

Medical Aid and Response

430.1 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.

430.2 POLICY

It is the policy of the Missoula Police Department that all officers and other designated members be trained to provide limited 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, Cardiopulmonary Resuscitation (CPR), 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 Dispatch and request response by Emergency Medical Services (EMS) as the member deems appropriate.

Members should follow universal precautions and utilize available Personal Protective Equipment (PPE) 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 applicable.

When requesting EMS, the member 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:
 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.

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430.4 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 shall 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 generally should not provide emergency escort for medical transport 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, the officer may assist EMS personnel when it is 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 emergency detention in accordance with the Emergency Evaluations Policy.

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.

If the person in custody still refuses, the officer will require the person to be transported to the nearest medical facility.

Members shall not sign forms accepting financial responsibility for treatment.

430.6 SICK OR INJURED ARRESTEE

If an arrestee appears ill or injured, or claims illness or injury, they 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 employee 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.

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.

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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, Handcuffing and Restraints, Control Devices and Conducted Energy Device policies.

430.8 AUTOMATED EXTERNAL DEFIBRILLATOR (AED) PLAN

The Administration Division is responsible for developing a written AED plan that complies with state law and the rules adopted by the Montana Department of Public Health and Human Services (DPHHS) pursuant to § 50-6-502, MCA including (ARM 37.104.610):

- (a) The physical address where AEDs will be located and for a mobile AED, the geographic area in which the AED will be used and how the AED will be transported to the scene.
- (b) The names of members authorized to use the AED.
- (c) A description of how AED use will be coordinated with each licensed emergency medical service provider providing coverage in the area where the AED is located, including how emergency medical services will be activated every time that an AED is attached to a patient.
- (d) The name, telephone number(s) and address of a Montana licensed medical supervisor who will be providing medical supervision to the AED program and how the medical supervisor, or the medical supervisor's designee, will supervise the AED program.
- (e) The name, telephone number(s) and address of the medical supervisor's designee, if any, who will assist the medical supervisor in supervising the AED program.
- (f) Procedures for how the AED will be maintained, tested and operated according to the manufacturer's guidelines.
- (g) A description of the records that will be maintained by the program, including records of all maintenance and testing performed on the AED.
- (h) Identification of information required by the medical supervisor to be reported by members using an AED.
- (i) A description of how the required reports of AED use will be made to the medical supervisor and to the DPHHS.
- (j) Procedures to ensure AEDs obtained by the Missoula Police Department are the types approved by the U.S. Food and Drug Administration (ARM 37.104.616).
- (k) Anything else specified by the DPHHS.

430.8.1 AED USE

A member may use an AED under the plan only after completing initial training and after receiving refresher training no less than every two years on CPR and the proper use of an AED (ARM 37.104.610).

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430.8.2 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 MPD Volunteer Coordinator, who serves as the department's AED supervisor and is responsible for ensuring proper 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 Dispatch as soon as possible and request response by EMS (§ 50-6-502, MCA).

430.8.3 AED REPORTING

Any member using an AED shall complete an incident report detailing its use and including information required to be reported by the AED plan. A copy of the report shall be forwarded to the department's AED supervisor so that the AED use can be reported to DPHHS as required by the AED plan (§ 50-6-502, MCA).

430.8.4 AED TRAINING AND MAINTENANCE

The Training Division should ensure training is provided to members authorized to use an AED that is approved by DPHHS, and meets the standards of the American Heart Association (ARM 37.104.610).

The AED supervisor is responsible for ensuring AED devices are appropriately maintained and will retain records of all maintenance in accordance with the established records retention schedule and the AED plan.

430.9 ADMINISTRATION OF OPIOID OVERDOSE MEDICATION

Members with the required training may administer opioid overdose medication in accordance with protocol specified by a physician or other medical professional as set forth in state law (§ 50-32-604, MCA and § 50-32-605, MCA). The MPD Office of Professional Standards Lieutenant serves as the designed representative and service manager for the department's opioid overdose medication program.

