The Bill Blackwood
Law Enforcement Management Institute of Texas

Emergency Medical Training for Law Enforcement Officers

A Leadership White Paper
Submitted in Partial Fulfillment
Required for Graduation from the
Leadership Command College

By
Adam L. Tarrant

Tyler Police Department
Tyler, Texas
September 2018

ABSTRACT

Most law enforcement officers in America have very little medical training and only carry a basic first aid kit in their vehicles. When they encounter a citizen or fellow officer who has been severely injured, they request the assistance of Emergency Medical Services (EMS) and their local fire rescue. Depending on their location, it can take EMS an extended amount of time to arrive on scene. In addition, if the situation involves a violent suspect, EMS and fire will not enter the scene until it is safe. A solution to this problem is to train law enforcement officers to become certified Emergency Medical Responders (EMR). This certification is the first level in the EMS system. It provides officers the knowledge and training to use equipment necessary to immediately begin providing medical care to patients prior to the arrival of EMS.

According to Pierce and Goldstein (2015), there are three main causes of death that are preventable if first responders have the proper training and equipment. These are bleeding from extremity wounds, penetrating/blunt injuries to the chest, and suffocation. Officers who are also certified EMR's possess the training and equipment to immediately begin treating patients and save lives. While protecting the communities they serve, law enforcement officers should also be trained Emergency Medical responders.

TABLE OF CONTENTS

Page

INTRODUCTION

Today's law enforcement officers are trained to perform a variety of tasks, to include responding to calls for service where citizens have sustained severe, life threatening injuries. Gone are the days where officers call for an ambulance and then wait for them to arrive while victims or suspects bleed to death. Members of the community expect officers to begin medical treatment immediately in hopes of saving lives (Heiskell, 2016).

Emergency Medical Responder (EMR) is a certification officers can obtain that benefit citizens in their communities when officers respond to calls involving seriously injured people. EMR's are provided with advanced emergency medical training and skills needed to provide immediate lifesaving medical treatment prior to the arrival of conventional Emergency Medical Services (EMS) (National Registry of Emergency Medical Technicians, 2017).

In most cities, EMS will not enter a scene during an active dangerous situation. They will usually "stage" in a location nearby until the threat is gone and the scene is safe. Many times, suspects are in a position of concealment or have already left the scene prior to officers arriving. This could require police officers to begin emergency medical treatment on victims or fellow officers without EMS assistance (Landry, Aberle, Dennis & Sztajnkrycer, 2015).

Law enforcement officers trained as EMR's not only provide immediate medical treatment to citizens but can also save the lives of their fellow officers. As of August 15, 2017, there are 79 officers who lost their lives in the line of duty. Many of them succumbed to gunfire while 6 died due to a heart attack (ODMP, 2017). Research has

shown having a trained emergency medical provider on scene to aid a downed officer provides the best chances of survival (Pierce & Goldstein, 2015).

Police officers who are trained EMR's possess the equipment and training to perform first aid on fellow officers and themselves if needed. If the wound is severe enough to cause profuse bleeding, steps must be taken immediately to stop blood lose and to prevent shock (Weatherspoon, 2017). Rabinovich (2011) believes, "Cops are hurt, lose time from families and work, get serious disabilities and die, from injuries which could have been addressed on scene through proper training and equipment" (para. 7).

According to Pierce and Goldstein (2015), there are three main causes of death that can be prevented if first responders have the proper training and equipment. These are bleeding from extremity wounds, penetrating/blunt injuries to the chest and suffocation. While protecting the communities they serve, law enforcement officers should also be trained Emergency Medical Responders.

POSITION

Police officers are trained to locate and eliminate the threat when responding to active dangerous or violent calls for service. Police duties are always performed prior to providing medical assistance. This must be accomplished to insure the scene is safe and officers or citizens do not become additional victims while busy providing medical care (Heiskell, 2016).

According to the American Heart Association, most people in cardiac arrest die due to not receiving cardio pulmonary resuscitation (CPR) immediately by someone on scene (American Heart Association, 2017). Sovak (2017) states, "Sudden cardiac

arrest (SCA) is the leading cause of death and major health problems in the United States, with more than 356,000 people suffering from out-of-hospital cardiac arrest each year" (para. 1). Equipping and properly training law enforcement officers with automated external defibrillators (AED's) provides the tools needed to deliver lifesaving interventions as soon as possible (Renga, 2016).

Experts trained in emergency medicine have conducted studies about the effectiveness of police officers with limited emergency first aid training. Studies revealed that medically trained police officers in the field are making a difference. EMT's will always have more medical training and additional life-saving equipment but having an officer on scene with medical training has proven to save lives (Heiskell, 2016).

