Medical Aid and Response

430.1 PURPOSE AND SCOPE

Best Practice

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

Best Practice MODIFIED

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

It is also the policy of the Syracuse Police Department to notify the parent, guardian or person responsible when an injury has occurred to a juvenile (less than 18 years of age).

430.3 FIRST RESPONDING MEMBER RESPONSIBILITIES

Best Practice MODIFIED NY_CALEA6.13 - 61.2.2 (b) NYSLEAP- 8.7 - 64.1 (D), 3.1 (B), 3.1 (C)

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 Onondaga County 911 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 Onondaga County 911 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 mechanism of injury/nature of illness.
- (c) Any known scene hazards.
- (d) Responsiveness/level of consciousness: AVPU (Alert, Verbal, Pain, Unresponsive).
 - 1. Changes in apparent condition.
 - 2. Number of patients, sex, and age, if known.
 - Whether the person is showing signs or symptoms of excited delirium or other agitated chaotic behavior.
- (e) Chief complaint/apparent life threats/presenting problem.
- (f) Patient priority: CUPS (Critical, Unstable, Potentially Unstable, Stable).

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

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

See procedure for OVERDOSE

430.4 PARENTAL NOTIFICATIONS

Agency Content

Notification to the parent, guardian or person responsible for a juvenile (less than 18 years of age), will be made when members of this department investigate incidents in which juveniles are injured.

The investigating officer is responsible for notifying the parent, guardian or person responsible for the juvenile at the time. Such notification shall be made either by telephone or in person, prior to returning to service from the incident. All information regarding the notification, or attempts to notify, will be included in the related report.

When the investigating officer cannot make notification, a supervisor will be notified and will determine the next appropriate course of action. No termination of an attempt to notify will be made without a supervisor's approval.

In incidents where an injury has occurred, and the parent, guardian or responsible person cannot be notified, the officer will attempt to obtain appropriate medical attention to ensure the health and safety of the juvenile.

430.5 TRANSPORTING ILL AND INJURED PERSONS

Best Practice MODIFIED NYSLEAP- 8.7 - 64.1 (D)

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.

430.6 PERSONS REFUSING EMS CARE

Best Practice MODIFIED

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.

In cases where mental illness may be a factor, the officer should consider proceeding with emergency admission in accordance with the Emergency Admission 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 who is in custody 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 forms accepting financial responsibility for treatment. Members shall not sign refusal-for-treatment forms except as a witness to that refusal.

430.7 SICK OR INJURED ARRESTEE

Best Practice MODIFIED NY_CALEA6.13 - 70.3.2 NYSLEAP- 8.7 - 64.1 (D)

If an arrestee appears ill or injured, or claims illness or injury, he/she should be medically cleared 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.

430.8 MEDICAL ATTENTION RELATED TO USE OF FORCE

Best Practice

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.

430.9 AIR AMBULANCE

Best Practice MODIFIED

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

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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. Landing zones should be coordinated by all responding agencies.

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 shall 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 the 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.

430.10 AUTOMATED EXTERNAL DEFIBRILLATOR (AED) USE

Discretionary

430.10.1 AED USER RESPONSIBILITY

Discretionary MODIFIED

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 Commanding Officer of the Training and Education Division or authorized 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 Onondaga County 911 Center as soon as possible and request response by EMS.

430.10.2 AED REPORTING

State

The local emergency medical system will be notified immediately upon the use of an AED (Public Health Law § 3000-b).

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

430.10.3 AED TRAINING AND MAINTENANCE

Best Practice MODIFIED

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The members shall be trained by a course approved by a nationally recognized organization or the state emergency medical services council in the use of the AED (Public Health Law § 3000-b).

The Commanding Officer of the Training and Education Division or authorized 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.

430.11 ADMINISTRATION OF OPIOID OVERDOSE MEDICATION

State

Only members who maintain current training as established by the opioid overdose program director may administer opioid overdose medication (10 NYCRR § 80.138).

430.11.1 OPIOID OVERDOSE MEDICATION USER RESPONSIBILITIES

Best Practice MODIFIED

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 Opioid Overdose Program Director.

430.11.2 OPIOID OVERDOSE MEDICATION REPORTING

State

Any member administering opioid overdose medication should detail its use on an appropriate form as specified by the Municipal Police Training Council (MPTC) and forward it to the Records Division.

The member shall report all responses to victims of suspected drug overdose on the current statespecified form and to the opioid overdose program director or his/her designee (10 NYCRR § 80.138(c)(3)).

The Records Division shall ensure that all administrations of an opioid antagonist and the number of trained overdose responders are reported to the MPTC quarterly (10 NYCRR § 80.138). The Commanding Officer of the Training and Education Division shall ensure the Commanding Officer of the Records Division has a current list of officers trained as overdose responders.

430.11.3 OPIOID OVERDOSE MEDICATION TRAINING

State

The Commanding Officer of the Training and Education Division should ensure initial training is provided and refresher training or competency verification occurs every two years for members authorized to administer opioid overdose medication as specified by the MPTC (10 NYCRR § 80.138).

430.12 FIRST AID TRAINING

Best Practice

Syracuse Police Department Policy Manual

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Subject to available resources, the Commanding Officer of the Training and Education Division should ensure officers receive periodic first aid training appropriate for their position.