

**LAW ENFORCEMENT MANAGEMENT INSTITUTE**

**"DEVELOPING EXPANDED TCLEOSE REQUIREMENTS TO INCLUDE  
MEDICAL TECHNICIAN CERTIFICATION FOR TEXAS POLICE OFFICERS"**

**A RESEARCH PAPER  
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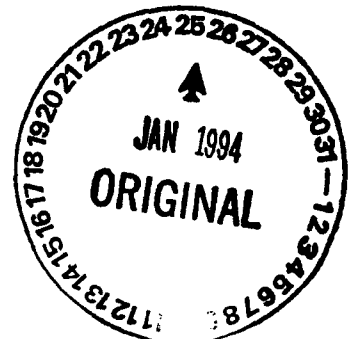
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## TABLE OF CONTENTS

I.	INTRODUCTION.....	1
II.	THE HISTORY OF LAW ENFORCEMENT TRAINING.....	4
	The Formative Years	
	Texas Commission on Law Enforcement Standards and Education	
III.	MINIMIZING LEGAL LIABILITIES.....	9
	<u>CITY OF CANTON v. HARRIS</u> .....	10
	<u>COLLE v. BRAZOS COUNTY, TEX.</u> .....	12
	<u>STATE EX REL. KALT v. BD. OF FIRE COM'RS.</u> .....	13
	<u>BLANKENSHIP v. KERR COUNTY, TEX.</u> .....	16
	<u>EAST v. CITY OF CHICAGO</u> .....	19
	HOUSTON CHRONICLE NEWS ARTICLES.....	23
IV.	ADMINISTRATIVE MANAGEMENT OF RISK AND LOSSES.....	25
V.	THE EMERGENCY MEDICAL TECHNICIAN.....	27
VI.	POLICY IMPLICATIONS.....	30
VII.	Conclusion.....	32
VIII.	BIBLIOGRAPHY.....	37
	Books and Periodicals	
	Legal Cases	
	News Paper Articles	
	Manual	

## INTRODUCTION

"To Protect and to Serve," is a familiar saying that has been used by numerous law enforcement agencies throughout our country. These words have considerable meaning to officers and are reflected in the policies and procedures of many agencies. Police academies teach the recruits that the protection of life has the highest priority of all their duties. To this all other duties, such as traffic control, criminal investigations and the likes, must be secondary.

All too often, once recruits have left the academy and have become seasoned officers their views change. He or she now looks at the protection of life as a burden that the job requires. After all, they are police officers, not doctors or nurses. Those same officers would not hesitate to enter a burning house or a raging river to rescue someone. But more often than not, calls for emergency service result in minor injuries that result in no action on the officers' part. Many officers when asked or given the choice of catching a felon or saving a life would choose the catching of a felon. After all, we are "police officers."

Police officers work in a high-risk environment. They are frequently subjected to high-risk situations in which the victim's trauma and potential loss of life create stress for the officer. In turn, the officer may find that he or she or a fellow police officer is in danger of loss of life as police officers are said to experience a high rate of heart attacks.

One area that law enforcement training has become weak is in emergency medical services. Graduate recruits in today's academies receive a minimal amount of training in first aid and cardiopulmonary resuscitation. However, receiving only the minimal amount of training in emergency medical services leaves us far short of our sworn oath, "To Protect and to Serve."

Modern law enforcement training cannot afford to be static! In order to meet the services that the public expects and deserves from our profession we must be constantly searching, adapting and improving. The advance in police education and training must be a goal of all police agencies, as we are required to wear many hats. The days of just putting in eight hours have long since gone.

Each and every day police officers are required to make critical decisions. It is sometimes required of the police officer to make more than one critical decision at a time. These decisions are subject to review by police supervisory personnel as well as the media, public and the courts. Frequently, these decisions are made instantaneously due to the fact that a life-or-death situation may be at hand. Under these circumstances a police officer does not have the time to review a procedural manual or law book. With these instantaneous decisions comes accountability. If a police officer makes a mistake, every aspect of his or her professional and personal life may come under close scrutiny.

With increased scrutiny of the police officer's work, supervisors and agencies may find that they too are going to be held accountable for the officer's actions. This consequence could subject the police officer's supervisors to the same type of scrutiny that the officer has been subjected. The agency may then find, albeit too late, that its hiring, training, policies and procedures are all being reviewed for potential litigation.

A proactive police department must continually strive for professionalism within the agency. This will only be done through the continuing education and training of all of the department's personnel.

## THE HISTORY OF LAW ENFORCEMENT TRAINING

### THE FORMATIVE YEARS

August Vollmer is credited with originating the first formal in-service training schools for police officers. In 1907 August Vollmer was marshal for the city of Berkley, California. August Vollmer believed that the principal problem in all police departments was inefficiency, resulting from ignorance with the only solution being formal training. (Gammage 1963)

In 1908, August Vollmer started his own in-service police training school. In this school Vollmer taught police methods with the deputy marshals attending during their off duty time. August Vollmer taught a number of courses in his school. Some of the courses that were offered were photography, elementary law, criminal law and first aid. (Gammage 1963)

The first training in police services was in the form of an apprenticeship. The recruit was given a uniform, a badge and a gun. He was then told to use good common sense and sent out into the street. The recruit then learned what he could, at the public's expense, through the process of trial and error.

