

# Bowie City Police Department - General Orders



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## I. POLICY

Sworn employees of the City of Bowie Police Department are required, under their official duties, to give first aid to the injured. The Department will ensure members are trained in programs to best address the individual first aid training needs of our employees and community.

## II. AUTOMATIC EXTERNAL DEFIBRILLATOR (AED)

An AED is an advanced medical device used by first responders and emergency medical services to deliver an electric shock through the chest wall of the heart. The AED has built-in computers which allow the device to determine if the patient's heart rhythm is "shockable" or not. Early access, CPR and defibrillation are key factors in saving victims of cardiac arrest.

As first responders, officers may in some instances respond to medical emergencies and arrive before any other form of advanced medical life support. The Department is committed to those who live, work and travel in Bowie by providing this greater level of pre-hospital cardiac care, and offering support to local Fire and EMS Services.

### A. Definitions:

1. AED: Automatic External Defibrillator.
2. BLS Provider: Basic Life Support providers include all first responding emergency personnel, whether in hospital or out-of-hospital, and usually those persons associated with Fire/EMS organizations and law enforcement personnel.
3. ALS Providers: Advanced Life Support providers include many first responding emergency personnel, whether in hospital or out-of-hospital, who have more advanced medical training, experience and certifications and usually include paramedics, nurses or physicians.
4. MIEMSS: Maryland Institute for Emergency Medical Services Systems, the state agency that will implement the new law and authorize facilities meeting the necessary requirements to participate in the AED program.

### B. Administrative Procedures

1. The City of Bowie's Emergency Management Coordinator will act as the Agency AED Coordinator. The AED Coordinator will be responsible for implementing and administering the program, maintaining records, ensuring the appropriate forms are with each unit and documentation, reporting use of the AED, facilitating required inspection and maintenance of the units, and other associated program duties.

C. Sworn officers who are assigned or possess an Agency AED while on patrol shall safeguard the unit from potential damage. The suggested method of transportation of the AED is to secure the unit by seatbelt or by placing the unit on the floorboard of the patrol vehicle. If the AED is maintained at a fixed facility, the unit shall be visible and accessible for immediate use.

D. The AED will be visually inspected for readiness at the start of each shift by the operator. An "OK" in black letters displayed on the LCD screen located on the screen of the unit indicates readiness. A red wrench or red battery symbol display indicates service required and will appear if a problem with the unit exists. If a problem code is displayed, place the unit out-of-service by completing an interoffice memorandum and send it to the Operation Support Section. The Services Section shall contact the Agency AED Coordinator. The Unit, when possible, will be given directly to the AED Coordinator. The AED will remain out-of-service until a replacement can be obtained or the unit serviced.

E. Deployment Protocol: Agency care givers shall deploy the AED utilizing the specific guidelines and training provided.

NOTE: Cardiac arrest secondary to trauma is not treated according to this protocol. In trauma situations, transport should be rapid with CPR by BLS/ALS providers.

#### **F. Reporting Procedures:**

1. Whenever an AED unit is used, the user will adhere to the following documentation procedures.
2. If a death occurs, a Death Report will be completed. In cases where life saving efforts are successful, an incident report is necessary.
3. In every case, a Maryland Facility AED Report for Cardiac Arrest Form (contained with each AED Unit) will be completed by the care giver and forwarded to the Operations Section who will forward to the Agency AED Coordinator.
  - i. The Data Report generated from the AED memory will be attached to the Maryland Facility AED Report for Cardiac Arrest Form; and,
  - ii. In the event of an AED malfunction, the AED Coordinator will complete a mandatory FDA medical products reporting form and submit it to the FDA.

#### **G. Report Distribution:**

1. A copy of the Maryland Facility AED Report Form for Cardiac Arrest will be left with the receiving emergency room hospital staff by the officer.
2. The original of this form and a copy of the Incident Report of Death, if applicable, will be forwarded to the Agency AED Coordinator.
3. The Agency AED Coordinator will forward a copy of the Maryland Facility AED

Report Form for Cardiac Arrest and a copy of the AED data download to the Agency AED Sponsoring Medical Director as well as the County AED Coordinator and MIEMSS.

**H. Training:** The Operations Services Division Commander or his/her designee will be responsible for the yearly CPR and AED training/re-certification of all sworn and selected civilian staff.

**I. Downloading AED Data:** When the AED is utilized on a patient, normally the unit will stay with the patient during the initial treatment and transport to a medical facility. Once an officer recovers the unit, it is his/her responsibility to return the AED to the Agency AED Coordinator for proper downloading.

