



San Benito County Emergency Medical Services Agency

POLICE AT SCENE

Policy : 1100
Effective : May 1, 2010
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I. Definition:

For purposes of this policy, the term “police” means any law enforcement agency sworn personnel: Police Officer (local jurisdiction), Deputy Sheriff, California Highway Patrol, Military Police, etc.

II. Authority:

Police are designated by law as scene managers of any medical emergency in which they have primary investigational authority. Failure to follow the directions of a police officer at the scene may result in arrest. An EMS responder does not have the authority to overrule a police officer acting in the line of duty. If a disagreement arises with law enforcement on scene, the role of the EMS responder is to request the minimum amount of time to perform an adequate history and physical assessment of the patient, and then to convey the findings and the possible need for further medical evaluation and treatment to the law enforcement agent. In matters of disagreement regarding care, a joint decision between medical personnel and law enforcement is highly desirable.

III. Access:

- A. Access to Victims. Refusal by police at the scene to allow access by EMS responders to a person who demonstrates certain observed conditions of death (see Policy #1140 *Determination of Death/Pronouncement in the Field*) should not be contested. Document the situation on the PCR.
- B. Access to Crime Scene. Refusal by the police to allow access to a person or scene should not be contested by the EMS responder. The police at the scene have management responsibility and authority. Obtain the name of the police agency, name and badge (or shield) number of the officer and document on the PCR. If access is permitted by the police to a “crime scene”, an EMS responder should be careful not to disturb the area. It is vital to the police that evidentiary materials are preserved. A

joint decision between medical personnel and the police officer is desirable regarding patient care.

- C. Access to Traffic Accident Victim(s). Patient and responder safety is of chief concern, and EMS responders must work with police on this issue. EMS responders must honor law enforcement requests regarding emergency vehicle parking location. EMS responders must also honor requests to transport patients for pronouncement at the hospital and requests to move patients quickly off scene due to safety concerns. These requests should be documented on the PCR, along with the name of the police agency, the officer's name, and badge number. Base station contact should be made as needed.

IV. EMT/Police Interface Guidelines:

A. If a conflict should exist between the EMS responders and the police:

1. Attempt to discuss with the police, in private, an approach that will satisfy both the police and the needs of the patient.
2. Explain to the police the findings on history and physical assessment, and explain why treatment is needed and how police work may hinder this treatment.
3. If an agreement as to the proper handling of the patient cannot be reached between the police and the EMS responder, the police request must be respected. Continue to perform your treatment allowed by the police, and do not leave the patient until instructed to do so by the police.
4. An EMS responder is not required to perform any services or treatment demanded by police. Law Enforcement agents do not have any rights as far as ordering medical evaluations or treatment on patients. They can prevent treatment or even demand that you leave the patient and the scene, but they cannot order you to take part in an activity potentially harmful to the patient.
5. EMS responders should advise the patient about the limits placed upon the evaluation and treatment by the police, and such explanation must be documented on the ambulance run report.
6. Keep a complete and detailed record of the incident including the notation of all discussions with the police so that the record is complete and accurate. Complete and file an EMS Incident Report describing the disagreement and actions taken as soon as possible.

- B. In the specific situation where Law Enforcement agents have used a Taser or other similar devices (i.e. pepper spray, Mace, rubber bullets, etc.) on a patient and call EMS for assistance, EMS responders shall perform an appropriate evaluation/treatment and transport the patient to the appropriate Emergency Department. These patients are

considered high risk and require hospital evaluation. EMS personnel are not authorized to perform a field clearance.

V. Police Assistance:

- A. Request for Police Assistance. Police assistance should be requested if one or more of the following conditions are present:
1. A disoriented patient requiring medical care who refuses that care or;
 2. Patient is a threat to himself or others or;
 3. Patient has made a suicidal gesture or;
 4. There is an indication of likely assaultive behavior from bystanders or;
 5. Parent(s) or other person refuses transport of child after an EMS responder determines that medical attention and/or removal of the child from the environment is necessary or;
 6. In any case where EMS responders suspect a crime may have been committed or;
 7. Anytime, in EMS responders' best judgment, police presence is indicated.
- B. Refusal to Intervene. The police may, at their discretion, refuse to intervene. An incident report should be completed and other alternatives should be considered.

VI. Medical Management at Tactical Incidents:

A. Purpose:

The procedure described herein outlines the specific medical response procedures and responsibilities once an incident of a tactical nature has been identified.

B. Definitions:

1. **Tactical Incident:** A law enforcement response to a barricaded suspect, hostage situation, armed standoff, or any incident where the San Benito County Sheriff's Office Special Weapons and Tactics Team (SWAT) is deployed.
2. **Tactical Medic:** Law enforcement officer/EMT/Paramedic trained to enter "warm" or "hot" zones in tactical incidents to render aid and extricate patients. These officers have participated in training courses designed specifically for tactical EMS providers.

C. Scope of practice

Tactical Medics in San Benito County will operate at the level of their Scope of Practice as defined by their certification/licensure. Expansions to an individual Tactical Medic's scope (such as the use of pro-coagulant powders/wound sealing devices, advanced airway devices, intravascular access devices, etc.) must be approved by the San Benito County EMS Medical Director and reflected in changes to this policy.

D. On-Scene Medical Control

The designated Tactical Medic will serve as Medical Control at the scene of a tactical event until patients are turned over to civilian EMS providers.

E. Tactical Incident Medical Priorities

The tactical Medic will focus on identifying injured or ill patients, triaging them, managing their life threats, and extricating them as quickly as possible. As soon possible he/she will communicate the number of patients, their major complaints and acuity levels to EMS providers in the "cold zone." Tactical Medics must have excellent working knowledge of the San Benito County Trauma Plan.

F. Documentation of Care

The Tactical Medic will provide a written report (First Responder form, Transfer of Care Document, etc.) when time allows, documenting patient history, exam, and treatment information appropriate to the incident. This will be transported with the patient when possible. Copies will be kept on file along with the Tactical Medic's other reports regarding the incident.