**SAMPLE POLICY TEMPLATE**

# **MEDICAL CARE**

**Disclaimer and Scope of this Sample Policy**

The materials provided in this correspondence are for general informational and educational purposes only and are not intended to be and should not be considered legal advice or opinions. Prior to making any policy or rule changes seek the advice of your municipal attorney.

The agency leader should ensure that in addition to issuing an appropriate policy, all personnel must be appropriately trained concerning the provisions of the final agency policy. Furthermore, this sample policy will require significant review and agency title position changes to be effective.

This policy is specific to providing policy guidance concerning medical care for any person; however, some provisions of this policy may be applicable to persons in custody, detained, or the subject of police of force, the mandate concerning required medical attention in such circumstances should be governed by specific policies relating to use of force and prisoner and detainee security.

Chiefs of Police should consult with their Medical Director when finalizing an agency-specific policy and also review:

[First Aid and First Aid Kits in the Workplace Best Practices](https://melsafetyinstitute.org/wp-content/uploads/2022/08/MSI-SD-Bulletin-First-Aid-First-Aid-Kits-in-the-Workplace-Best-Practices-Sept-2022.rev_.pdf)

[Patient Lifting and Moving Best Practices](https://melsafetyinstitute.org/wp-content/uploads/2023/10/MSI-Fire-EMS-Bulletin-Patient-Lifting-Moving-Best-Practices-Oct-2023.pdf)



**I. Purpose:**

To enhance the delivery of emergency medical services by defining the responsibilities of members of the (Insert agency name) Police Department in response to medical emergency incidents and the established protocol for summoning various levels of Emergency Medical Services (EMS) personnel.

Providing medical care and appropriately requesting higher levels of medical assistance for people assists the (Insert agency name) Police Department in fulfilling its mission of helping others. Such practices also ensure that officers retain the necessary knowledge needed to provide care for anyone in need. The (Insert agency name) Police Department is committed to the safety and wellness of all members of the agency, and a critical tenant of such commitment is ensuring that officers have the adequate equipment, supplies, and training to assist members of this community, their fellow officers, and themselves.

**II. Policy:**

While the primary responsibility for delivering emergency medical services in (Insert town name) rests with the (Insert EMS entity name) and their mutual aid partners, officers who respond to or learn of incidents involving medical emergencies are expected to react in response to their training and provide whatever degree of treatment or comfort is possible and request assistance until relieved by qualified EMS personnel.

**III. Definitions:**

Advanced Life Support (ALS) - An advanced level of prehospital interfacility or emergency medical care that includes basic life support functions, cardiac monitoring, cardiac defibrillation, administration of antiarrhythmic agents, intravenous therapy, administration of specific medications, utilization of adjunctive ventilation devices, trauma care, and other techniques.

Agency Medical Care Equipment Coordinator - A member of the (Insert agency name) Police Department responsible for acquiring equipment and supplies for the department. This person is not responsible for the replacement of first-aid or supplies for specific vehicles or supplies that an officer carries on their person. The initial replacement process is the responsibility of each officer. (If this role also serves as the AED Program Coordinator and the Narcan/Naloxone Program Coordinator, this definition should be modified to reflect such roles. Furthermore, if this person is responsible for communicating with the agency's Medical Director, this definition should also be modified to include such.)

Automated External Defibrillator (AED) - A device that can be attached to a patient in coronary pulmonary arrest to analyze an electrocardiogram for the purpose of potential lethal dysrhythmias, specifically ventricular fibrillation and vast ventricle tachycardia, to deliver an electrical defibrillation to the patient in accordance with the requirements of standard treatment protocols and produce an event summary that documents significant events in the utilization of the device.

Basic Life Support Ambulance (BLS ambulance) - An emergency medical service vehicle that is validly licensed by the New Jersey Department of Health and operated in accordance with the set state standards.

