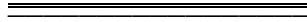


**The Bill Blackwood
Law Enforcement Management Institute of Texas**



Emergency Medical Training for Law Enforcement



**A Leadership White Paper
Submitted in Partial Fulfillment
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ABSTRACT

Law enforcement officers are out in the community daily. They patrol city and county streets, highways and interstates making the world a safer place. They are first on scenes of many medical emergencies, such as automobile accidents, pedestrian accidents, and incidents. Often the only thing that they can do is radio for help. Officers have limited to no training in medical emergencies. Therefore, law enforcement agencies should implement training in emergency medical training for police officers.

Due to the very nature of law enforcement's job, they are more likely to be the first on scene of gun shot wounds, stabbings, and other forms of trauma. Officers need to be trained on how to deal with these types of situations when only seconds can mean the difference between life or death. Trained officers will be able to stabilize and notify the emergency medical system (EMS) what they need to prepare for upon arrival. Officers will be able to start advanced life saving measures sooner, which will increase the chance for survival. There are training courses such as Emergency Medical Technician (EMT) or Emergency Care Attendant (ECA). Other courses are Tactical Emergency Medical Service (TEMS), Trauma Combat Casualty Care (TCCC), and Law Enforcement First Responder Training Program (LEFRTP).

Law enforcement agencies need to implement some type of medical training for their officers. Officers need to be properly prepared to deal with medical issues. The public expects officers to render some type of aide. The life they save could be theirs, their partners, or one of their loved ones.

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INTRODUCTION

Law enforcement officers spend the majority of their day out on patrol. Their day consists of answering calls for service dealing with all types of issues. They are often referred to as jack of all trades. The reason for this is because there are no two calls that are the same. Officers may answer a domestic violence call then leave there and respond to a traffic accident. Officers are trained to be able to handle whatever call comes across the radio or they drive up on. They are trained to be self-sufficient and to take control. However, medical incidents are one area in which Officers are not properly trained to take care of. Officers are trained to rely of Emergency Medical Services (EMS) or local fire departments for medical needs. However, officers are generally the first on scenes where medical intervention is needed. Officers are not trained to handle these type of incidents. If officers were trained to start life saving measures this could prevent the loss of life and possibly reduce later medical complications.

Officers are trained to take care of situations and use force if necessary. The use of force continuum goes from officer presence to deadly force. Officers are trained in use of force procedures and firearms training. They spend time on self-defense tactics. Officers are trained to utilize different types of control procedure when responding to calls. They learn the different levels of control from command presence to hands-on control. These are situations in which the officer(s) could possible inflict some type of bodily injury or sustain injury. However, officers receive little training on how to control the injuries sustained until EMS arrives. Officers typically are trained to call on EMS once the scene is safe. This is an area where officers could help stabilize the injury until EMS arrives. This would help to reduce liability for the officer(s) involved and their

department. The officer is providing some type of care to an injured party which will fulfill the duty to care clause.

The State of Texas licensing is through the Texas Commission on Law Enforcement (TCOLE). The basic foundation of all law enforcement officers training currently consists of learning the Criminal Code of Procedures, Transportation Code, Penal Code, Alcohol Beverage Code, and many more. They require training academies to provide 618 hours of training to get a Basic Police Officer Certificate. However, most police academies have lesson plans that encompass over 1,000 training hours (“How to become...,” 2018).

Once officers have a basic foundation and they are certified, they go to work for their departments. Officers typically go through some type of in-house training to learn their system and paperwork. Officers will spend weeks of training going through a Field Training Program (FTO) or Police Training Officer Program (PTO). Depending on the department, the length of time can vary. A Bureau of Justice report stated that the average length of time of an FTO program was 453 hours (Reaves, 2006). This would add an average of eight more weeks to the total training required by the state. However, with all this training that law enforcement officers have received there is limited training time for medical services. This is an overlooked issue in training.

The State of Oklahoma requires eight training hours in areas such as first aid and CPR (Lowery, 2016). The State of Texas requires sixteen hours of Emergency Medical Assistance. This is all a one-time training session and there is no reoccurring training. There is no further training required or even refresher training. This type of training is a skill set which requires continued practical application or refresher training to maintain

proficiency. Law enforcement officers are often sent to calls which involve some type of trauma or medical emergency. They need to be proficient with the skill sets when arriving on scenes for drownings, traffic accidents, shootings, or overdoses. Officers can find themselves in situations where force was used and someone is injured. Officers find themselves in these types of incidents where there is an injured party. Yet, the officer has little to no experience in this area for emergency medical treatment. Officers rely on Emergency Medical Services (EMS) or the local fire department to provide this service. This is not sufficient to wait on medical services to arrive. By waiting it can result in substantial health issues up to and including death. This type of event can lead to liability issues for the officer and for the department. Officers have been given so much training up to this point. However, they received little to no training on medical issues when seconds can mean the difference between life and death. Therefore, law enforcement agencies should implement training in emergency medical training for police officers.

