

WOONSOCKET POLICE DEPARTMENT

THOMAS F. OATES, III
CHIEF OF POLICE



TYPE OF ORDER	NUMBER/SERIES	ISSUE DATE	EFFECTIVE DATE
General Order	320.18	4/18/2024	4/18/2024
SUBJECT		PREVIOUSLY ISSUED DATES	
Emergency Medical Care		9/5/2016	
ACCREDITATION		RE-EVALUATION DATE	
CALEA Standards: 17.5.3; 46.1.8 RIPAC Standards: 6.12; 6.13		11/12/2020, 12/15/2022	
INDEX		DISTRIBUTION	
Patrol Functions		Sworn Personnel	

EMERGENCY MEDICAL CARE

I. PURPOSE

The purpose of this policy is to provide procedures and guidelines to follow related to providing emergency medical care to someone suffering a life-threatening medical and/or traumatic emergency.

II. POLICY

It is the policy of this police department to properly train police officers and department members in the best emergency medical care practices and to provide the necessary equipment and training to assist them in providing emergency medical care to someone suffering a life-threatening emergency.

Police officers are trained first responders and are often the first to arrive at an emergency scene. They can quickly and effectively provide emergency medical care to preserve human life.

III. DEFINITIONS

Cardio-Pulmonary Resuscitation (CPR): A life-saving technique using chest compressions and rescue breathing to maintain blood circulation to a person in cardiac arrest.

First-Aid: Initial and immediate medical care provided to a sick or injured person before the arrival of a professional medical service aimed at preserving life and preventing further harm.

Automated External Defibrillator (AED): A device used to deliver an electrical shock to the human heart.

Naloxone / Narcan: A drug used to reverse the effects of a suspected opioid overdose.

Tourniquet: A manufactured device used to control life-threatening bleeding.

Emergency Medical Equipment: Medical equipment designed to assist in treating a person suffering a medical/traumatic emergency. Examples of emergency medical equipment include; standard first-aid kits, individual first-aid kits (IFAKs), AEDs, tourniquets or other bleeding control devices, chest seals, combat dressings, Naloxone/Narcan, CPR mask/barrier devices, splinting devices and medical oxygen.

Personal Protective Equipment (PPE): Equipment worn by a police officer or department member to protect against personal injury and/ or infectious material exposure. Examples of PPE include; disposable medical gloves, eye protection/safety goggles, face shields, N-95/KN-95 masks, medical gowns, and shoe covers.

Universal Precautions: An alert and proactive attempt to treat all human blood and fluid as possibly being infected with an infectious disease.

IV. PROCEDURES

A. Initial Assessment for ALL Emergency Medical Situations:

Any time an officer encounters a person possibly suffering any type of medical/traumatic emergency, the officer will:

1. Make sure the scene is safe enough to provide emergency medical care. If an unsafe condition exists, the officer will attempt to quickly mitigate the unsafe condition to the best of their ability to provide emergency medical care;
2. Ensure the proper EMS, Rescue, and/or Fire Department is notified and responding along with providing regular updates on care and any changes in the patient's condition;
3. Deploy the proper personal protective equipment (PPE) to include at minimum disposable medical gloves along with practicing good universal precautions;
4. Assess the person in need of emergency medical care and attempt to determine the cause of the emergency;
5. Determine if the person is responsive. If unresponsive, check for breathing by using the "look, listen, and feel" method; and

6. Provide the appropriate level of emergency medical care to the person based on your initial assessment along with determining if the person needs more advanced high-priority emergency medical care based on the guidance below.

B. High-Priority Emergency Medical Care:

High-priority emergency medical care should be given to someone suffering from a cardiac arrest, a suspected overdose, and/or heavy bleeding. The below guidance does not represent the order of care. The officer will determine the proper high-priority emergency medical care based on the initial assessment and conditions presented.