CASEVAC (Casualty Evacuation, sometimes referred to as "Scoop and Run) - Moving a wounded or injured person by a person other than an EMT, such as a police officer, to a medical care facility or triage area utilizing a vehicle other than a BLS Ambulance, such as a police or other mode of transportation.

Emergency Medical Responder (EMR) - A curriculum required by the Police Training Commission for Police Officers which includes, but is not limited to, CPR certification, AED use, anatomy and physiology, medical terminology, pathophysiology, life span development, public health, pharmacology, airway management, respiration and artificial ventilation, patient assessment, shock and resuscitation, trauma, special patient populations, and EMS Operations.

Emergency Medical Technician (EMT) - A trained healthcare professional who provides emergency medical services, often responsible for assessing patient conditions, providing basic life support, transporting patients, using medical equipment, and documenting the care provided.

EMT Officer - An EMT who is also a sworn police officer of the (Insert agency name) Police Department.

Medical Director - A physician to oversee and advise on all medical treatment matters within the department, such as but not limited to medical oversight, policy development, equipment procurement, and coordination as necessary with other healthcare or emergency professionals.

Tactical Emergency Medical Care (TEMC) - The specialized medical support provided during high-risk law enforcement operations or incidents.

Stop the Bleed Training-A program designed to teach individuals how to control life-threatening bleeding in emergencies. The training focuses on three key techniques: applying pressure, wound packing with gauze or other cloth material to control bleeding, and applying a tourniquet to others and oneself during life-threatening critical conditions.

**IV. Procedures:**

1. Qualifications of Officers:
2. In addition to the EMR training received during basic recruit training at the police academy, officers are required to attend in-service training as specified in this policy. (Modify as appropriate to ensure the training provided to every member of the agency reflects what is listed in the policy)
3. EMT Officers are required to wear the designated EMT patch on their (Insert agency-specific guidance here as to which uniforms such a patch is worn and where on the uniform)
4. Vehicle Equipment and Personal Equipment:
5. Vehicle Equipment:
6. Members assigned to patrol operations are required to ensure their assigned vehicle has the following medical-related equipment and supplies:
7. An adequately supplied first aid kit capable of enabling any member to render basic first aid assistance consistent with their EMR training.
8. A minimum of two tourniquets. These tourniquets are separate from the tourniquet that is required to be worn by the officer on their person.
9. Trauma wound packing, gauze, dressing, or hemostatic product. (The Chief of Police should consult with the Medical Director to determine the most appropriate item and modify this section as appropriate).
10. One pair of trauma shears.
11. Two Chest Seals for traumatic penetrating wounds.
12. A minimum of one Bag Valve Mask (BVM) each for:
    1. An adult patient.
    2. A pediatric patient.
    3. An infant patient.
13. Personal Protective Equipment (PPE) will include surgical masks, eye protection, gloves, and gowns to provide officers with increased levels of protection. These PPE protections are available for response to not only medical calls but other incidents that pose a health risk to the member, such as scenes that potentially could contain highly contagious diseases or dangerous substances.
14. An Oxygen Kit that includes:
    1. An oxygen bottle that is filled to at least 500 psi. During the daily pre-shift vehicle inspection, the oxygen bottle shall be checked for adequate pressure, any leaks, and an adequate supply of oxygen delivery devices.
    2. Oxygen bottles falling below 500 psi capacity can be refilled by (Insert agency-specific procedure here for how Oxygen bottles are refilled or re-stocked with an appropriately filled bottle.)
    3. A minimum of one adult non-rebreather mask and one adult nasal cannula.
    4. A minimum of one pediatric non-breather mask and one pediatric nasal cannula.
15. Automated External Defibrillator:
    1. Automatic external defibrillators (AEDs) will be assigned to patrol officers (Insert agency-specific guidance here describing how AEDs are deployed).
    2. The AEDs will be carried in the issued carrying pack, which will contain the following items:
16. One (1) AED with one (1) set of adult electrodes.
17. One (1) set of pediatric electrodes.
    1. The (Insert agency name) Police Department's AED Policy governs the specific use, maintenance, and reporting procedures. (It is imperative that the agency provides specific policy guidance concerning the use of AEDs. Review the Safety Bulletin, [Automated External Defibrillator Programs](https://melsafetyinstitute.org/wp-content/uploads/2023/07/MSI-SD-Bulletin-Automated-External-Defibrillators-Jul-2023.pdf))

(Modify as appropriate to include agency-specific guidance concerning applicable requirements for medical equipment for vehicles assigned to non-patrol operations, such as those utilized by Detectives, other support personnel, and members of the police administration.)