POSITION

Frequently, law enforcement officers find themselves first on scene for medical and trauma calls. This is due to the nature of their job. Officers are dispatched to traffic accidents which have a significant mechanism of injury due to the motor vehicles. Officers are dispatched to assaults or domestic violence calls where injuries have occurred, but EMS or local fire departments will not respond until the scene is safe. Officers are also dispatched to scenes with gunshot wounds, stabbings, and hangings. Studies show that police officers arrive first on scene 70% of the time (Perry, 2017). Therefore, this would indicate a need for training in medical or first aid care to be

continual. Law enforcement officers need to be able to rely on training to sustain the injured party until EMS can arrive and take over. Due to no continued training, officers rely on departments for medical issues. Typically, an officer's response to this type of incident is to radio for EMS or the fire department to come into the scene.

The law enforcement officer's typical response to a medical incident is to call for EMS or the fire department. This type of response is not sufficient. Officers need to be able to render some type of aid too. Officers failing to deliver some type of care in a timely manner has led to lawsuits and settlements (Perry, 2017). The city of Chicago awarded five million dollars to the family of a victim of an officer involved shooting. The officers stood by and talked to the victim while waiting on an ambulance (Placko, 2015). The victim in this incident succumbed to the injuries.

Another area that has to be addressed is public perception. Law enforcement officers take an oath to serve and protect. The general public expects help when they call on law enforcement to serve and protect them. The expectation is growing as times are changing. The trend for law enforcement is changing from a traditional role to one including medical training (Bertomen, 2014). The general public call upon law enforcement in their time of need. The officer is typically the first to arrive to a scene. Therefore, they expect help from them, even if it is medical help.

Also, due to the increases in school shootings, public massacres, and mass casualty events, the general public expects law enforcement to help medically. Any incident where there are multiple victims can overwhelm the available medical personnel and local hospitals. Unfortunately, there is usually limited trained medical personnel. The perception is that law enforcement can help in these type of events. Law

enforcement officers should be trained and equipped to help in the incidents. They can assist in basic life saving measures to get victims stabilized and prevent the loss of life.

It is critical to remember that for the preservation of life it comes down to the timing. According to Jones et al. (2001), "The sooner the treatment begins, the better the ultimate outcome for the patient" (para. 1). Often in the EMS community, the first hour is referred to the golden hour in a medical emergency. This is considered to be the most critical time for the patient. This could literally be the difference between life and death. Medical care that is delivered early is usually more effective than deliberate care administered (Bertomen, 2014).

It would make a significant impact if law enforcement could let EMS know what they have before or while arriving on scene. This simple step can take care of the primary assessment and allow for EMS to activate the Advance Life Saving (ALS) measures. These measures start with the ambulance to the hospital. EMS would know based on this if they need a helicopter or to let the Operating Room (OR) know to be prepped for surgery. While it may seem insignificant, those seconds can multiply exponentially and even save a life.

One of the most known incidents is heart attacks. It is estimated that 790,000 Americans will experience an acute myocardial infarction (AMI) this year (Benjamin et al., 2017). This is something that is known to affect the law enforcement community. This is a common known element that kills many officers every year. This is due to the high stress and typically poor diet of the officer. Surviving a heart attack has a strong correlation between the onset of the incident and the intervention of Cardiopulmonary Resuscitation (CPR). The longer it takes to start CPR, the less likely it for the person to

survive the heart attack (Hasselqvist-Ax et al., 2015). This is important that officers are able to detect this and start CPR promptly.

Another medical incident where timing is crucial is in the event of a stroke. It is estimated that 795,000 Americans will experience a stroke this year (Mozaffarian et al., 2016). It is critical that early detection of a stroke is detected. Millions of neurons die every minute that treatment is withheld (Saver, 2006). A first responder is limited on what they can do during this type of incident; however, they can alert EMS and the hospital of the incident. This in return will allow advanced life saving measures to be in place when the patient arrives at the hospital.

In traumatic incidents, timing is important too. In these types of incidents, officers may come across a scene with severe loss of blood, such as a gunshot wound or stabbing. Officers may be required to control the bleeding quickly. This type of control could be something as simple as direct pressure to an event so severe that a tourniquet is needed. There could be other measures taken such as packing the wounds to control bleeding. Officers have to be able to identify if the bleeding is arterial or venous. A person can bleed to death within 20-25 seconds if it is from a major artery. Officers may be equipped with items such as QuikClot, which can be used to stop the bleeding. The officer needs to know how to control the bleeding and also assess the effects of the intervention. The officer may have to reapply the application or do something different if the bleeding cannot be controlled.

