

Medical Aid and Response

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Issuing Authority:	Chief Jay Miller

421.1 PURPOSE AND SCOPE

This policy recognizes that members often encounter persons in need of medical aid and establishes a law enforcement response to such situations.

421.2 POLICY

It is the policy of the Alsip Police Department that all officers and other designated members be trained to provide emergency medical aid and to facilitate an emergency medical response.

421.3 FIRST RESPONDING MEMBER RESPONSIBILITIES

Whenever practicable, members should take appropriate steps to provide initial medical aid (e.g., first aid, CPR, use of an automated external defibrillator (AED)) in accordance with their training and current certification levels. This should be done for those in need of immediate care and only when the member can safely do so (720 ILCS 5/7-15).

Prior to initiating medical aid, the member should contact the Dispatch Center and request response by Emergency Medical Services (EMS) as the member deems appropriate.

Members should follow universal precautions when providing medical aid, such as wearing gloves and avoiding contact with bodily fluids, consistent with the Communicable Diseases Policy. Members should use a barrier or bag device to perform rescue breathing.

When requesting EMS, the member should provide the Dispatch Center with information for relay to EMS personnel in order to enable an appropriate response, including:

- (a) The location where EMS is needed.
- (b) The nature of the incident.
- (c) Any known scene hazards.
- (d) Information on the person in need of EMS, such as:
 1. Signs and symptoms as observed by the member.
 2. Changes in apparent condition.
 3. Number of patients, sex, and age, if known.
 4. Whether the person is conscious, breathing, and alert, or is believed to have consumed drugs or alcohol.

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5. Whether the person is showing signs of extreme agitation or is engaging in violent irrational behavior accompanied by profuse sweating, extraordinary strength beyond their physical characteristics, and imperviousness to pain.

Members should stabilize the scene whenever practicable while awaiting the arrival of EMS.

Members should not direct EMS personnel whether to transport the person for treatment.

421.4 TRANSPORTING ILL AND INJURED PERSONS

Except in exceptional cases where alternatives are not reasonably available, members should not transport persons who are not in custody and who are unconscious, who have serious injuries, or who may be seriously ill. EMS personnel should be called to handle patient transportation.

For guidelines regarding transporting ill or injured persons who are in custody, see the Transporting Persons in Custody Policy.

Members should not provide emergency escort for medical transport or civilian vehicles.

421.5 PERSONS REFUSING EMS CARE

If a person who is not in custody refuses EMS care or refuses to be transported to a medical facility, an officer shall not force that person to receive care or be transported. However, members may assist EMS personnel when EMS personnel determine the person lacks mental capacity to understand the consequences of refusing medical care or to make an informed decision and the lack of immediate medical attention may result in serious bodily injury or the death of the person.

In cases where mental illness may be a factor, the officer should consider proceeding with a civil commitment in accordance with the Civil Commitments Policy.

If an officer believes that a person who is in custody requires EMS care and the person refuses, he/she should encourage the person to receive medical treatment. The officer may also consider contacting a family member to help persuade the person to agree to treatment or who may be able to authorize treatment for the person.

If the person who is in custody still refuses, the officer will require the person to be transported to the nearest medical facility. In such cases, the officer should consult with a supervisor prior to the transport.

Members shall not sign refusal-for-treatment forms or forms accepting financial responsibility for treatment.

421.6 MEDICAL ATTENTION RELATED TO USE OF FORCE

Specific guidelines for medical attention for injuries sustained from a use of force may be found in the Use of Force, Handcuffing and Restraints, Control Devices and Techniques, and Conducted Energy Device policies.

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421.7 AUTOMATED EXTERNAL DEFIBRILLATOR (AED) USE

A member should use an AED only after the member has successfully completed a course of instruction in accordance with the standards of a nationally recognized organization or rules existing under the AED Act, 410 ILCS 4/20.

AEDs shall only be used as instructed during training and according to the manufacturer's recommendations. This should include:

- (a) An assessment of an unconscious patient to include evaluation of the airway, breathing and circulation, and need for AED use.
- (b) An assessment of AED safety precautions to enable the administration of a shock without jeopardizing the safety of the patient, rescuers, or other nearby persons.
- (c) Recognition that an electrical shock has been delivered to the patient and that the defibrillator is no longer charged.
- (d) Rapid, accurate assessment of the patient's post-shock status.

421.7.1 AED USER RESPONSIBILITY

Members who are issued AEDs should check the AED at the beginning of the shift to ensure it is properly charged and functioning. Any AED that is not functioning properly shall be taken out of service and given to the Services Supervisor who is responsible for ensuring appropriate maintenance.

Following use of an AED, the device shall be cleaned and/or decontaminated as required. The electrodes and/or pads will be replaced as recommended by the AED manufacturer.

Any member who uses an AED shall contact the Dispatch Center as soon as possible and request response by EMS (410 ILCS 4/20).

421.7.2 AED REPORTING

Any member using an AED will complete an incident report detailing its use.

421.7.3 AED TRAINING AND MAINTENANCE

The Services Supervisor shall ensure that the Alsip Police Department is equipped with at least one operational and functional AED and that all AED are appropriately maintained and tested (55 ILCS 5/3-6040; 65 ILCS 5/11-1-13; 410 ILCS 4/20).

Records of all maintenance and testing should be maintained in accordance with the established records retention schedule.