1. Personal Equipment - Carried on the Officer's Person: (The Chief of Police should modify this section as appropriate to reflect the specific medical equipment that is required by officers to be carried and the location or manner in which it is to be carried as the type of uniform worn by officers may be a determining factor in which items will be carried on the officer's person).
2. Officers assigned to patrol operations:
3. The agency issued a tourniquet.
4. Trauma wound packing gauze or hemostatic product.
5. One Chest Seal for traumatic penetrating wounds.
6. One pair of trauma shears.

(Modify as appropriate to include agency-specific guidance concerning applicable requirements for medical equipment for officers not assigned to patrol operations, such as Detectives, other support personnel, and members of the police administration.)

1. Summoning Emergency Medical Assistance:
2. Members discovering situations requiring the attention of EMS personnel should immediately contact the Public Safety Telecommunicator and request EMS assistance to stabilize the scene to the best extent possible. When possible, provide the Public Safety Telecommunicator with the below information in order to enable an appropriate response:
3. The location where EMS is needed.
4. The appropriate ingress point, if applicable.
5. The nature of the incident, including whether the patient is conscious, breathing, alert, or has consumed drugs or alcohol.
6. The number of patients and ages.
7. Any known scene hazards, including if the patient is showing signs of agitation, chaotic behavior, or combative.
8. The person has personal identifiers such as bracelets, wristbands, etc., indicating a specific medical condition.
9. Generally, ALS units are dispatched automatically to certain classifications of medical emergencies; however, any officer may request that an ALS be dispatched to an incident. Before making such a request, the officer should have a reasonable belief that a heightened level of ALS emergency medical care is necessary.
10. All officers are authorized to request that an EMS helicopter be placed on stand-byif they reasonably believe air transportation may be required.
11. When confronted with a situation where a person is injured to the extent that it is readily apparent to the responding officer at the scene that air transportation will be required, that officer is authorized to request that the EMS helicopter be dispatched (Lift-off request)to the scene. This should only be done if there are no EMS providers on location that can make this assessment. If EMS are on the scene, they will make the assessment and request the lift-off.
12. Once a helicopter has been dispatched, any decision concerning cancellation of the helicopter shall rest with the person having the highest level of EMS training at the scene.
13. Response to and Care During Emergency Medical Incidents:
14. All officers are required to promptly respond to any assigned call for service associated with an emergency medical condition in accordance with the (Insert agency name) Call Response Guidelines Policy. (Modify as necessary to reflect agency-specific policy name) (A sample policy is available).
15. Upon arrival, the officer shall provide the Public Safety Telecommunicator with any additional or updated information considered relevant to the incident.
16. Whenever practical, officers shall take appropriate steps to provide additional medical aid consistent with their EMR training or the higher level of training they might have until properly relieved by arriving EMS personnel.
17. It is recognized that officers responding to incident scenes may be confronted with a situation that will involve responsibilities separate and distinct from that of the existing emergency medical condition (i.e., crime scenes, motor vehicle accidents, industrial accidents). However, whenever possible, members shall stabilize the scene to the greatest extent possible by attending to the needs of the injured until EMS personnel arrive.
18. If the incident involves an apparent crime, the crime scene shall be secured in accordance with the (Insert agency name) Police Department policy governing crime scenes.
19. In situations where there is a conflict between the member's independent responsibilities at the incident location and the request for assistance received, the member must weigh the degree of exigency that exists with respect to the competing tasks and arrive at a decision.
20. Requests to control traffic at intersections along the route to a local hospital should be honored, provided sufficient staffing is available to safely complete the assignment.
21. Although preserving crime scene integrity is essential, treating victims and preserving life is paramount; EMS personnel shall be granted access to treat injured persons. Officers may, when necessary, and when such action will not impede patient treatment, consult with the on-scene EMS Supervisor or EMS person in charge and request if it's appropriate to limit the number of EMS personnel in the direct crime scene area.
22. Members responding to scenes where there is, or there is, a potential of contagious disease-controlled dangerous substances or other hazardous substances shall follow the guidance in the (Insert agency name) Police Department Hazardous Materials Policy. (A sample policy is available)
23. Officers shall take the necessary precautions to avoid, to the extent possible being exposed to bloodborne contaminants by following the policy provisions of the (Insert agency name) Bloodborne Prevention Policy. (Modify as necessary to reflect the agency-specific policy title here) (A sample policy is available.) This same policy also provides guidance when an officer has been exposed to bloodborne contaminants.

