
Medical Aid and Response

427.1 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.

427.2 POLICY

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

427.3 FIRST RESPONDING MEMBER RESPONSIBILITIES

Whenever practicable, 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 METCAD 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 METCAD 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 practicable while awaiting the arrival of EMS.

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427.4 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.

427.5 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.

In cases where mental illness may be a factor, the officer should consider proceeding with a civil commitment 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, 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.

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

427.5.1 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 notify a supervisor to determine the appropriate action.

Arrestees who appear to have a serious medical issue should be transported by ambulance.

427.6 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 Taser policies.

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427.7 AUTOMATED EXTERNAL DEFIBRILLATOR (AED) USE

A member should use an AED only after he/she has successfully completed a course of instruction in accordance with the standards of a nationally recognized organization or rules existing under the AED Act, 410 ILCS 4/20.

427.7.1 AED USER RESPONSIBILITY

AED will be located in the Supervisor's vehicles.

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 using an AED shall notify METCAD as soon as possible and request response by EMS (410 ILCS 4/20).

427.7.2 AED REPORTING

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

427.7.3 AED TRAINING AND MAINTENANCE

The Training Officer shall ensure that the Urbana Police Department is equipped with at least one operational and functional AED and that all AED are appropriately maintained and tested (55 ILCS 5/3-6040; 65 ILCS 5/11-1-13; 410 ILCS 4/20).

Records of all maintenance and testing should be maintained in accordance with the established records retention schedule.

The Training Officer shall ensure that an adequate number of members receive training in the use of an AED (55 ILCS 5/3-6040; 65 ILCS 5/11-1-13; 410 ILCS 4/20).

427.8 ADMINISTRATION OF OPIOID OVERDOSE MEDICATION

Members may administer opioid overdose medication in accordance with protocol specified by the health care professional who prescribed the overdose medication for use by the member (20 ILCS 301/5-23).

427.8.1 OPIOID OVERDOSE MEDICATION USER RESPONSIBILITIES

Members who are qualified to administer opioid overdose medication, such as naloxone, 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 Training Officer.

Any member who administers an opioid overdose medication should contact METCAD as soon as possible and request response by EMS.

427.8.2 OPIOID OVERDOSE MEDICATION REPORTING

Any member administering opioid overdose medication should detail its use in an appropriate report.

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427.8.3 OPIOID OVERDOSE MEDICATION TRAINING

The Training Officer should ensure training is provided to members authorized to administer opioid overdose medication that includes information and training on drug overdose prevention, recognition and the administration of an overdose antidote as provided in 20 ILCS 301/5-23.