

Medical Aid and Response

434.1 PURPOSE AND SCOPE

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

434.2 POLICY

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

434.3 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 the Communications Center 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 the Communications Center 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. Number of patients, sex, and age.
 2. Whether the person is conscious, breathing, and alert, or is believed to have consumed drugs or alcohol.
 3. Signs and symptoms as observed by the member.
 4. Changes in apparent condition.
 5. Whether the person is showing signs or symptoms of excited delirium or other medically significant behavior.

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

Members should not direct EMS personnel whether or not to transport the person for treatment. This is an EMS decision.

Medical Aid and Response

434.4 TRANSPORTING ILL AND INJURED PERSONS

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

Officers should search any person who is in custody before releasing that person to EMS for transport.

An officer should accompany any person in custody during medical transport whenever:

- (a) Requested by EMS personnel and approved by a supervisor
- (b) It reasonably appears necessary to provide security
- (c) It is necessary for investigative purposes or when so directed by a supervisor.

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

434.5 INCAPACITATED PERSONS

Officer's encountering a person who appears to be incapacitated by alcohol or another drug shall place that person into protective custody and arrange for transport to an approved public treatment facility for emergency treatment. If in the officer's judgment the person is in need of emergency medical treatment, they should first be transported for medical clearance prior to turning over custody to the approved public treatment facility (Wis. Stat. 51.45 (11)(b)).

Placement under protective custody in this instance is not an arrest and no record shall be created indicating the person was arrested unless other criminal activity is discovered above and beyond their incapacitation. However, officers may search such person for and seize any weapons (Wis. Stat. 51.45 (11)(b)). Officer's shall file an incident report regarding the protective custody.

434.6 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 care or be transported unless the officer is placing the person into protective custody due to their incapacitation by alcohol or another drug in accordance with this policy or placing them into custody in accordance with the Emergency Detentions Policy (409). Officers should consult with EMS personnel to determine if 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.

Whether the situation involves protective custody, emergency detention or a combative prisoner, officers shall ensure that they provide responding EMS personnel with all relevant information regarding the observed or known conditions of the subject in question in order for EMS to conduct an accurate assessment and determine the best course of medical action. Officers shall never suggest or demand EMS personnel sedate a subject or suggest the use of any particular type of sedation. This is a decision that must be clearly made by EMS personnel and not law enforcement officers.

Beloit Police Department

WI LE Policy Manual

Medical Aid and Response

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

434.7 SICK OR INJURED ARRESTEE

If an arrestee appears ill or injured, or claims illness or injury, he/she should be medically cleared prior to booking. If the arrestee indicates they will refuse treatment or the officer has reason to believe the arrestee is feigning injury or illness, the officer should contact a supervisor for guidance and situational awareness. Absent extraordinary circumstances the arrestee should receive medical clearance prior to booking. In either instance, officers 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 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 the shift commander to determine the appropriate action.

Arrestees who appear to have a serious medical issue should be transported by ambulance. Officers shall not transport an arrestee to a hospital without a supervisor's approval.

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.

434.8 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 (300), Handcuffing and Restraints (302), Control Devices and Techniques (303), and Conducted Energy Device (304) policies.

434.9 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 other known delays will affect the EMS response.

Medical Aid and Response

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.
- Consider wearing eye protection during 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.

434.10 AUTOMATED EXTERNAL DEFIBRILLATOR (AED) USE

434.10.1 AED USER RESPONSIBILITY

Stationary AED's maintained within the facility should be regularly checked by the Inspector or designee or designee to ensure they are properly charged and functioning. Any AED that is not functioning properly will be taken out of service and given to the Inspector or designee 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 the Communications Center as soon as possible and request response by EMS.

434.10.2 AED REPORTING

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

434.10.3 AED TRAINING AND MAINTENANCE

The Inspector or designee should ensure appropriate training is provided to members authorized to use an AED (Wis. Stat. § 256.15(8)).

The Inspector or designee is responsible for ensuring AED devices are appropriately maintained and will retain records of all maintenance in accordance with the established records retention schedule.

434.11 ADMINISTRATION OF OPIOID OVERDOSE MEDICATION

A member may administer opioid overdose medication in accordance with protocol specified by the physician or ambulance service provider who prescribed the overdose medication for use by the member as long as the member has the knowledge and training necessary to safely administer the opioid overdose medication (Wis. Stat. § 256.40).

Beloit Police Department

WI LE Policy Manual

Medical Aid and Response

434.11.1 OPIOID OVERDOSE MEDICATION USER RESPONSIBILITIES

The Department shall maintain opioid overdose medication internally in the event a member suffers an accidental exposure during testing. Members who are qualified to administer opioid overdose medication, such as naloxone, should handle, store and administer the medication consistent with their training. The Special Operations Division Captain or designee should check the medication and associated administration equipment as needed to ensure they are serviceable and not expired. Any expired medication or unserviceable administration equipment should be removed from service and disposed of in accordance with the Property and Evidence Policy (800).

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

434.11.2 OPIOID OVERDOSE MEDICATION REPORTING

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

434.11.3 OPIOID OVERDOSE MEDICATION TRAINING

The Inspector or designee should ensure training is provided to members authorized to administer opioid overdose medication.

434.12 FIRST AID TRAINING

Subject to available resources, the Inspector or designee should ensure officers receive periodic first aid training appropriate for their position.