1. Cardiac Arrest:

A cardiac arrest is the sudden loss of heart function causing the heart to stop beating. When an officer encounters a person in cardiac arrest, they should follow the below procedure:

- a. Ensure the scene is safe and the officer has the proper personal protection equipment along with maintaining good universal precautions;
- b. Assess the person for responsiveness;
- c. If unresponsive, check the person for breathing (Look, Listen, Feel);
- d. If not breathing, begin CPR with the use of an AED if available;
- e. Notify Communications that CPR is in progress and update responding EMS, Rescue, and/or Fire units;
- f. Pause CPR every 2 minutes and recheck for breathing. If the person is breathing, move to a recovery position and continue to monitor. If still not breathing, continue CPR with the use of an AED if available; and
- g. CPR with the use of an AED will continue until:
 - 1) EMS, Rescue, and/or Fire arrive on the scene and assume care;
 - 2) The person begins to breathe and/or becomes responsive; or
 - 3) The scene becomes unsafe, and care must be temporarily paused.

2. Automated External Defibrillator (AED):

An AED is a device used to analyze and administer an electrical shock to a person's heart who is in cardiac arrest to return to a normal heart rhythm. When an officer encounters a person in Cardiac Arrest and an AED is available, they should follow the below procedure in addition to the cardiac arrest procedure above:

- a. Begin CPR if appropriate;
- b. Turn on the AED and follow the audio instructions;
- c. Apply electrode pads to the person's bare chest;

- d. If “shock” is indicated, ensure nobody is touching the person and the person is not lying in puddled water;
- e. Press the “shock” button to deliver the electrical shock;
- f. Re-assess the person and begin CPR if appropriate;
- g. Leave the AED on and attached to the person for further instruction;
- h. If the person begins to breathe on their own, move them to a recovery position and continue to monitor; and
- i. CPR with the use of an AED will continue until:
 - 1) EMS, Rescue, and/or Fire arrive on the scene and assume care;
 - 2) The person begins to breathe and/or become responsive; or
 - 3) The scene becomes unsafe, and care must be temporarily paused.

3. Suspected Opioid Overdose:

An opioid overdose is a serious medical condition caused using an opioid substance or a combination of other substances combined with an opioid. Signs of an opioid overdose can include respiratory depression, cardiac arrest, decreased level of consciousness, blue lips, and physical illness. If an officer encounters someone believed to be suffering from an opioid overdose, they should follow the below procedure:

- a. Ensure the scene is safe and the officer has the proper personal protection along with maintaining good universal precautions;
- b. Assess for responsiveness;
- c. If the person shows signs of a possible opioid overdose, administer 4mg of Naloxone/Narcan through an approved Naloxone/Narcan device following manufacturer suggestions;
- d. Check for breathing (Look, Listen, Feel);
- e. If not breathing, begin CPR with the use of an AED, if available;
- f. If breathing, move to a recovery position and continue to monitor;
- g. After approximately 3-4 minutes, reassess the patient. If still not breathing or improving, administer a second 4mg Naloxone/Narcan dose. Additional doses may be administered every 3-4 minutes until the condition improves and/or EMS, Rescue, and/or Fire arrive on the scene;
- h. Continue CPR if the patient is not breathing or move them to a recovery position and continue to monitor until EMS arrives;
- i. If providing CPR to a suspected overdose victim, it is important to provide good rescue breaths with a barrier device. Cardiac arrest in the presence of an opioid overdose often is a result of oxygen deprivation and therefore providing rescue breaths during CPR is important if possible; and
- j. Anytime an officer encounters a person suspected of suffering an overdose where Naloxone/Narcan has been administered, said person will be evaluated by EMS, Rescue, and/or Fire.

4. Heavy bleeding:

A heavy bleed is a life-threatening arterial and/or uncontrolled bleed from a person's body. A person suffering a life-threatening heavy bleed could lose consciousness and/or die from the loss of blood. A heavy bleed needs to be controlled as fast as possible. Any time an officer encounters someone suffering from heavy bleeding, they should follow the below procedure:

