be transported to the nearest medical facility. In such cases, the officer should consult with a supervisor prior to the transport.

Members shall not sign refusal-for-treatment forms or forms accepting financial responsibility for treatment.

428.6 MEDICAL ATTENTION RELATED TO USE OF FORCE

Specific guidelines for medical attention for injuries sustained from a use of force may be found in the Use of Force, Handcuffing and Restraints, Control Devices and Conducted Energy Device policies.

428.7 AIR AMBULANCE

Generally, when on-scene, EMS personnel will be responsible for determining whether an air ambulance response should be requested. An air ambulance may be appropriate when there are

victims with life-threatening injuries or who require specialized treatment (e.g., gunshot wounds, burns, obstetrical cases), and distance or delays will affect the EMS response.

The Police Operations Division Commander should develop guidelines for air ambulance landings or enter into local operating agreements for the use of air ambulances, as applicable. In creating those guidelines, the Department should identify:

- Responsibility and authority for designating a landing zone and determining the size of the landing zone.
- Responsibility for securing the area and maintaining that security once the landing zone is identified.
- Consideration of the air ambulance provider's minimum standards for proximity to vertical obstructions and surface composition (e.g. dirt, gravel, pavement, concrete, grass).
- Consideration of the air ambulance provider's minimum standards for horizontal clearance from structures, fences, power poles, antennas, or roadways.
- Responsibility for notifying the appropriate highway or transportation agencies if a roadway is selected as a landing zone.
- Procedures for ground personnel to communicate with flight personnel during the operation.

One department member at the scene should be designated as the air ambulance communications contact. Headlights, spotlights, and flashlights should not be aimed upward at the air ambulance. Members should direct vehicle and pedestrian traffic away from the landing zone.

Members should follow these cautions when near an air ambulance:

- Never approach the aircraft until signaled by the flight crew.
- Always approach the aircraft from the front.
- Avoid the aircraft's tail rotor area.
- Wear eye protection during the landing and take-off.
- Do not carry or hold items, such as IV bags, above the head.
- Ensure that no one smokes near the aircraft.

428.8 AUTOMATED EXTERNAL DEFIBRILLATOR (AED) USE

A member should use an AED only after he/she has received the required training as provided in COMAR 30.06.02.01.

The Chief of Police shall designate an AED coordinator who shall be responsible for implementing and administering the AED program in accordance with state regulations including registering and receiving certification through the Maryland Institute for Emergency Medical Services Systems (MIEMSS) (Md. Code ED § 13-517; COMAR 30.06.02.01).

428.8.1 AED USER RESPONSIBILITY

Members who are issued AEDs should check the AED at the beginning of the shift to ensure it is properly charged and functioning. Any AED that is not functioning properly shall be taken out of service and given to the Training Officer who is responsible for ensuring appropriate maintenance.

Following use of an AED, the device shall be cleaned and/or decontaminated as required. The electrodes and/or pads will be replaced as recommended by the AED manufacturer.

Any member who uses an AED should contact Dispatch as soon as possible and request response by EMS.

428.8.2 AED REPORTING

Any member using an AED will complete an incident report detailing its use.

The Maryland Facility AED Report Form shall also be completed and forwarded to MIEMSS for each incident of suspected cardiac arrest. If the AED fails when operated, a copy of the report shall be sent to MIEMSS and to the Food and Drug Administration (FDA) (COMAR 30.06.02.03).

428.8.3 AED TRAINING AND MAINTENANCE

The Training Officer should ensure appropriate training, including training in the most recent publication of the American Heart Association Guidelines for CPR and emergency cardiovascular care (ECC), is provided to members authorized to use an AED (COMAR 30.06.02.01).

The Training Officer is responsible for ensuring AED devices are appropriately maintained and inspected consistent with the manufacturer's guidelines, and will retain records of all maintenance and inspections in accordance with the established records retention schedule (COMAR 30.06.02.01).

428.9 ADMINISTRATION OF OPIOID OVERDOSE MEDICATION

Authorized members may administer opioid overdose medication when there is an emergency situation and medical services are not immediately available (Md. Code HG § 13-3105). Administration shall be in accordance with protocol specified by the health care provider who prescribed the overdose medication.

428.9.1 OPIOID OVERDOSE MEDICATION USER RESPONSIBILITIES

Members who are qualified to administer opioid overdose medication, such as naloxone, should handle, store and administer the medication consistent with their training. Members should check the medication and associated administration equipment at the beginning of their shift to ensure they are serviceable and not expired. Any expired medication or unserviceable administration equipment should be removed from service and given to the Training Officer.

Any member who administers an opioid overdose medication should contact Dispatch as soon as possible and request response by EMS.

428.9.2 OPIOID OVERDOSE MEDICATION REPORTING

Any member administering opioid overdose medication should detail its use in an appropriate report.

The Training Officer will ensure that the Records Manager is provided enough information to meet applicable state reporting requirements (Md. Code HG § 13-3103).

428.9.3 OPIOID OVERDOSE MEDICATION TRAINING

The Training Officer should ensure training is provided to members authorized to administer opioid overdose medication. The training should include recognizing the signs and symptoms of opioid overdose and the administration of opioid overdose medication (Md. Code HG § 13-3103).

428.10 SICK OR INJURED ARRESTEE

If an arrestee appears ill or injured, or claims illness or injury, the arrestee should be medically cleared prior to booking. If the officer has reason to believe the arrestee is feigning injury or illness, the officer should contact a supervisor, who will determine whether medical clearance will be obtained prior to booking.

If the jail or detention facility refuses to accept custody of an arrestee based on medical screening, the officer should note the name of the facility person refusing to accept custody and the reason for refusal, and should notify a supervisor to determine the appropriate action

Arrestees who appear to have a serious medical issue should be transported by ambulance to an appropriate medical facility.

Nothing in this section should delay an officer from requesting EMS when an arrestee reasonably appears to be exhibiting symptoms that appear to be life threatening, including breathing problems or an altered level of consciousness, or is claiming an illness or injury that reasonably warrants an EMS response in accordance with the officer's training.

428.10.1 HOSPITAL SECURITY AND CONTROL

Officers who transport persons in custody to medical facilities for treatment should provide security and control during examination and treatment consistent with department protocols. Any such transport should be conducted in accordance with the Transporting Persons in Custody Policy.

The Police Operations Division Commander should develop protocols related to the following:

(a) Providing security and control during an examination or treatment, including:

1. Monitoring the person in custody (e.g., guarding against escape, suicide, and assault of others)
2. Removal of restraints, if necessary and appropriate (see the Handcuffing and Restraints Policy)

(b) Responsibility for continuing security and control if the person in custody is admitted to the hospital

1. This should include transferring custody of the person to an appropriate agency.

428.11 FIRST-AID TRAINING

The Training Officer should ensure officers receive periodic first-aid training appropriate for their position.