

## **Rules and Procedures**

### **Rule 203**

**September 25, 1985**

#### **Rule 203 - HANDLING OF ACCIDENT VICTIMS AND EMERGENCY MEDICALCASES**

This rule is issued to establish Police Department policy for the handling of accident victims and emergency medical cases by personnel of the department. It is effective immediately, superseding all previously issued directives and replacing Rule No. 203, Handling Accident Victims and Emergency Medical Assistance, dated June 4, 1979.

Sec. 1 GENERAL CONSIDERATIONS: Traditionally police officers have been expected to have more than ordinary knowledge about first-aid and the care and treatment of the injured. In order to prepare members of this force to cope with the many demands for their assistance this department has maintained instructional courses so that all sworn personnel would be able to assist the sick and injured.

However, it must be remembered by all department personnel that according to medical authorities, and in compliance with Massachusetts General Law Chapter 111-C, police are required to, and will better aid the victim, by waiting for an ambulance. It is understood that tremendous pressure will be placed on officers by family and people at the scene to immediately transport the victim to the hospital. Therefore, the procedures prescribed by this rule shall be strictly complied with.

Sec. 2 The Department of Health and Hospitals (D.H.H.), City of Boston, will be responsible for the transportation of all emergency medical cases and the following procedures will be adhered to by all Department personnel:

1. Officers dispatched to or coming upon an on-sight emergency medical case or accident victim will inform the Operations Division of the condition of the victim and request an ambulance. In compliance with Chapter 111-C the officers MUST WAIT for an ambulance to arrive to transport the person to a hospital, unless one of the three conditions described under the following section (Section 3, Exceptions), exists.
2. Officers will not move the victim except to remove them from possible danger, such as, but not limited to, fire, explosion or building collapse.
3. If the condition of the victim deteriorates while waiting for an ambulance the Operations Division shall be immediately informed. If the ambulance does not arrive within five minutes a check should be made with the Operations Division every five minutes thereafter until its arrival.

4. While waiting for the ambulance appropriate first aid should be administered. After opening the airway and checking for breathing, if the victim is not breathing, mouth-to-mouth or mouth-to-nose resuscitation should be started.

After checking the pulse and finding it absent, closed chest massage should be started in combination with mouth-to-mouth resuscitation. (This is called Cardiopulmonary Resuscitation.)

If the victim is bleeding severely, bleeding should be controlled by placing a clean cloth material over the wound and applying direct-firm pressure. Use your bare hand if you have no clean cloth. Use other methods in combinations that were taught in the First Responders Course at the Police Academy. A tourniquet should be used only as a last resort.

5. All automobile accidents coming to the attention of the police shall be investigated promptly to determine whether cause exists for criminal complaint. In this connection, the principals involved should be interviewed to ascertain if personal injuries resulted from the accident.

6. All incidents involving Sick or Injured Assists (including Maternity and Mental Cases) or whenever any department of the city is affected, will no longer be Missiled Out. Boston Police Department Form 1.1, Incident Report, shall be submitted on all Sick and Injured Assists (including Maternity and Mental Cases). It will not be necessary to include either the name of the examining or admitting physician or the diagnosis in the report, and it shall continue to remain the responsibility of the admitting or receiving hospital to make the necessary notification to the next of kin.

Sec. 3 EXCEPTIONS: Police Officers may transport a sick or injured person in the following situations:

A. VOLUNTARY TRANSPORTATION: Public Health regulations provide that a sick or injured person may voluntarily choose to be transported to a hospital in a vehicle which is not an ambulance. Therefore, in cases of medical emergency where there is no ambulance available or when the public safety is threatened, sick or injured persons may be transported to a hospital in a police vehicle.

In such cases, the Operations Division will determine if police provide such transportation.

B. MAJOR CATASTROPHE: The Rules and Regulations of the Department of Public Health state that in the case of a major catastrophe in which the number of certified ambulances capable of emergency dispatch in the locality of the catastrophe are insufficient to render the required emergency medical transportation services, the services of department vehicles may be used to render emergency medical transportation.

C. MENTALLY ILL PERSONS: Shall be transported by the Department of Health and Hospitals in accordance with this rule unless such persons cannot be effectively transported by the Emergency Medical Technicians due to their violent behavior and/or the likelihood that serious bodily harm will result to themselves or the public. In such cases mentally ill persons may be transported by department personnel.

Sec. 4 EMERGENCY MEDICAL TECHNICIANS: Persons responding in the dispatched ambulances, and some Fire Department personnel, will be trained Emergency Medical Technicians. These persons can be identified by the EMT shoulder patch or Identification Card and they are trained para-professionals who will assume responsibility for the care and transportation of the victim.

Police Officers will assist as requested as they would assist a physician.

Sec. 5 PRISONERS: Persons taken into custody by the police who require emergency medical treatment, shall be transported in accordance with this rule. Such persons shall be accompanied by a police officer and if admitted to the hospital for treatment, officers will notify their commanding officer and remain with the prisoner until relieved or until the prisoner is officially released from custody as provided by law.

AMENDMENTS: Section 2 was amended by adding subsections 5 & 6.