


PBP FORM 290  PITTSBURGH BUREAU OF POLICE <i>"...accountability, integrity and respect."</i>		SUBJECT: "RESPONSE TO CALLS FOR ASSISTANCE BY EMS"		ORDER NUMBER: 40-11
		PLEAC STANDARD:		PAGE 1 OF 4
ISSUE DATE: 6/17/2016	EFFECTIVE DATE: 1/16/06	ANNUAL REVIEW DATE: JUNE	RESCINDS: COP #97-145; COS #05-054	AMENDS: ALL PREVIOUS

1.0 POLICY/PROCEDURE

1.1 The purpose of this policy is to provide guidelines for members to ensure safety of EMS personnel responding to volatile situations to treat and/or transport patients.

2.0 SCENE SAFETY / SECURITY FOR EMS PERSONNEL:

- 2.1 PBP Supervisors shall assign police officer(s) to help assure the safety of the EMS personnel while patients are treated at volatile calls for service.
- 2.2 If necessary, **or if asked by EMS personnel**, the officers on the scene shall guide Paramedics to the patient. This may be in a house, on the street or in the ambulance.
- 2.3 The officer(s) will keep traffic, family members, bystanders, and actors distant from EMS personnel so they can stabilize the patient and prepare him/her for transport.
- 2.4 If necessary, **or if asked by EMS personnel**, officers on the scene shall stand by at the medic unit while the medics are inside with the patient (prior to leaving the scene) so that by-standers and family members or even actors cannot enter the unit.
- 2.5 If necessary, **or if asked by EMS personnel**, officers on the scene shall stand-by to provide safe passage back to the medic unit with the patient for transport.
- 2.6 If necessary, **or if asked by EMS personnel**, officers on the scene of a motor vehicle accident shall restrict traffic while EMS personnel are moving patients from motor vehicles to medic units.
- 2.7 Also, officers shall not let traffic past when EMS personnel are working to get a patient out of a vehicle at a motor vehicle accident. Officers shall check with the EMS Incident Commander as to what assistance may be needed.
- 2.8 Officers shall not depart a crime scene prior to the arrival of EMS personnel without reporting over the police radio that the **"scene is safe."** (Example –that the actor is in custody).

3.0 PSYCHIATRIC TRANSPORTS/302 COMMITMENTS

3.1 When members of the Bureau of Police are requested to respond to a call for assistance from members of the Bureau of Emergency Medical Services pertaining to individuals who may be severely mentally disabled, the following protocol shall be followed:

- 3.1.1 Members of the PBP who arrive for a call for assistance from EMS personnel shall first inquire as to whether the involved patient has refused medical treatment.

- 3.1.2 If the patient has NOT refused medical treatment, the police officers on the scene shall assist in any way requested, up to and including transportation of a violent patient at the request of on-scene paramedics, EMS District Chief or EMS Physician. If transportation is requested, the officers shall notify their supervisor of the fact that transportation is being requested. Upon completion of the transport, a PBP Form # 3.0 "Offense/Incident Report" shall be completed by the transporting officers.
- 3.1.3 If the patient has REFUSED medical treatment and assistance/transportation is requested by the on-scene paramedic, EMS District Chief and/or EMS physician, the officers on the scene must ensure that before transporting or assisting with the patient that the proper criteria under section 7302 of the Pennsylvania Mental Health Act have been met. Section 7302 of the Pennsylvania Mental Health Act states that "upon personal observation of the conduct of a person constituting reasonable grounds to believe that he/she is mentally disabled and in need of immediate treatment, any physician or peace officer, or anyone authorized by the county administrator may take such person to an approved facility for an emergency examination.
- 3.1.3.1 The on-scene officer shall inquire and insure that the following two criteria have been met before either assisting/transporting a patient who has refused medical treatment:
- 3.1.3.2 A physician, based upon personal observation, has ordered that the patient be brought against his/her will to the hospital.
- 3.1.3.3 The physician ordering the patient to the hospital has stated that he/she will sign the 302 commitment papers for the patient.
- 3.2 After the criteria listed above have been met, the on-scene officers shall either assist in transporting the patient to the hospital or shall transport the patient themselves at the request of the EMS District Chief on the scene.
- 3.3 After the patient is safely admitted to the hospital emergency room, the assigned/transporting officers shall complete a PBP Form # 3.0 "Offense/Incident Report." The following items shall be included in the narrative of the report:
- The names of the officers who were called to assist EMS personnel
 - That the patient refused treatment (if applicable)
 - The nature of injuries to the patient (if any)
 - What actions were required to transport the patient to the hospital (A SRR may be required if the patient physically resisted being transported based on the level of force needed to gain the compliance of the patient).
 - The name of the physician who ordered the emergency examination and signed the 302 commitment papers for the patient.
- 3.4 After completing the necessary documentation, the assisting/transporting officers shall obtain a CCR # from radio and return to service.
- 3.5 Any officer who is called to respond to this type of call for assistance from the EMS Bureau should also request that a Police Supervisor be present to ensure that the necessary steps have been taken prior to the patient being transported to the medical facility.
- 3.6 If the only concern is that the patient is elderly, then they can be placed in back of patrol car but NOT in a wagon. At times, a medic unit may be used if it is an approved 302 from a home. These will be approved by the EMS District Chief (Unit 502 between the rivers / Unit 503 outside the rivers).

