2.438 MEDICAL EMERGENCIES, SICK OR INJURED PERSONS, etc. *(61.4.1.d)*

A. Employees:
   1. Will respond with primary EMS providers to assist in handling medical emergencies, sick or injured persons, etc. while on-duty consistent with their individual levels of expertise, training, and certification;
   2. Will request emergency medical system (EMS) as needed; and
   3. Will provide Communications with the types or nature of emergencies, illnesses or injuries, patient conditions, and any other pertinent information.

B. The commander responsible for the training function will ensure employees undergo training and are certified in EMS programs as determined by the Chief.

C. The lack of current certification in any or all of the preferred first aid certifications does not preclude those employees from regular duty assignments, but rather from performing tasks associated with those first aid certifications.

D. EMS kits are maintained in agency vehicles.

2.438.02 Automatic External Defibrillator (AED)

A. The agency participates in the university's AED program as managed by Environmental Health and Safety (EHS).

B. A designated commander will assign employees to serve in an ancillary capacity as the agency's primary and back-up AED site coordinators. Site coordinators must meet the training and certification requirements specified by EHS.

C. AED site coordinators duties and responsibilities include, but are not limited to
   1. Being the agency's liaison to EHS for the AED program;
   2. Consistent with the current Special Order on AED inspections:
      a. Ensuring current copies of inspection records are kept in an AED Inspection binder in the squad room;
      b. Submitting completed inspection records to EHS; and
      c. Maintaining original inspection records consistent with the agency's records retention and destruction schedule;
   3. Ensuring timely completion of reports and notifications to EHS for any instrument malfunctions; and
   4. Ensuring an instrument's rescue data card is delivered to, and replaced by, EHS after each use.

D. The agency's training coordinator will work with the AED site coordinators and EHS personnel to ensure agency personnel receive initial and recertification AED training.

E. Patrol supervisors will ensure:
   1. Inventory accountability of AEDs and Ready Kits (RKs);
   2. AED certified officers conduct and document inspections consistent with the current Special Order on AED inspections;
   3. All AED/RKs are assigned and issued to AED certified officers each patrol shift;
   4. Employees keep AEDs/RKs inside passenger compartments of agency vehicles and not in the trunks of sedans or cargo areas of SUVs;
   5. EHS is notified directly and site coordinators by email when deficiencies are reported that cannot be promptly corrected; and
   6. Required reports and incident summaries are written and notifications are made to EHS any time officers attach electrodes to patients, regardless if defibrillations were or were not attempted.

F. Employees issued an AED/RK will.
   1. Conduct visual and documented inspections consistent with the current Special Order on AED inspections;
   2. Promptly report deficiencies to their supervisors, directly to EHS as necessary, and by emails to AED site coordinators;

3. Keep AEDs/RKs in passenger compartments of their assigned vehicles and not in the trunks of sedans or cargo areas of SUVs;
4. Use instruments consistent with their training and certification;
5. Notify EHS, write agency reports, and write MIEMSS (Maryland Institute for Emergency Medical Services Systems) reports any time they attach electrodes to patients, regardless if defibrillations were or were not attempted. (MIEMSS reports must be submitted to EHS within 24 hours);
6. Notify EHS any time they take AEDs to medical emergency scenes or upon arrival, open electrode packages, but do not take any further AED related activities. (Agency reports will not be written.); and
7. Respond to AED tamper alarms and, in addition to taking any other required actions, notify EHS if alarms resulted from malfunctions, tampering with instruments, or actual instrument use.

2.438.04 Reporting & Notification Requirements

A. Officers responding to medical emergencies will file reports consistent with **04.B,** complete incident summaries consistent with **2.424.04**, and make required notifications. Officers will ensure incidents that do not require reports and incident summaries will include appropriate comments, notifications, and EMS numbers in the CAD event for the incidents.

B. Officers **will write reports and incident summaries** for calls involving sick or injured persons that involve:
   1. TU students being voluntarily transported to hospitals by EMS or agency employees from any campus location except the Health & Counseling Centers;
   2. Criminal activities;
   3. Alcohol and/or illegal drug uses or abuse;
   4. Overdoses with, or abuse of, legal drugs;
   5. Suicides or attempts;
   6. Motor vehicle accidents consistent with established traffic report writing criteria;
   7. Attaching AED electrodes to patients, regardless if defibrillations were attempted; or
   8. In the opinion of responding officers, their supervisors, EMS personnel, or Health Center staff in the case of persons transported from that facility, illnesses or injuries that may result in death or serious medical consequences, such as paralysis, loss of a limb, blindness, etc.

C. If circumstances described in **04.B** do not exist:
   1. For non-students, officers **will not write** police reports or incident summaries for accidental, non-criminal related injuries or illnesses, including work-place injuries or illnesses, etc. when ambulances do not respond;
   2. For non-students, officers **will write** incident summaries when ambulances respond for accidental, non-criminal related injuries or illnesses, including work-place injuries or illnesses, etc.; and
   3. For students, officers **will write** incident summaries when they are voluntarily transported from the Health and Counseling Centers to hospitals. Incident summaries in these instances must contain students' affiliation (resident or commuter) and reason for transports:
      a. For mental health reasons: "**Voluntary Admission**;" or
      b. For other health reasons: "**Non-Life Threatening Illness**."

