



# CRYSTAL POLICE DEPARTMENT

## Department Policy Manual

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At the scene of a medical emergency, the Police Officer, CSO, Police Reserve or Explorer shall render appropriate and necessary first aid as per training. The officer is in charge of the medical unit reasonable medical aid has been provided, medical aid is refused, or until ambulance personnel arrive. The officer shall assist ambulance personnel until the treatment is complete or the patient is transported.

In all medical emergencies or accidents, the Police Officer, CSO, Police Reserve or Explorer shall obtain the name and age of the victim and, if applicable, the name of the medical facility and method of transportation to such facility. This information is to be recorded in the case disposition.

In all medical emergencies resulting from a non-vehicular accident (NVA), police officers are required to investigate and then file an offense report detailing the suspected cause of the injuries, contributing factors and the statements of the victim and/or any witnesses. Medical emergencies that are the result of vehicle crashes are to be reported as mandated by state statute.

### **DO NOT RESUSCITATE ORDERS (DNR):**

- A. Purpose – life prolonging measures such as cardiopulmonary resuscitation (CPR) may not be appropriate for all individuals. Individuals may refuse medical treatments that may be burdensome and minimally beneficial. The following guidelines, which have been adopted by the Hennepin County West Metro Services Council and Minnesota Medical Association, will assist and prevent confusion when a police officer encounters a victim who does not wish to have CPR performed.
- B. DNR Definition – in the event of an acute cardiac arrest, no resuscitation measures are initiated. All other forms of emergency care, other than CPR, should be started. Therefore, if they are breathing, oxygen should be controlled. The only emergency procedure not performed is CPR.

### **CPR IS TO BE WITHHELD ONLY IF:**

- The police officer is presented a “Home DNR/DNI Request Form” which is signed, dated and validated and the cardiac arrest takes place at the residence of the victim.
- The staff of a nursing home presents to the police officer a written DNR order signed and dated by a physician.
- Verbal DNR orders are not acceptable, even by family members.

Individuals with DNR orders who are not in cardiac arrest shall receive all other emergency care.

In the event a police officer is presented a written and signed DNR but family members or friends request CPR to be administered or there is a disagreement between family members, police officers shall administer CPR until told to discontinue such treatment by medical personnel.

If a police officer finds “reasonable grounds” to believe that the DNR order is not appropriate (i.e. document forgery, homicide), CPR should be initiated.

In the event a police officer encounters a medical emergency in which CPR has been withheld because of a DNR order and the victim’s death results, the DNR order is to be seized, held as evidence, and attached to this department’s death report.

## **INFECTIONS DISEASE PRECAUTIONS**

Exposure to blood should be minimized.

When the possibility of exposure to blood or other body fluid exists, gloves are recommended. During extrication, or when broken glass is present, leather gloves or firefighter gloves should be used. If hands accidentally become contaminated with blood, they should be washed thoroughly as soon as possible.

When there is risk of eye or mouth contamination (for example, the patient is vomiting bloody material or there is arterial bleedings), protective eye wear and masks are recommended.

Needles and other sharp objects should be considered as potentially infectious and must be handled with extraordinary care.

Needles should not be recapped. If it is absolutely necessary to recap a needle, use the appropriate technique prescribed by local EMS policies. Needles, syringes and broken glass vials should be immediately placed in puncture-proof containers after use.

Pocket masks with on-way valves, if possible, or positive pressure ventilators should be used for artificial respiration whenever possible.

Equipment should be thoroughly cleaned per protocol after each use.

In the event of significant exposure to blood or body fluids, a Communicable Disease Exposure Report must be filled and the Shift Supervisor promptly informed (see appendix C).

Significant exposure is defined as follows:

- Any puncture of the skin by a needle or other sharp object that has had contact with patient’s blood or bodily fluids or with fluids infused into the patient.
- Blood spattered onto mucous membranes (e.g. mouth) or eyes.
- Contamination of open skin (cuts, abrasions, blisters, open dermatitis) with blood, vomit, saliva, amniotic fluid or urine. Bite wounds to providers would be included in this category.