Emergency Medical Guidelines for Law Enforcement Agencies

A. Introduction

1. Purpose of Guidelines. These guidelines provide direction to law enforcement personnel when they are the first to arrive on the scene of a medical emergency.

2. Law enforcement responsibilities. Law enforcement, per the incident command system, has overall responsibility for scene control and coordination of all agencies responding to an incident. The first on-scene officer having primary investigative authority is the designated incident commander and should identify himself as such.

3. Conflicting responsibilities. These guidelines address only the medical aspects of the officer’s responsibility. In the event of conflicting responsibilities, priorities should be established according to good judgment and within the context of the responding officer’s departmental policies.

4. Emergency Medical System response. The level of EMS response determined according to patient information obtained and communicated to dispatch by law enforcement personnel in “SEND” card format.

B. Medical Responsibilities of the Law Enforcement Officer

A law enforcement officer arriving first on the scene of a medical emergency should summon EMS assistance using SEND card format and render aid to patient(s).

1. Rescue/First Aid. Emergency rescue and first aid should be provided consistent with the officer’s training and capability. Injured persons should be moved only by rescuers with appropriate training and equipment unless it is felt by the officer that the victim is in immediate danger.

2. Patient Care Responsibilities

When law enforcement personnel are the first to arrive on scene of an incident where someone has been injured they have a duty to 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 within the context of the responding officer’s departmental policies.
C. Levels of EMS Response

1. The level of EMS response will be determined by the EMD (Emergency Medical Dispatch) center according to patient information obtained and communicated to dispatch by law enforcement personnel in “SEND” card format. EMD personnel will then assign the appropriate level of EMS response e.g. Ambulance, Fire Engine, Fire Truck, etc.

   (a) Medical Helicopter

   Law enforcement personnel should initiate an ALS helicopter response in accordance with their department’s guidelines whenever patient condition and transport times warrant.

2. The path of communication for SEND card information is as follows:

   - **Law enforcement ONSCENE → PSAP → EMD → EMS Response**

   Using SEND card format, Law enforcement personnel on-scene will communicate patient information to their primary dispatch (PSAP); that information will be relayed to the EMD (or secondary PSAP) facility and appropriate EMS response assignments will commence.

D. Cancellation of EMS Response

1. No Patient/Patient Gone on Arrival

   Law enforcement personnel 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 already been transported by another means.

   (a) “No patient” refers to an incident where no person has a suspected injury or illness requiring an EMS response, nor has any person requested 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 decline medical care or ambulance transport. However, law enforcement personnel should not use patient refusal as a basis to cancel EMS response.

   (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:

   - Altered level of consciousness
   - Actual or threatened suicide attempt
   - Severely altered vital signs
   - Clearly irrational in the presence of a life-threatening condition
   - 5150 hold (Note, however, that a 5150 cannot be issued to force medical treatment upon a competent adult who has refused care.)

   (c) Juvenile

   If in the judgment of the officer a juvenile with a medical emergency requires treatment and transport and is refusing, consider taking the juvenile into custody under Section 625(c) W&I.
3. Determination of Death in the Field

Law enforcement personnel 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
(d) Total destruction of the heart, lungs, or brain, or separation of these organs from the body
(e) Rigor mortis, except when drug ingestion or hypothermia (cold water submersion, exposure) is a possible contributing factor.

- **If any doubt regarding determination of death exists, activate an EMS response using SEND format.**

In the event of determination of death in the field, law enforcement personnel should cancel the EMS response.

F. 5150 Responses

1. When a law enforcement officer requests ambulance transport of a 5150 patient. The law enforcement officer signing the 5150 has legal responsibility for the patient from the time the 5150 is initiated until the time the patient is accepted at a designated 5150 facility. The issue of whether the officer accompanies the patient should be decided mutually between the officer and ambulance personnel in accordance with policies of their respective agencies.

2. Restraints should be used when necessary in those situations where the patient is exhibiting or has exhibited behavior deemed to present a physical danger to the patient or others. Patients requiring restraints should be transported by ambulance. Cloth or leather restraints are used by ambulance personnel in Contra Costa County to confine a patient. Any patient who is sufficiently violent to require the use of metal handcuffs must be restrained by a law enforcement officer. Handcuffs should be replaced by another method of restraint if the patient is transported in an ambulance. If the patient is to be transported in metal handcuffs a law enforcement officer must ride along in the patient compartment of the ambulance, in case the handcuffs need to be removed to provide patient care.

3. A patient placed under a 5150 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.

G. Crime Scene/Dangerous Scene Response

Law enforcement personnel should direct EMS personnel to a safe staging area and advise them of known hazards or potential dangers. EMS personnel will respond from the staging area when notified that the scene has been secured.

H. Multi-Casualty Incident

Law enforcement personnel who are first on scene of a multi-casualty incident should implement the County Multi-Casualty Plan as indicated by the plan.
The SEND Card (Secondary Emergency Notification of Dispatch) ensures that law enforcement and other public safety agencies will always provide the essential information needed by medical dispatchers responding to an EMS request.

1. Chief Complaint and incident type?
2. Approximate age?
3. Conscious: Yes/No….or alert?
4. Breathing: Yes/No….or difficulty?
5. Is there chest pain?
6. Is there severe bleeding?
7. Do you need a lights-and-sirens response?