

January 14, 2002

## 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. The 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. Standard EMS response. The standard response to an emergency medical incident in Contra Costa County includes immediate Code 3 dispatch of a fire service first responder unit and an ambulance service paramedic unit. Fire personnel are trained at a minimum in rescue, first aid, and first responder defibrillation. Functions of the fire service first responder unit include:
  - rescue, disentanglement, extrication,
  - first aid, including CPR and early defibrillation,
  - assistance to paramedics in continued patient management when necessary.

Upon arrival of the ambulance unit, EMS personnel assume responsibility for patient care and transport to the appropriate hospital.

### B. Medical Responsibilities of the Law Enforcement Officer

A law enforcement officer arriving first on the scene of a medical emergency should summon assistance and render aid.

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. EMS Response. An EMS response should be initiated (or continued) in any of the following situations:
  - (a) Obvious or suspected major trauma including any major bleeding, penetrating wounds, loss of consciousness, difficulty breathing associated with injury, or major burns.

- (b) Possible hidden major trauma including motor vehicle accidents with significant damage to the vehicle (rollover, bent steering wheel, cracked windshield, intrusion of vehicle into passenger space 1 foot or more), any person thrown from or hit by a motor vehicle, falls from greater than 15 feet, or other high impact injuries. A patient may lack any visible injury or clinical symptoms, yet have sustained major life threatening internal injuries.
- (c) Obvious or suspected grave illness or medical condition including cardiac arrest, chest pain, shortness of breath or breathing difficulty, abdominal pain, altered mental status, seizure, drug overdose, eminent child birth, or near drowning.
- (d) Request by any injured or ill person for an emergency ambulance.
- (e) Any person requiring restraints for transport in connection with a psychiatric evaluation under Section 5150.
- (f) Any other situation that in the officer's judgment requires an EMS response.

### 3. 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. Fire and Ambulance. Code 3

Fire and ambulance Code 3 is the standard response to medical emergencies and should be initiated in all instances of life threatening or potentially life threatening medical emergencies. Whenever available, a paramedic unit will respond to a Code 3 ambulance request. (Code 3 is a term used to describe use of red warning lamps and siren as permitted by Vehicle Code Section 21055 if the vehicle is being driven in response to an emergency call.)

### 2. Ambulance only. Code 3

This response is reserved for:

- (a) Incidents in which fire personnel are already on the scene and have determined that there is a need for emergency ambulance response, and additional rescue/first aid personnel are not needed, or
- (b) Incidents in which a law enforcement officer has determined that circumstances at the scene require rapid transport of a patient away from the incident scene.

### 3. Ambulance only. Code 2

"Code 2" ambulance response is used to designate calls to which an immediate response is indicated, but the response is to be made without red lights or sirens and in full compliance with all rules of the road. An ambulance may be requested Code 2 or reduced to Code 2 when, in the judgment of the officer on the scene, the patient's condition is not immediately life threatening and the difference in response time would not have an impact on patient outcome. Basic life support (EMT) ambulance units may be dispatched on Code 2 calls at the option of the ambulance service. An ambulance on a Code 2 response may be diverted to a Code 3 call, in which case another unit is immediately assigned to respond to the initial Code 2 request.

#### 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 been transported by another means. (“No patient” refers to a situation where it is determined that no person at the incident scene has suffered an injury or illness requiring 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 refuse medical care or ambulance transport. However, law enforcement personnel should not use patient refusal as a basis to cancel or fail to initiate EMS response. Once on the scene, medical personnel will attempt to persuade the patient to accept care. If the patient continues to refuse, ambulance personnel will complete an AMA (“against medical advise”) form documenting refusal of care. Law enforcement personnel may be requested to witness the patient refusal.

###### (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 this, 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 of body tissues
- (d) Rigor mortis, except when drug ingestion or hypothermia (cold water submersion, exposure) is a possible contributing factor.
- (e) Hospice patients
- (f) Persons with a Contra Costa County Prehospital Do Not Resuscitate Order (form)

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

E. Reduction of EMS Response

A law enforcement officer who is first on the scene of a medical emergency may cancel fire and reduce a responding ambulance from Code 3 to Code 2 when in the officer's best judgment, the injury or medical condition is not immediately life threatening. A reduction in response should not be made under the following conditions:

1. Obvious or suspected major trauma
2. Possible hidden major trauma
3. Obvious or suspected grave illness or medical condition (See Section B.2. a-c of this document)

F. 5150 Transports

1. A law enforcement officer may request ambulance transport of a 5150 patient. However, 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 shall accompany 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 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.
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. Medical Helicopter

Law enforcement personnel should initiate an ALS helicopter response in accordance with the County EMS Agency's "EMS Aircraft Guidelines" whenever patient condition and transport time warrant.

H. 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.

I. 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. Should a situation exist that may tax the medical resources of the affected area, but not warrant implementation of the multi-casualty incident plan, consider initiation of a Medical Advisory Alert.