Background information

Law enforcement personnel may be on the scene prior to EMS arrival. Because of this, the System encourages police officers to become Emergency Medical Responders (EMRs) to increase their awareness of life-threatening problems and become proficient in resuscitative measures including use of AEDs.

In most cases, EMS and law enforcement personnel respect each other's roles and work cooperatively for the safety and well-being of the patient and/or bystanders. However, a dual response raises the potential for conflict between police and EMS personnel due to differing duties.

"It is generally accepted that police have broad authority to enforce the law. This broad legal authority arguably supersedes EMS's authority to give aid and treatment to the injured. In fact, unlawful hindering with police work, even though medically justified, may result in charges of obstruction of justice against the EMS personnel. Not surprisingly, courts are reluctant to permit any hindering of police work. Patients may initiate a claim for violation of their civil rights when the officers' actions have resulted in further medical harm." (Attorney's opinion from David Ross, 1987).

I. **PURPOSE**

The purpose of this policy is to delineate the inter-related roles and responsibilities of police officers and EMS personnel when caring for the sick, injured, and/or deceased.

II. **Police are typically dispatched to the following:**

A. Crimes; injuries on public property
B. DOAs; suicides or attempted suicides
C. Overdose or chemical intoxication
D. Domestic violence; cardiac calls
E. Any call in which the EMD believes immediate assistance by a Police Officer will ensure scene safety, reduce the extent of injuries, or increase the victim's chance of recovery
F. Citizen or other public agency request

III. **Law enforcement duties include, but are not limited to the following:**

A. Controlling the scene/bystanders including traffic

B. **Protecting individuals and medical personnel from harm**. Example: Persons who are mentally ill and experiencing a behavioral health crisis or those with a potential for violence. A behavioral health crisis can be unpredictable and should be assessed and stabilized with adequate supports as soon as possible. Police may be requested to search a patient for concealed weapons, accompany EMS personnel to the hospital to assist in restraint, and may be asked to ride inside the ambulance. They may also take a minor into temporary protective custody.

C. **The Community Emergency Services and Support Act (CESSA) (50 ILCS 754/)**

The Illinois Department of Human Services (IDHS) is aware that, under CESSA, some confusion may exist among law enforcement around response to individuals experiencing a behavioral health crisis. It is important to note that, as the State agency responsible for leading the coordination and implementation of CESSA, it is IDHS's reading and position that nothing has changed with regard to protocols or procedures for responding to these individuals (IDHS letter, December 21, 2022).

1. Law enforcement may be dispatched to respond to a person requiring mental or behavioral health care whenever the individual is "involved in a suspected violation of the criminal law." Section 30 (a).

2. Law enforcement may be dispatched to respond to a person requiring mental or behavioral health care whenever the individual "presents a threat of physical injury to self or others" as defined in Section 30(a).

3. CESSA recognizes roles for law enforcement and non-police responders. It requires law enforcement and non-police responders to coordinate their activities to bring the most appropriate response to each call to 911. Sections 20, 25(k), 25(1), and 50.

4. Since non-police responders are not authorized to transport individuals to mental health care who are objecting to such care or to initiate involuntary commitment under the Mental Health and Developmental Disabilities Code (405 ILCS 5/), non-police responders should request that law enforcement transport an individual needing involuntary treatment to an appropriate mental health provider as provided in Section 405 ILCS 5/3-606 of the Mental Health and Developmental Disabilities Code. Law enforcement may only involuntarily transport persons under Section 3-606 if they have "reasonable grounds to believe that the person is subject to involuntary admission on an inpatient basis and is in need of immediate hospitalization." Non-police responders should provide information to law enforcement which would support such a belief whenever they are requesting that law enforcement transport someone involuntarily to a mental health provider.

D. 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 REQUIRED, MEDICAL TREATMENT".

E. Preserving evidence (maintaining a **chain of custody)** related to the incident that may assist in the prosecution of a criminal case. However, at trauma/crime 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. See appendix for a description of evidence.

F. **Maintaining the custody of prisoners**: 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.

G. Maintaining the morgue at declared disaster sites.

IV. **EMS Personnel responsibilities include, but are not limited to the following:**

A. Assisting in, or determining the need for scene control.

B. **Reporting suspected crimes:** EMS personnel shall rapidly evaluate 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, EMS personnel must request their presence. Innocent people shall not be placed in jeopardy. Secure the scene and all evidence as much as possible until the police arrive. **DO NOT ENTER A VIOLENT or UNSAFE SCENE WITHOUT POLICE PROTECTION!**

C. Initiating assessment and treatment per SOP as soon as scene safety has been secured. 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 in jeopardy. If access to the patient is denied, notify the nearest system hospital.