**J. Required Equipment:**

1. The following listed items will be kept with the AED at all times:

- i. 2 sets of defibrillator chest pads;
- ii. 2 pocket face mask;
- iii. Disposable gloves;
- iv. 5-4x4 gauze pads; and,
- v. Maryland Facility AED Report for Cardiac Arrest Form.

2. A ready-to-use AED should be kept in a closed, intact case with no visible signs of damage which would interfere with its use. It is the responsibility of the Agency AED Coordinator to maintain surplus supplies and ensure the policies and procedures established herein are followed by Agency personnel.

**K. Quality Assurance:**

1. Documentation of all necessary equipment maintenance, repairs and inspection is required. Additionally, documentation of all authorized AED user personnel must be maintained. The City of Bowie's Emergency Management Coordinator shall maintain all records.

**III. TACTICAL TRAUMA KIT**

Law enforcement officers, other emergency services personnel and bystander civilians injured by penetrating objects may suffer from uncontrolled hemorrhage. With the goal of maximizing survival, Law Enforcement Trauma Kit addresses optimal care that could be utilized in these situations. II.

**A. Definitions**

- 1. Tourniquet: Defined as any limb constrictive device, whether improvised or commercially manufactured, used in an attempt to stop extremity bleeding.
- 2. Pressure Dressings - Pressure dressings are adequate to stop most cases of hemorrhage, whether it occurs from the extremities or other parts of the body. Commercially available bandages or other compression dressings improvised with large amounts of gauze and an elastic bandage that is wrapped around the wounded limb may be used.

3. Topical Hemostatic Agents - These products act to arrest bleeding or hemorrhage. Topical hemostatic agents including commercially available products such as QuikClot Combat Gauze can be carried by first responders. The type carried should correspond to the officer's training and the tactical situation encountered. Although they may be useful adjuncts, these agents do not have the same simplicity and effectiveness of pressure dressings or tourniquets. These issues serve to limit these agents to being useful adjuncts, rather than primary treatments, for extremity hemorrhage. QuickClot Combat Gauze is the only authorized hemostatic agent approved by UTSP Medical Directors. The use of powder or granular products is not authorized for use.

B. All City of Bowie officers shall be trained and equipped to provide emergent hemorrhage control.

C. Nearly all external bleeding can be controlled by direct pressure with a dressing. The affected limb may also need to be elevated. Use of direct pressure over the supplying artery is an additional option when bleeding persists. However, in certain tactical situations, the direct use of a tourniquet should be considered. Responding City of Bowie personnel must consider both the tactical situation and injury severity when deciding which hemorrhage control technique to employ.

D. Instances where immediate application of a tourniquet should be considered include the following:

1. Life-threatening extremity bleeding or severed/mangled limbs with multiple bleeding areas, to allow immediate airway management and provide for faster evacuation. Use of the tourniquet can be reassessed once airway and breathing are stable as well as the casualty.
2. Extremity bleeding not controlled by conventional methods.
3. Bleeding from an entrapped limb not accessible to rescuers.
4. Multiple casualties with extremity bleeding when rescuers lack the resources to control all bleeding casualties with simple methods.

#### **E. Procedures**

1. The wounded person is initially assessed and determined to have severe extremity bleeding controllable with the equipment or resources immediately at hand. Indications for tourniquet use included all of the following:
  - i. Penetrating trauma from firearms and stabbings.
  - ii. Police Officers working in tactical environments who may benefit from a self-applied tourniquet for "care under fire."
  - iii. Terrorist incidents with penetrating and/or blast injury to limbs.
  - iv. Industrial accidents where limbs are trapped or shredded by industrial machinery.
  - v. Failure to stop bleeding with pressure dressing(s)
  - vi. Injury does not allow control of bleeding with pressure dressing(s)

vii. Extreme life-threatening limb hemorrhage, or limb amputation/mangled limb with multiple bleeding points, to allow immediate management of airway and breathing problems.

viii. Life threatening limb hemorrhage not controlled by simple methods.

ix. Point of significant hemorrhage from a limb is not peripherally accessible due to entrapment (unable to provide direct pressure.)

x. Major incident or multiple casualties with extremity hemorrhage and lack of resources to maintain simple methods of hemorrhage control.

## 2. Removal:

It is advisable that the tourniquet be left in place once initially applied and not loosened. EMS or other advanced medically trained personnel (medical doctor, registered nurse) will determine the need for removal.

## 3. Transport and Handover

All tourniquet usage must be prominently documented and communicated on transfer of care to minimize the likelihood that a tourniquet will be overlooked by subsequent care providers. Time of application must be recorded either on a triage tag, the tourniquet itself (if designated space is available) or physically written on the skin of the victim.