E. Reporting and Documentation:

1. Officers shall obtain the names and addresses of witnesses to the medical emergency when available, practical, and safe to do so, and update the call on the mobile data computer with the victim's name, witness names, and the names of responding personnel. (Modify as appropriate)

a. When possible, the officers should assist EMS Personnel in obtaining the patient's identification information as this will assist in the medical facility admission process, if necessary.

2. Whenever an officer administers any type of medical care, the officer shall document a brief incident update description of such care on the mobile data computer. (Modify as appropriate)

3. Officers will complete a report when: (Modify as appropriate)

a. A criminal act causes injury or illness, or

b. The injury or illness occurred or involved property owned, leased, or managed by (Insert town name).

c. The incident involves a juvenile, and the officer assists in contacting a parent or guardian or takes the juvenile into short-term custody in accordance with Section IV (I) of this policy.

d. CASEVAC is initiated in accordance with Section IV (L) of this policy.

e. When directed to do so by a Police Supervisor.

F. Patients Refusing Medical Care:

1. Members shall honor the request of an EMS provider to witness the signature on a patient refusal form provided that:

a. The officer is present while the form is explained to the patient, and the member feels that the patient is competent enough to refuse treatment.

b. The officer is not required to leave any assigned post or responsibility to facilitate such signature.

c. Officers shall not encourage a patient to refuse treatment.

G. Sick or Injured Arrestee and Persons in Custody:

1. An officer should accompany any person in custody during transport in a BLS ambulance when:

a. Requested by EMS personnel:

1. When an officer feels the request to accompany EMS personnel is inappropriate, the officer shall discuss the situation with their supervisor, but not to the extent that patient care is delayed.

b. The patient is under arrest.

c. It reasonably appears necessary to provide security for the protection of EMS personnel.

d. It is necessary for investigative purposes.

e. Directed to do so by a supervisor.

2. The care of arrestees and people in custody is governed by (Insert agency-specific policy title here). Although the specific care required for arrestees and people in custody is governed by (Insert agency-specific policy title here), whenever possible and appropriate, officers will follow the guidance in this policy concerning requesting EMS and providing medical care until relieved by EMS Personnel.

H. Mental Health and Crisis Medical Emergencies:

1. Incidents involving a person in crisis or suffering from mental illness are governed by the Emotionally Disturbed Persons Policy (Modify the agency-specific policy title as appropriate). (A sample policy is available).

I. Juveniles:

1. In situations where a juvenile is injured or needs medical care, and no parent or guardian is present, the assigned officer shall attempt to promptly gather pertinent information from the juvenile in order to make a notification to a parent or guardian to assist in facilitating treatment authorization.

2. Whenever an unsupervised juvenile is involved in a motor vehicle accident or injured otherwise and refuses treatment from EMS personnel, the assigned officer shall consult with EMS personnel to determine their assessment regarding their need for treatment.

