

		Policy & Procedures			No. 3.04	
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		Handling Injuries/Illnesses				
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CALEA STANDARDS 1.1.5 70.3.1 70.3.2 72.6.1

GENERAL CONSIDERATIONS AND GUIDELINES

Due to the nature of police work, officers will often be the first responders to incidents involving injury or illnesses to community members. It is important that officers be well aware of the procedures to follow in such situations, especially when the person injured or ill is a detainee. Officers are required to provide the proper medical aid for any injuries they encounter. **1.1.5**

Definition: 1.1.5

Proper medical aid – Is defined as immediate first aid treatment, including CPR, administered on the scene of an incident/injury within the scope of agency personnel’s training. Additionally, medical aid includes the summoning of emergency medical services to assist in any condition or treatment that may escalate outside of the scope of the capabilities of the officer/agency employee, providing immediate first aid, or requiring transportation to a medical facility based on the condition of the person receiving aid.

Proper medical aid may include the following:

- increased observation of a person to detect obvious changes in their condition,
- the flushing of chemical agents from the eyes of an affected person,
- applying first aid within the scope and training of the officer/agency employee for any obvious severe injuries or unconsciousness,
- evaluation by an emergency medical technician or paramedic.
- or for more serious or life-threatening incidents, immediate aid by medical professionals including transport to a medical facility.

Following any law enforcement action, proper medical aid will be rendered as quickly as reasonably possible. This includes incidents or circumstances in which injuries have been sustained.

Proper medical aid will be provided when an officer is on a call for service, or during the detention or arrest of a person, and:

- There is obvious severe injury to a person(s)
- A person is in medical distress. i.e., unable to breathe, labored breathing, wheezing, etc.
- A person is unresponsive or unconscious.

The purpose of this directive is to ensure that the department members recognize and take immediate action on all medical emergencies. It applies whether a weapon is involved or not and for all aid necessary due to police or law enforcement action(s). e.g., injuries resulting from an apprehension, an OUI suspect in distress because of their intoxication or impairment, a detainee who is injured, including self-inflicted injuries while in the detention or holding facility areas of the department, etc. 1.1.5

Once individuals are placed in police custody, the department is responsible for their wellbeing and can be held liable should an injury or illness go unnoticed and untreated. **72.6.1**

POLICY

I. VICTIMS AND BYSTANDERS:

Responding officers shall provide immediate medical attention to all sick or injured individuals and should request the services of the Canton Fire Department (CFD) Ambulance when appropriate.

- A. It is the policy of the Canton Police Department NOT to transport injured persons in a police cruiser. If the individual's medical condition could be jeopardized by delay in awaiting the arrival of the ambulance, the Shift Supervisor shall be notified for approval to transport. The Shift Supervisor or his/her designee will communicate directly with CFD to coordinate a patient transfer as soon as possible.
- B. **Bystanders:** When officers respond to an emergency scene, their primary duty is to take steps to control the situation and render medical assistance to any injured party as soon as it is safe to do so.
- C. **Traffic Accident:** After taking immediate precautionary measures to ensure that the accident scene is safe and protected, the officer's primary duty is to give prompt attention to the needs of any injured persons. If there is bodily injury, the CFD ambulance will be requested.

***Note:** Avoid moving injured persons unless necessary in order to prevent further injury.*

- D. **Domestic Violence Victims:** Officers are authorized by M.G.L.c.209A to transport victims of domestic violence to the hospital. The preferred method however, is by ambulance. Officers should receive approval from their supervisor prior to transporting victims via cruiser as outlined in section IA. If the victim is not seriously injured or declines transportation by the ambulance, s/he may seek transportation through his/her own means.

II. DETAINEES

- A. If a detainee is sick or injured prior to, during or after custody and/or booking, or they request medical attention, immediate medical aid shall be provided and the services of the Canton Fire Department Ambulance should be requested when appropriate. An officer shall accompany the detainee in the ambulance and shall closely monitor the detainee during his/her treatment, examination or admission. **1.1.5; 70.3.1 (2A,B)(3); 70.3.2 (2A,B); 71.3.3; 72.6.1**
- B. Whenever a detainee is admitted to the hospital, the Canton Police Department will be responsible for providing 24-hour security coverage. Any officer assigned to guard a detainee admitted to the hospital shall: **70.3.2 (3B)**
 - 1. Ensure continued use of restraints if necessary and approved by hospital staff. If restraints must be removed, caution should be used while the detainee is unfettered. Only under unusual circumstances will the detainee be allowed out of the guarding officer's sight. **70.3.2(3A)**
 - 2. Monitor all meals and inspect all utensils before and after each meal to ensure the detainee is not able to take possession of any item(s) that could be used as a weapon or as a means of escape; **70.3.2 (3G)**
 - 3. Monitor all personal contacts with the detainee; **70.3.2 (3C)**
 - 4. Prohibit visitor access, including all telephone calls, with the exception of those received from the detainee's attorney; **70.3.2 (3D,E,F)**
 - 5. Avoid fraternization with the detainee at any time;
 - 6. Record any unusual occurrences; and
 - 7. When released from treatment, the detainee's condition should be carefully recorded. All instructions for future treatment and medication should be obtained in writing and signed by the attending physician. Before transporting, the detainee should be searched and restrained if needed.
 - 8. Carry out any other duties/responsibilities assigned by a supervisor.
- C. In cases of injury to detainees or suspects, officers shall be responsible to ensure that appropriate medical aid is provided to the injured subject at the earliest possible opportunity in accordance with the above procedures. **1.3.5**
 - 1. The Shift Supervisor shall be notified of all injuries incurred as either an indirect or a direct result of the use of force in an arrest situation.
 - 2. In addition to the 'Use of Force Policy', refer to the Policy and Procedures 'Taser' and 'Use of OC' for additional administrative and reporting procedures in use of force situations.

- D. If a juvenile in police custody needs medical attention, the Shift Supervisor shall ensure that s/he is provided with such attention in accordance with the preceding procedures. The Shift Supervisor shall also make reasonable attempts to see that the parent/guardian of said child is notified of the medical problem as soon as possible. S/he shall also see that documentation (log entry) is made of the medical problem, the action taken relative to the problem, and the notification to the parent/guardian. **72.6.1**