Retired Army Colonel Ronald F. Bellamy concludes that responders with very limited medical training can prevent death due to penetrating trauma. His research also indicates there are three main causes of death in the battlefields which are similar injuries in nature to calls police officers respond to every day (Heiskell, 2016). Uncontrolled hemorrhaging is when a victim bleeds to death because there is no one around to stop the blood from leaving the body. It is as simple as applying direct pressure or placing a tourniquet on the victim as quickly as possible. Colonial Bellamy concludes that 60% of the 2,500 soldiers who died in the Vietnam war due to wounds to their extremities could have been easily saved (Heiskell, 2016).

Another reason people die is due to a penetrating injury to the chest called an "open pneumothorax". This injury allows air to enter the chest wall through an opening usually as a result of the victim being shot or stabbed. When this occurs, breathing

becomes difficult. As more air enters the chest cavity, the more difficult breathing becomes, until the victim can no longer breath at all. It also causes major problems to the heart and blood vessels. If the victim isn't treated immediately, they will sustain circulatory collapse and death will occur (Heiskell, 2016). A police officer with EMR training can save the life of a person who has been shot or stabbed by quickly sealing the injury site with an occlusive dressing. Occlusive dressings are made specifically for chest wounds and are coated with a sticky substance designed to adhere to the victim's skin, preventing air from entering the chest cavity (Sideras, 2016).

The third reason people die before EMS arrives is due to airway obstruction. The victim is usually unconscious and unable to breath due to a blockage in the airway. This blockage can be blood, vomit or even dentures. A police officer with EMR training simply inserts a soft rubber tube called a nasopharyngeal into the victim's nose, creating a temporary emergency airway (Heiskell, 2016).

In most smaller cities, police work can be slow and sometimes boring. However, in the blink of an eye, an officer can be dispatched to a violent or non-violent call for service involving serious injuries. These calls can range from a traffic accident to an active shooter situation. When an officer arrives at a serious traffic accident, there are no dangerous suspects in the area, the officer can begin providing immediate medical care for the victims. During a situation involving an active shooter, or other violent offenses, officers must first locate and isolate the suspect(s) prior to providing medical care to victims (Heiskell, 2016). Certifying all law enforcement officers to be EMR's is important to the community because it allows an officer to provide immediate lifesaving treatment to seriously injured people (Pierce & Goldstein, 2015). When EMS arrives on

scene, critical care information can be relayed from the officer to the EMT and then again to trauma center management which will improve the level of treatment the victim receives (Heiskell, 2016).

Another reason to provide officers with EMR certification is so they will have the ability to save the life of a fallen fellow officer. When an emergency call is dispatched, the first responders on scene are usually police officers. Depending on the safety of the scene, police officers may be the only people coming. EMS and fire will not respond to a dangerous situation until the suspect(s) is apprehended and the scene deemed safe. Due to this fact, police officers must have the medical training necessary to provide first aid to themselves, fellow officers and injured community members (Pierce & Goldstein, 2015).

Fentanyl is a new substance being sold illegally on the streets that has been found to be extremely dangerous to police officers and other first responders. The substance is being made and shipped to the United States from Mexico and China. Fentanyl is 40 to 50 times more potent then street level heroin. A very small amount ingested or absorbed through the skin can cause death (DEA, 2017).

In March of 2017, the Drug Enforcement Administration (DEA) issued a nationwide alert on Fentanyl as a threat to health and public safety. The DEA is concerned about law enforcement being exposed to Fentanyl by accidentally inhaling the substance while searching or arresting a suspect who is in possession of the substance. There is also concern that officers could expose their skin to the substance while performing a field test. Exposure to fentanyl in the amount of a few grains of salt

can cause respiratory distress and cardiac arrest, resulting in death if not treated immediately (DEA, 2017).

A new tool to help reverse the effects of fentanyl overdose is a medicine called Narcan. It offers protection for police officers who are accidentally exposed while enforcing the law. This medicine can be administered to a fellow officer immediately following an exposure. It can also be given to an over dose victim by police while waiting for EMS to arrive. Narcan comes in two forms; injection and an inhaled type.

Law enforcement officers have a duty to provide medical assistance to citizens they encounter; especially if the citizen is in custody. In 1989, the city of Canton, Ohio was sued for violating the 14th amendment in a lawsuit titled, "City of Canton, Ohio v. Geraldine Harris". When the Canton Police Department arrested Geraldine Harris, they failed to provide her with medical treatment after being found semi-unresponsive in a transport unit. Officers did not take her medical condition serious and left her lying on the floor (McNamara, 2006). After she was released, her family provided an ambulance and she was transported to a hospital. Harris was diagnosed with various emotional conditions and received outpatient treatment for approximately one year (McNamara, 2006). Evidence indicated the decision to provide medical treatment to a prisoner in custody was decided by a shift supervisor who did not have adequate training to make these type decisions. The jury decided in Harris' favor, however, the Court of Appeals reversed the decision due to unclear jury instructions (Oyez, 2017).