D. **Preserving a crime scene and/or integrity of evidence**

1. The chain of custody begins with the person who collects the evidence. Evidence must remain in the custody of an identifiable person who can testify that they received it in a given condition from someone else or from the scene; that the items were safely preserved from any possible tampering or contamination; and that the

items were delivered in the same condition to another identifiable person. Each person's link in the chain must be complete and unbroken for the evidence to be presented in court.

2. EMS personnel should adhere to the direction of police in all matters relevant to evidence collection unless doing so directly compromises patient care.
3. Observe the scene/victim situation before touching or moving anything.
4. If the scene must be altered for purposes of aiding the patient, the police must be informed. Avoid unnecessary contact with physical objects at the scene.
5. Anything carried into the scene, i.e., medical equipment/supplies, should be removed by the medical team when they depart. Do not remove ANYTHING else from the scene.
6. If it is necessary to cut through the patient's clothing, avoid cutting through tears, bullet holes or other damaged or stained areas. DO NOT shake the clothes.
7. Do not wash or clean the patient's hands or areas that have sustained bullet or shotgun wounds.
8. Expended bullets may be found in the clothing of gunshot victims (especially when heavy winter clothing is worn). This evidence may be lost during examination and/or transportation. EMS personnel should check their vehicle and stretcher after transport. Items of evidence should be collected, contained, and turned over to police upon their discovery and documented on the PCR (See appendix for instructions).

E. Cooperating with police to maintain security of any prisoners. Guarding prisoners is the responsibility of the police. EMS personnel shall do nothing that would breech security by demanding unreasonable security changes, such as the unnecessary removal of handcuffs, restraints, or shackles. If the medical condition of the patient may be jeopardized by the nature of the police physical restraint, ask the officer to cooperate in transitioning the patient to medically-appropriate restraints. See Policy L1 Law Enforcement on scene | Patients under custody and E-1. Emotional Illness and Behavioral Health Emergencies

V. **Care of alleged sexual assault victims**

A. 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.

B. Sexual assault survivors should be encouraged to recall details of the event and of the attacker's appearance, i.e., height, estimated weight, clothes, voice, words, distinguishing marks or characteristics.

C. Victims should receive care commensurate with their injuries and be transported to the hospital in a manner that preserves their dignity, so that further medical attention and evidence collection can be continued.

VI. **Hanging or asphyxiation cases**: Everything must be considered evidence. The position of the knot, marks or bruises 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.

VII. **Penetrating wounds due to stabbing:** Any impaled object should be left in place for both medical reasons and evidence collection.

VIII. **Treating traumatic arrests/confirming Triple Zero at a possible crime scene**

A. If EMS personnel suspect foul play and the patient meets the criteria for triple zero, they should immediately confirm pulselessness without moving the body or any of its parts. Confirm triple zero with the hospital.

B. EMS personnel shall discontinue further examination/treatment of the patient as soon as triple zero has been confirmed with the hospital.

C. Do not remove the patient from the scene until released by the police.

D. If EMS personnel suspect a crime scene and the patient is in a traumatic arrest, but **does not** meet the criteria for Triple Zero, treat per the Traumatic Arrest SOP and preserve evidence as much as possible.

IX. **Procedure in cases of conflict with law enforcement personnel**

A. Although the State EMS Act states that the "authority for patient management in a medical emergency shall be vested in the EMS MD or his designee", in circumstances where police and EMS personnel come into conflict, legal counsel advises that **the police officer has the ultimate authority at the scene**.

B. If EMS personnel anticipate that a foreseeable harm or patient deterioration is likely to occur and are ordered by a police officer not to proceed with patient access and/or appropriate care, they should

1. make all reasonable attempts to verbally convey their concerns to the officer;
2. obtain the officer's name and badge number; and
3. thoroughly document all communications with the officer on the patient care report.

C. Contact OLMC via UHF radio/cellular phone early in the conflict to allow for direct communication between an ED physician and the officer to facilitate problem resolution. Thoroughly document the conversation on an EMS Communications Log.

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Appendix: Evidence collection/preservation

"LIVING FORENSIC" PATIENTS

Survivors of catastrophic near-death experiences that result in injury and liability related bodily insult

- Victims of violent crime | Suspicious/unrecognized/unidentified trauma
- Sexual assault (rape, incest, child molestation); Domestic violence (child, spouse, elder abuse)
- Substance abuse (drug and alcohol addiction, fetal alcohol syndrome, crack babies, DUI)
- Non-fatal assaults | Automobile/pedestrian crashes/injuries | Suicide attempts
- Occupational related injuries (workman's compensation cases)
- Disputed paternity (DNA testing)
- Medical malpractice (and resulting injuries) | Police/Corrections custody abuse
- Drug and food tampering | Product liability/manufacture of unsafe products
- Environmental hazards | Skilled nursing facility injuries
- Epidemiological issues (communicable diseases posing a threat to public safety)

What is Evidence? Evidence is legal proof in a court of law.

