

Medical Aid and Response

428.1 PURPOSE AND SCOPE

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

428.2 POLICY

It is the policy of the Colorado State University Police Department that all officers and other designated members be trained to provide emergency medical aid and to facilitate an emergency medical response.

428.3 FIRST RESPONDING MEMBER RESPONSIBILITIES

Whenever practical, members should take appropriate steps to provide initial medical aid (e.g., first aid, CPR and 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 Dispatch 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. Members should use a barrier or bag device to perform rescue breathing.

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 or symptoms of excited delirium or other agitated chaotic behavior.

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

Members should not direct EMS personnel regarding whether to transport the person for treatment.

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428.4 TRANSPORTING ILL AND INJURED PERSONS

Except in extraordinary 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 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 so directed by a supervisor.

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

428.5 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 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 a mental health disorder may be a factor, the officer should consider proceeding with a 72-hour treatment and evaluation in accordance with the Civil Commitments Policy.

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. In such cases, the officer should consult with a supervisor prior to the transport and document the the circumstances in an incident report.

Members shall not sign refusal-for-treatment forms or forms accepting financial responsibility for treatment unless the signature is as a witness only.

428.5.1 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.

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Arrestees who appear to have a serious medical issue should be transported by ambulance. Officers shall not transport an arrestee to a hospital without a supervisor's approval.

428.6 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, Control Devices and Techniques, and Conducted Energy Device policies.

428.7 AIR AMBULANCE

Generally, when on-scene, EMS personnel will be responsible for determining whether an air ambulance response should be requested. An air ambulance may be appropriate when there are victims with life-threatening injuries or who require specialized treatment. Department members will assist at the direction of the Incident Commander.

428.8 AUTOMATED EXTERNAL DEFIBRILLATOR (AED) USE

A member should use an AED only after the member has received the required training (CRS § 13-21-108.1).

428.8.1 AED USER RESPONSIBILITY

Vehicles are issued AEDs for use in the field. Members operating a marked department vehicle with an issued AED, 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 First Aid / AED/ CPR Coordinator 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 shall contact Dispatch as soon as possible and request response by EMS (CRS § 13-21-108.1).

428.8.2 AED REPORTING

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

428.8.3 AED TRAINING AND MAINTENANCE

The First Aid / CPR Coordinator should ensure appropriate training that includes training in CPR and AED use is provided to members authorized to use an AED (CRS § 13-21-108.1).

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The First Aid / CPR Coordinator is responsible for collaborating with CSU Environmental Health Services to ensure AED devices are appropriately maintained and tested consistent with the manufacturer's operational guidelines.

428.9 ADMINISTRATION OF OPIATE ANTAGONIST

Only members authorized by the Department may possess or administer an opiate antagonist such as naloxone hydrochloride or any similarly acting drug for the treatment of a drug overdose. The medication shall be administered in accordance with written protocol specified by the medical professional who prescribed the overdose medication for use by the member (CRS § 12-30-110; CRS § 12-255-128).

428.9.1 OPIATE ANTAGONIST USER RESPONSIBILITIES

Members who are qualified to administer an opiate antagonist should handle, store and administer the medication consistent with their training. Members should 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 should be removed from service and given to the Division Commander.

Any member who administers an opiate antagonist should contact Dispatch as soon as possible and request response by EMS (CRS § 12-36-117.7; CRS § 12-38-125.5; CRS § 12-42.5-120).

428.9.2 OPIATE ANTAGONIST REPORTING

Any member administering an opiate antagonist should detail its use in an appropriate incident report.

428.9.3 OPIATE ANTAGONIST TRAINING

The FTO Sergeant should ensure training is provided to members authorized to administer an opiate antagonist.

The FTO Sergeant should coordinate training with the prescribing medical professional (CRS § 12-30-110; CRS § 12-255-128; CRS § 12-280-123).