Medical Aid and Response

430.1 PURPOSE AND SCOPE

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

430.2 POLICY

It is the policy of the University of Maryland, Baltimore 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 Communications 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 1008. Members should use a barrier or bag device to perform rescue breathing.

When requesting EMS, the member should provide Communications 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 of extreme agitation or is engaging in violent irrational behavior accompanied by profuse sweating, extraordinary strength beyond their physical characteristics, and imperviousness to pain.

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

Members should not direct EMS personnel regarding 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 not in custody and who are unconscious, who have serious injuries, or who may be seriously ill. EMS personnel should be called to handle patient transportation.

For guidelines regarding transporting ill or injured persons who are in custody, see the Transporting Persons in Custody Policy 904.

Members should not provide emergency escorts for medical transports 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 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 mental health hold in accordance with the Mental Health Evaluations Policy 409.

If an officer believes that a person who is in custody requires EMS care and the person refuses, they 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 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, the arrestee 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 the Shift 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 to an appropriate medical facility.

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.

430.6.1 HOSPITAL SECURITY AND CONTROL

Officers who transport persons in custody to medical facilities for treatment should provide security and control during examination and treatment consistent with department protocols. Any such transport should be conducted in accordance with the Transporting Persons in Custody Policy 904.

The Operations Bureau Commander should develop protocols related to the following:

(a) Providing security and control during an examination or treatment, including:

    1. Monitoring the person in custody (e.g., guarding against escape, suicide, and assault of others)

    2. Removal of restraints, if necessary and appropriate (see the Handcuffing and Restraints Policy)

(b) Responsibility for continuing security and control if the person in custody is admitted to the hospital

    1. This should include transferring custody of the person to an appropriate agency.

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 Policy 300, Handcuffing and Restraints Policy 302, Control Devices Policy 303 and Conducted Energy Device Policy 304.

430.8 AIR AMBULANCE (MEDVAC)

Generally, when on-scene, EMS personnel will be responsible for determining whether an air ambulance (medvac) response should be requested. An air ambulance (medvac) 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 delays will affect the EMS response.

Members should follow these cautions when near an air ambulance (medvac):

- 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.

430.9 AUTOMATED EXTERNAL DEFIBRILLATOR (AED) USE

A member should use an AED only after they have received the required training as provided in COMAR 30.06.02.01.

The Education and Training Lieutenant (E & T Lieutenant) has been designated as the AED Coordinator, who shall be responsible for implementing and administering the UMBPD AED program in accordance with state regulations including registering and receiving certification through the Maryland Institute for Emergency Medical Services Systems (MIEMSS) (Md. Code ED § 13-517; COMAR 30.06.02.01).

430.9.1 AED USER RESPONSIBILITY

Members who are issued AEDs 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 shall be taken out of service and given to the Patrol Administrative Lieutenant 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 Communications as soon as possible and request response by EMS.

430.9.2 AED REPORTING

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

The Maryland Facility AED Report Form shall also be completed and forwarded to MIEMSS for each incident of suspected cardiac arrest. If the AED fails when operated, a copy of the report shall be sent to MIEMSS and to the Food and Drug Administration (FDA) (COMAR 30.06.02.03).

430.9.3 AED TRAINING AND MAINTENANCE

The E & T Lieutenant shall ensure appropriate training, including training in the most recent publication of the American Heart Association Guidelines for CPR and emergency cardiovascular care (ECC), is provided to members authorized to use an AED (COMAR 30.06.02.01)

The Patrol Administrative Lieutenant or authorized designee is responsible for ensuring AED devices are appropriately maintained and inspected consistent with the manufacturer's guidelines, and will retain records of all maintenance and inspections in accordance with the established records retention schedule (COMAR 30.06.02.01).

430.10 ADMINISTRATION OF OPIOID OVERDOSE MEDICATION

Authorized members may administer opioid overdose medication when there is an emergency situation and medical services are not immediately available (Md. Code HG § 13-3105). Administration shall be in accordance with protocol specified by the health care provider who prescribed the overdose medication.