As time passed, it was found that a recruit could learn valuable lessons from senior officers if they were allowed to work along side the officer observing his techniques of law enforcement. Thus on-the-job training began for the recruit officer. For years this was the only training procedure used. It varied in length of time from a few days to a few months. Upon completing the apprenticeship it was assumed that the

new recruit would be capable of enforcing the law without any immediate guidance or supervision. (Gammage 1963)

In 1909, New York City's police department established a formal police academy. The academy provided recruit officers training in firearms, rules and regulations of the police department, police procedures and criminal law. An average of one to two police department schools were established annually in the years from 1909 to 1930. (Gammage 1963)

In 1930, with the creation of the Texas Department of Public Safety, the D.P.S. held its first recruit training school. At that time the recruit school was three months long and conducted in a serious and thorough manner based upon a military style of academies. Completeness and discipline were the watchwords. (Gammage 1963)

Police training originally took place in large urban areas like Boston and New York. Some law enforcement agencies had conducted training schools for years. It has only been recently that jurisdictions throughout the country moved towards mandatory training programs. These training programs were usually directed at the state level and had various names. However, they were generically known as P.O.S.T. for "Police Officer Standard and Training" councils. New York and California established the first councils in 1959. Tennessee, West Virginia, Hawaii and Mississippi were the last states to establish councils in 1981. (Kenney 1989)

Police training continued to vary greatly throughout the United States. Some states were requiring as little as one hundred and fifty hours of training, while other states were requiring as much as seven hundred and ninety hours of training along with in-field training. (Kenney 1989)

Moreover, the focus of mandatory training has regrettably been on the number of hours of training given at the expense of the quality, skill and retention. As a result, many P.O.S.T. councils have a less than rigorous set of standards.

#### Texas Commission On Law Enforcement Standards And Education

In September of 1965, the Commission on Law Enforcement Officer Standards and Education was formed and represented a step towards the professionalism of law enforcement in Texas. Law enforcement officers throughout the state had recognized the need for an agency that would establish a minimum standard of training requirement for police officers. Through this agency the citizens of Texas would be protected and served by police officers whose integrity and capabilities would meet the challenges inherent in law enforcement. (Coleman 1990)

Since the founding of T.C.L.E.O.S.E., the establishment and enforcement of entry, training and tenure standards affecting those who desire to be licensed peace officers, reserve peace officers, law enforcement instructors, county jailers or telecommunicators, are second to none.



With the formation of T.C.L.E.O.S.E., it was believed that the foundation for meeting the education challenges for law enforcement in Texas had been established. It was not long until T.C.L.E.O.S.E. established minimum entry and training standards which assured persons seeking law enforcement credentials would be properly screened and trained. Peace officers accepted and welcomed the new standards. (Coleman 1990)

Initial request for peace officer certification required at least one year's experience and at least one hundred and forty hours of law enforcement training. However, it was questionable as to whether the minimum of one hundred and forty hours of training would be sufficient. (Coleman 1990)

By December 1968, some twenty two academies across the state had been evaluated and certified. The discussion of the developments and evolution of T.C.L.E.O.S.E. is limited in this paper to what is relevant with respect to medical training. The list below reflects the increase in number of hours required for a peace officer's basic certificate: (TCLEOSE RULES 1993)

1965 to 1973	140 Hours
1973 to 1981	240 Hours
1981 to 1985	320 Hours
1985 to ----	400 Hours

The minimum standards and minimum hours of training are but two of T.C.L.E.O.S.E. accomplishments that have provided for

the professionalism of Texas law enforcement. Some of the other accomplishments have been a basic jail certification and operations course, mandatory applicant psychological examinations, and in-service training standards. Even with the progress that T.C.L.E.O.S.E. has made, some of the subjects that are being presently taught only provide a minimum level of competency which may not be maintained during an officer's career. Law enforcement standards of education and training should coincide with the job's requirements. This goal will only be achieved through standards based on empirical research and analysis. With this, the wide diversity in the levels of competency police officers bring to their jobs should be reduced.

### MINIMIZING LEGAL LIABILITIES

Without a doubt law enforcement agencies must appropriate more time and money toward training. We must not allow the training of our police officers to stop at the end of their academy. Police agencies should encourage their officers to continue their education after the completion of the academy. Some agencies provide incentives such as additional pay for college hours attained after the academy.

Though slowly catching on, in-service training has been a controversial issue among various agencies. Some police administrators have seen it simply as a way for officers to advance their own careers: "Why should we spend our resources just so an officer can go to work for another agency?"