D. In those situations where police reports are not required:
   1. Officers will ensure, as circumstances permit, that injured or sick parties or other responsible parties with the injured or sick parties are given copies of the EHS self-reporting incident report with completed police and EMS information; and
   2. Will, with supervisor or commander approval, protect incident scenes pending arrival of EHS or other designated personnel.

2.438.06 Taxi Vouchers

A. Housing and Residence Life (HRL) provides sequentially numbered taxi vouchers to this agency so that:
   1. Current HRL residents can be transported to and from St. Joseph's Hospital or GBMC for routine or follow-up medical appointments, or less urgent medical conditions; and
   2. People attending events booked through Event and Conference Services (ECS) may be transported by taxi to and from St. Joseph's Hospital or GBMC for medical conditions if they do not otherwise have transportation available.

B. All other persons, such as commuter students, faculty, staff, visitors, etc. who need non-emergency transportation are not eligible for taxi vouchers provided by HRL. These persons are expected to provide or obtain their own transportation. However, supervisors may authorize transportation by agency personnel in exigent circumstances.

C. Crime victims who need medical treatment, sexual assault forensic examinations, etc. will be transported to medical facilities either by ambulance or by agency personnel as necessitated by the victims' conditions.

D. Residential students who get to GBMC by other means can be issued taxi vouchers to get them back to their residential facilities. In these situations, Communications personnel will:
   a. Request a contract taxi respond to Headquarters;
   b. Complete a taxi voucher for the return trip only and give it to the responding driver;
   c. Tell the driver the pick-up and destination locations; and
   d. Enter required information into CAD.

E. Residential students who get to UMD St. Joseph's by other means can obtain taxi vouchers from the St. Joseph's security desk for return trips to their residential facilities.

F. A supply of taxi vouchers is maintained in Communications and each marked police vehicle. Three to five vouchers will be maintained in each marked vehicle and restocked as necessary from Communications by vehicle operators. Vouchers will be signed for on the taxi voucher registry.

G. Each voucher can be used only for one trip. Employees must issue two vouchers in order for students to have round trip transportation.

H. To issue taxi vouchers employees will:
   1. For ECS transports only, write in "ECS" on the "Account Name" line following the preprinted line "Towson University – Housing/Police" so the line would now read: "**Towson University – Housing / Police / ECS**."
   2. Complete only the following fields:
      a. Date;
      b. Passenger name;
      c. From (Pick-up Point); and
      d. To (Destination).
   3. Sign their signatures and ID# in the "LESSEE Signature" field. Contrary to the wording, employees will not be responsible for overcharges;
   4. Ensure the fields "FROM (Additional Pick-Up Only if Authorized)" and "TO Second Stop Destination)" are crossed out;
   5. Transmit to Communications voucher numbers issued, names of voucher recipients, and pick-up and destination points. Communications personnel will enter this information in the CAD remarks field;
   6. Give white and yellow voucher copies to passengers; and
   7. Submit pink copies to Central Records. Central Records personnel will send these copies to HRL.

I. The Health Center also issues taxi vouchers and manages their process without any involvement by this agency.

2.438.08 Naloxone Program {Revised: 07/13/2026}

A. The agency's Naloxone program is managed:
   1. Through the University Health Center where the Nursing Supervisor is responsible for:
      a. Supplying the agency with Naloxone that is marked with expiration dates and labeled consistent with **Health Occupations § 12-505**;
      b. Retaining dispensing records; and
      c. Ensuring required information is reported to the DHMH consistent with **COMAR 10.47.10.C (1) (c) & (d);**
   2. Departmentally by the agency's Training Coordinator who ensures that:
      a. All sworn members ranked sergeant and below receive initial and any necessary on-going training necessary to administer Naloxone;
      b. Naloxone training is provided to commanders on request;
      c. Only unexpired Naloxone kits are available to be carried; and
      d. Monthly training reports are completed online as requested by MDH.

B. Narcan® nasal spray kits will be issued to all sworn members ranked sergeant and below and will be carried during their regular tour of duty.
   1. Each member will be issued a Narcan pouch that can be worn on the ballistic vest cover or on a belt as preferred. (Note: If worn on the belt, be careful of the placement so that when seated you are not pressing against the containers.)
   2. A full box of Narcan will also be issued to each member.
      a. Each box contains two (2) 4 mg nasal spray bottles. The spray containers will have to be removed from the box but kept in the individual packaging and placed into the carrier.
      b. There should be enough room to also include a pair of gloves and/or a sheet type barrier device.

C. Officers who administer Naloxone will ensure:
   1. That a "Naloxone Use Report" is completed online through the Maryland Department of Health at https://www.cognitoforms.com/MDH3/NaloxoneUseReport; or
   2. The Maryland Poison Center (MPC) is called and notified within two hours of administering Naloxone so the MPC can contact hospitals who receive Naloxone patients. The MPC can be reached by calling 1-800-222-1222.
   3. That related police reports contain information that includes, but is not limited to:
      a. Date, time, and location Naloxone was dispensed;
      b. Name and rank of the officer who administered Naloxone;
      c. Manufacturer, lot number, expiration date, and any prescription number;
      d. Number of doses dispensed;
      e. Events leading up to the decision to dispense Naloxone;
      f. Results, such as patient regained consciousness, breathing returned, etc.; and
      g. Documenting whether notification was made through the Maryland Department of Health online portal or the Maryland Poison Center hotline.