(See UMBPD Procedures Manual: 400.1 BACKGROUND AND INTENDED USE OF NALOXONE/ NARCAN)

430.10.2 OPIOID OVERDOSE MEDICATION USER RESPONSIBILITIES

Members who are qualified to administer opioid overdose medication, such as naloxone, shall handle, store and administer the medication consistent with their training. Members shall 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 shall be removed from service and given to the Quartermaster.

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

(See UMBPD Procedures Manual: 400.2 NALOXONE/NARCAN PROCEDURES)

430.10.3 OPIOID OVERDOSE MEDICATION REPORTING

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

The Records Manager will ensure the submitted incidents reports contain enough information to meet applicable state reporting requirements (Md. Code HG § 13-3103).

(See UMBPD Procedures Manual: 400.3 ADMINISTRATIVE AND REPORTING REQUIREMENTS)

See attachment: Narcan deployment form 2020.pdf

430.10.4 SUPERVISOR RESPONSIBILITIES

The Shift Supervisor is responsible for making notifications in the event Naloxone/Narcan has been administered for an apparent opioid overdose.

(a) Shall contact the Maryland Poison Control Center at 1-800-222-1222 to report the details of the administration of the Naloxone/Narcan within two hours.

(b) Notify the Shift Commander for all fatal overdoses.

(c) Commander for all fatal overdoses.

(d) Notify the Baltimore Police Department (BPD) for all fatal overdoses.

(e) Ensure the secondary officer preserves the scene and any evidence.

(f) Review, approve and forward, or return for corrections, the incident report and associated forms.

(g) Retain the used Naloxone unit for purposes of inventory and exchange. It is not necessary to treat Naloxone containers as medical or biohazard waste.

430.10.5 OPIOID OVERDOSE MEDICATION TRAINING

The E & T Lieutenant shall ensure training is provided to members authorized to administer opioid overdose medication. The training should include recognizing the signs and symptoms of opioid overdose and the administration of opioid overdose medication (Md. Code HG § 13-3103).

430.10.5 DEFINITIONS
Naloxone - Also referred to as Narcan,a brand name,is an intranasal prescription medication that can be used to reverse the effects of an opioid drug overdose.

Opioids - A class of drugs that include,but are not limited to, heroin,morphine,oxycodone, methadone, hydrocodone, and codeine.

430.11 FIRST AID TRAINING
Subject to available resources, the E and T Lieutenant will ensure officers receive periodic first aid training appropriate for their position.

Attachments

Narcan deployment form 2020.pdf

UNIVERSITY of MARYLAND, BALTIMORE

POLICE Department

Naloxone Deployment Reporting Form

CAD #: Complaint # :

Date of Overdose: Time of Overdose: AM PM

Location where overdose occurred:

Gender of the person who overdosed: Male Female Unknown

Signs of overdose present *(check all that apply)*

Unresponsive Breathing Slowly Not Breathing Blue lips Slow pulse No pulse

Other (specify):

Suspected overdose on what drugs *(check all that apply)*

Heroin Benzos/Barbituates Cocaine/Crack Suboxone Any other opioid Alcohol

Methadone Don't Know Other (specify):

Details of Naloxone Deployment

Number of doses used: Did Naloxone work: YES NO NOT SURE

If yes, how long did it take to work: <1 min 1-3 min 3-5 min >5 min Don't Know

Patient's response to Naloxone: Responsive and alert Responsive but sedated No response to Naloxone

Post-Naloxone withdrawal symptoms *(check all that apply)*

None Irritable or Angry Dope sick (e.g. nauseated, muscle aches, runny nose, and/or watery eyes)

Physically Combative Vomiting Other (specify):

Did the person live: YES NO

What else was done: Sternal Rub Recovery position Rescue breathing Chest compressions

Automatic Defibrillator Yelled Shook them Oxygen

EMS Naloxone Bystander Naloxone Other (specify):

Disposition: Care transfer to EMS other (specify):

Notes/Comments:

Officer's Name & Seq.#

Officer's Signature Date of Report

Supervisor's Name & Seq.#

Supervisor's Signature Date

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