(Wroblewski 1990)

Typically police agencies throughout the country have been known to complain that they cannot afford the cost of the continuing training and education of their officers. However, the opposite is true. Police agencies cannot afford not to continue with the training and education of their officers after the academy. (Schultz 1987) In order for police agencies to attempt to minimize costly litigation, agency administrators are going to have to view continuing education and training from a different point of view. Failure to train and deliberate indifference can cost a municipality large sums of money. (del Carmen 1991)

During the past decade law enforcement agencies have seen an increase in civil rights suits brought under 42 U.S.C. 1983. These law suits were filed by individuals who claimed that their constitutional rights had been violated as a result of police activities. Had the officers had proper emergency medical service training and the police agency had emergency medical service procedures, or procedures that were followed, many of these lawsuits might have been avoided.

In February of 1989, an area of concern for police agencies was brought to light through the land mark case of (City of Canton, Ohio v. Harris U.S. 109 S.Ct.1197(1989.)) In essence, the term "deliberate indifference" was defined to mean that a municipality may be held negligent for the lack of or improper training of its personnel. (Canton v. Harris)

It is my intent to provide evidence through the summary of the following cases that the standard for emergency medical services need to be upgraded.

#### CITY OF CANTON v. HARRIS

In April, 1978 a Canton, Ohio, police officer stopped Mrs. Geraldine Harris for speeding. Mrs. Harris was placed into a patrol vehicle and taken to the Canton, Ohio, police station. Upon her arriving at the police station, Mrs. Harris was found to be sitting on the floor board of the police vehicle. Mrs. Harris was asked if she needed any medical attention by the police officers, but responded with an incoherent remark. After having been taken inside the police station for processing,

Mrs. Harris slumped to the floor on two separate occasions. In order to prevent Mrs. Harris from falling to the floor again she was left to lie on the floor. No medical attention was ever summoned for Mrs. Harris. After about an hour, Mrs. Harris was released from custody. Family members had Mrs. Harris taken to a nearby hospital by an ambulance. After having been examined by physicians, Mrs. Harris was diagnosed as suffering from several emotional ailments and was hospitalized for one week. Having been released from the hospital Mrs. Harris continued to receive outpatient treatment for an additional year.

The police officers and the supervisory personnel who were on duty the day that Geraldine Harris was brought into jail should have recognized that Mrs. Harris was experiencing some sort of physical or psychological difficulties. However, by negligence or ignorance the officers failed to provide any sort of medical service which resulted in costly litigation.

A jury trial was held on Mrs. Harris' claims. Evidence was presented that indicated that, pursuant to a municipal regulation, shift commanders were authorized to determine, in their sole discretion, whether a detainee required medical care. In addition, testimony also suggested that Canton shift commanders were not provided with any special training (beyond first-aid training) to make a determination as to when to summon medical care for an injured detainee. (Canton v. Harris) The jury rejected all of Mrs. Harris' claims except her 43 U.S.C.A. 1983 claim against the city resulting from its failure to provide her with medical treatment while in custody. (Canton v. Harris)

The city jail regulation read that a police officer assigned to act as "jailer" at the city police station shall, when a prisoner is found to be unconscious, or when he or she is unable to explain his or her condition, or who complains of

being ill, have such person taken to a hospital for medical treatment, with permission of his supervisor before admitting the person to the City Jail.

(Canton v. Harris)

Further, the jury found that the vesting of such authority with the police supervisor without adequate training to recognize when medical treatment is needed was grossly negligent or so reckless that future police misconduct was almost inevitable or substantially certain to result.

(Canton v. Harris)

Upon appeal, the Sixth Circuit Court affirmed the finding of the District Court holding that "a municipality is liable for failure to train its police force, (where) the plaintiff ... prove(s) that the municipality acted recklessly, intentionally, or with gross negligence." (Canton v. Harris)

The Supreme Court Judges also upheld the ruling. Justice O'Connor held that when municipal policy makers are confronted with an obvious need to train city personnel to avoid the violation of constitutional rights and they are deliberately indifferent to that need, the lack of necessary training may be appropriately considered a city "policy" subjecting the city itself to liability. (Canton v. Harris)

#### COLLE v. BRAZOS COUNTY, TEX.

On February 20, 1985, Richard Lee Colle was arrested pursuant to a felony warrant and confined as a pretrial detainee in the Brazos County Jail in Bryan, Texas (Colle v. Brazos County, Tex., 981 F.2d 237 5th Cir. 1993).

Mr. Colle slipped and fell in the jail. A physician examined him at St. Joseph's Hospital in Bryan and determined that the injuries were minor. The doctor advised the jail personnel to monitor Mr. Colle's condition because of his alcoholism, cirrhosis of the liver and possible onset of delirium tremens. During the evening of February 24, the jailers observed that Mr. Colle was unable to take his prescribed medication and communicate coherently. The midnight-shift supervisor

contacted his superior regarding Mr. Colle's condition, and was told to contact the day shift supervisor. The day-shift supervisor advised that when he came on duty later that day he would attempt to have Mr. Colle moved from the jail. Between 7:45 a.m. and 8:50 a.m. on the 24th, jailers observed Mr. Colle hitting his fist and face on the concrete floor of the cell while his whole body was shaking. They noticed blood on his hand. His breathing was labored and eventually stopped. At approximately 9:00 a.m., a jail officer began administering CPR, but became ill and turned over the resuscitation to a jail trustee. Emergency medical services arrived and transported Mr. Colle to the hospital where he was pronounced dead on arrival.

