

TOPEKA POLICE DEPARTMENT POLICY AND PROCEDURE MANUAL
4.23 FIRST AID AND MEDICAL ATTENTION

SUBJECT: First Aid and Medical Attention		
4.23	EFFECTIVE: 09/05/2018	<i>William Cochran</i> William Cochran, Chief of Police
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4.23.1 PURPOSE

To provide the rules and guidelines for summoning or providing first aid and medical assistance to those in need appropriately reporting such incidents, and gathering relevant evidence.

4.23.2 POLICY

Officers shall take all reasonable actions to ensure that persons in need of medical services receive these services promptly. After the use of force on any person, officers shall provide or seek medical attention for the person as required by this Order.

4.23.3 PROCEDURE

A. In General <1.3.5>

1. Officers shall immediately request emergency medical services (AMR) for any person contacted by the officer who exhibits an indication of significant injury or medical crisis. The same request shall be made for any contacted person complaining of potentially serious pain or injury. Officers should use available personal safety equipment such as nitrile or latex gloves during medical interactions and dispose of such appropriately.
2. While awaiting the arrival of AMR, officers shall render first aid within the limits of their training, skills and available equipment. Regardless of whether first aid is being rendered, officers shall continually monitor the person and notify AMR of any change in the person's condition.
3. To limit the possibility of asphyxiation, arrestees and other persons in an officer's custody shall not be situated facedown with their arms restrained behind the back any longer than necessary to gain control of the person. When tactically feasible for officers the arrestee should be put in the seated position.
4. All arrestees and other persons in an officer's custody shall be continually monitored for any signs of physical distress and where such distress is recognized, appropriate medical attention shall be sought. For arrestees in need of medical attention, it shall be rendered prior to committing the arrestee to jail custody.

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5. Whenever medical attention is sought or provided to an arrestee or other person in an officer's custody, a supervisor shall be promptly notified.
6. Officers shall photograph areas of visible injuries or complaints of injury (other than genital areas or female breasts) that occur as a result of the arrest.
7. Persons who appear to be mentally competent shall be allowed to make their own decisions regarding medical care after medical personnel have been summoned and provided advice and counsel to the person.

B. Use of Force After Care-In General

1. When officers have reason to believe they are responding to a situation that will likely necessitate emergency medical services, they should make reasonable efforts to request such services in advance.
2. Emergency medical services shall be contacted if a subject is reasonably perceived to:
 - a. Exhibit signs of medical distress;
 - b. Lose consciousness or become unresponsive;
 - c. Suffer an obvious injury;
 - d. Complain of pain;
 - e. Not appear to recover properly and promptly after force-involved incident; or
 - f. Exhibit signs of extreme uncontrolled agitation or hyperactivity prior to the use of force.
3. Provide medical aid as trained, equipped, and certified. These actions may include:
 - a. Increased observation of the subject for obvious changes in condition;
 - b. Apply first aid as they are trained, equipped, and certified to apply; and
 - c. Secure the scene to reasonably protect the subject from further injury.
4. Officers will not refuse medical treatment to anyone who requests it.
5. If safety circumstances reasonably dictate moving the subject to another location, officers may arrange to have emergency medical personnel meet the officers and the subject at another location to assess the subject and render care.
6. If emergency medical care or transport is not reasonably available, or if the perceived response delay appears excessive, then the subject may be transported by the officers for medical evaluation (when practical and possible avoiding face-down (i.e. prone transport)).
7. If a subject refuses additional medical attention, that refusal should be documented.

C. Use of Force After Care – Manner Specific

1. Electronic Control Device (ECD)

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- a. Emergency medical services shall be promptly summoned to the scene for subjects exposed to either a drive stun or probe deployment. The subject will be medically checked and cleared by AMR.
 - b. Any exposed subject who asks for, exhibits or is otherwise deemed in need of further medical assistance should be transported to medical facilities to allow for further treatment and monitoring.
 - c. Probes superficially in the skin may be removed by an officer who is trained to do so, at the earliest opportunity, after the subject has been secured.
 - d. Probes embedded in the face, groin, throat, neck, female breast, or other sensitive area should be removed by medical personnel only.
 - e. Officers should examine the probe after removal to ensure that it is intact. If any portion of the probe remains embedded in the skin, medical attention should be sought.
 - f. Caution should be used when handling discharged probes that have penetrated the skin. Latex gloves should be used whenever handling contaminated discharged probes.
 - g. All injuries should be fully documented and where possible, an officer shall photograph the sight of ECD body contact (other than genital areas or female breasts).
2. Pepper Spray
 - a. The exposed person shall be given access to fresh air as soon as practical.
 - b. If a clean water source is reasonably available, officers should rinse the person's face.
 - c. Officers shall summon AMR under the following circumstances:
 - 1) Subjects who complain of, or exhibit, continued effects after having the affected area flushed with water.
 - 2) Subjects who indicate that they have a pre-existing medical condition (e.g., asthma, emphysema, bronchitis, etc.) that may be aggravated by OC spray.
 - 3) If, at any point, after exposure the subject displays a reaction not consistent with the expected reaction to aerosol OC spray, medical attention is to be summoned immediately.
 3. Less Lethal Munitions
 - a. Emergency medical services shall be promptly summoned to the scene when less lethal munitions impact a person.
- D. Use of Tourniquets
1. An employee must receive Department approved training prior to the use of a tourniquet.