According to Heiskell (2016), many officers believe they will get in trouble if they provide first aid to citizens. In addition, many officers were instructed by their supervisors not to get involved in medical care for fear of being sued. That type of

thinking has evolved over time. Several agencies are now providing officers with medical kits and first aid training to begin treating patients immediately (Heiskell, 2016).

COUNTER ARGUMENTS

Many people argue law enforcement officers cannot retain medical first aid skills due to a lack of ongoing practice. In 2008, Dr. Matthew D. Sztanjnkrycer, M.D., Ph.D. performed a study at the Mayo Clinic to assess the ability of non-medical law enforcement officers to learn how to decompress a tension pneumothorax to determine if they could retain the knowledge long-term. This procedure involves inserting a large gauge needle into the chest cavity in order to allow air to escape and re-inflate the lung. During the study, 22 officers received a 90-minute training session regarding identifying and managing a tension pneumothorax. The same officers were tested immediately after receiving the training and again at one month and six months. The study showed the officers retained the training for up to six months with no significant decrement (Heiskell, 2016).

Most law enforcement agencies do not have funding in their budgets for the purchase of medical first aid supplies such as AED's but there are grants available to help. Law enforcement agencies usually obtain funding for training and equipment from government programs, however there are many private sources of grant funding available for law enforcement agencies. There are three main categories for private funding. They include corporate foundations, family foundations and community foundations (Whelan, 2012).

Corporate foundations receive their grant funding from the contributions of profit making businesses. Whelan (2012) states, "According to the foundation center, in 2009

more than 2,600 corporate foundations in the United States made 4.4 million in grant awards" (para. 5). Corporate foundations are closely tied with the business interest of their sponsoring companies. For example, businesses such as dog food companies are more likely to provide funding to start a K-9 program. There are also large companies that permit individual stores to award smaller grants within a community. Local small businesses may also be able to donate to locale agencies to improve public safety in the community (Whelan, 20012). In 2015, the Wal-Mart Foundation awarded more than $47 million dollars to organizations such as law enforcement agencies and fire departments to purchase much needed medical equipment (Wells, 2016).

Many community foundations donate funds to improve the quality of life in a specific city or location. Sometimes, individuals, families, businesses and organizations will work together to create a community foundation (Whelan, 2012). While only 10% of grants awarded in 2008 came from community foundations, local police departments have a better chance of obtaining one of these grants. Local community foundations usually enjoy donating to the community in which their business is located (Whelan, 2012).

Family foundations are made up of single families with a family member who is appointed as trustee or director. This person is responsible for governing and managing grants that are awarded to recipients throughout the year. Whelan (2012) states, "There are over 38,000 family foundations in the United States, which gave $21.1 billion in grants in 2008" (para.14). Family foundations award more than 60% of total private foundation grants in the United States. The three main family foundations who provide funding for public safety are The John D. and Catherine T. MacArthur

Foundation, The Michael and Susan Dell Foundation, and the Doris Duke Charitable Foundation. Together, these organizations have over 7.5 billion in assets and contribute over $300 million in grants each year (Whelan, 2012).

RECOMMENDATION

Officers have always been required by members of the community to be family counselors, knowledgeable in the field of law, race car drivers when responding to calls for service and expert marksmen to name a few. The expectations of police officers have evolved considerably over the past decade. It is important that as officers are expected to do more, they receive the proper training and equipment needed to carry out these additional responsibilities. While protecting the communities in which they serve, law enforcement officers should be certified emergency medical responders.

Most law enforcement agencies provide simple first aid kits to patrol officers. When an officer responds to a scene where a victim or multiple victims have been seriously injured, it is imperative that medical treatment begin immediately. As mentioned previously, EMS and fire will not enter a dangerous scene until it is safe. During this time, it is up to law enforcement to have the training and equipment necessary to save lives.

Saving the lives of fellow officers is another reason to require law enforcement officers trained as EMR's. According to the Officer Down Memorial Page, many officers lose their lives to violent encounters such as gunfire, stabbings, assault and even heart attacks (ODMP, 2017). This advanced medical training will help save the lives of fellow officers by allowing other officers to begin immediate medical intervention such as a

inserting a nasopharyngeal airway or shocking the downed officer using an AED (Heiskell, 2016).

Reduced liability is the final reason discussed in which officers should be certified EMR's. The city of Canton, Ohio v. Geraldine Harris is an example of a police supervisor with limited medical training making decisions on when a person should receive medical care. If the supervisor named in this suit had the advanced medical training EMR certification provides, he would have been able to make a more informed decision, thus reducing liability on his agency.

