



POLICY & PROCEDURE

ST. FRANCIS POLICE DEPARTMENT

SUBJECT: **RENDERING AID**

SCOPE: All Sworn Personnel

DISTRIBUTION: Policy & Procedure Manual

NUMBER: 5.04

ISSUED: 09/25/2020

EFFECTIVE: 09/25/2020

RESCINDS AMENDS

REFERENCE: Defensive & Arrest Tactics: A Training Guide For Law Enforcement; Wisconsin Department of Justice Law Enforcement Standards Board (Updated June 2017)

WILEAG STANDARDS: 5.2.1

INDEX AS:

Rendering Medical Aid, Use of Force

PURPOSE:

The purpose of this policy & procedure is to provide officers with guidelines for rendering aid to subjects after a use of force incident.

This Policy & Procedure consists of the following sections:

- I. POLICY
- II. SPECIFIC PROCEDURE AND GENERAL GUIDELINES

POLICY

- A. The third part of the Disturbance Resolution Model is Follow-Through Considerations, which refers to the actions an officer takes after the use of force. It is the policy of the St. Francis Police Department that once you have taken the step of putting someone in custody, you are responsible for that person's well-being. Furthermore, any person injured through the use of force by an officer shall receive medical aid for such injuries.

SPECIFIC PROCEDURE AND GENERAL GUIDELINES

A. Treatment of Persons Injured Through the Use of Force

1. Even if you have to use force to subdue a subject, once you achieve control, you must mentally and physically shift gears to follow-through procedures. These fall naturally into six phases:
 - a) Stabilize
 - b) Monitor/Debrief**
 - c) Search
 - d) Escort
 - e) Transport
 - f) Turnover/Release
2. Rendering aid to an injured subject falls within the Monitor/Debrief phase.

B. Monitor/Debrief

1. Monitor/Debrief. Monitoring means simply that you remain aware and watchful throughout your contact with a subject, until that person is no longer under your control. Debriefing serves to bring the level of your contact to a more normal status. If you have been actively fighting with someone, debriefing allows the two of you to “come down” from the fight to a calmer status and to re-establish verbal interaction. It gives you a chance to do an initial medical assessment and gauge the need for medical care for the subject.
2. When you debrief the subject, you conduct an initial medical assessment, and determine if medical care is needed. You might request EMS to respond or provide first aid yourself. After the subject has been treated, you must continue to monitor the subject for medical issues.
 - a) This becomes especially important when a use of force incident is coupled with subject drug use. The medical condition of the subject has the propensity to change rapidly, hence continued monitoring is crucial.

C. Officer Safety

1. Officer(s) shall render aid to an injured subject when both the subject and the immediate scene are secure.

D. First Aid and Medical Assistance

1. All officers who engage in the use of force, observe a physical injury, and/or receive a complaint of injury from a subject shall:
 - a) Check the subject for injuries and administer first aid and CPR, if necessary.
 - b) Officers shall only be required to treat an injured subject to the officer's level of training and if proper personal protective equipment is available.
 - c) Summon a rescue unit, paramedic, or other appropriate medical aid, if necessary.
 - d) If necessary, or requested by the injured subject, the injured person is to be transported by ambulance to a medical facility.
 - e) During the time awaiting treatment and during medical treatment, officers should maintain close personal observation and keep in close physical contact with the subject while the subject is in their custody.
 - f) Notify a supervisor and/or commanding officer.

E. Transfer of Medical Observation

1. Upon the arrival of EMS personnel, medical observation can be transferred to said EMS personnel. Officers should supply EMS personnel with existing medical information about the subject in custody. EMS personnel will maintain close personal observation and render medical care in compliance with their established protocols.

F. Restraint of Subjects Requiring Medical Attention

1. The injured subject is to remain handcuffed during treatment unless the handcuffs interfere with such treatment. Should medical treatment require removal of handcuffs, the officer should request that restraints be used by hospital/EMS personnel.
2. If medical treatment requires the removal of handcuffs and hospital/EMS restraints are not authorized or utilized, the officer should maintain close physical proximity to the subject and determine the appropriate level of control and/or restraint use with emergency personnel and security staff. This decision should be based upon officer/subject factors, degree of the subject's injuries, the possibility of behavior changes (alcohol/drug impairment), and the subject's level of cooperation with officers and other personnel.
3. An officer is to remain with the injured person at all times during the hospital stay unless the injury is so serious that escape is not physically possible.
4. If it is determined that the injured person needs to be admitted to the hospital for additional treatment or a hospital stay, the officer will contact his/her immediate supervisor and coordinate efforts with hospital personnel in order to determine what level of monitoring will be required.
5. If the injured person is to be released from the Emergency Department following medical evaluation and treatment the officer will notify the appropriate detention facility of the nature of the subject's injuries as well as providing them with any medical discharge instructions or paperwork, if applicable.

Kevin M. Hunter
Chief of Police

This Policy & Procedure cancels and supersedes any and all previous written directives relative to the subject matter contained herein.

Initial 04/12/2013
Update 09/25/2020