"Wherever he steps, whatever he touches, whatever he leaves, even unconsciously, will serve as silent witness against him. Not only his fingerprints or his footprints, but his hair, the fibers from his clothes, the glass he breaks, the tool mark he leaves, the paint he scratches, the blood or semen he deposits or collects -- all of these and more bear mute witness against him. This is evidence that does not forget. It is not confused by the excitement of the moment. It is not absent because human witnesses are, it is factual evidence. Physical evidence cannot be wrong; it cannot perjure itself; it cannot be wholly absent, only its interpretation can err. Only human failure to find it, study and understand it can diminish its value (Harris vs. United States, 331 U.S. 145, 1947).

Types of Evidence

Direct: Eye witnesses or witness statement

Circumstantial: Physical evidence or statements that establish circumstances from which one can infer other facts at issue.

Real: Physical or tangible objects that may prove or disprove a statement in issue; may be direct or circumstantial.

Physical: Any matter, material, or condition, large or small, solid, liquid, or gaseous that may be used to determine the facts in a given situation. Evidence includes hair, skin under the fingernails, body fluids on skin and clothing, including blood, saliva, semen and perspiration; foreign bodies such as bullets, knife blades or other projectiles; small materials such as fragments of metal, glass, paint, wood, etc.; and soot.

Once the chain of custody begins, anything that is done to the victim can result in a judge throwing the evidence out in court.

Documentation evidence

- Use quotes from patients/significant others or bystanders whenever possible. These are called "***excited utterances***" and have more weight in legal proceedings.
- Note inconsistencies between the degree of injury and the account given by the patient as to how the injury occurred.
- Only use abbreviations that are recognized by System policy and SOP
- Documentation must be objective and precise. Don't use inappropriate wound terminology, such as "laceration" for an incised wound. Use instead, "slit like wound with abrasions and residue.
- Document all injuries observed, even scratches, as it may be of assistance in reconstructing the incident leading to the patient's injuries.
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If a gunshot wound: Document the site & approximate size of all wounds; the presence or absence of abrasions at the wound site; the pattern of the wound (circular, slit-like, stellar with irregular borders); the presence or absence of gunpowder and/or soot and its distribution; and the condition of overlying clothing. Don't identify wounds as "entrance" or "exit". That determination is up to the forensics pathologist.

- Document the site and approximate size of **stab wounds** and wounds produced from **medical interventions**, such as missed IV sticks. Identify **needle marks** present prior to treatment so they will not be confused with needle marks resulting from medical treatment.
- Use body diagrams whenever possible for succinctness and accuracy.
- Document the chain of evidence | Document all times of arrival, assessments, and interventions.

Physical evidence collection/containment

- Wear clean gloves to prevent cross contamination; implement barrier precautions.
- Place only one item in each container to prevent co-mingling of blood or debris.
- Place physical evidence (see p. 5 for definition) in **paper bags** or cardboard boxes to allow any moisture in the item of evidence to evaporate, thus preventing mold and changes that might render the evidence useless. Plastic bags may only be used for containment of dry items. Any clean, previously unused envelope or paper grocery bag are acceptable evidence containers.
- Plain copy paper can be used to enclose trace evidence by placing the evidence in the center of the paper and folding the paper so that the material remains entrapped inside. This "bindle" should be placed into a clean, unused envelope that has been appropriately labeled and sealed to initiate the chain of custody.

  Trace evidence: Any physical evidence in scant amounts, such as gunshot soot from the skin surrounding a bullet entrance wound, leaves and grass found on the clothing of a victim.
- Any bullet, metal fragments, knife blade, etc. removed from a patient's clothing should not be marked, initialed, or scratched in any way. After the item is air dried, it should be placed into a clean envelope, cardboard box, or plastic tube and sealed. Cushion a bullet with gauze or cotton to prevent it from becoming deformed. Staples, adhesive tape, or permanent adhesive labels can be used as seals. An identifying mark can be made on the sealing tape that will be altered if the container is opened.
- EMS should not clean soot from wounds. Hospital personnel can recover soot quickly from a gunshot wound before it is prepped or examined by pressing the sticky part of an adhesive note on the soot, and placing it into an appropriately labeled envelope, that is sealed.
- Use a gloved finer moistened with water to seal gummed envelop flaps; saliva may contaminate the contents of the envelope.
- **Clothing**

  Bag each item separately to prevent co-mingling of the evidence
  If evidence is wet, place each item as it is removed onto a chux, place another chux on top and roll up. Bag each roll and give to the police. Make sure they know the evidence is wet. They have resource to air dry clothing in a secure setting.

Disposition of evidence: Label all evidence with the patient's name, date, and signature of the collector. Turn all items over to the police, obtaining a receipt from the officer.

References

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