430.9.1 OPIOID OVERDOSE MEDICATION USER RESPONSIBILITIES

Members who are qualified to administer opioid overdose medication, such as Naloxone, should handle, store, and administer the medication consistent with their training.

When a sworn member of the Department reasonably believes, based on their training, that an individual is suffering from an opioid drug overdose the officer should:

- (a) Promptly request an EMS response through Dispatch and additionally notify a supervisor of its use.
- (b) Determine the subject's level of consciousness through verbal and physical stimuli. If the subject is unconscious, use measures such as shaking the subject or limited use of pain stimuli in order to bring the subject to consciousness.

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- (c) Check for signs of an opioid overdose:
 - 1. Will not wake up or respond to your voice, touch or pain stimuli.
 - 2. Breathing is slow or shallow
 - 3. Constricted pupils
 - 4. Blue lips
- (d) Ensure universal precautions are taken to prevent exposure to potential blood-borne pathogens utilizing appropriate PPE.
- (e) Administer opioid overdose medication pursuant to training received.
 - 1. Specific procedures based on type of device available.
- (f) Place subject into rescue position and monitor condition.
- (g) If the subject has not responded within three to five minutes after administering the first dose, administer additional doses as appropriate per training.
- (h) Inform responding EMS of the circumstances in which the subject was found that led to the belief that subject is suffering from an opioid drug overdose and number of doses administered (i.e., physical signs, statements by witnesses, etc.).

Members should check the opioid overdose medication and associated administration equipment at the beginning of their shift to ensure they are serviceable and not expired. Any expired or used opioid overdose medication doses should be discarded and new doses requested through the officer's supervisor.

430.9.2 OPIOID OVERDOSE MEDICATION REPORTING

Any member administering opioid overdose medication shall detail its use in an appropriate report that includes:

- (a) Type of location (house, apartment, business, etc.)
- (b) Type of controlled substances the subject was suspected of using, including name of prescription drugs, if known.
- (c) Condition of the subject (i.e., if subject was conscious and breathing before administration of overdose medication).
- (d) If CPR was administered.
- (e) If the subject survived.
- (f) Number of overdose medication administered.

The OPS Lieutenant will ensure the department collects and maintains the appropriate information to meet applicable state reporting requirements (§ 50-32-607, MCA).

430.9.3 OPIOID SAFETY AND OPERATIONAL CONSIDERATIONS

The Missoula Police Department currently provides and trains its members on the use of Narcan brand Naloxone HCl-Nasal Spray (4mg doses).

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(a) Safety Considerations

1. Naloxone nasal spray medication is generally effective within five to ten minutes of administration. If an individual was suffering from an opioid drug overdose, this medication may cause that person to regain consciousness and resume normal breathing.
2. Officers are reminded to use proper tactics when administering this medication.
 - (a) Subjects who are revived from an opioid overdose may regain consciousness in an agitated and combative state and may exhibit symptoms associated with withdrawal.
3. Naloxone nasal spray medication typically wears off after thirty to forty minutes. Therefore, it is critical that whenever this medication is administered the subject be immediately removed to the hospital.
4. Officers must remain with the subject until they are in the care of medical personnel.
5. Members should also follow universal precautions and utilize PPE when administering this medication.

(b) Operational considerations

1. While officers are on duty, Naloxone nasal spray medication may be kept in officer's gear bag or on officer's person.
2. Recommended storage conditions are between 59 and 86 degrees Fahrenheit. Officers should be mindful of temperature fluctuations.
3. When off duty, officers shall store the medication in a secure, temperature controlled area.
4. Officers are responsible to regularly inspect the medication issued to them and request repair or replacement of any damaged, lost, stolen or expired items.

430.9.4 OPIOID OVERDOSE MEDICATION TRAINING

The Training Division should ensure training is provided to members authorized to administer opioid overdose medication (§ 50-32-604, MCA; § 50-32-606, MCA).

430.10 FIRST AID TRAINING

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