The Services Supervisor shall ensure that an adequate number of members receive training in the use of an AED (55 ILCS 5/3-6040; 65 ILCS 5/11-1-13; 410 ILCS 4/20).

421.8 ADMINISTRATION OF OPIOID OVERDOSE MEDICATION

The Services Supervisor shall maintain written procedures to manage the department's acquisition, storage, transportation, training and administration of opioid overdose medication (20 ILCS 301/5-23).

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Members who have received training may administer opioid overdose medication in accordance with protocol specified by the health care professional who prescribed the overdose medication for use by the member (20 ILCS 301/5-23).

421.8.1 OPIOID OVERDOSE MEDICATION USER RESPONSIBILITIES

Members who are qualified to administer opioid overdose medication, such as naloxone, should handle, store and administer the medication consistent with their training. Members should check the medication and associated administration equipment at the beginning of their shift to ensure they are serviceable and not expired. Any expired medication or unserviceable administration equipment should be removed from service and given to the Services Supervisor.

Any member who administers an opioid overdose medication should contact the Dispatch Center as soon as possible and request response by EMS.

421.8.2 OPIOID OVERDOSE MEDICATION REPORTING

Any member administering opioid overdose medication should detail its use in an appropriate report.

421.8.3 OPIOID OVERDOSE MEDICATION TRAINING

The Services Supervisor should ensure training is provided to members authorized to administer opioid overdose medication that includes information and training on drug overdose prevention, recognition, the administration of an overdose medication and care for the person after administration of the medication as provided in 20 ILCS 301/5-23.

421.9 SICK OR INJURED ARRESTEE

If an arrestee appears ill or injured, or claims illness or injury, the arrestee should be medically cleared prior to booking. If the officer has reason to believe the arrestee is feigning injury or illness, the officer should contact a supervisor, who will determine whether medical clearance will be obtained prior to booking.

If the jail or detention facility refuses to accept custody of an arrestee based on medical screening, the officer should note the name of the facility person refusing to accept custody and the reason for refusal, and should notify a supervisor to determine the appropriate action.

Arrestees who appear to have a serious medical issue should be transported by ambulance to an appropriate medical facility.

Nothing in this section should delay an officer from requesting EMS when an arrestee reasonably appears to be exhibiting symptoms that appear to be life threatening, including breathing problems or an altered level of consciousness, or is claiming an illness or injury that reasonably warrants an EMS response in accordance with the officer's training.

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421.9.1 HOSPITAL SECURITY AND CONTROL

Officers who transport persons in custody to medical facilities for treatment should provide security and control during examination and treatment consistent with [department/office] protocols. Any such transport should be conducted in accordance with the Transporting Persons in Custody Policy.

The Patrol Lieutenant should develop protocols related to the following:

- (a) Providing security and control during an examination or treatment, including:
 - 1. Monitoring the person in custody (e.g., guarding against escape, suicide, and assault of others)
 - 2. Removal of restraints, if necessary and appropriate (see the Handcuffing and Restraints Policy)
- (b) Responsibility for continuing security and control if the person in custody is admitted to the hospital
 - 1. This should include transferring custody of the person to an appropriate agency.

421.9.2 REQUIREMENTS FOR ALL PERSONS IN CUSTODY

When a person in custody is taken to a medical facility for treatment, the transporting officers should (210 ILCS 160/30):

- (a) Be appropriately trained in the custodial escort of high-risk persons.
- (b) Notify the receiving medical facility as soon as practicable of the person's significant medical or mental health concerns and recent violent actions or safety concerns.
- (c) Provide the receiving medical facility with the person's medical records possessed by the [Department/Office].

During the time period the person is in the custody of the [Department/Office] at the medical facility, the transporting officers should restrict visitors to those authorized by law, appropriately document allowed visitors, remove restraints upon the request of medical care providers if they would impede medical treatment, and document oral requests as soon as practicable (210 ILCS 160/30).

421.9.3 ADDITIONAL RESTRICTIONS RELATED TO PREGNANT PERSONS

When an person in custody known to be pregnant or postpartum is taken to a medical facility for treatment, leg restraints, shackles, or waist shackles shall not be used. Other restraints may be applied when all of the following exist (210 ILCS 160/30; 55 ILCS 5/3-15003.6):

- (a) A supervisor makes an individualized determination that restraints are necessary to prevent a substantial flight risk, or some other extraordinary circumstance exists that necessitates restraints to promote the safety and security of the person in custody, members, medical facility staff, or the public.
- (b) There is no objection to the application of restraints or order to remove restraints from treating medical personnel.
 - 1. Oral requests to remove restraints by medical personnel shall be verified in writing as promptly as reasonably possible.

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- (c) The restraints used are the least restrictive type possible.

421.9.4 ADDITIONAL RESTRICTIONS RELATED TO PERSONS IN LABOR

When a person in custody known to be in labor is taken to a medical facility for treatment (210 ILCS 160/30; 55 ILCS 5/3-15003.6):

- (a) Restraints shall not be used.
- (b) Officers shall ensure the removal of electronic monitoring devices during labor and delivery, as soon as practicable, or at an earlier time, if requested by treating medical personnel.

421.10 FIRST-AID TRAINING

The Services Supervisor should ensure officers receive periodic first-aid training appropriate for their position.