DAVIS POLICE DEPARTMENT

EMERGENCY MEDICAL RESPONSE
Policy and Procedure 2.61-C

DEPARTMENT MANUAL

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I. STATEMENT OF ISSUE

Department members may be dispatched or become involved in emergency situations which either require or may require medical aid. In certain situations, which may be dangerous, tense or rapidly evolving, Emergency Medical Services (EMS) personnel may be requested to stage at a safe location so that law enforcement may make the situation safe for an EMS response. These guidelines were developed to assist personnel in determining the procedures and level for a medical aid response.

II. PROCEDURE

A. Introduction

1. Law enforcement responsibilities. In accordance with the concepts of Unified Command, the agency with primary investigative responsibility is to assume Incident Command and has the overall responsibility for scene control and the coordination of all agencies responding to resolve the incident. During response and control of those incidents where the Davis Police Department has primary investigative responsibility and while personnel are en route, the Watch Commander or the primary responding officer should direct responding personnel and/or other responding agencies as necessary. The first on-scene officer having primary investigative authority is the designated Incident Commander (I.C) and should identify themselves as such. The I.C. may change as additional units arrive and/or when the first I.C. is relieved by other competent authority. Any change in the I.C. shall be broadcast over the radio.

2. Conflicting responsibilities. These guidelines address only the medical aspects of a response. In the event of conflicting responsibilities, priorities should be established according to good judgment and within the context of regular Departmental Policies on point.

3. Standard EMS response. The standard response to an emergency medical incident in Davis includes immediate Code 3 dispatch of the Fire Department and an AMR ambulance, as established by their response protocols.
B. Medical Responsibilities of Police Personnel

A member arriving first on the scene of a medical emergency should summon assistance and render aid, if reasonable under the totality of circumstances.

1. Rescue/First Aid. Emergency rescue and first aid should be provided consistent with the member’s training and capability under the circumstances. Injured persons should be moved only by rescuers with appropriate training and equipment unless it is felt by the member that the victim is in immediate danger if they are not immediately moved.

2. EMS Response. An EMS response should be initiated (or continued) in any of the following situations:
   a. Obvious or suspected major trauma including any major bleeding, penetrating wounds, loss of consciousness, difficulty breathing associated with injury, or major burns.
   b. Possible hidden major trauma including motor vehicle accidents with significant damage to the vehicle (rollover, bent steering wheel, cracked windshield, intrusion of vehicle into passenger space), any person thrown from or hit by a motor vehicle, falls from greater than 15 feet, or other high impact injuries. A patient may lack any visible injury or clinical symptoms, yet have sustained major life threatening internal injuries.
   c. Obvious or suspected grave illness or medical condition including cardiac arrest, chest pain, shortness of breath or difficulty breathing, abdominal pain, altered mental status, seizure, drug overdose, imminent child birth, or near drowning.
   d. Request by any injured or ill person for medical aid.
   e. Any person requiring leather or 5 point restraints for transport in connection with a mental health hold.
   f. Any other situation that in the member’s judgment requires an EMS response. If there is any question or doubt on the employee’s part, an EMS response should be continued or initiated.

3. Patient Care Responsibilities

   When members are the first to arrive on scene of an incident where someone has been injured they should remain on scene until responsibility for patient care is transferred to a person of equal or higher medical training. In the event of conflicting responsibilities, priorities should be established according to good judgment and the needs of the particular situation.

C. Levels of EMS Response

1. Fire and Ambulance. Code 3 - A code 3 request for fire and ambulance should be initiated in all instances of life threatening or potentially life threatening medical emergencies.

2. Ambulance only. Code 3 - This response is reserved for incidents where fire personnel are already on the scene and have determined that there is a need for emergency ambulance response.

3. Ambulance only. Code 2 – A code 2 ambulance response is used to designate calls to which an immediate response is indicated, but the response is to be made without red lights
or sirens and in full compliance with all rules of the road. An ambulance may be requested Code 2 or reduced to Code 2 when, in the judgment of the member on the scene, the patient’s condition is not immediately life threatening and the difference in response time would not have an impact on patient outcome. This is normally reserved for mental health patient transports where there is no need for acute medical care.

D. Cancellation of EMS Response

1. No Patient/Patient Gone on Arrival

Members arriving on the scene of a reported medical incident may cancel the EMS response (fire and ambulance) if it is determined that there is no patient or that the patient has been transported by another means. “No patient” refers to a situation where it is determined that no person at the incident scene has suffered an injury or illness requiring an EMS response. This is different from a situation in which the patient refuses medical treatment or transport, as discussed below.