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2. Tourniquets are applied when a significant amount of bleeding is present, due to various mechanisms of injury, including gunshot wound, partial/full amputations and major lacerations.
3. The tourniquet is designed to pinch off the blood vessels, thus slowing or stopping the bleeding.
4. Tourniquets should be applied after all other available means of hemorrhage control have been utilized.
5. Do not remove a tourniquet once in place.
6. Inform medical personnel about the tourniquet use, why it was applied and at what time it was applied.

E. Medical Needs and Transport to Medical Facilities

1. Transportation of Persons in Need of Immediate Medical Care

- a. If an arrestee becomes sick or is injured, the officer must provide access to medical care before transporting the person to a jail. Emergency medical service personnel shall be called when there is any doubt about an arrestee's physical condition.
- b. When the arrested person is transported to a hospital or medical facility for care, officers shall:
 - 1) Continue to maintain custody of the arrestee at the medical facility or hospital, until the arrestee is medically released or custody is no longer required; and
 - 2) Document that medical care was provided in the case report

2. Transport of Arrestees to a Medical Facility

- a. Officers shall transport or arrange for an ambulance to transport an arrestee to a medical facility if:
 - 1) The individual has suffered potentially serious injuries prior to the arrival of law enforcement personnel;
 - 2) The application of force by an officer causes more than a superficial injury which cannot be treated at the scene by AMR personnel;
 - 3) The arrestee suffers a severe injury from a police canine bite(s);
 - 4) There is a reasonable risk of internal injuries that may not be visibly apparent;
 - 5) The officer is advised by AMR personnel that the arrestee should be examined at a medical facility;
 - 6) The arrestee has a wound which is the result of a gunshot or other use of potentially deadly force;
 - 7) If a subject is exposed to more than one cycle of the ECD (probe deployment or drive stun);

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- 8) A subject complains of internal injuries not noticeable or trouble breathing; or
 - 9) When there is any doubt about an arrestee's physical condition.
- b. The decision to transport an arrestee by ambulance or by Department vehicle will be made based upon the nature of the injury, the condition of the arrestee, the advice of AMR personnel, and the potential for escape.
 - c. An officer will ride in the ambulance with the prisoner if AMR requests or if a supervisor directs.
 - d. Arrestees transported to a medical facility will be examined, treated, and either admitted or medically released. Arrestees will not be delivered to booking until the necessary medical care has been provided.
 - e. If the subject is medically released, obtain a copy of the release from hospital staff. Give the release to the jail book-in personnel.
 - f. If an arrestee refuses medical treatment at the incident location or at the medical facility, obtain a copy of the refusal from the medical personnel. The copy of the refusal shall then be given to the jail book-in personnel and a copy should be placed in the case file.
 - g. The officer shall document the refusal of medical treatment in his or her case/incident report, and the time the refusal was made.
 - h. Additionally, the medical care provided to the arrestee will be documented in the officer's report. When the person is released for transport to jail the officer must notify jail personnel of the nature of the arrestee's illness or injury. If medicine is provided to the arrestee, the officer will take control of the medication and turn it over to jail personnel with the instructions for its use.
 - i. Before transporting the arrestee from the medical facility to the jail the arrestee will be searched and handcuffs will be applied, unless medical considerations prevent their use.

3. Health Issue of Arrestee during Transport

- a. If at any time during the transport, an officer becomes aware of a health issue of an arrestee, officers must ensure that they safeguard and protect the arrestee. If immediate medical attention is necessary, the officer must evaluate the situation on a case by case basis and respond reasonably, keeping in mind his or her own safety, the safety of the arrestee, as well as the possible deceit and/or attempt of escape by the arrestee.
- b. Officers shall notify a supervisor and document the circumstances on the case or incident report.

F. Notification and Reporting Requirements

1. All incidents involving citizen contacts where an officer summons and/or renders medical attention shall be fully and accurately documented.