Mr. Colle's survivors filed suit against the Brazos County Sheriff's Department. In the suit it was asserted that Mr. Colle's Fourteenth Amendment right had been violated by his having been denied the right of medical treatment.

This is a case that exhibited negligence from its very beginning. Officers were aware of Mr. Colle's difficulties from the onset through observations. However, no one took the responsibility to provide the needed medical services until it was too late.

STATE EX REL. KALT v. BD. OF FIRE COM'RS

In 1981 the appellants, Thomas Eliopul, George Kalt, James Dekker, Kenneth Kmichik and Robert Enters, were all Milwaukee police officers (State Ex Rel. Kalt v. BD. of Fire Com'rs, 427

N.W. 2d. 408 Wis. App. 1988). All four of the officers at various times had custody of Mr. Lacy on July 9, 1981. Mr. Lacy died while in the officers' custody.

The facts showed that Mr. Lacy was stopped by officers Kalt, Eliopul and Dekker because he matched the general description of a sexual assault suspect. After a pat-down search, Mr. Lacy moved quickly as if to run away. A struggle ensued and Lacy was pinned on his stomach by the officers and his hands were cuffed behind his back.

While Mr. Lacy was being handcuffed, he was lying on his stomach on the ground. Officer Kalt was holding Mr. Lacy's left leg down and Officer Dekker was holding Mr. Lacy's right lower leg down. This was accomplished by officers Kalt and Dekker standing on Mr. Lacy's ankles, standing on his pants legs, or grasping his legs about the ankles and holding firm. Officer Eliopul was at Mr. Lacy's upper torso attempting to restrain upper body movement by sitting on Mr. Lacy, using his forearm on Mr. Lacy's back, and placing his knee on Mr. Lacy's lower back, upper back and neck area. While Mr. Lacy was in this position, Officer Eliopul jerked on at least three occasions Mr. Lacy's arms upward to an angle of 70 to 90 degrees. Officer Eliopul's knee was applied to the back while Mr. Lacy was struggling in the handcuffed position on his stomach. Officer Eliopul's knee was on the area of Mr. Lacy's neck for at least one minute. Officer Eliopul knelt with one knee on Mr. Lacy's back on three different occasions varying in length



from 30 to 45 seconds each. The amount of pressure varied, but at times officer Eliopul was applying his full body weight on Mr. Lacy's back. Officer Eliopul remained upon Mr. Lacy's back until the van arrived. Mr. Lacy was motionless for at least one minute prior to the arrival of the van.

When the van arrived, officer Enters, Eliopul and Kmichik carried Mr. Lacy and put him in the van lying face down on the floor. Mr. Lacy was limp, his head was down and his feet were dragging while he was being carried. Officers Enters and Dekker rode with Mr. Lacy in the rear of the van and Kmichik drove. The officers never checked Mr. Lacy's condition.

When the van arrived at the police station officers Dekker and Enters left the van. Shortly thereafter, Dekker returned to the van and attempted to rouse Mr. Lacy by shaking him. When Mr. Lacy did not respond, officer Dekker waived an ammonia capsule under Mr. Lacy's nose. Again, Mr. Lacy did not respond. While officer Dekker radioed for an ambulance, officer Kalt observed that Mr. Lacy had a rapid pulse and troubled breathing. Officer Kalt informed Officer Dekker of Mr. Lacy's condition and walked away from the van. Officer Dekker exited the van and stood at the rear doors.

When the ambulance arrived, paramedics found Mr. Lacy lying unattended in the van. Mr. Lacy had no pulse and was not breathing. Cardiopulmonary resuscitation was attempted, but was unsuccessful. Officers Kmichik, Enters, Dekker and Kalt were found guilty of failing to render first aid to Mr. Lacy

and suspended without pay. The Fire and Police Commissioners Board found officer Eliopul guilty of excessive force and failure to render first aid.

In this case at least one of the four officers should have been aware that Mr. Lacy was in a state of physical distress. The officers should have keyed in on this fact when Mr. Lacy first lost consciousness. The officers did observe that Mr. Lacy was having difficulty breathing and that he had a rapid pulse. Their attempt to use an ammonia capsule was insufficient to rouse Mr. Lacy. Despite what should have been obvious signs of a situation that required the rendering of first aid, not one officer took the time to determine Mr. Lacy's true condition.

BLANKENSHIP v. KERR COUNTY, TEX.

One morning about 2:20 a.m. in 1983, Bobby Lynn Blankenship had parked his car beside his roadside mailbox to check his mail (Blankenship v. Kerr County, Tex., 878 F.2d 893 5th Cir. 1989). Officer Biermann drove up with red and blue lights flashing and blocked Mr. Blankenship's path by parking in front of him. Officer Biermann claimed that Mr. Blankenship had attempted to drive onto the highway facing oncoming traffic but had aborted the maneuver. Mr. Blankenship denied that he had attempted to enter the highway, asserting that his car had remained stopped while he checked his mail.

