



Eddie T. Johnson  
Superintendent  
Chicago Police Department  
3510 S. Michigan Avenue  
Chicago, Illinois 60653

January 19, 2018

**Re: First Aid Policy, Training, and Equipment**

Dear Superintendent Johnson:

Pursuant to the Municipal Code of Chicago Section 2-78-130, the Chief Administrator of the Civilian Office of Police Accountability (COPA) is empowered and has a duty to make recommendations to the Superintendent of the Chicago Police Department (the Department). To fulfill the mission, as outlined in Section 4.4.2 of COPA's Rules and Regulations (effective September 15, 2017), the Chief Administrator may make recommendations that are intended to promote best practices in policing, to address specific gaps in policy and training, or to improve the integrity and transparency of the Department's operations and performance.

**Summary**

COPA found that it is nationally accepted best practice for members to be trained in emergency medical care, to carry first aid kits, and to render aid consistent with their training following uses of force, particularly following an officer-involved shooting incident. Some law enforcement departments also require officers to provide aid to any injured civilian they encounter.

The Department does not currently meet these prevailing best practices. While Department recruits currently receive basic first aid training and tactical medical response training while in the Chicago Police Academy, most members (~60%) have not

received the tactical medical response training. Additionally, members are not required to carry the equipment necessary to render such aid (tourniquets, quick-clotting gauze, etc.) to civilians or to themselves. Lastly, current Department directives do not require members to render aid consistent with their training, even if they are fully trained and equipped to do so.

## **Recommendations**

The enclosed report provides greater detail regarding COPA's research and recommendations. In short, COPA recommends that the Department:

- require that all members receive LEMART training, conduct the training in concert with CFD, and publicly report on their training plan and the outcomes of the training;
- issue individual first-aid kits (IFAK) require all trained members to carry an IFAK while in the field, either on their person or in their assigned vehicle;
- make a number of changes to its policies, including amending its Use of Force policy to require that members, immediately after securing the scene, provide medical attention following use of force incidents commensurate with their training until paramedics arrive, and to require that members immediately call for an emergency medical response after certain types of force; and
- adopt a new directive to provide instruction to members on when to render aid where a person is injured in incidents other than use of force incidents.

Thank you for your time and consideration of these issues. We respectfully request a response to these recommendations within 60 days, or by March 19, 2018. COPA will publish this letter and the Department's response, if any, on the COPA website after the 60-day response time has passed.

Respectfully,



Patricia Banks  
*Interim Chief Administrator*

**City of Chicago**  
**Civilian Office of Police**  
**Accountability**



CIVILIAN OFFICE OF POLICE ACCOUNTABILITY

INTEGRITY ● TRANSPARENCY ● INDEPENDENCE ● TIMELINESS

**Policy Report**  
**Rendering First Aid: Policy, Training,**  
**and Equipment**  
**January 19, 2018**

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## I. Executive Summary

Pursuant to MCC Section 2-78-120(m), the Civilian Office of Police Accountability (COPA) is empowered to make recommendations to the Chicago Police Department (the Department) regarding its policies and procedures. It is one of COPA's duties to investigate officer-involved shootings (OIS). Several recent OIS incidents were captured on camera. Some of the videos capture Department members<sup>1</sup> calling for emergency medical services and then waiting for paramedics to arrive while the person they just shot lies handcuffed on the ground. As the agency investigating these incidents, COPA reviewed the Department's policies and practices related to providing aid after use of force incidents.

To determine what the prevailing national best practices are regarding emergency medical care provision and law enforcement use of force, COPA identified and analyzed peer law enforcement agencies' policies and trainings, and reviewed national organizations' publications and recommendations. To evaluate the Department's current practices regarding rendering medical aid, particularly following officer-involved shootings, COPA reviewed relevant Department policies and training.

COPA found that it is a nationally accepted best practice for members to be trained in emergency medical care, to carry first aid kits, and to render aid consistent with their training following uses of force, particularly following an OIS incident. Some law enforcement departments also require officers to provide aid to any injured civilian they encounter.

