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 Fargo Police Department that all officers and other designated members be trained to provide a basic level of 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 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. The member should notify dispatch and if necessary, 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 (1007). Members should use a barrier or bag device to perform rescue breathing.

When requesting EMS, the member should provide dispatch with the following information as soon as practicable in order to enable an appropriate EMS response:

(a) The location where EMS is needed.

(b) The nature of the incident and/or injury.

(c) Any known scene hazards and whether they are clear to approach.

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

1. Signs, symptoms or injuries as observed by the member.
2. Number of patients, sex and estimated age.
3. Whether the person is conscious and breathing, unconscious and breathing or a pulseless non-breather (PNB), injuries incompatible with life (i.e. decapitation, decomposed, etc.), as well as whether they are believed to have consumed drugs or alcohol.
4. Whether the person is showing signs or symptoms of agitated or other chaotic behavior.

Members should stabilize the scene whenever practicable and keep dispatch updated regarding any changes in condition while awaiting the arrival of EMS.

Members shall not direct EMS personnel to transport the person for treatment or whether or not to administer any type of narcotic or prescription drug. These decisions are medical in nature and shall be made by EMS professionals.

434.4 TRANSPORTING ILL AND INJURED PERSONS

Except in extraordinary 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.

434.5 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 care or be transported. However, members may assist EMS personnel when EMS personnel determine the person lacks 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 illness commitment in accordance with the Mental Illness Commitments Policy (409).

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. If the person still refuses, the officer shall ensure the person is transported to the nearest medical facility for clearance prior to transporting to the jail or secure custody facility.

Members may sign refusal-for-treatment forms as witnesses, but shall not sign any forms accepting financial responsibility for treatment.

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

434.7 AIR AMBULANCE

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. If an air ambulance is requested officers shall be responsible for scene security by restricting vehicular and pedestrian traffic near the landing zone.

434.8 AUTOMATED EXTERNAL DEFIBRILLATOR (AED) USE

A member may use an AED only after he/she has received training in a department approved, nationally recognized course in CPR and AED use (N.D.C.C. § 32-03.1-02.3).

Absent clear and convincing documentation that a "Do Not Resuscitate Order" exists for a patient, officers shall initiate AED intervention

Clear and convincing documentation may consist of a signed order presented to the officer that reasonably appears to relate to the patient or verbal verification of an order provided by an individual that the officer knows is a physician.

434.8.1 AED USER RESPONSIBILITY

Members who, as part of their work shift, are assigned or operate department vehicles which are equipped with an AED shall check the AED at the beginning of the shift to ensure it is properly charged, functioning, and the electrode patches are not expired. Any AED that is not functioning properly or has expired electrode patches shall be taken out of service and given to the Quartermaster, who is responsible for ensuring appropriate maintenance. Expired electrode patches may be exchanged for new ones, allowing the AED to be placed back in service.

Following use of an AED, the device shall be cleaned and/or decontaminated as required. The used electrodes and/or pads may be replaced by Sanford Ambulance if the electrode pads are compatible with our AED's. Officers can also acquire new electrode pads from the Quartermaster.

Once the AED is attached to a patient and powered on, the AED records and saves important information about the condition of the patient's heart and the results of any shocks delivered. Upon request of the emergency room physician or Sanford Ambulance personnel, regardless of whether a shock was delivered, the AED shall be given to Sanford Ambulance personnel who may download the AED event summary data.

Any member using an AED shall notify dispatch as soon as possible and request response by EMS.

For officers operating police vehicles with a trunk, when temperatures are cold enough to affect the operations of the AED, officers shall place the AED in the front to ensure the AED is warm enough to function when needed.

434.8.2 AED REPORTING

Any member using an AED shall enter comments into the narrative portion of the dispatch incident or complete a case report detailing its use, whichever is appropriate.

434.8.3 AED TRAINING AND MAINTENANCE

The Training and Development Unit (TDU) Lieutenant shall ensure appropriate training is provided to members authorized to use an AED (N.D.C.C. § 32-03.1-02.3). Training on CPR and the AED shall be completed in accordance with the Department's training schedule.

If an officer determines there is an issue with an AED, the officer shall bring the AED to the Quartermaster who shall ensure all AED devices are appropriately serviced. The Quartermaster

shall retain records of all maintenance in accordance with the established records retention schedule.

434.9 ADMINISTRATION OF OPIOID OVERDOSE MEDICATION

Only members who are trained to deliver opioid overdose medications may administer those medications in accordance with protocol specified by the health care professional who prescribed the medication for use by the member (N.D.C.C. § 23-01-42).

434.9.1 OPIOID OVERDOSE MEDICATION USER RESPONSIBILITIES

Members should handle, store, and administer the overdose medication consistent with their training. Members should check the medication and associated administration equipment at the beginning of their shifts to ensure they are serviceable and not expired. Any expired medication or unserviceable administration equipment should be removed from service and given to the Narcotics Unit Lieutenant or Shift Commander if after hours.

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

434.9.2 OPIOID OVERDOSE MEDICATION REPORTING

Any member administering opioid overdose medication should detail its use in the narrative portion of the dispatch incident or an appropriate case report.

434.9.3 OPIOID OVERDOSE MEDICATION TRAINING

The TDU Lieutenant should ensure sworn members are trained and recurring training is provided as necessary or appropriate.

434.10 FIRST-AID TRAINING

The Training and Development Unit (TDU) Lieutenant should ensure officers receive periodic first-aid training appropriate for their position.

434.11 SICK OR INJURED ARRESTEE

If an arrestee appears ill or injured, or claims illness or injury, he/she shall 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 shall determine whether medical clearance should be obtained prior to booking.

If the jail or detention facility refuses to accept custody of an arrestee based on medical screening after medical clearance has been obtained, the officer should note the name of the facility person refusing to accept custody and the reason for refusal, and shall 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 who appears to have a serious medical issue 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.

434.11.1 JAIL MEDICAL CLEARANCE FORM

Members conveying an arrestee for medical clearance shall complete the appropriate Cass County Jail Pre-Booking Medical Clearance Form based on the hospital service provider. The forms are available electronically via department database and should be completed as follows:

Cooperative Subject - Arrest or Detox

(a) Fill out Part I. of the form.

(b) Request medical staff to fill out and sign Part II of the form and bring it to the jail with the subject.

1. If medical staff refuse to complete the form, members shall indicate "declined to sign" on the form and bring the discharge paperwork to the jail as evidence of proof of care.
2. If medical staff refuse to provide discharge paperwork, request that they fax it to the jail.

Uncooperative Subject - Arrest or Detox

(a) Proceed to the hospital pursuant to this policy and upon arrival read and record the Uniform Statement to the subject via body-worn camera (BWC).

1. If the subject consents to evaluation proceed as noted above.
2. If the subject remains uncooperative or refuses consent, record this via BWC and proceed to the jail. Document the refusal on the arrest form and indicate the specific BWC recording information in the comments section, to include officer name, squad number, etc. Verbally inform the jail staff regarding the attempt to obtain medical clearance and the subject's refusal.

For arrestees in which no prior medical clearance was deemed necessary or obtained, jail staff may expressly request clearance based on their observations and/or initial booking steps. Conflicts with arrestee acceptance should be directed to the Shift Commander.

434.11.2 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. At no time should the officer relinquish custody and control of a person in custody, unless the person is in active surgery or similar situation. Any such transport should be conducted in accordance with the Transporting Persons in Custody Policy (902).

The Neighborhood Services Division (NSD) commander should annually review and recommend any necessary updates 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.

434.12 REVISION DATE 06/17/2025