
Medical Aid and Response

429.1 PURPOSE AND SCOPE

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

429.2 POLICY

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

429.3 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 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 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 whether to transport the person for treatment.

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429.4 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.

429.5 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 civil commitment in accordance with the Civil 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 shall not sign refusal-for-treatment forms or forms accepting financial responsibility for treatment.

429.5.1 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 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.

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429.6 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.

429.7 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 other known delays will affect the EMS response.

The Patrol 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 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.

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429.8 AUTOMATED EXTERNAL DEFIBRILLATOR (AED) USE

An AED should only be used by members who have completed a state-approved course in CPR and the use of an AED (ARS § 36-2261(5)).

429.8.1 AED USER RESPONSIBILITY

Members who are issued AEDs for use in department vehicles 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 will be taken out of service and given to the Training Lieutenant who is responsible for ensuring appropriate maintenance.

Any member who uses an AED shall contact Dispatch as soon as possible and request response by EMS (ARS § 36-2262).

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.

429.8.2 AED REPORTING

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

The Records Center shall ensure that a written report is provided to the Bureau of Emergency Medical Services and Trauma System within five days after use (ARS § 36-2262).

429.8.3 AED TRAINING AND MAINTENANCE

The Training Lieutenant should ensure appropriate training is provided to members authorized to use an AED.

The Training Lieutenant is responsible for ensuring AED devices are appropriately maintained and tested consistent with the manufacturer's guidelines, and will retain records of all maintenance in accordance with the established records retention schedule (ARS § 36-2262).

429.9 ADMINISTRATION OF OPIOID OVERDOSE MEDICATION

Trained members may administer opioid overdose medication in accordance with protocol specified by the physician or nurse practitioner who prescribed the overdose medication for use by the member (ARS § 36-2228).

429.9.1 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 Lieutenant.

Any member who provides an opioid antagonist shall contact Dispatch as soon as possible and request response by EMS.

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429.9.2 OPIOID OVERDOSE MEDICATION REPORTING

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

The Training Lieutenant will ensure that the Records Supervisor is provided enough information to meet applicable state reporting requirements.

429.9.3 OPIOID OVERDOSE MEDICATION TRAINING

The Training Lieutenant should ensure Arizona Peace Officer Standards and Training Board (AZPOST)-approved training is provided to members authorized to administer opioid overdose medication (ARS § 36-2228).

429.10 ADMINISTRATION OF EPINEPHRINE AUTO-INJECTOR DEVICES

The Patrol Division Commander may authorize the acquisition and storage of epinephrine auto-injectors for use by department members as provided by ARS § 36-2226.01. The Patrol Division Commander shall ensure that a trained member is appointed to be responsible for the storage, maintenance, control and general oversight of the epinephrine auto-injectors acquired by the Department (ARS § 36-2226.01).

Trained members may administer an epinephrine auto-injector to a person experiencing anaphylaxis or may provide an epinephrine auto-injector to the person or their parent, guardian or caregiver for immediate administration (ARS § 36-2226.01).

429.10.1 EPINEPHRINE USER RESPONSIBILITIES

Any member who administers or provides epinephrine shall contact Dispatch as soon as possible and request EMS.

429.10.2 EPINEPHRINE AUTO-INJECTOR DEVICE USE REPORTING

Any member administering epinephrine should detail its use in an appropriate report.

A report of each administration of epinephrine supplied by the Department that occurs at the Department shall be reported to the Arizona Department of Health Services (DHS) on the appropriate DHS form (ARS § 36-2226.01).

429.10.3 EPINEPHRINE AUTO-INJECTOR DEVICE TRAINING

The Training Lieutenant should ensure initial anaphylaxis training is provided to members authorized to administer or provide an epinephrine auto-injector and subsequent anaphylaxis training should occur every two years thereafter. The training shall be conducted by a nationally recognized organization that is experienced in training laypersons in emergency health treatment or other entity or individual approved by DHS. Training may be conducted online or in person and, at a minimum, shall cover (ARS § 36-2226.01):

- (a) How to recognize signs and symptoms of severe allergic reactions, including anaphylaxis.
- (b) Standards and procedures for the storage and administration of an epinephrine auto-injector.

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- (c) Emergency follow-up procedures.