
Medical Aid and Response

429.1 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.

429.2 POLICY

It is the policy of the Pittsfield 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, 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 the Dispatch 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 Department's infectious diseases training and controls.. Members should use a barrier or bag device to perform rescue breathing.

When requesting EMS, the member should provide the Dispatch 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 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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429.3.1 DRUG-DEPENDENT PERSONS

A member with probable cause to believe a person is incapacitated due to consumption of a controlled substance, toxic vapor, or substance other than alcohol may take the person into protective custody. A person taken into protective custody may not be held in protective custody against the person's will beyond the time necessary to transport the person to an acute care hospital or satellite emergency facility, or to obtain appropriate emergency medical treatment. If the person taken into protective custody is under 18, the member should notify a parent or guardian as soon as reasonably practicable (G.L. c. 111E, § 9A).

429.4 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 shall 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 without supervisory approval.

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 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 informed decision, and that 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.

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 in-custody 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.

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429.5.1 TRAINING

The Training Coordinator should ensure training in first aid and CPR, including refresher courses, is provided to members whose duties are not primarily clerical or administrative. Such training should meet the standards of the Massachusetts Department of Public Health (DPH) and the Committee on Cardiopulmonary Resuscitation and Emergency Cardiac Care of the American Heart Association (G.L. c. 111, § 201).

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 Conducted Energy Device policies.

429.7 AUTOMATED EXTERNAL DEFIBRILLATOR USE

Members should use an automated external defibrillator (AED) only after receiving department-approved training on its use (G.L. c. 111, § 201).

429.7.1 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 Coordinator 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 the Dispatch Center as soon as possible and request response by EMS.

429.7.2 AED REPORTING

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

429.7.3 AED TRAINING AND MAINTENANCE

The Training Coordinator should ensure appropriate training is provided to members authorized to use an AED. Training should comply with DPH standards (G.L. c. 111, § 201). The Training Coordinator is responsible for ensuring AED devices are appropriately maintained and will retain records of all maintenance in accordance with the established records retention schedule.

429.8 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.

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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.

429.9 ADMINISTRATION OF EPINEPHRINE OR NALOXONE

Only members currently trained and authorized by the Department to administer epinephrine or naloxone may do so (105 CMR § 700.003). Members may administer epinephrine or naloxone in accordance with protocol specified by the physician who prescribed the medication for use by the member.

The Uniform Division Captain or the authorized designee shall ensure that the Pittsfield Police Department's program to possess and administer this medication complies with DPH regulations (105 CMR § 700.003).

429.9.1 EPINEPHRINE OR NALOXONE USER RESPONSIBILITIES

Members who are qualified to administer epinephrine or 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 Coordinator.

Any member who administers epinephrine or naloxone shall contact the Dispatch Center as soon as possible and request response by EMS.

429.9.2 EPINEPHRINE OR NALOXONE REPORTING

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

429.9.3 EPINEPHRINE OR NALOXONE TRAINING

The Training Coordinator should ensure that training is provided to members authorized to administer epinephrine or naloxone (105 CMR § 700.003).