4.0 FORCED ENTRIES – "CHECK ON THE WELL-BEING" CALLS

- 4.1 EMS will wait for the police to arrive on scene. EMS personnel will use forced entry as needed and the officers will enter first to ensure scene safety prior to any EMS personnel entering.
- 4.2 The only exception to this shall be if EMS personnel arrive (first) on the scene of a 'check the well-being' call and can visually see a person lying near the door / window.

4.3 EMS personnel shall notify radio immediately upon making a forced entry and will request immediate police response to the scene for assistance.

5.0 REQUESTING EMS PERSONNEL FOR NON-EMERGENCY RESPONSE

5.1 EMS Personnel are sometimes summoned by police to check individuals who clearly do not need an ambulance or request one (sometimes requested /demanded by family, bystanders, etc). This can tie up limited EMS resources thus making them unavailable for 'real' emergencies.

5.2 Officers shall not request EMS if it CLEARLY is not an emergency.

6.0 REQUESTING EMS for NON-MEDICAL RESPONSE

6.1 On occasion, EMS personnel are asked to transport prisoners who may be in a cast, incapacitated, in a wheelchair, etc. to court, jail, etc. Although in the past such requests could be accommodated, this is no longer the case.

6.2 Such requests shall be made to a private service, or to Allegheny County who may have a contract through the courts.

7.0 SERVING SUBPOENAS TO EMS PERSONNEL

7.1 All subpoenas for EMS personnel should be sent directly to the EMS Ambulance Division Chief located at the EMS Headquarters (which is presently located at 700 Filbert Street).

7.2 Subpoenas should not be dropped off at the individual EMS stations.

7.3 Constables will insure that the name of the EMS member being summoned is on the subpoena not just the Medic Number or the shift worked.

7.4 It is advisable that the constable in a case email the EMS member to verify that the subpoena was received.

8.0 EMS PERSONNEL ASSISTING PBP PERSONNEL

8.1 Rape Calls

8.1.1 Oftentimes, EMS personnel are requested to transport a rape victim to the hospital. In the past, units have been tied up waiting for the scene to be processed before transporting the victim.

8.1.2 Unless the victim requires medical treatment, police shall transport the victim to the hospital.

8.2 Intox Calls

8.2.1 EMS shall not be called when an officer encounter an intoxicated person unless there is reason to suspect there may be an underlying medical problem contributing to the persons demeanor.

8.3 Preserving Crime Scenes

8.3.1 EMS will attempt, at all costs, to preserve a crime scene – but must give the patient the benefit of the doubt.

8.4 Terminology

8.4.1 The EMS District Chief or Crew Chief will consult with the receiving hospital's trauma physician and relay to the on-scene PBP senior officer or Supervisor whether or not a patient's injury / illness is life threatening.

8.4.2 A life threatening condition may be obvious on-scene. If that is the case, then the EMS District Chief or Crew Chief will relay that information to the appropriate PBP personnel on scene.

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