- a. Make sure the scene is safe enough to provide emergency care. If an unsafe condition exists, the officer will attempt to mitigate the condition to the best of their ability to provide emergency medical care;
- b. Ensure the proper EMS, Rescue, and/or Fire Department is notified and responding;
- c. Deploy the proper universal precaution / PPE to include medical gloves along with goggles and a face mask if available;
- d. Assess the person in need of emergency medical care to determine the cause of the bleeding;
- e. Attempt to immediately control the heavy bleeding through direct pressure on the wound;
- f. If direct pressure does not slow down the bleeding, attempt to elevate the wound to slow the bleeding. Consider using an approved pressure bandage/dressing;
- g. If heavy bleeding continues, use a tourniquet above the wound to control the bleeding;
- h. If bleeding is from an area of the body that cannot be controlled with the use of a tourniquet, direct pressure and elevation will continue to be the most appropriate form of bleeding control. The officer can also attempt to "pack" the wound to try and slow the bleeding;
- i. Continue care with direct pressure, elevation, and/or tourniquet until EMS, Rescue, and/or Fire arrive on the scene; and
- j. If loss of blood causes the person to go unconscious and stop breathing, follow the above procedure for cardiac arrest while attempting to continue controlling the heavy bleeding.

C. ADDITIONAL RESPONSIBILITIES

1. Officers on the scene of a medical emergency should be aware of their surroundings and maintain scene safety at all times.
2. Officers should check for any medical alert tags or bracelets and attempt to obtain any pertinent medical information for the EMS, Rescue, and/or Fire Department.
3. Officers will give arriving EMS, Rescue, and/or Fire Departments a full report on their assessment and the care provided.
4. Officers will seize all illegal and/or non-prescribed narcotics found on the person or in the immediate area of the person and follow department procedures regarding the collection and processing of evidence.

5. Officers will document all parties on the scene to include any potential witnesses to the event.
6. Officers will document all on-scene emergency medical care provided in their report.

D. TRAINING

1. Department recruits assigned to the Rhode Island Municipal Police Training Academy shall receive training in the current emergency care standards including training in CPR, AED, First-Aid, Tourniquet, and Naloxone, as prescribed by the Police Officers Standards and Training Commission (POST).
2. Department staff will be trained and recertified in CPR and First-Aid as well as in the use of an AED and a Tourniquet every 2 years through regular in-service departmental training.
3. Training and certifications will be consistent with the current guidelines and standards of the American Heart Association and/or the American Red Cross for CPR, First-Aid, and use of an AED.
4. Training and certifications will be consistent with the current guidance and standards of the National EMT Association and/or the Committee on Tactical Casualty Combat Care for tourniquet application and any other in-field “combat care” equipment carried by members of the department (i.e., Chest Seals, Pressure Bandages, Combat Gauze, etc.)

V. EQUIPMENT

A. DEPLOYMENT OF EQUIPMENT

1. The department will deploy the appropriate emergency medical care equipment in the field, headquarters, and department vehicles to be available for emergency medical calls.
2. Police officers will be issued, at minimum, a tourniquet and a dose of Narcan. Police officers are authorized to carry additional emergency medical equipment they are trained and certified to use in the field (chest seals, pressure dressings, combat gauze, etc.).
3. The department prisoner processing area shall be equipped with an AED and emergency Narcan/Naloxone kit.

B. EQUIPMENT MAINTENANCE

1. All officers assigned and/or carrying emergency medical equipment will make regular inspections of the equipment to ensure it is in good working order.
2. All officers assigned to a vehicle containing emergency medical equipment will make regular inspections of the equipment to ensure it is in good working order.
3. All medical equipment stored or deployed in fixed locations will be regularly inspected by the Operations Commander to ensure it is in good working order.

4. Any officer finding damaged, worn/torn, expired, or unusable emergency medical equipment will take the equipment out of service and refer it to the Operations Commander.
5. Naloxone/Narcan will be stored following the manufacturer's instructions and away from extreme cold, heat, and direct sunlight. Replacement Naloxone/Narcan will be available through the Training Lieutenant.

VI. ATTACHMENT

[The Rhode Island Good Samaritan Overdose Prevention Act of 2016](#)
[RIGL§ 21-28.9-1 through § 21-28.9-5](#)

Per order,

Thomas F. Oates, III

Chief of Police

Written directives published within PowerDMS are in full force and effect on the referenced dates and have been approved by the Chief of Police