A heart attack, a stroke, or traumatic incident that cause substantial bleeding are a few types of incidents that officers will face. During these types of events, early

detection and intervention can mean whether there is life or death. Detection and intervention as soon as possible is the key.

Furthermore, there are several types of prehospital training programs available for law enforcement. These types of programs will provide officers with the key to preserve life through early detection and intervention. These types of programs are certificate based which will set a standard that the officer has to meet. Also, by receiving this type of training, they will help to reduce the liability for themselves and the department.

One of the programs available is the Emergency Care Attendant (ECA), a certificate based training program issued through the Texas Department of Health. The ECA program is known through the National Registry as an Emergency Medical Responder (EMR) Certificate. This type of program is provided through an Emergency Medical System. The Tyler Police Department just implemented this program. These types of programs are more in-depth and take time to put into action. They require a Medical Director to oversee the guidelines and protocols. The officers are trained by EMS Instructors. The officer learns the basic life saving skills followed by an assessment with practical application. This program is designed to implement continuing medical training once the officers are certified. The law enforcement officer can continue his or her knowledge through these types of programs to obtain a more advanced license. They can obtain licenses from an Emergency Medical Technician - Basic (EMT-B) all the way to an Emergency Medical Technician - Paramedic (EMT-P). The types of licenses in these programs can be limited by the Medical Director.

There are less in-depth courses which do not require a Medical Director. The first one is actually a commonly known training class taught to Special Weapons and Tactics Teams (SWAT). The Tactical Emergency Medical Service (TEMS) is designed to control the airway, breathing, and circulation (ABC's) until EMS can take over (Kastre & Kleinman, 2012). TEMS provides critical life saving measures when the victim can not be removed from the scene due to a threat still being present (Williams, 2013). This is a training course that could benefit the patrol officer too. There is also a course called the Trauma Combat Casualty Care (TCCC). This type of program was designed for the battlefield; however, it can be applied to law enforcement. The program is designed to control bleeding, tension pneumothorax (sucking chest wound), and ABC's. A law enforcement officer may come across these types of events in which there is significant trauma. These types of incidents include gun shot wounds, stabbings, puncture wounds, appendages being severed, or severe lacerations. Another course is the Specialized Tactics for Operational Rescue and Medicine (STORM). This course is designed to give medical strategies, procedures, and rescue techniques for law enforcement (Kastre & Kleinman, 2012). This type of program is one designed for mass casualty incidents. Lastly, there is a federal program called the Law Enforcement First Responder Training Program (LEFRTP). This program is specifically designed for law enforcement. This is a three day course which includes first aid and life saving measures. However, there is not any built in cycle of reoccurring training. Departments need to build some type of continuous training once the officers are trained.

There are many types of programs and services available for law enforcement when it comes to emergency medical training. Law enforcement agencies may want to

look to local resources first. These types of resources include local EMS, fire departments and hospitals. They often have trainers available for basic first aid and CPR. This can be beneficial for setting up a continuous training cycle for refresher training. They may also want to seek out local resources from training academies, colleges and universities. In addition to local resources, they can check federal and state resources.

COUNTER ARGUMENTS

An obstacle for emergency medical training is the budget. Law enforcement agencies may use the statement that they do not have a budget for the training. They may also say that this was not included in this year's budget, but will see about next year. Budgets are always under scrutiny during difficult times. There are always unforeseen financial constraints that take place throughout the year. The training budget is one of the first areas to see cuts up to and including elimination altogether (Keeble, 2016). It is not uncommon to hear budget issues when implementing new training.

However, when it comes to emergency medical training, budget issues cannot be a reason for not implementing it. There are federal programs such as The Law Enforcement First Responder Training Program (FLETC), which is free to law enforcement agencies (FLETC, n.d.). This program will teach the lifesaving skills such as first aid, wound care, and proper tourniquet use. This course also uses scenario based training to enhance the training. Law enforcement agencies can seek grants for funding for medical training.

Officers that are members of a law enforcement association can seek medical training through the different organizations. Law enforcement agencies may be able

take advantage of other city/county department services such as the fire department. They may be able to utilize fire department instructors for first aid, CPR, and other life saving measures. Law enforcement agencies can take advantage of their local EMS provider. They have Instructors to maintain their certifications for employees. They can establish a memorandum of understanding. This would be a dual benefit for law enforcement and EMS. EMS could train law enforcement on life saving measures and also establish a formal communication system between the two. This would be a win-win for everyone involved plus adding an extra benefit to the citizens they serve. The utilization of the fire department or EMS services would be beneficial with building a training program with continuous training. Also, it allows the different departments to establish a mutual understating of their functions.

