



Policy 2010

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| Subject | |
| RESPONSE TO SHOCK TRAUMA FOR SERIOUS OR FATAL INJURY TO A POLICE OFFICER | |
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By Order of the Police Commissioner

POLICY

1. **Orderly Response.** It is the policy of the Baltimore Police Department (BPD) to provide an expeditious and orderly response to situations involving a serious or fatal line of duty injury to a member, and to ensure appropriate compassionate assistance for the member's family and others when responding to The University of Maryland Medical Center, R. Adams Cowley Shock Trauma Center, 22 South Greene Street (Shock Trauma).
2. **Final Authority.** Final authority regarding activity at the University of Maryland Medical Center and within Shock Trauma rests with hospital officials and not the Baltimore Police Department.

DEFINITION

Hospital Liaison Officer — Permanent-rank lieutenant who works in conjunction with the University of Maryland, Shock Trauma Center, to coordinate the orderly response of sworn members and the injured member's family. The Hospital Liaison Officer also assigns tasks and disseminates information as necessary.

REQUIRED ACTION

Notifications and Required Response

Upon notification of an incident involving a serious or fatal line of duty injury to a member:

Communications Section

1. Make immediate notification via the "Command Text" system and provide subsequent updates through appropriate channels.
2. Make direct telephone contact with the following:
 - 2.1. Police Commissioner (or designee).
 - 2.2. Deputy Police Commissioners.
 - 2.3. All Command members of the rank of Chief.
 - 2.4. Mayor's Office/Mayor's Duty Officer.

- 2.5. Commanding Officer of the injured member.
- 2.6. Duty Officer, if applicable.
- 2.7. FOP on-call representative.
3. Notify the Shift Commander, Central District, to respond to Shock Trauma and assume the duties of Hospital Liaison Officer. If the injured member is assigned to the Central District, or if the Central District on-duty Shift Commander is unavailable or is not a permanent-rank lieutenant, dispatch an on-duty Shift Commander with the permanent-rank of lieutenant from the nearest district to Shock Trauma to assume the duties of Hospital Liaison Officer.
4. Maintain a chronological log of contacts and incident activities.
5. Maintain radio discipline throughout the situation, being especially certain that the injured member's name is not broadcasted.
6. Coordinate the route of travel to the hospital and assign units to secure major intersections, as appropriate.
7. Request units and regulate an orderly response upon notification by the Hospital Liaison Officer of a need for blood donations.
8. Ensure audiotapes of the incident are preserved.

Hospital Liaison Officer

1. Arrange for the injured member's family to be notified in person and provide transportation for them to Shock Trauma.
2. Locate and coordinate with the Charge Nurse assigned to the Trauma Resuscitation Unit, 2nd floor, telephone number: 410-328-8869. The Charge Nurse or designee will notify the Shock Trauma Nurse Coordinator to respond to the Trauma Resuscitation Unit to act as the designated person in charge of Shock Trauma.
3. In conjunction with the University of Maryland Police Department, ensure the designated facilities at the University of Maryland Medical Center and Shock Trauma, including the Command Center (Room T3R24), designated gathering areas, and parking areas, are open and prepared to receive arriving family members, public officials, and police personnel.
4. Assign members to designated detail assignments (See Appendix A, Detail Assignments Form, 460).
5. Assign a member to the Command Center to maintain a chronological log of events.
6. Stand ready to meet and brief the Mayor, Police Commissioner, injured member's Commanding Officer and/or Duty Officer, and/or other officials, upon their arrival.
7. If possible, family members should be afforded the opportunity to visit the injured member. Request that medical staff prepare the family for what they may see and that they accompany

them while in the emergency room.

8. Request that medical personnel regularly update family members concerning the injured member's condition. Updated information should also be relayed to waiting departmental members, but only after the family has been advised.
 9. If the injured member dies, the family members present should be notified of the death by the attending physician in the presence of the Police Commissioner or the highest ranking commander in the Police Commissioner's absence.
 - 9.1. The family should be afforded the opportunity to see the deceased, if desired.
 - 9.2. Medical personnel should be made aware of any known medical condition that a family member may have which could be exacerbated by such a notification or visit.
 - 9.3. Ensure medical personnel explain the cause of death to family members when appropriate, and explain the need for an autopsy.
- NOTE:** If the injured member dies and the family is not present, notification shall be immediately made in person by a member of the BPD or, if outside BPD's jurisdiction, another law enforcement agency. Although not preferred, this immediate notification is required to ensure that the family is aware of the situation as soon as possible after the member's death, and before social media or other news media outlets may publish this information.
10. Post adequate personnel to control access to elevators and stairways in the event the media are invited into the University of Maryland Medical Center for a press conference.
 11. Determine from the Shock Trauma Nurse Coordinator, or other designated hospital official, whether any blood donations are needed for the injured member. If there is an immediate need, notify the police personnel at the University of Maryland Medical Center and coordinate their response. If there is need for additional blood donations, notify the Communications Section Shift Commander to broadcast the request and monitor an orderly response.
 12. Ensure appropriate University of Maryland Medical Center officials are notified that expenses relating to the medical services rendered to the injured member are to be forwarded to the Baltimore Police Department.