3. If the member and EMS personnel concur on the juvenile's need for medical treatment, and a parent or guardian cannot be contacted, NJSA 2A:4A-31 authorizes a law enforcement officer to take a juvenile into custody where "The officer has reasonable grounds to believe that the health and safety of the juvenile are seriously in danger and taking into immediate custody is necessary for his protection."

a. Unless absolutely necessary, initiating custody of a juvenile under such circumstances shall not occur without the authorization of a police supervisor.

b. Any such juvenile custody applied under this condition shall also be in accordance with the (Insert agency name) Police Department Juvenile Procedures Policy (Modify as necessary to reflect the agency-specific policy name). (A sample policy is available).

J. Possible Death of a Person:

1. The pronouncement of death and authorization for decedent removal is governed by (Insert agency name) Police Department Death Investigation Policy (Insert agency-specific policy title here).

2. When responding to crime scenes, once it is appropriately safe to do so, responding officers should locate the victim or victims and evaluate each person's physical condition for any sign of life, taking care not to unnecessarily disturb the scene when possible.

3. If a victim(s) is found, it is the responsibility of responding officers to take all necessary actions to preserve life and summon EMS.

4. If a victim(s) is deceased, evidenced by the presence of rigor mortis, decomposition, putrefaction, decapitation, or other similarly obvious indicator(s), it is the responsibility of the responding officer to ensure that the body is not moved except as necessary for medical care evaluation. The original condition of the body and the scene should be preserved for processing and evaluation by the Medical Examiner or their representative, but not to the extent that it interferes with assessing the person for signs of life.

5. It is the responsibility of responding officers to assume that the victim is alive and to take all actions that are necessary to preserve life and to summon emergency medical services.

6. Providing medical services is an overriding priority. Officers shall typically have a higher level of emergency services, such as EMS personnel, to evaluate and determine if the medical services are appropriate.

7. There may be extraordinary times when the patient is so severely injured, such as decapitation or dismemberment, that having EMS assess the patient is futile. When that is the case, such a decision not to have the patient assessed by EMS must be authorized by a supervisor.

K. Lifting Assistance:

1. When a request is made for "Lifting assistance," which typically involves lifting a person from or into their bed, wheelchair, etc., officers shall request an EMS response if one has not already been requested. This is due to the vast majority of these situations involving people with pre-existing medical conditions and ensuring that the person will be evaluated by a higher level of EMS personnel so that an informed decision can occur concerning any need for medical treatment.

2. Officers receiving requests for lifting assistance from EMS personnel shall honor such requests unless there is a compelling reason to deny it.

3. If the assigned officer is incapable of providing assistance, they shall advise their supervisor of the request to allow for another member's assignment. The officer may also consult with EMS personnel to determine if requesting other resources, such as fire personnel, is necessary and appropriate.

**L. CASEVAC (Scoop and Run):**

1. Except in extraordinary cases where alternatives are not reasonably available, officers should not transport patients in a police vehicle or authorize a patient to be transported in another vehicle other than a BLS Ambulance. This does not apply to people under arrest seeking medical clearance, and the transport of people under arrest who need medical clearance is governed by (Insert agency name) Police Department (Insert agency-specific policy here.)

2. There may be very rare incidents involving penetrating trauma injuries, mass casualties, or other critical illnesses where the transport of patients by police vehicle or other vehicle to a hospital, triage area, or BLS ambulance or ALS staging location might be appropriate. This is often referred to as Casualty Evacuation (CASEVAC) and sometimes referred to as "Scoop and Run."