2. Patient Refusal

a. Competent Adult

A competent adult (age 18 or older or emancipated minor) may refuse medical care or ambulance transport. However, members should not use patient refusal as a basis to cancel or fail to initiate EMS response. Once on scene, medical personnel will determine whether the person wants medical care. If the patient continues to refuse, ambulance personnel will complete an AMA (“against medical advise”) form documenting refusal of care.

b. Adult Not Competent to Refuse Treatment

Patients with the following conditions are potentially incapable of making a competent decision regarding their medical care and transport:

1. Altered level of consciousness
2. Actual or threatened suicide attempt
3. Severely altered vital signs
4. Clearly irrational in the presence of a life-threatening condition

An officer may place the person on a mental health hold (see PP 2.19-C, Mental Health Holds), however a member cannot place a person on a hold to force medical treatment upon a competent adult who has refused care.

b. Minor Under Age 18

A minor with a medical emergency may be taken into custody pursuant to 625(c) W&I. A report shall be taken.

3. Determination of Death in the Field

Members who are first on scene may determine death in the field for pulseless, non-breathing victims in the following categories:
a. Total decapitation
b. Total incineration
c. Decomposition of body tissues
d. Rigor mortis, except when drug ingestion or hypothermia (cold water submersion, exposure) is a possible contributing factor.

In the event of determination of death in the field, members may cancel the EMS response (see PP 2.37-B, Death Investigations).

F. Mental Health Transports

1. An officer may request ambulance transport for a person suffering a mental health crisis.

2. During transportation, restraints should be used when necessary or in those situations where the person is exhibiting or has exhibited behavior deemed to be a physical danger to themselves or others. Persons requiring restraints other than handcuffs should be transported by ambulance. Handcuffs should be replaced by another method of restraint if the patient is transported in an ambulance. If the person is to be transported in metal handcuffs, an officer must ride along in the patient compartment of the ambulance, should the ambulance crew make the request (see PP 2.19-C, Mental Health Holds and PP 3.14-A, Use of Restraints).

3. A patient placed on a mental health hold should not be advised that there is no charge for ambulance transport or other aspects of the treatment and evaluation since the W&I Code specifically states that the patient is financially responsible for this psychiatric evaluation.

H. Crime Scene/Dangerous Scene Response

1. Members may request that EMS stage prior to making direct patient contact. However, it should be understood that EMS personnel may be required to follow their protocols and will respond directly, regardless of any request to stage.

2. Members should direct EMS personnel to a safe staging area and advise them of known hazards or potential dangers.

3. When members request EMS stage, law enforcement will become the primary responder which will necessitate a Code 3 response if medical injury is reported or threatened.

4. EMS personnel will respond from the staging area when notified by law enforcement that the scene has been secured.

5. The following guidelines or types of calls would indicate that is appropriate to have EMS stage for a law enforcement response to secure the scene:

   a. Suicide or attempt suicide calls where any involved party may pose a risk of harm to others because of their mental and/or physical condition. Criteria to determine whether staging may be necessary or not:

      1. What the patient’s reported behavior is.
      2. Whether there are any facts to support the patient is passive and not a threat, or a potential threat, to others.
      3. Whether the patient is conscious or not.
4. Whether the patient is in need of acute medical care and is in a position where they do not immediately pose a risk of harm to others, e.g. a hanging victim.
5. Whether a weapon, or any instrument that can be used as a weapon, was actually used or threatened.
6. Whether the person has a history of violent behavior towards others.
7. Whether others are immediately present and whether there is a risk of harm to them.
8. Whether the person is reported to be under the influence of alcohol and/or drugs.

b. Calls involving violence, or threatened violence, where a person has been injured or is in need of medical care where there offending party is still on scene or in those situations where it cannot be confirmed that the offending person has in fact left the scene.

c. Calls involving persons displaying bizarre, irrational, unexplainable, or violent behavior when there are reported medical injuries.

d. Calls involving alcohol or drug intoxicated persons where there is any indication the person is or may become violent because of their condition.

e. Calls involving police officers using force on others or those calls where there is a potential for the use of force by a police officer and medical aid may be needed.

f. Reported drug labs or similar hazmat situations which may require a fire response or hazmat response where the scene has not been secured from potential suspects.

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