Duty Officer

Respond as soon as practicable to Shock Trauma until relieved by the injured member's Commanding Officer or a higher authority.

Commanding Officer, Injured Member's Assignment

Respond as soon as practicable to Shock Trauma.

Shift Commander (Permanent-rank Lieutenant), Central District

1. When notified by the Communications Section, respond to Shock Trauma and assume the duties of Hospital Liaison Officer.

NOTE: Only a permanent-rank lieutenant can perform the function of Hospital Liaison Officer. If the Central District Shift Commander is not a permanent-rank lieutenant, another permanent-rank lieutenant (e.g., Inner Harbor Unit, D.A.T., neighboring district shift commander, etc.) shall be assigned by the Communications Section to serve as the Hospital Liaison Officer.

Commanding Officer, Central District

1. Ensure a copy of this Policy is available at Shock Trauma and is posted in the area designated as the Command Center.
2. In January of each year, initiate a review of this Policy to ensure information such as room numbers and telephone numbers remain accurate.

Designated Areas – Shock TraumaTrauma Resuscitation Unit (TRU)

1. Located on the second floor. Upon exiting the elevators, follow the red blocks on the floor. When leaving the TRU, use the elevators on the left side of the hallway.
2. Report to the Charge Nurse inside the TRU. The telephone number is 410-328-8869.
3. The Hospital Liaison Officer must ensure that police presence in the TRU is restricted to necessary personnel only and that there is no interference with the regular operation of the TRU.

Command Center and Police Officer Gathering Area

1. Located in Room T3R24. Upon entering Shock Trauma, take the elevator to the third floor and proceed to the designated room. The telephone number is 410-328-8976.
2. This room is reserved for the:
 - 2.1. Mayor.
 - 2.2. Police Commissioner.
 - 2.3. Command Staff and other designated officials.
 - 2.4. Members of the injured member's Command and other authorized Police Officers and law enforcement officials.

NOTE: Members of the Critical Incident Stress Team should report to this room.

Family Gathering Area

1. Located in Room T3R69A. Upon entering Shock Trauma, take the elevator to the third floor and proceed to the designated room. No telephone is available in this room.
2. This room is reserved for the family of the injured member.

Press Staging/Overflow Area

1. University of Maryland Medical Center officials and a representative of Media Relations will coordinate any matters involving the media.
2. The media are required to remain outside of the University of Maryland Medical Center unless otherwise directed by University of Maryland Medical Center officials.
3. In the event the media are invited into the University of Maryland Medical Center for a press conference, the Hospital Liaison Officer will ensure that adequate personnel are assigned to the elevators and stairs to restrict access to the TRU on the second floor.
4. Upon determination that a press conference will be held inside the University of Maryland Medical Center, utilize connected rooms T1R14 and T1R15 on the first floor of Shock Trauma.

APPENDICES

- A. Shock Trauma Detail Assignments, Form 460

RESCISSION

Remove and destroy/recycle Police Commissioner's Memorandum 03-03, *Emergency Response to Serious or Fatal Injury to a Police Officer in the Line of Duty: University of Maryland Medical Center/ R. Adams Cowley Shock Trauma Center*, dated 18 June 2003.

COMMUNICATION OF POLICY

This policy is effective on the date listed herein. Each employee is responsible for complying with the contents of this policy.

APPENDIX A

Shock Trauma Detail Assignments, Form 460

Form 460

BALTIMORE POLICE DEPARTMENT

SHOCK TRAUMA DETAIL ASSIGNMENTS FORM

The Baltimore Police Department will provide uniformed coverage to include the below indicated locations. These assignments may, at the discretion of the Hospital Liaison Officer, be staffed by any District(s) except the District to which the injured member is assigned. University of Maryland Police Department personnel, when available, may supplement these assignments.

| Post/Location | Responsibilities | Number/Type | Name and Seq# |
|---|--|-----------------------------|---------------|
| Command Center and Police Officer Gathering Area (Room # 5) | Monitor detail assignment. | 1/Permanent Rank Supervisor | |
| 3rd Floor Hallway accessing Command Center and Police Officer Training Area | <ol style="list-style-type: none"> 1. Control access to both gathering areas. 2. Direct family members to their appropriate gathering area. | 1/Officer | |
| 1st Floor Elevators | Control access to the 2nd floor elevators. | 1/Officer | |
| 2nd Floor Elevators | Control access to the TRU. | 1/Officer | |
| Penn Street Entrance | <ol style="list-style-type: none"> 1. Monitor entry of police personnel in cooperation with Hospital Security assigned to post. 2. Assist in Keeping the ambulance receiving area clear. 3. Monitor media activity. | 1/Officer | |
| Penn Street - side of Univ. of Maryland Medical Center | <ol style="list-style-type: none"> 1. Secure available parking on Penn St., north of Lombard St., and direct responding units. 2. Secure parking spaces as close to the entrance as possible for the injured member's family, the Mayor and the Police Commissioner. 3. Ensure responding vehicles do not impede access to the ambulance receiving area. 4. Provide security for departmental and City vehicles. 5. Monitor media activity. | 1/Officer | |
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