



POLICY & PROCEDURE

PORTAGE POLICE DEPARTMENT

SUBJECT: **EMERGENCY MEDICAL SERVICES**

SCOPE: All Department Personnel
DISTRIBUTION: Policy & Procedure Manual

REFERENCE:

NUMBER: 6.30
ISSUED: 04/07/2025
EFFECTIVE: 04/07/2025
 RESCINDS
 AMENDS
WILEAG 5TH EDITION
STANDARDS: N/A

PURPOSE: The purpose of this Policy & Procedure is to define the role of the Portage Police Department in providing emergency medical services to the community and to establish procedures for the delivery of those services.

This Policy & Procedure consists of the following numbered sections:

- I. INTRODUCTION
- II. POLICY
- III. DEFINITIONS
- IV. PROCEDURE

I. INTRODUCTION

- A. The Portage Police Department realizes the important role they play in responding to Emergency Medical/Trauma calls within the City of Portage or as requested by other agencies under mutual aid.

The department recognizes that it's the primary responsibility of Portage Emergency Medical Services to respond to all emergency medical/trauma calls in their jurisdiction and provide care.

- B. The department will respond to emergency medical and trauma calls as outlined in this Policy & Procedure if an officer is available, based on the seriousness of the call, or as requested by EMS. If a Portage Police Officer is not available to respond but is requested by EMS to respond then the officer being requested should relay

the unavailable status to the Columbia County Communications Center and ask for another Law Enforcement Officer or Agency to respond.

II. POLICY

- A. It is the policy of the Portage Police Department to assist Portage EMS for medical/traumatic emergencies within the City of Portage or if requested under mutual aid outside the city limits.

III. DEFINITIONS

- A. AUTOMATIC EXTERNAL DEFIBRILLATOR (AED): A device that is capable of recognizing the presence or absence of ventricular fibrillation, determining, without operator intervention, whether defibrillation should be administered, and enabling the operator, on command, to administer defibrillation.
- B. CARDIOPULMONARY RESUSCITATION (CPR): An emergency procedure for a victim of cardiac arrest to restore circulation.
- C. CARDIOCEREBRAL RESUSCITATION (CCR): An emergency procedure for a victim of cardiac arrest to restore circulation.
- D. COMPUTER AIDED DISPATCH (CAD): A system that creates a call for service which is sent to an officer in his/her squad computer.
- E. EMERGENCY MEDICAL SERVICES (EMS): A system providing out-of-hospital acute medical care and/or transport to definitive care, to patients with illnesses and injuries, which the patient or the first responder believes constitutes a medical emergency.

IV. PROCEDURE

A. Certification

- 1. All officers responsible for delivery of emergency medical services shall complete CCR, or CPR and AED training every 2 years, and/or receive standard training in a DOJ LESB approved course to carry and use a tourniquet.
- 2. Maintenance of this certification shall require officers to complete periodic refresher training.

B. Response Guidelines

- 1. Available officers should respond to all emergency medical or trauma calls within the city of a serious nature especially if life threatening.
- 2. Available officers are not precluded from responding to any calls within the City

limits of Portage to assist if they are in a position to arrive prior to other assigned units and their presence would enhance the outcome of the call.

3. Certain medical calls may not require an officer response for reasons of patient care, but may require officer presence for investigative or safety reasons. In these instances, officers may be dispatched and respond. Officer's actions and times should be documented in the CAD. These calls include, but are not limited to:
 - a) Traffic accidents with injuries
 - b) Psychiatric problems
 - c) Criminal activity resulting in injury
 - d) Altered mental status
 - e) An unknown problem
 - f) Loss of consciousness
 - g) Pulse less non-breather
 - h) Death
4. In the event an officer's response to any medical call will be delayed, the officer should relay this information to dispatch so other responding units can be advised.
5. In the event an officer feels they may need additional resources they may call upon other law enforcement agencies, fire departments, additional ambulance services, air medics, state crime lab, the Department of Public Works, Water and Light, tow companies, Department of Natural Resources, supervisors of the Portage Police Department, or any other resource deemed necessary. This information should be relayed to dispatch to notify responding units. Officers shall request the state crime lab or other detective services through the captain or designee.
6. In the event Portage Ambulances are out of service or on another call, an available Portage Police Officer will attempt to respond to any call within the City of Portage.

C. Equipment maintenance

1. All Officers shall check their squad car at the beginning of their shifts to assure the squad car they are operating has a fully stocked first responder kit and check any other medical equipment.

2. In the event an officer uses supplies from the first responder kits or personal equipment during a medical/trauma call, the officer should notify the shift supervisor for replenishment or contact Portage EMS.
3. When the oxygen tank reaches the top of the red line on the gauge the officer shall contact a representative of the Portage EMS to have the tank replaced or refilled. If after hours then the officer shall replace, temporarily, the tank with a tank from an unused squad car. The officer shall email other members of the department and brief the on-coming shift in regards to the empty tank.
4. All officers shall check their squad at the beginning of their shifts to assure the squad car they are operating has a functional AED.
 - a) Officers shall be sure the AED in their squad car indicates "OK".
 - b) Officers shall be sure a set of PADS are attached to the AED.
 - c) Officers shall be sure one extra set of PADS are in the pouch of the AED.
5. In the event an officer deploys the AED during a medical/trauma call the officer shall complete a detailed report. The AED should be restocked with appropriate pads and supplies and checked to make sure it is operating properly.

In the event an officer notices there is only 2 or less pads left in stock the officer shall immediately send out an email to the chief or designee notifying them that additional pads need to be ordered.

6. All officers shall inspect their issued tourniquet prior to the start of each shift to ensure that it is intact. Damaged or used equipment shall be reported to a supervisor immediately.

D. Tourniquet procedures:

1. Attempt to control hemorrhage with direct pressure or pressure dressing.
2. If unable to control hemorrhage on an appendage using the above means, apply a tourniquet, using the procedure below, and minding the above considerations.
3. Apply the tourniquet to the extremity as high (proximal) as possible and as tight as possible, preferably over a single-bone structure (humerus and femur) above the wound. Do not place over a joint.

The tourniquet should be placed as high as possible on the extremity. Never place the tourniquet over rigid objects, such as holsters, keys, phones, pens, etc.

- 4. Tighten tourniquet until bleeding stops.**

5. The time of application (“TK 20:30 indicates that the tourniquet was placed at 8:30pm) should be written on the tourniquet, or written directly on the patient’s skin next to the tourniquet with a permanent marker and on the forehead. Tourniquet application time should also be communicated to dispatch.
 6. A tourniquet should only be removed by a physician in an ER and never in the field by Law Enforcement or EMS.
 7. The tourniquet should be left uncovered so the site can be monitored for recurrent hemorrhage. Should active bleeding return, tighten the windlass of the tourniquet until bleeding stops, and re-secure. It may be necessary to apply an additional tourniquet in which case the second tourniquet should be “married up” placed above and as close to the first tourniquet as possible. Leaving any space between the two tourniquets could cause severe and possibly life-threatening complications
 8. Continue to monitor patients’ vitals and wound area.
 9. Ensure receiving personnel are aware of the tourniquet placement.
- E. Officers are reminded that should they encounter an individual whom the officer reasonably believes to be deceased or near death, the officer is required to make a reasonable search of the individual for a record of gift or a record of refusal or other information identifying the individual as a donor or as an individual who has refused to make an anatomical gift; also refer to Policy & Procedure 6.05: Anatomical Gifts.

Keith J. Klafke
Chief of Police

This Policy & Procedure cancels and supersedes any and all written directives relative to the subject matter contained herein.

Initial 04/07/2025