3. Considerations concerning when to initiate CASEVAC:

a. The first consideration is the proximity and accessibility of the nearest capable hospital, such as a trauma center. Although an officer might believe they can quickly transport a patient to a trauma center or hospital emergency room, ALS can provide life-saving interventions while transporting the patient to the hospital. Although the use of CASEVAC may shorten the time of arrival to a hospital, an important understanding is that typical advanced life-saving interventions will not be provided during CASEVAC transport.

b. The location and impending response of a BLS Ambulance and ALS.

c. Penetrating life-threatening trauma injuries such as gunshot wounds and stab wounds may sometimes be considered a last resort option for CASEVAC in accordance with this policy.

d. The possibility of spinal injuries that will be exacerbated by non-BLS Ambulance transport. The use of CASEVAC is typically not appropriate for injuries from motor vehicle crashes, burns, and falls.

e. Officers should consider their emotional state when deciding to initiate a CASEVAC transport and how it might impact their ability to transport a critically injured patient.

4. An officer must also consider the overall scene safety. For example, it's likely two officers might be needed for a CASEVAC transport, so it's possible that all injured persons will not be able to be transported to ensure officers and other persons on the scene are safe or secure.

5. Mass casualty incidents, such as "Active Shooter Incidents," may sometimes necessitate CASEVAC, which may include the transport of patients to a hospital or triage area near the scene. During such incidents, officers should:

a. Consult with EMS and Fire Command and coordinate any transport to ensure a particular facility is not overwhelmed with patients.

b. Establish and utilize the Incident Command System (ICS) to increase efficiency.

**6. Procedure**s when CASEVAC has been initiated:

a. Advise the Public Safety Telecommunicator to notify the medical facility of the incoming critically injured individual, the ETA, and provide an overview of the patient's condition.

b. Document the incident in an official report, including the assessment of the injury, the decision to initiate CASEVAC, and any actions taken during transport.

M. Equipment and Supply Maintenance and Acquisition:

1. When an officer utilizes any equipment or supplies that need to be replaced, the officer shall obtain a replacement by (Insert the agency-specific location of the equipment and supplies).

2. Whenever an officer is unable to re-stock a required piece of equipment or supplies, they shall notify their supervisor immediately.

3. The Agency Medical Care Equipment Coordinator is responsible for ensuring the (Insert agency-specific location) medical supply is stocked with necessary equipment and supplies.

N. Naloxone/Narcan:(Modify as appropriate if an alternative antidote is provided)

(Insert agency-specific policy guidance here or insert the applicable agency policy name governing the use of Narcan/Naloxone. The agency policy should specify who is responsible and authorized to consult with the Agency Medical Director as necessary.)

O. Vac Pump:

1. Agencies that equip their officers with a Vac Pump or similar devices should include specific guidance here or reference the applicable agency policy.

Review the Safety Bulletin: [Life Vac – Frequency Asked Questions.](https://melsafetyinstitute.org/wp-content/uploads/2024/06/MSI-SD-Bulletin-LifeVac-Frequently-Asked-Questions-June-2024.pdf)

P. Tactical Emergency Medical Care (TEMC):

(Agencies with a TEMC Program should list specific policy guidance here or insert the applicable policy name here.)

Q. Training:

1. All officers have received EMR training in the police academy (Chiefs of Police should ensure this has occurred and take remedial action as necessary).

2. All officers shall participate in mandatory biennial in-service training, which includes:

a. Certification training in CPR and AED.

b. EMR refresher, including oxygen delivery to patients.

c. Stop the Bleed refresher, which includes critical immediate medical care for both patients, self-care, and officer buddy care. This includes tourniquet application, wound packing, and chest seal application.

d. The parameters for when CASEVAC might be appropriate in accordance with this policy.

3. Any officer who believes they need additional training to meet the standards described in this policy shall notify their supervisor.

4. Supervisors shall periodically review or observe medical calls and, when possible, conduct an informal de-brief or after-action review at roll call or other times as appropriate to evaluate and identify any areas for improvement or exemplary actions by any officer or other person.

5. Incidents involving CASEVAC will be reviewed by (Insert agency-specific title here consistent with a higher-level command review) to evaluate the procedure's effectiveness and identify any areas for improvement or exemplary actions by any officer or other person.