According to Mr. Blankenship, officer Biermann came up to his car, took the driver's license which Mr. Blankenship held out to him without any exchange of words, checked the

license, and immediately told Mr. Blankenship he was drunk. Officer Biermann, on the other hand, claimed that he told Mr. Blankenship he was drunk because Mr. Blankenship had got out of his car, walked over to meet him, staggered, and spoke in a slurred manner. Mr. Blankenship subsequently admitted that he had drunk one or two beers, but officer Biermann did not administer a breath alcohol or other sobriety test.

After telling Mr. Blankenship he was drunk, officer Biermann nonetheless instructed him to drive his car to a parking lot about half a mile away, to leave the auto there, and to walk home. Mr. Blankenship asserted that he did so and began walking in misting rain, but soon began to feel ill. Mr. Blankenship returned to the parking lot to seek help and found officer Biermann, who had been joined by one or two additional officers, searching his car. Using what seemed to have been a poor choice of words, Mr. Blankenship told the officers he was "getting sick." According to Mr. Blankenship, an officer who had joined officer Biermann yelled profanities at him and told him to walk home, which he once more began to do. Before Mr. Blankenship had crossed the parking lot, however, Mr. Blankenship asserted that officer Biermann, in the belief that Mr. Blankenship was not following instructions, arrested him for drunken driving. After placing Mr. Blankenship under arrest, officer Biermann went through Mr. Blankenships wallet, which contained a medical alert medallion warning that he was an epileptic.

Officer Biermann took Mr. Blankenship to jail, where Mr. Blankenship told the booking officer that he was taking the anti-seizure medication Dilantin and that he was an epileptic. Mr. Blankenship claimed that he felt as if he were about to have a seizure, and needed a doctor. Mr. Blankenship refused to take a breathalyzer test, but volunteered to take a blood-alcohol test. Mr. Blankenship maintained that, after a heated exchange, officer Biermann placed him in the drunk tank. There is some evidence that a different officer placed Mr. Blankenship in the drunk tank without consulting officer Biermann.

While confined in the drunk tank, Mr. Blankenship suffered a grand mal epileptic seizure. After discovering him in this condition, jail personnel telephoned Dr. Luna, the physician on call. Dr. Luna's deposition read that he advised the jail staff to let Mr. Blankenship "ride out the seizure" (Blankenship v. Kerr County, Tex.) Dr. Luna advised the jail personnel to take Mr. Blankenship to the hospital if the seizure seemed serious. The deposition also indicated that he may not have been given complete or wholly accurate information, and the jail staff appeared to have told him that Mr. Blankenship was merely shamming.

Despite the doctor's instructions, Mr. Blankenship claimed that the jail staff tried and failed to force Dilantin down his throat. They monitored his condition to some extent, but did not provide a pillow for his head. Mr. Blankenship awoke

the next morning in considerable pain, face down in a puddle of urine. Mr. Blankenship claimed that as a result of his arrest, incarceration, and convulsions during which he banged his head repeatedly against the concrete, he suffered physical and emotional trauma.

From the details given above, officer Biermann had been given ample notice that Mr. Blankenship was an epileptic. There was even proof in the form of the medical alert medallion in Mr. Blankenship's wallet. Whether or not Mr. Blankenship might have been intoxicated does not negate the fact that he had identified himself as an epileptic. Throughout this case, officers failed to provide Mr. Blankenship with the proper medical service(s) that are his guaranteed rights. Once again the lack of training and education in medical services left the officers and their agency open to civil litigation.

#### EAST v. CITY OF CHICAGO

At 8 p.m. on September 23, 1987, officers Skahill, Zalatoris, Paluch, Rogers, Washington and several other City police officers, acting on a tip that a drug purchase was about to take place, raided an apartment at 4229 South Calumet Avenue in Chicago, (East v. City of Chicago, 719 F.Supp. 683 N.D.Ill. 1989). Mr. East and several others were in one of the apartment's bedrooms. When he heard the officers approach, Mr. East placed a small packet of cocaine in his mouth.

Mr. East and the other individuals were taken to the hallway, forced to place their hands on the wall and were searched.

During the search an unnamed officer asked Mr. East, "Are you ready?" Mr. East did not respond. When the same officer repeated the question, Mr. East swallowed the packet of cocaine he had been holding in his mouth and asked, "Ready for what?" That produced the response, "Ready to die, nigger." The officer then struck Mr. East across his back with a club.  
(East v. City of Chicago)

All the officers then continued to conduct a lengthy and abusive search of Mr. East. After a "considerable" (though unspecified) amount of time, the officers took Mr. East and the others to the police wagon. After they had spent some 30 to 45 minutes in the wagon, Mr. East and the others were driven to the Second District Police Station.

When they arrived at the station, Mr. East and several other arrestees were placed in an interrogation room with three police officers. Around midnight Mr. East began pacing and shouting "Sergeant, Sergeant, Lieutenant, Lieutenant" (East v. Chicago). He then removed the top of a stand up ashtray and began beating on the desk while repeating "Sergeant, Sergeant, Lieutenant" (East v. Chicago). Officers Skahill, Rogers and several unnamed officers ran into the interrogation room. Mr. East ducked under the desk and the officers began pulling Mr. East out. In the process the officers kicked Mr. East in the head and between the legs and hit him with a night stick all in an attempt to handcuff him.