4. Any amputated limb should ideally be transported with the wounded person to hospital even if it appears unsalvageable as tissue may be utilized for skin cover and reconstruction of the severed limb.

## 5. Equipment to carry

Every sworn officer assigned to uniformed patrol duties shall be trained in Tactical Emergency Trauma Care and will carry the kit inside their assigned cruisers attached to the headrest of the front passenger seat.

## 6. Training

All sworn officers will receive approved training in Law Enforcement Self Aid Buddy Aid course. Training must include hemorrhage control techniques, including use of tourniquets, pressure dressings, and hemostatic agents.

## **F. Field-expedient Tourniquets & Dressings**

If a commercially made tourniquet or dressing is not available, other improvised tourniquets or field dressings that cause sufficient pressure or absorption to stop bleeding is an acceptable alternative and should be as sterile as possible. First responders shall follow field-expedient tourniquets & dressing techniques taught in their Law Enforcement Self Aid Buddy Aid training.

## **IV. NASAL NALOXONE (NARCAN)**

The Maryland Department of Health and Mental Hygiene and the Maryland Institute for Emergency Medical Services Systems have collaborated to broaden the ability of Public Safety personnel, including

Law Enforcement to respond to opioid overdose by authorizing Law Enforcement personnel to administer Naloxone to individuals who experience an opioid overdose.

1. Naloxone is a fast acting opioid antagonist used in emergency medicine to rapidly reverse opioid related sedation and respiratory depression.
2. Naloxone has been successful in treating overdoses of Heroin and other opioids such as Morphine, Fentanyl, Oxycodone, Oxycotin, Percocet, Percodan, Hydrocodone, and Vicodine.
3. Naloxone is also called “Narcan”, “Nalone”, and “Narcant”.
4. Employees assigned a vehicle and who are trained to administer Naloxone (Narcan) will carry the kit in their assigned vehicles at all times while on duty.

### **A. Procedure**

When a patrol officer or patrol supervisor arrives on the scene of a medical emergency prior to the arrival of Fire Department personnel, and determines that a patient is suffering from an opioid overdose, the officer should administer two milligrams of their supplied Naloxone to the patient by the way of their nasal passages. One milligram should be administered to each nostril. The following steps should be taken:

1. Officers shall use universal precautions.
2. Officers shall conduct a medical assessment of the patient, to include statements made by witnesses regarding drug use.
3. If the officer makes a determination that there has been an opioid overdose, the naloxone kit should be utilized.
4. Officers should be aware that reversal of an opioid overdose may cause projectile vomiting and/or violent behavior.
5. The patient should continue to be observed and treated as the situation dictates.
6. The treating officer shall inform incoming Fire Department personnel about the treatment and condition of the patient, and shall not relinquish care of the patient until relieved by a person with a higher level of medical training.
7. Officers will help ensure the patient is transported to the hospital. If the patient will not go to the hospital voluntarily, then the emergency evaluation process will be initiated if there is evidence that the patient attempted suicide by their ingestion of opiates or expresses suicidal thoughts or ideations, or there are other criteria for evaluation under the emergency petition process. If the patient continues to refuse transport in all other cases, and they reasonably appear to have the capacity to make medical decisions, they may legally refuse further medical assistance.
8. Officers will handle any criminal investigations as a result of the call for service.
9. Officers will call Poison Control (1-800-222-1222) immediately after any law enforcement use of Naloxone. The operator will ask specific questions regarding the use for statistical purposes.

### **B. Reporting**

The treating officer will complete an incident report titled "Overdose." The administration of Naloxone will be described in the report.

### **C. Equipment**

Each patrol officer and patrol sergeant will be equipped with a storage container containing a 2 milligram dose of Naloxone Hydrochloride and a nasal atomizer. Each patrol officer and patrol sergeant will also receive a holder for their duty belts. Personnel shall immediately replace the medication and atomizer after use, by contacting a shift supervisor. The Department will replace all medication and atomizers every two years before expiration. The medication is temperature sensitive. It cannot be left in a vehicle for extended periods of time in cold or hot weather. Officers will remove the Naloxone from their vehicle during these times (off-duty parking of vehicle).

### **D. Training**

Initial training for patrol officers and patrol sergeants will be conducted by The Maryland Department of Health and Mental Hygiene. All trained personnel will receive a certificate of training which expires two years after the initial training date. Refresher training will occur every 1 ½ years during In-Service training, where a new certificate will be issued.