



# POLICY & PROCEDURE

## STURGEON BAY POLICE DEPARTMENT

SUBJECT: **EMERGENCY MEDICAL SERVICES**

NUMBER: 6.30

SCOPE: All Department Personnel

ISSUED: 10/21/2021

DISTRIBUTION: Policy & Procedure Manual

EFFECTIVE: 10/21/2021

REFERENCE: Federal: 5 U.S.C § 1501(4); WI State Statutes: 11.36, 13.625

RESCINDS  
 AMENDS  
WILEAG 5<sup>TH</sup> EDITION  
STANDARDS: N/A

INDEX AS: Emergency Medical Services

PURPOSE: The purpose of this Policy & Procedure is to define the role of the Sturgeon Bay Police Department in providing emergency medical services to the community and to establish procedures for the delivery of those services.

This Policy & Procedure consists of the following numbered sections:

- I. INTRODUCTION
- II. POLICY
- III. DEFINITIONS
- IV. PROCEDURE

### I. INTRODUCTION

- A. The Sturgeon Bay Police Department realizes the important role they play in responding to Emergency Medical/Trauma calls within the City of Sturgeon Bay or as requested by Door County Communications Center or Door County Sheriff's Department.

The Department recognizes that it's the primary responsibility of Door County Emergency Medical Services to respond to all emergency medical/trauma calls in their jurisdiction and provide care.

- B. The Department will respond to emergency medical and trauma calls as outlined in this Policy & Procedure if an Officer is available, based on the seriousness of the call, or as requested by EMS or Fire. If a Sturgeon Bay Police Officer is not available to respond but is requested by EMS to respond then the Officer being requested should relay the unavailable status to the Door County Communications Center and ask for another Law Enforcement Officer or Agency to respond.

## II. POLICY

- A. It is the policy of the Sturgeon Bay Police Department to assist Door County EMS for medical/traumatic emergencies within the City of Sturgeon Bay or if requested.

## III. DEFINITIONS

- A. AUTOMATIC EXTERNAL DEFIBRILLATOR (AED): A device that is capable of recognizing the presence or absence of ventricular fibrillation, determining, without operator intervention, whether defibrillation should be administered, and enabling the operator, on command, to administer defibrillation.
- B. CARDIOPULMONARY RESUSCITATION (CPR): An emergency procedure for a victim of cardiac arrest to restore circulation.
- C. CARDIOCEREBRAL RESUSCITATION (CCR): An emergency procedure for a victim of cardiac arrest to restore circulation.
- D. COMPUTER AIDED DISPATCH (CAD): A system that creates a call for service which is sent to an officer in his/her squad computer.
- E. EMERGENCY MEDICAL SERVICES (EMS): A system providing out-of-hospital acute medical care and/or transport to definitive care, to patients with illnesses and injuries, which the patient or the first responder believes constitutes a medical emergency.

## IV. PROCEDURE

### A. Certification

1. All officers responsible for delivery of emergency medical services shall complete CCR or CPR and AED training every 2 years, and/or receive standard training in a DOJ LESB approved course to carry and use the tourniquet.

2. Maintenance of this certification shall require officers to complete periodic refresher training.

#### B. Response Guidelines

1. Available Officers may respond to all emergency medical or trauma calls within the City of a serious nature but not deemed life threatening or an emergency response to a situation deemed life threatening.
2. Available Officers are not precluded from responding to any calls within the City limits of Sturgeon Bay to assist if they are in a position to arrive prior to other assigned units and their presence would enhance the outcome of the call.
3. Certain medical calls that may not require an officer response for reasons of patient care may require officer presence for investigative or safety reasons. In these instances, officers may be dispatched and respond. A service screen (CAD incident) should be started to record the officer's time and actions. These calls include, but are not limited to:
  - a) Traffic accidents with injuries or blockage to roadways
  - b) Psychiatric problems
  - c) Criminal activity resulting in injury
  - d) Altered mental status
  - e) An Unknown problem
  - f) Loss of Consciousness
  - g) Pulse less non-breather
  - h) Death
4. In the event an officer's response to any medical call will be delayed, the officer should relay this information to the communications center so the other responding units can be advised.
5. In the event an officer feels he or she may need additional resources they may call upon other law enforcement agencies, Fire Departments, additional ambulance services, air medics, state crime lab, the Department of Public Works, Water and Light, tow companies, Department of Natural Resources, supervisors of the Sturgeon Bay Police Department, or any other resource deemed necessary.

This information should be relayed to the Communications Center as to notify responding units. Officers shall request the state crime lab or other Detective services through a Sturgeon Bay Police supervisor.

6. In the event Door County Ambulances are out of service or on another call, an available Sturgeon Bay Police Officer will attempt to respond to any call within the City of Sturgeon Bay if requested by Sturgeon Bay Fire or EMS.

#### C. Equipment maintenance

1. All Officers shall check their squad car at the beginning of their shifts to assure the squad car they are operating has a fully stocked first responder kit, and check the other medical equipment on their person.
2. In the event an officer uses supplies from the first responder kits, or personal equipment during a medical/trauma call, Door County EMS crew should replace them.
3. All officers shall inspect their issued tourniquet prior to the start of each shift to ensure that it is intact. Damaged or used equipment shall be reported to a supervisor immediately

#### D. Tourniquet procedures

1. Attempt to control hemorrhage with direct pressure or pressure dressing.
2. If unable to control hemorrhage using the above means, apply a tourniquet using the procedure below, and minding the above considerations.
3. Apply the tourniquet to the extremity as high (proximal) as possible, preferably over a single-bone structure (humerus and femur) above the wound. Do not place over a joint.

The tourniquet should be placed as high as possible on the extremity, at least 2-3 inches above the hemorrhage site. Never place the tourniquet over rigid objects, such as holsters, keys, phones, pens, etc.

4. **Tighten tourniquet until bleeding stops.**
5. The time of application ("TK 20:30 indicates that the tourniquet was placed at 8:30pm) should be written on the tourniquet, or written directly on the patient's skin next to the tourniquet with a permanent marker. Tourniquet application time may also be radio transmitted to dispatch.
6. A tourniquet should only be removed by a physician in an ER, and never in the field by Law Enforcement or EMS.

7. The tourniquet should be left uncovered so the site can be monitored for recurrent hemorrhage. Should active bleeding return, tighten the windlass of the tourniquet until bleeding stops, and re-secure.
  8. Continue to monitor patients' vitals and wound area.
  9. Ensure receiving personnel are aware the tourniquet placement.
- E. Officers are reminded that should they encounter an individual who the officer reasonably believes to be deceased or near death, the officer is required to make a reasonable search of the individual for a record of gift, a record of refusal, or other information identifying the individual as a donor or as an individual who has refused to make an anatomical gift; refer to Policy & Procedure 6.05: Anatomical Gifts.

Clinton Henry  
Chief of Police

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

Initial 06/30/2020