Mr. East was then taken out of the interrogation room. Two individuals who had been arrested with Mr. East told officer Skahill that Mr. East had ingested one sixteenth gram of cocaine and that he needed medical attention.

Officer Skahill ignored the warnings and responded that Mr. East "was just afraid to go to jail where his brother was" (East v. Chicago)

Another individual who had been arrested with Mr. East told an unnamed officer that Mr. East had ingested cocaine and needed medical attention. He asked the officer to check on Mr. East. At that time Mr. East was lying on the floor of his cell. The officer responded that Mr. East was asleep and snoring.

At about 1 a.m. the fire department paramedics arrived at the police station. They treated Mr. East in the parking lot, then took him to Chicago Osteopathic Hospital, where Mr. East died at 2:20 a.m.

This case exemplifies ignorance as much or more than the lack of training in medical services. The time that had passed from the officers first having been notified of Mr. East ingestion of the cocaine packet and the paramedics having been notified is unknown. Had the officers given any consideration to the change in Mr. East's personality and the information they had received from the other arrestees, his chances for survival would have been far greater.

In the cases cited above, the lack of emergency medical service training can not be considered as the sole problem.

Too many factors came into play. The officers in each of the cases cited above exhibited negligence and or ignorance to the needs of each individual that were in the officers custody. Once an officer effects an arrest of an individual, that officer and his or her agency immediately assume the responsibility of providing any needed medical care. In the previous cases cited, the officers refused medical treatment or caused an unnecessary delay of treatment. However, had more emphasis been placed on emergency medical service training within these agencies, the results may have been quite different.



### HOUSTON CHRONICLE NEWS ARTICLES

As stated in the previous cases, the problems with ill trained police officers in the procedures of emergency medical care has in the past led to civil litigation. The problem is yet to be solved today.

In the past year alone, numerous cases of prisoner and inmate deaths have occurred throughout the United States. As many of these reports of custodial deaths are still just newspaper headlines and articles, odds are that many will still result in civil litigation.

On January 14, 1993, a Houston Chronicle headline read "Man Dies in City Jail." Freddie Brown, 53, was arrested for public intoxication and trespassing. Mr. Brown was transported to the Houston police Northwest Command Station. Before Mr. Brown entered the jail he collapsed. The police called paramedics but found that Mr. Brown was dead when they went to examine him. (Houston Chronicle 1993)

On January 5, 1993, the Houston Chronicle published a story in which a state inmate, who officials say had a history of fighting in prison, died following a fight with guards. Jeffrey Blanks, 28, died New Year's Eve. Texas Department of Criminal Justice spokesman David Nunneley said Blanks was involved in an altercation with one officer when three other officers came to help. (Associated Press 1993)

On July 15, 1993, the article lead read: "Midland--The death of an inmate who collapsed in his cell was ruled accidental

but due, in part, to the way jailers restrained him, a peace justice said Wednesday." (Associated Press 1993)

Another article was written regarding the death of Tomas Gonzales, 41, of Stanton, TX. Mr. Gonzales had been arrested for driving while intoxicated on July 2, and was being held at the Midland County Detention Center. During his incarceration Mr. Gonzales had become paranoid thinking that other men were trying to harm him. Deputies had begun to move Mr. Gonzales to another cell in order to make him safe so he would not injure himself, or others. In the process deputies had to restrain Mr. Gonzales and placed him on the floor. They put his hands behind his back and were holding him down so he wouldn't kick when Mr. Gonzales suddenly collapsed. Jail employees administered cardiopulmonary resuscitation and took him to the hospital. An autopsy report showed no broken bones and that Mr. Gonzales only had a few minor bruises, none of which contributed to his death. However, according to Dr. Veasey, the cause of Mr. Gonzales death was ruled as positional asphyxia, a situation that places a restriction on a person's ability to breathe. (Associated Press 1993)

Newspaper stories like these continue to be published on a weekly and sometimes daily basis. These stories strengthen arguments for law enforcement agencies to better train our police officers. The time and money that is expended to defend the police officers and their agencies in court, could be used to further their training in emergency medical services.

## ADMINISTRATIVE MANAGEMENT OF RISK AND LOSSES

The risk of exposure of local government to civil liability based on the actions of its employees is especially high in the actions of police officers and other public safety personnel. (Police Chief 1989)

Civil liabilities within law enforcement agencies will usually result when the execution of its policies or customs causes injury to an individual. (Hopper 1989)

Law enforcement policy is usually found in written regulations. Policy may also be found in formal or informal choices or decisions that administrators and supervisors are authorized to make or implement. Policy usually implies a course of action consciously chosen from among various alternatives concerning basic agency functions. Therefore, an individual who is authorized to make these formal or informal choices of policy may expose their agency to civil liabilities. (Hopper 1989)

Statistically, the provision of first aid is one of ten high risk activities that account for virtually all the claims and litigation against law enforcement officers. (Hopper 1989)

Regardless of the level of training of law enforcement agencies, response to emergency medical calls seems to be a standard operating procedure nationwide. Therefore, if our police have a legal mandate to save lives, are dispatched to the scene of a medical emergency and arrive while that emergency still exists, their training should consist of programs of the

highest standard available. Overall police agencies have a positive response to emergency care calls. (Danielson 1978)

Therefore, law enforcement agencies by the nature of their required duties must respond to emergency medical calls. The practical solution would be to provide our police officers with the highest possible standard of emergency medical training. One such level of training would be that of the Emergency Medical Technician.