Due to research provided by Dr. Sztanjnkrycer in 2008, it has been proven that officers can retain the knowledge and skills in advanced medical training for extended periods of time (Heiskell, 2016). In addition, law enforcement agencies can require mandatory refresher courses to keep their officers updated as first responder medical technology advances.

Implementing a policy where all law enforcement officers are required to be certified EMR's can be costly; however, there are many grants available for agencies to offset the costs for training and medical equipment. Corporate, community and family foundations provide grants worth millions of dollars in addition to federal grants that are available as well. If a law enforcement agency makes the decision to provide EMR certification to its officers, with the many grants that are available, financing this effort really is not an issue.

In summary, every day law enforcement officers are expected to patrol the neighborhoods and communities in which they serve. If they are dispatched to a call involving serious injuries to a member of the community or a fellow police officer, they

should have the training and equipment necessary to provide immediate medical treatment. Law enforcement officers have always been there to protect lives. As trained EMR's, not only will they protect lives, they will save them too.

REFERENCES

American Heart Association, (2016, June 10). Retrieved August 19, 2017, from http://www.heart.org/HEARTORG/CPRAndECC/Whatis%20CPR/CPRFactsandStats/CPR-Statistics_UCM_307542_Article.jsp#.WZiqG7pFw-g

DEA warning to police and public: fentanyl exposure kills. (2016, June 10). Retrieved August 19, 2017, from https://www.dea.gov/divisions/hq/2016/hq061016.shtml

Heiskell, L. E., MD. (2016, June 9). Why officers need advanced medical training. Retrieved August 19, 2017, from http://www.policemag.com/channel/careers-training/articles/2016/06/why-officers-need-advanced-medical-training.aspx

Landry, J. M., Aberle, S. J., Dennis, A. J., & Sztajnkrycer, M. D. (2013, June 04). Emergency medical response in active-threat situations: Training standards for law enforcement. Retrieved August 19, 2017, from https://leb.fbi.gov/2015/march/emergency-medical-response-in-active-threat-situations-training-standards-for-law-enforcement

McNamara, M. W. (2006, August 01). Legal corner: Departmental liability for failure-to-train. Retrieved August 19, 2017, from https://www.policeone.com/legal/articles/1665005-Legal-Corner-Departmental-Liability-for-Failure-to-Train/

National registry of emergency medical technicians. (n.d.). Retrieved August 19, 2017, from https://www.nremt.org/rwd/public/

Oyez. (n.d.). Retrieved August 19, 2017, from https://www.oyez.org/cases/1988/86-1088

Pierce, J. D., MPH, & Goldstein, S., D.O. (2015, April). Not just for SWAT teams: The importance of training officers in tactical emergency medicine. Retrieved August 19, 2017, from http://www.policechiefmagazine.org/not-just-for-swat-teams-the-importance-of-training-officers-in-tactical-emergency-medicine/

Rabinovish, S. (2011, March 17). Importance of self-care and buddy-care for patrol officers. Retrieved August 19, 2017, from https://www.policeone.com/tactical-ems/articles/3439481-Importance-of-self-care-and-buddy-care-for-patrol-officers/

Renga, S. (2015, August 28). Law enforcement officers as medical first responders can save lives. Retrieved August 19, 2017, from https://www.ems1.com/aed/articles/3034799-Law-enforcement-officers-as-medical-first-responders-can-save-lives/

Sideras, J. (2016, October 17). Tension Pneumothorax: Identification and treatment. Retrieved February 17, 2018, from https://www.ems1.com/ems-products/medical-equipment/airway-management/articles/957467-Tension-Pneumothorax-Identification-and-treatment/

Sovak, J. (2017, June 12). AEDs: The life-saving devices that everyone should know how to use. Retrieved February 07, 2018, from http://www.ehstoday.com/health/aeds-life-saving-devices-everyone-should-know-how-use

The Officer Down Memorial Page (ODMP). (n.d.). Retrieved August 19, 2017, from http://www.odmp.org/?aff=ealigam

Weatherspoon, D. (2017). How to stop bleeding. Retrieved February 07, 2018, from https://www.healthline.com/health/first-aid/stopping-bleeding

Wells, M. (2016, December 12). 7 places to find AED funding for your department. Retrieved August 19, 2017, from https://www.policeone.com/police-products/medical/aeds/articles/248232006-7-places-to-find-AED-funding-for-your-department/

Whelan, S. (2012, May 22). Private funding for public safety: know where to look for grants. Retrieved August 19, 2017, from https://www.policegrantshelp.com/news/5602976-Private-funding-for-public-safety-Know-where-to-look-for-grants/