

Medical Aid and Response

430.1 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.

430.2 POLICY

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

430.3 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.

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

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

430.4 TRANSPORTING ILL AND INJURED PERSONS

Except in exceptional 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.

430.5 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

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informed decision and the lack of immediate medical attention may result in serious bodily injury or the death of the person.

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.

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

430.6 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.

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

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.

430.7 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.

430.8 AUTOMATED EXTERNAL DEFIBRILLATOR (AED) PLAN

The Fire Chief is responsible for developing a written AED plan that complies with the requirements of § 50-6-502, MCA and the rules adopted by the Montana Department of Public Health and Human Services (DPHHS) pursuant to § 50-6-502, MCA including (ARM 37.104.610):

- (a) The physical address where AEDs will be located and for a mobile AED, the geographic area in which the AED will be used and how the AED will be transported to the scene.
- (b) The names of members authorized to use the AED.
- (c) A description of how AED use will be coordinated with each licensed emergency medical service provider providing coverage in the area where the AED is located, including how emergency medical services will be activated every time that an AED is attached to a patient.
- (d) The name, telephone number(s) and address of a Montana licensed medical supervisor who will be providing medical supervision to the AED program and how

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the medical supervisor, or the medical supervisor's designee, will supervise the AED program.

- (e) The name, telephone number(s) and address of the medical supervisor's designee, if any, who will assist the medical supervisor in supervising the AED program.
- (f) Procedures for how the AED will be maintained, tested and operated according to the manufacturer's guidelines.
- (g) A description of the records that will be maintained by the program, including records of all maintenance and testing performed on the AED.
- (h) Identification of information required by the medical supervisor to be reported by members using an AED.
- (i) A description of how the required reports of AED use will be made to the medical supervisor and to the DPHHS.
- (j) Procedures to ensure AEDs obtained by the Bozeman Police Department are the types approved by the U.S. Food and Drug Administration (ARM 37.104.616).
- (k) Anything else specified by the DPHHS.

430.8.1 AED USE

A member may use an AED under the plan only after completing initial training and after receiving refresher training no less than every two years on cardiopulmonary resuscitation and the proper use of an AED (ARM 37.104.610).

430.8.2 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 assigned AED program manager 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 (§ 50-6-502, MCA).

430.8.3 AED REPORTING

Any member using an AED will complete an incident report detailing its use and including information required to be reported by the AED plan. A copy of the report shall be forwarded to the AED medical supervisor so that the AED use can be reported to DPHHS as required by the AED plan (§ 50-6-502, MCA).

430.8.4 AED TRAINING AND MAINTENANCE

The assigned AED program manager should ensure appropriate initial and refresher training that is approved by DPHHS, and meets the standards or the American Heart Association is provided to members authorized to use an AED (ARM 37.104.610).

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The assigned AED program manager is responsible for ensuring AED devices are appropriately maintained and will retain records of all maintenance in accordance with the established records retention schedule and the AED plan.

430.9 ADMINISTRATION OF OPIOID OVERDOSE MEDICATION

Members with the required training may administer opioid overdose medication in accordance with protocol specified by a physician or other medical professional as set forth in § 50-32-604, MCA and § 50-32-605, MCA.

430.9.1 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 assigned Naloxone program manager.

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

430.9.2 OPIOID OVERDOSE MEDICATION REPORTING

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

The assigned Naloxone program manager will ensure that the Police Information Manager is provided enough information to meet applicable state reporting requirements (§ 50-32-607, MCA).

430.9.3 OPIOID OVERDOSE MEDICATION TRAINING

The Training Sergeant should ensure training is provided to members authorized to administer opioid overdose medication (§ 50-32-604, MCA; § 50-32-606, MCA).

430.10 FIRST AID TRAINING

Subject to available resources, the Training Sergeant should ensure officers receive periodic first aid training appropriate for their position.