### THE EMERGENCY MEDICAL TECHNICIAN

Police officers receive training in their academies to provide emergency care to those in need. There are many different kinds of first aid and medical training courses available. Though few tend to provide the standard of training required to become an Emergency Medical Technician.

An Emergency Medical Technician is defined as "a member of a prehospital emergency medical system who is trained to provide basic life support." (Heckman 1992)

In 1966, two federal agencies provided the funds to develop an improved prehospital emergency care program. The two agencies, The Department of Transportation and The Department of Health Education and Welfare along with others, organized The Emergency Medical Service systems. (Heckman 1992)

The concept of the EMS system was to establish the various components that would work together to provide the sick and injured with the best emergency medical care possible in the shortest possible amount of time. The EMS system represents the combined efforts from the first responder, to the ambulance paramedics, to the physicians in the hospital emergency room.

As an integral part of the EMS system, a certified Emergency Medical Technician is trained in the use of direct applications of theory and skills in order to save lives and lessen human suffering. (Heckman 1992)

In order for an individual to receive a certification as an Emergency Medical Technician, he or she must complete a

national standard curriculum. The curriculum specifies that the training consists of a minimum of one hundred and ten hours, with most EMT courses running from one hundred and ten to one hundred and forty hours. Having completed the training, the EMT will be authorized to perform prehospital medical care by the medical director of the emergency medical service system. In order to complete the curriculum one must master the information within the EMT textbook, practice technical skill in laboratory sessions and demonstrate proficiency through practical applications. (Heckman 1992)

The Emergency Medical Technician is taught that courtesy, calmness, sincere concern and efficient action will go far to relieve anxiety, fear and insecurity of a sick or injured individual. The religious customs and needs of a patient are also respected. In the case of a death, the EMT is taught to handle the deceased with respect and dignity while the family is shown compassion. (Heckman 1992)

During the course of the EMT's curriculum an individual will be trained in the application of many emergency services. Some of the emergency services taught will be that of advanced airway management, child birth, defibrillation, victim extrication and rescue, hazardous materials and many more. (Heckman 1992)

Just as police officer's have an oath in which they are sworn to uphold the law and protect the rights of others, the Emergency Medical Technician has an oath. He or she pledge

to honor the laws of God and man and to follow a regimen for the benefit of patients. He or she pledge that as they enter the homes and lives of others that they will never reveal what they hear except as required by law. They will share their knowledge for the benefit of others.

The EMT pledges that he or she will serve unselfishly and continuously for the betterment of mankind. He or she promises to keep his or her oath unviolated so that he or she may practice his or her art and be respected by all. (Heckman 1992)

The problem of medical emergencies is universal. Wherever you have people who need the police for protection and service, you have people who are victims of serious injury and sudden illness who need immediate stabilization if they are to have a chance of survival. (Daneilson 1978)

As a professional, the Emergency Medical Technician is required to maintain, broaden and update his or her knowledge and skills through continuing education. As a licensed EMT, he or she will be required to recertify his or her license on a regular basis in order to show that he or she has not allowed his or her proficiency to lapse. Should he or she violate his or her oath or fail in his or her attempt to recertify, his or her license may be revoked until which time he or she is eligible for recertification.

### POLICY IMPLICATIONS

When an officer arrives on the scene in which there is a need for emergency medical services, he or she has several options from which to choose. Hopefully, after having considered his or her own safety, he or she will remember his or her primary duty to protect and preserve the lives of others. If he or she has been competently trained in the procedures and techniques of emergency medical services, his or her actions could be compared to heroic actions. How much longer can our administrators and policy makers continue to look the other way or simply ignore the need for advanced medical service training? As each minute passes, those law enforcement agencies who have chosen this path continue to grow closer to civil litigation.

Failing to properly train our police for emergency medical service calls leaves the law enforcement agency and its officers open to law suits. These suits may come from the individual who needed the service or a family member representing that person. There is always the possibility of a law suit if we administer emergency medical service care. But you can rest assured that if an officer fails to treat or improperly treats an individual a law suit will surely come. It is often the case that training is required only after an unfortunate situation that resulted in a law suit. Today's society is more law suit conscious than ever before. Attorneys who specialize in injury related services have gone to great expense



to make the public aware of their rights to civil litigation. The attitude that it will never happen to us is fading quickly. There is a strong mandate for police agencies to have a high degree of training and proficiency in emergency medical services. Only through proper training can we assure the victim of the best chance for life and reduce the chance of civil suit against the officer and his or her employing agency.

