Central DuPage Emergency Medical Services System

Interaction with Law Enforcement/Crime Scene Responses

INTRODUCTION AND APPROVAL: 3/90	EMS MEDICAL DIRECTOR: _____
REVIEW & APPROVAL: _____	EMSS COORDINATOR: _____
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Background Information:

Police officers may be on the scene of a MVC, severe illness or accident prior to an ambulance's arrival, or about the same time as the ambulance arrives. Because of this, the Central DuPage EMS System encourages police officers to take a CPR course and maintain proficiency.

In most cases, pre-hospital and law enforcement personnel respect each others roles and work cooperatively together for the safety and well-being of the victim and/or bystanders. In some instances, however, this dual response raises a potential for conflict between police and EMS personnel, who may interpret their roles as conflicting.

PURPOSE:

The purpose of this policy is to delineate the inter-related roles and responsibilities of Police Officers and EMS Providers in the Central DuPage EMS System when caring for the sick, injured and/or deceased.

A. **Police are typically dispatched to situations involving:**

1. Crimes
2. Injuries on public property
3. DOAs
4. Suicides or attempted suicides
5. Overdoses
6. Domestic violence
7. Cardiac calls

8. Any call in which the dispatcher believes immediate assistance by a Police Officer will reduce the extent of injuries or increase the chance of recovery of the victim
9. When requested

B. **Police duties include, but are not limited to:**

1. Controlling the scene/bystanders
2. Controlling traffic
3. Protecting individuals, bystanders and medical personnel from any further or potential harm. Example: Persons who are mentally ill or those with a potential for violence. Police may be requested to accompany EMS crews enroute to the hospital to assist in restraint and may be asked to ride inside the ambulance. If patient is handcuffed to the ambulance cot, the police officer must ride in the back of the ambulance, or EMS crews must have the handcuff key in case of emergency such as an accident or fire.
4. Serving as the ultimate legal authority at the scene. (EMS personnel shall assess prisoners to determine whether medical intervention is indicated and convey their recommendations to the arresting officer.)
   Police officer responsibilities to arrestees are stipulated in Chapter 38 Section 103; Rights of Accused; Subpart C, Treatment While in Custody, which states: "PERSONS IN CUSTODY SHALL BE TREATED HUMANELY AND PROVIDED WITH PROPER FOOD, SHELTER AND, IF REQUESTED, MEDICAL TREATMENT."

   In order to maintain a CHAIN OF CUSTODY, police general orders usually require that one officer ride with arrestees as a guard. This is particularly true if the prisoner is placed in handcuffs. EMS personnel are never to take responsibility for a prisoner without a law enforcement officer's direct and continuing presence at all times.

5. Preserving evidence related to the accident, assault or questionable illness which may assist in the prosecution of a criminal case. However, at accident scenes where there is personal injury or threat of personal injury, actions to deal with the injury take precedence over investigative or reporting activities as soon as the scene has been secured.

6. Maintaining the morgue at declared disaster sites.

C. **EMS Personnel responsibilities include, but are not limited to:**

1. Assisting in, or determining the need for scene control.
2. Rapid evaluation of the scene to determine if conditions permit safe performance of professional medical duties. In all cases where a crime, suicide, attempted suicide, accidental death or suspicious fatality has occurred and police are not on the scene, pre-hospital personnel must request their presence via the radio/phone. Innocent people shall not be placed in jeopardy. Secure the scene and all evidence until the arrival of police. DO NOT ENTER A VIOLENT SITUATION WITHOUT POLICE PROTECTION!
3. Initiating assessment and treatment per SOP as soon as scene safety has been secured. Expeditious treatment and transport of a live patient in critical condition should not be delayed pending police arrival unless the safety of EMS personnel would be placed in jeopardy. If access to the patient is denied, immediately notify the Resource Hospital.
4. Preserving a chain of evidence (integrity of evidence). This requires that evidence remain in the custody of an identifiable person who can testify that he/she received it in a given condition from someone else or from the scene; that the item was safely preserved from any possible tampering. Each person's link in the chain of evidence must be complete and unbroken for the evidence to be presented in court.