Opponents for emergency medical training may argue, "It's not my job" (Curtis, 2018). This is a true and valid statement in certain situations. Federal and state rulings have held up this argument when there is no direct correlation with the officer(s). Officers do not have a responsibility to medical aid institutions where they have no involvement in. An example of this is a person that randomly passes out in public. The officer does not have a duty to intervene if they choose not to. Therefore, there is validity to this statement, "it's not my job" (Curtis, 2018).

However, it is the officer's job if a special relationship is established. Courts have ruled that if a "special relationship" is established then the officer has a duty to care for the injured party (Papenufuhs, 2012). This type of relationship is established when the officer's actions have put the injured party in risk of harm. If this is established then the Officer has a duty to render aid.

These types of incidents include use of force situations. Officers have to render aid in these situations. Departments and officers are typically sued civilly for use of force incidents. The civil suits are centered around the 4th and 14th amendments. Once force is used, the officer has a duty to render aid for the injured party/parties. One such incident occurred in Tulsa, Oklahoma. The officer was involved in a shooting which fatally wounded the suspect in the incident. The suspect laid in the roadway bleeding out. People were enraged once the video was released which showed the time from the body of the suspect hitting the ground until medical aid was provided (Lowery, 2016). The officer and department involved in the incident are being sued in Federal Court with a wrongful death lawsuit ("Ex-Tulsa officer..." 2018). Another shooting incident occurred in Chicago which involved Laquan McDonald. Officials with the Chicago Police Department and Officer's Union stated officers fulfilled their duty when they called for medical transport (Lowery, 2016). The thought of simply radio traffic for medical transport is not sufficient for rendering aid to someone when they are bleeding out. The city council awarded the family \$5 million dollars (Placko, 2015).

Another area that needs to be addressed is public perception. Law enforcement officers took an oath to *Serve and Protect*. It could be argued that providing medical treatment to people in need is a facet of Serving and Protecting. The general public will seek out officers in emergency situations; therefore, officers need to be prepared for whatever comes their way. Officers never know who is going to need help. They could be providing care for themselves, a fellow worker, a family member or citizen in the community. Officers always need to be prepared and comfortable with their skill set.

This is why the emergency medical trainings needs to include some type of continuous training.

RECOMMENDATION

Law enforcement agencies should implement emergency medical training for police officers. Law enforcement officers often find themselves in situations where some type of medical treatment is needed. These type of calls can be anything from a medical incident to a major trauma incident. Law enforcement officers are typically the first on scene to these incidents. In these types of incidents timing is the most critical key. It has been proven that early recognition and treatment are the keys to successful outcomes and preservation of life. Officers have several different options to receiving some type of emergency medical training. The most important element of any type of program is the continuous training being implemented.

One of the counter arguments for Emergency Medical Training program is the budget. This is often the first line item to be affected to reduce costs. However, there are federal programs available that provide free training. Agencies may also be able to take advantage of local resources such as EMS, fire department and colleges to provide training and refreshers. Another counter argument is, "It's not my job." This is a valid argument in certain situations. Offices may not have a duty to render aid. However, if the officers' actions led to the harm or injury, then they have a duty to render aid. Rendering aid is more than just radioing for an EMS unit or fire Department.

An Emergency Medical Responder program can be implemented. One such program being implemented is in Tyler, Texas. The Tyler Police Department setup a program with the UT Health East Texas EMS system (formerly known as East Texas

Medical Center). Officers received training and obtained their ECA Certification. The officers will receive continued training through UT Health East Texas EMS. The officers will operate under the Medical Director for the UT Health East Texas EMS. Therefore, if a law enforcement agency wants to establish this type of program, they will need to partner with their local EMS provider.

A law enforcement agency may not want to get this involved with an Emergency Medical Responder Program. There are other training programs available such as TCCC, STORM, TEMS, and First Responder Training through the federal government. These type of course are excellent for emergency medical training. The only fault to these types of training programs are that they do not have any refresher training to maintain proficiency. Therefore, the officer or agency need to build in some type of continuous training afterwards so that the officer(s) stay current on their skill set. Law enforcement agencies may want to partner up with local fire departments or EMS providers to establish some type of interdepartmental training amongst the agencies.

There is a need for emergency medical training. Officers need to be able to recognize and intervene in these situations. The general public expects this from them. It is getting to the point that it is no longer acceptable officers to only radio for EMS to respond their location. There needs to be some type of aid rendered when applicable.

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