



**Policy Number: 412 – Medical Aid and Response**

**Effective Date: December 19, 2019**

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**Approved By: Denis Otterness, Chief of Police**

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## **412.1 PURPOSE AND SCOPE**

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

## **412.2 POLICY**

It is the policy of the Montana State University Billings Police Department that all officers be trained to provide emergency medical aid and to facilitate necessary emergency medical responses.

## **412.3 FIRST RESPONDING MEMBER RESPONSIBILITIES**

Whenever practicable, officers should take appropriate steps to provide initial medical aid (e.g., first aid, CPR, use of an automated external defibrillator) in accordance with their training and current certification levels. This should be done for those in need of immediate care and only when officers can safely do so.

Prior to initiating medical aid, the officer should contact City/County Dispatch and request a response by emergency medical services (EMS) when appropriate.

Officers should follow universal precautions when providing medical aid, such as wearing gloves and avoiding contact with bodily fluids. Officers should use a barrier or bag device to perform rescue breathing.

When requesting EMS, officers should provide City/County 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 or symptoms of excited delirium or other agitated chaotic behavior.

Officers should stabilize the scene whenever practicable while awaiting the arrival of EMS. Officers should not direct EMS personnel whether to transport the person for treatment.

#### **412.4 TRANSPORTING ILL AND INJURED PERSONS**

Except in exceptional cases where alternatives are not reasonably available, officers 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 should 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 directed by a supervisor.

Officers should not provide emergency vehicle escort for medical transport or civilian vehicles.

#### **412.5 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 emergency detention in accordance with the Emergency Evaluations Policy #405.

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

Officers shall not sign refusal-for-treatment forms or forms accepting financial responsibility for treatment.

##### **412.5.1 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.

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.

## **412.6 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, and Conducted Energy Device policies.

## **412.7 AUTOMATED EXTERNAL DEFIBRILLATOR (AED) PROGRAM**

### **412.7.1 AED USE**

Officers may use an AED under this program only after completing initial training and after receiving refresher training no less than every two years on cardiopulmonary resuscitation and the proper use of an AED (ARM 37.104.610).

### **412.7.2 AED USER RESPONSIBILITY**

Officers 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 notice will be given to a Department supervisor 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 officer who uses an AED should contact City/County Dispatch as soon as possible to request response by EMS (§ 50-6-502, MCA).

### **412.7.3 AED REPORTING**

Any officer using an AED will complete a report detailing its use.

### **412.7.4 AED TRAINING AND MAINTENANCE**

The Chief of Police, or their designee, should ensure appropriate initial and refresher training that is approved by the American Heart Association is provided to officers authorized to use an AED (ARM 37.104.610).

The University Police Department Patrol Sergeant is responsible for ensuring AED devices, both mobile and stationary, are appropriately maintained and will retain records of all maintenance in accordance with our established records retention schedule.