

UPPER MERION TOWNSHIP POLICE DEPARTMENT
POLICY AND PROCEDURE

No. 150

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Date: March 26, 1980

EMERGENCY MEDICAL SERVICES

I. **PURPOSE:**

- A. To ensure the safety and welfare of the general public, EMERGENCY MEDICAL SERVICES (EMS) personnel, and police personnel.
- B. To provide necessary, prompt, and adequate emergency medical assistance to citizens in need of medical help.
- C. To outline the recommended performance of Department personnel in handling requests for EMS.
- D. To establish guidelines and procedures for the utilization of Automated External Defibrillators (AED's) and Naloxone (Narcan) by the Upper Merion Township Police Department.

II. **POLICY:**

- A. It shall be the policy of the Upper Merion Township Police Department to promptly respond to and render aid as needed in most incidents where requests for EMS are received.

III. **PROCEDURES/RULES/REGULATIONS:**

A. LIFE THREATENING EMS REQUESTS:

- 1. Upon receipt of this type of call, either directly or through the 911 system, the Telecommunicator will immediately dispatch two (2) officers to the scene.
- 2. The first officer to arrive at the location will check the validity of the call and render necessary assistance to the victim. This officer must also assess the situation in

order to advise the responding EMS agency and backup officer of the severity of the request, the promptness of the response necessary, and the exact location or optimum approach to the scene.

3. If our officers arrive simultaneously with or after EMS, officers should assist EMS personnel as needed.

B. NON-LIFE THREATENING EMS REQUESTS:


1. This type of requests includes, but is not limited to, complaint of pain, illness, terminally ill patients, broken bones, contusions or abrasions, minor lacerations, and any other non-life threatening type of call.
2. The procedure for responding to this type of call is similar to a life threatening call except only one (1) officer is dispatched initially. If, after the first officer arrives, it is determined additional help is needed, the first officer will summon additional help.

C. EXCEPTIONS TO THE REQUIREMENT FOR A POLICE RESPONSE:

1. The street patrol supervisor may decide to delay or abstain from sending an officer to certain EMS requests due to one of the following reasons:
 - a) The EMS request is for a non-life threatening condition at a medical care facility, physician's office, nursing home or corporate medical office where additional medical personnel have been **confirmed** present and can assist EMS.
 - b) The EMS request is for a non-life threatening condition which may put the officer's own health at risk (ex. communicable disease or illness).
 - c) No officers are available to respond due to a significant active incident or a high volume of active calls for service.
2. In the event that the street patrol supervisor has determined that police will not respond or will have a delayed response to an EMS request, the dispatcher shall indicate such to the county dispatcher center at the earliest time from initial EMS dispatch.

[REDACTED]

[REDACTED]

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3. Officers are further advised that after securing the scene and administering to the injured, the preservation of the crime scene or possible crime scene, should be paramount in your duties. Officers should also be aware of the need to notify supervisory and investigative personnel, the coroner, and possibly additional personnel for traffic direction or crowd control.
 4. In the event of a traffic related fatality, the accident scene should be treated the same as a crime scene. Vehicles and unauthorized personnel should be excluded from the scene in an effort to preserve physical evidence. A Traffic Safety Unit officer should be requested through the shift supervisor.

IV. AUTOMATED EXTERNAL DIFIBRILLATORS (AED'S):

A. TRAINING

1. Officers must complete training approved by the Chief of Police before being authorized to use an automated external defibrillator (AED). This training should come from either of the following: the American Heart Association or the American Red Cross.

B. DEPLOYMENT

1. The Department will coordinate the deployment of AED's to appropriate locations and/or vehicles.

C. ADMINISTRATION

1. When using an AED, officers will maintain universal precautions and perform patient assessment.
2. Officers will update police communications that they are dealing with a cardiac arrest when confirmed.
3. Police communications will notify EMS to respond if not already dispatched.
4. Officers shall follow the protocol as outlined in the approved AED training.
5. Officers will remain with the subject to whom the AED was applied in order to render appropriate medical care as necessary until EMS personnel arrive.

E. MAINTENANCE AND REPLACEMENT

1. Officers will be responsible for inspecting the AED located in the vehicle that they are operating or the location that falls under their responsibility for signs of

damage and to ensure that the AED is functional and that the AED pads have not expired.

2. The Administrative Sergeant or other officer approved by the Chief of Police will maintain an inventory of AED's.
3. If an AED is lost or found to be damaged, the responsible officer or the officer discovering the discrepancy shall report the loss or damage to his/her supervisor and the Auxiliary Services Lieutenant.

F. DOCUMENTATION

1. When an AED is applied to a victim, regardless of whether or not a shock was delivered, an incident number will be generated (if not already done). Officers will complete a Montgomery County AED Reporting Form in addition to a Department incident report. All pertinent case information will be entered to include a narrative.
2. Officers shall send the Montgomery County AED Reporting Form to the Administrative Sergeant.

V. NALOXONE (NARCAN):

A. TRAINING

1. Officers must complete training approved by the Chief of Police before being authorized to administer naloxone to a victim. This training should come from any of the following: the PA Department of Health, the PA Chiefs of Police Association or the Montgomery County Department of Public Safety.

B. DEPLOYMENT

1. The Department will coordinate deployment of naloxone delivery devices to qualified officers.

C. ADMINISTRATION

1. When using any Naloxone delivery device, officers will maintain universal precautions and perform patient assessment.
2. Officers will advise police communications that they are dealing with a potential overdose situation.
3. Police communications will notify EMS to respond if not already dispatched.
4. Officers shall follow the protocol as outlined in the approved Naloxone training.
5. An officer should not administer Naloxone to any overdose victim until at least one other police officer is present.

6. Officers will remain with the subject to whom the Naloxone was administered in order to render appropriate medical care as necessary until EMS personnel arrive.

G. MAINTENANCE AND REPLACEMENT

1. Officers qualified to carry a Naloxone delivery device will be responsible for inspecting the device assigned to him/her for signs of damage and to ensure that the device has not expired.
2. The Administrative Sergeant or other officer approved by the Chief of Police will have an inventory of Naloxone delivery devices stored at Headquarters. These devices may be used to equip new members and replace any devices that are found to be expired, damaged, or when a kit has been administered.
3. The Auxiliary Services Lieutenant or other officer approved by the Chief of Police will be responsible for replacement devices.
4. If a Naloxone delivery device is lost or found to be damaged or expired, the officer shall report this to his/her supervisor and send an e-mail to the Auxiliary Services Lieutenant with an explanation.

H. DOCUMENTATION

1. When a Naloxone delivery device is administered, an incident number will be generated (if not already done). Officers will complete a Montgomery County Naloxone Reporting Form in addition to a Department incident report. All pertinent case information will be entered to include a narrative.
2. Officers should send the Montgomery County Naloxone Reporting Form to the Administrative Sergeant who will then be responsible for sending it to the Montgomery County EMS Office.

V. COOPERATION WITH EMS AGENCIES:

- A. In all situations outlined in this policy, the one premise stressed continually is that in order to provide adequate medical assistance to our citizens, we must act in cooperation with our EMS providers.

APPROVED: _____
Chief Thomas M. Nolan

DATE: _____

APPROVED: _____
Captain James M. Early

DATE: _____

TO BE REVIEWED: ANNUALLY

DISTRIBUTION: All police officers
All police dispatchers
All civilian employees
Township Manager
File
Lafayette Ambulance