

**East Lansing Police Department
Policy & Procedure**

Subject: Medical Aid and Response	ELPD Policy #: 300-16
Effective Date: March 1, 2022 Revised Date:	Distribution: Departmental
MACP Accreditation Standard : Medical Aid and Response	MACP Standard: 3.4.5

I. PURPOSE

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

II. POLICY

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

III. PROCEDURE

A. First Responding Member Responsibilities

1. Whenever practicable, personnel 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.
2. Prior to initiating medical aid, personnel should contact Dispatch and request response by Public Safety Fire/Rescue apparatus and emergency medical services (EMS) as the member deems appropriate. Personnel should follow universal precautions when providing medical aid, such as wearing gloves and avoiding contact with bodily fluids, consistent with the Communicable Diseases Policy.
3. Personnel should use a barrier or bag device to perform rescue breathing.
4. When requesting EMS, personnel 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:
 - i. Signs and symptoms as observed by the member.
 - ii. Changes in apparent condition.
 - iii. Number of patients, sex and age, if known.
 - iv. Whether the person is conscious, breathing and alert, or is believed to have consumed drugs or alcohol.
 - v. Whether the person is showing signs or symptoms of excited delirium or other agitated chaotic behavior.
- 5. Personnel should stabilize the scene whenever practicable while awaiting the arrival of EMS.
- 6. Personnel should not direct EMS personnel whether to transport the person for treatment.

B. Transporting Ill and Injured Persons

- 1. Except in exceptional cases where alternatives are not reasonably available, personnel 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.
- 2. Police officers should search any person who is in custody before releasing that person to EMS for transport.
- 3. A police 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.
- 4. Personnel should not provide emergency escort for medical transport or civilian vehicles.

C. Persons Refusing EMS Care

1. If a person who is not in custody refuses EMS care or refuses to be transported to a medical facility, a police officer shall not force that person to receive medical care or be transported.
2. However, officers 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 the lack of immediate medical attention may result in serious bodily injury or the death of the person.
3. In cases where mental illness may be a factor, the police officer should consider proceeding with involuntary commitment in accordance with the Civil Commitments Policy.
4. If a police 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 police 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.
5. If the person still refuses, the police officer will require the person to be transported to the nearest medical facility. In such cases, the police officer should consult with a supervisor prior to the transport.
6. Personnel shall not sign refusal-for-treatment forms on behalf of the patient but may sign as a witness that the patient is refusing treatment. Additionally, officers shall not sign any forms accepting financial responsibility for treatment.

D. Sick or Injured Arrestee

1. If an arrestee appears ill or injured, or claims illness or injury, he/she should be medically cleared prior to booking. If the police officer has reason to believe the arrestee is feigning injury or illness, the police officer should contact the Shift Commander, who will determine whether medical clearance will be obtained prior to booking.
2. If the jail or detention facility refuses to accept custody of an arrestee based on medical screening, the police 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.

3. Arrestees who appear to have a serious medical issue should be transported by ambulance. Police officers shall not transport an arrestee to a hospital without a supervisor's approval.

E. Medical Attention Relation to Use of Force

1. 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. Any injury, however slight, to a person detained or arrested by ELPD personnel shall be reported to the Shift Commander immediately. Copies of all related reports shall be routed to the ELPD Administration, via the officers' Divisional Commander.

F. Police Guards for Hospitalized Prisoners

1. The Shift Commander shall evaluate each case. However, a guard shall be posted for all prisoners when:
 - a. Arrestee has committed a felony.
 - b. If requested by hospital personnel.
 - c. When a prisoners mental state appears to be a danger to self or others.
2. Once a guard is posted, the guard shall not be removed unless approved by the Shift Commander or the Divisional Commander in charge of the case.
3. When the police guard desires a meal break, the guard shall notify a supervisor who shall make arrangements to have another officer guard the prisoner or have the Sparrow-assigned Security guard the prisoner.
 - a. The guard shall not leave the post until relief arrives.
 - b. The police guard shall pay for any meals eaten at the hospital.
 - c. After the meal break, the guard shall promptly return to the assignment.

G. Automated External Defibrillator (AED) USE

1. AED User Responsibility

- a. Personnel 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 Division Commander or designee who is responsible for ensuring appropriate maintenance.
- b. 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.
- c. Any personnel who uses an AED should contact Dispatch as soon as possible and request response by EMS.

2. AED Reporting

- a. Any personnel using an AED will complete an incident report detailing its use. The MFR field notes, the NEMESIS report and any related KDPS reports, along with the AED data card shall be delivered to the Training Division for appropriate disposition with MEDCOM.

3. AED Training and Maintenance

- a. The Training Coordinator should ensure appropriate training is provided to members authorized to use an AED.
- b. 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.

H. Administration of Opioid Overdose Medication

1. Only members who have completed opioid administration training may administer opioid overdose medication (MCL 28.543).
2. Opioid Overdoes Medication User Responsibilities
 - a. Personnel 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 Coordinator.

3. Opioid Overdose Medication Reporting
 - a. Any personnel administering opioid overdose medication should detail its use in an appropriate report.
4. Opioid Overdose Medication Training
 - a. The Training Coordinator should ensure training is provided to personnel authorized to administer opioid overdose medication

IV. CANCELLATIONS

Authorized By:



Kim Johnson, Chief of Police