It is difficult to change the attitudes of the rank-and-file officers when the attitudes of the policy makers and administrators stay as antiquated as they are. Many administrators still believe that all an officer needs to know in order to survive can be learned from other officers on the street. While this may be an important part of an officer's training, it must be combined with the training and education that can only be obtained through proper instruction.

If our law enforcement agencies are going to change, it will be up to all of us to make a concerted effort to effect the change. In order for the officers of an agency to accept change, it will be up to the policy makers and administrators to implement the change. Once the officers recognize that their administrators are sincere in their efforts to improve an agency's standards, the officers will support these changes.

## CONCLUSION

Could it be that we have become static or stagnant in emergency medical service training for our police officers? It seems as if some officers and law enforcement agencies feel that it is not worth the time, trouble and expense to pursue this form of training. In turn we have allowed other agencies to take over this priority service. In some agencies officers have been known to say that they do not have the time to respond to emergency medical calls, that is what the fire department or the paramedics are for. In most cases the police officer is the first responder on the scene. Therefore, emergency medical services should remain a priority service of all law enforcement agencies. The nature of our job alone dictates that the police officer must be a "jack of all trades." This is not to say that the police should be the only agency to respond to the scene of an emergency where medical services are needed. Common sense alone dictates that.

Years ago, it was quite common to see a small circular patch sewn onto the police officer's uniform sleeve. This particular patch bore the red cross insignia. The red cross patch indicated that the officer had completed the First Aid training course. At that time the patch was considered to be as much a part of the officer's uniform as the badge and gun.

It is time that police agencies begin to reconsider their training programs with respect to Emergency Medical Technician services. The need for a more advanced emergency medical

training course has long been in existence. The Emergency Medical Technician certification is one such program in which an advanced course in basic life support is taught. As an Emergency Medical Technician an officer would be better trained and equipped to assist the sick and injured. His or her knowledge would be considerably greater than one whose only training has been that of first aid and cardiopulmonary resuscitation. Time is known to be the number one enemy of the sick and injured. (Orawiec 1981) The greater one's knowledge of emergency medical services, the smaller the chances of further injury or loss of life. (Heckman 1992) When an officer is the first responder at the scene of a medical emergency, he or she may not always have the option to wait for another service agency to arrive and begin life saving efforts.

Policy makers and administrators must realize that they will bear much of the burden for whatever lack there might be in the effectiveness of their men and women in emergency medical situations. Each time a law enforcement agency responds with an officer to a call for emergency service without the officer having received the proper training, the administrators are rolling the dice as to the outcome.

Law enforcement administrators must be encouraged to enhance their training to levels consistent with the state of emergency care today. They must keep the officers abreast of the latest innovations in practices and equipment through continuing

education and training. This is an exceptional opportunity for the professional police officer to better serve and protect the public with a trauma box and emergency medical training as well as with a badge, gun, and law enforcement expertise.

There have been many advances in the police service; some relevant and some merely cosmetic. Our profession will be hard pressed to find a more suitable, noble and supported professional endeavor than increased quality care for those in dire medical need.

If given a choice, most officers would opt to attend more exciting classes such as Special Weapons and Tactics training. However, more practical classes in much more needed training such as emergency medical services should be considered. These are the type of situations officers deal with daily. If emergency services were to receive the amount of publicity as hostage and terrorist situations, would the trend then shift towards advanced training in emergency medical services? To be honest, Special Weapons And Tactics training (SWAT) just seems to be more macho than emergency medical service training. Some agencies have already begun to require review courses in emergency medical care along with other in-service training. These agencies have become fully conscious of the fact that lives can be saved and severe disabilities reduced if their officers render emergency medical care promptly and efficiently.

The ideal situation would be for all police officers to become certified Emergency Medical Technicians over a given

period of time. However, the logistics and enormous cost to agencies cause this concept to be impractical if not impossible.

Our goal must be to provide the citizens of Texas with police officers who have been certified as Emergency Medical Technicians. The Texas Commission of Law Enforcement Officers Standards and Education should implement an Emergency Medical Technicians training course as part of the required standards of becoming a licensed officer. The addition of an Emergency Medical Technician course to the current training curriculum would raise the number of training hours from 400 to 520. Through the implementation of this course all law enforcement officers in the state will eventually be certified EMTs by the process of attrition.

In conjunction with EMT certification for all new officers, TCLEOSE should mandate that all agencies in the state have a certain percentage of their officers trained over a given period of time. Each law enforcement agency would be responsible for the selection of officers to attain the EMT certification. This would greatly accelerate the development of state-wide coverage of EMT certified police officers.

TCLEOSE would need to develop a program that would have the ability to monitor the continuing education, training and recertification of all EMTs. Each agency would be required to monitor their personnel who have been certified along with those who need and receive further training and recertification.

The law enforcement agency would then be responsible for reporting and updating an officer's training status to TCLEOSE.

Emergency medical care will most likely remain a police function. Therefore, what better program could there be than a program aimed at certifying law enforcement officers as Emergency Medical Technicians? One primary reason for civil litigation against law enforcement agencies is that of deficient programs of employee training and supervision. The certification of law enforcement officers as Emergency Medical Technicians should greatly reduce the number of law suits now incurred by Texas police officers and their agencies.

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