

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 (e.g., first aid, CPR and 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 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. 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 or symptoms of excited delirium or other agitated chaotic behavior.

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.

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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 transport in an ambulance when requested by EMS personnel, when it reasonably appears necessary to provide security, when 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 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.

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 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 may sign refusal-for-treatment forms as witnesses, but shall consult with a supervisor prior to signing 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, Handcuffing and Restraints, Control Devices and Techniques, and Conducted Energy Device 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. Given the

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proximity of EMS personnel to the two local trauma units, and the operational requirements of the air ambulance; it is unlikely an air ambulance would be utilized within the City of Fargo. However, in the chance an air ambulance is requested, officers will 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 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 will initiate AED intervention.

- (a) Clear and convincing proof consists of a signed order presented to the officer that the officer knows is that of the patient, or the verbal verification of the existence of an order provided by an individual that the officer knows is a physician.

434.8.1 AED USER RESPONSIBILITY

Employees 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 and functioning. This also includes checking for the expiration on the electrode patches. Any AED that is not functioning properly will be taken out of service and given to the Quartermaster, who is responsible for ensuring appropriate maintenance. If a member discovers a set of electrode patches are expired the member will turn the expired electrode patches into the Quartermaster and obtain new electrode patches.

Following use of an AED, the device shall be cleaned and/or decontaminated as required. The used electrodes and/or pads can be replaced by FM Ambulance if the electrode pads are compatible with our AED's. It will be the officer's responsibility to ask FM Ambulance personnel for the new electrodes and/or pads. 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 save 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 FM Ambulance personnel, regardless of whether a shock was delivered, the AED will be given to FM Ambulance personnel who will 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.

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434.8.2 AED REPORTING

Any member using an AED will 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 Administrative 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 will be completed in accordance with the department's training schedule.

If an officer determines there is an issue with an AED, the officer will bring the AED to the Quartermaster's office, and the Quartermaster will be responsible for ensuring AED devices are appropriately serviced. If available, the Quartermaster will retain records of all maintenance in accordance with the established records retention schedule.

434.9 ADMINISTRATION OF OPIOID OVERDOSE MEDICATION

Members who are trained to deliver opioid overdose medications may administer those medication 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 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 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 lieutenant.

Any member who administers an opioid overdose medication should 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 Administrative Lieutenant should ensure re-occurring training is provided to members authorized to administer opioid overdose medication.

434.10 FIRST AID TRAINING

Subject to available resources, the Administrative 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 should be medically cleared prior to booking. If the officer has reason to believe the arrestee is feigning injury or illness, the

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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. 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.