   In a criminal investigation, police consider everything on the victim's body to be evidence. Therefore, evidence includes hair, skin under the fingernails, body fluids on skin and clothing, including blood, saliva, semen and perspiration. Police work is damaged if any of this evidence is lost. Once the chain of custody begins, anything that is done to the victim or criminal can result in a judge throwing out evidence in court.

   EMS personnel should adhere to the advice and direction of police on the scene in all matters relevant to evidence collection unless doing so directly compromises patient care.

5. The maintenance of security. Guarding prisoners is the responsibility of the police. EMS personnel shall do nothing which would breach security by demanding unreasonable security changes, such as the unnecessary removal of handcuffs or shackles.

6. Avoiding contamination of the crime scene:

   a. Observe the scene/victim situation before touching or moving anything.
   b. If necessity requires the alteration of the scene for purposes of aiding the victim/patient, the police must be informed. Avoid unnecessary contact with physical objects at the scene.
   c. Anything carried into the scene in the way of medical equipment/supplies should be removed by the medical team when they depart the scene. Do not remove ANYTHING else from the scene.
   d. If it is necessary to cut through the clothing of a patient, avoid cutting through tears, bullet holes or other damaged or stained areas of clothing.
   e. DO NOT WASH OR CLEAN the victim's/patient's hands or areas which have sustained bullet or shotgun wounds.
   f. Expended bullets are frequently found in the clothing of gunshot victims (especially when heavy winter clothing is worn). These items of evidence may be lost during examination and/or transportation. EMS personnel should check their vehicle and stretcher after transport. Any items of evidence should be turned over to the police upon their discovery and documented on the run sheet.
   g. With regard to alleged sexual assault, EMS personnel shall advise the victim not to:

      (1) shower, bathe, urinate, douche, drink or eat anything
      (2) change clothes. (A change of clothes can be brought to the hospital.)
      (3) clean or touch objects at the scene of the attack.

      Sexual assault survivors should be encouraged to try to recall details of the event and of the attacker's appearance, i.e., height, estimated weight, clothes, voice, words, distinguishing marks or characteristics. They should be transported to the hospital so that further medical attention and evidence collection can be continued.

h. In hanging or asphyxiation cases, everything must be considered evidence. The position of the knot, marks on the neck, striation marks on the chin, the color of the tongue and whether or not the tongue is extended are all details that will be important to the investigation. EMS personnel should avoid cutting through or untying knots in the hanging device or other material unless necessary to free the airway.

i. In stabbing cases, any impaled object should be left in place for both medical reasons and evidence collection.

j. If EMS personnel suspect foul play and the patient meets the criteria for triple zero, they should confirm pulselessness and asystole without moving the body or any of its parts. They should not remove the patient from the scene until released by the police. EMS personnel shall discontinue further examination of the remains as soon as long term indications of death have been confirmed.

D. **Procedure to follow in cases of conflict between police and EMS personnel**

1. Although the state EMS Act states that the "authority for patient management in a medical emergency shall be vested in the EMS Medical Director or his designee" (Ill. Rev. Stat. ch. 111.5, sub-section 5518), in circumstances where police/ambulance personnel come into conflict, legal counsel advises that the police officer has the ultimate authority at the scene.
2. If EMS personnel anticipate by their training, skill and experience that a foreseeable harm or patient deterioration is likely to occur, and are ordered by a police officer not to proceed with appropriate care, they should make all reasonable attempts to convey their concerns to the officer verbally. Document all communications with the officer thoroughly in the patient care report.
3. An Emergency Physician at the Resource Hospital shall be contacted by telemetry radio/cellular phone at the beginning of the conflict, or as soon thereafter as possible to allow for direct communication between the physician and the officer to facilitate problem resolution. Their conversation must be thoroughly documented on the telemetry tape and ECRN Log Sheet.

E. **Reporting a crime**

1. In all cases where a crime, suicide, attempted suicide, accidental death or suspicious fatality has occurred and police are not on the scene, request their services via DuComm.