The Department does not currently meet these prevailing best practices. While Department recruits currently receive basic first aid training and tactical medical response training while in the Chicago Police Academy, such as how to provide medical aid for gunshot wounds, most members (60%) have *not* received tactical medical response training. Additionally, members are not required to carry the equipment necessary to render such aid (tourniquets, quick-clotting gauze, etc.) to civilians or to themselves. Lastly, current Department directives do not require members to render aid consistent with their training, even if they are fully trained and equipped to do so.

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<sup>1</sup> Note: "Members" refers to all sworn officers, regardless of rank, in the Department. COPA uses "officers" when referring to law enforcement officers generally, when specific policies are quoted, or when referring to officer-involved shootings.

Therefore, COPA recommends that the Department (a) require that all members attend Law Enforcement Medical and Rescue Training (LEMART), (b) provide such members with an individual first aid kit (IFAK) and require them to carry such kits, and (c) explicitly require members to render emergency medical aid after certain use of force incidents and when otherwise appropriate, based on policy and training. COPA's detailed recommendations are located at the end of this report.

The benefits of training, preparing, and requiring members to provide medical aid are readily apparent to COPA – both after use of force incidents and in other situations that are potentially life-threatening. Ensuring medical aid is provided swiftly may reduce the likelihood of member or civilian fatalities following an OIS incident. Training and equipping Department members to render medical aid in emergency situations may also reduce the negative impacts of Chicago's extensive gun violence problem and potential future mass casualty events.

## **II. Methodology**

### **a. Notifications of Officer-Involved Shooting Incidents**

COPA analyzed location data from notifications of officer-involved shooting incidents, both those that did and those that did not strike an individual<sup>2</sup> from January 1, 2017 to September 30, 2017. These incidents represent a sample of the incidents that may benefit from members rendering emergency medical aid.

### **b. Department Policies and Training**

COPA reviewed the Department's Use of Force directives, uniform and equipment policies, and their Rules and Regulations. COPA identified relevant Department directives by searching the Department's directives system for keywords including: "medic," "medical," and "aid."<sup>3</sup>

COPA also reviewed the training materials, including presentation slides and lecturer notes, that the Department provided relating to use of force, emergency response and critical incident response, first aid, CPR, and LEMART. For information that was not available in the provided materials, COPA requested additional information from the members of the Department's Education and Training Division.

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<sup>2</sup> COPA excluded firearm discharges at animals from its analysis.

<sup>3</sup> The Chicago Police Department Directives System can be found at <http://directives.chicagopolice.org/directives/>.

### c. Benchmarking

To determine how other comparable law enforcement agencies train and expect their officers to handle situations in which medical aid is needed, COPA examined publicly available policies, training, and data from the following departments: Baltimore, Cleveland, Los Angeles, Newark, New Orleans, New York, Philadelphia, Portland, and Seattle. In addition to information made public on each law enforcement department's website, COPA also reviewed the websites of that department's civilian oversight agency or federal monitor (if applicable) as well as local media outlets for relevant information. COPA requested materials (i.e., policies and training materials) that were not available publicly from the departments via open records requests. Not all requested materials were provided to COPA by the date of this publication. However, COPA cites non-publicly available materials as applicable.

COPA's research also included reviewing peer-reviewed academic articles relating to law enforcement medical training and response, as well as materials published by preeminent organizations in the field, including, but not limited to: the Department of Justice (DOJ), the Federal Bureau of Investigation, Major Cities Chiefs Association, the International Association of Chiefs of Police, and the Police Executive Research Forum. COPA cites material as applicable.

### d. Additional Research

In addition to the research described above, COPA also consulted several other resources to better understand how emergency medical training and response might impact the Department and city residents. First, COPA examined resources regarding medical response times in Chicago. To determine what the response time was for emergency medical services, COPA reviewed an audit conducted in 2013 and a follow up audit conducted in 2015 by the City of Chicago's Office of the Inspector General. COPA also reviewed media coverage relating to Chicago's emergency medical services.

To determine where in the City might be most in need of the type of medical aid LEMART-trained members provide, COPA analyzed the locations of reported police uses of force from January 1, 2017 to September 30, 2017. The Department provided COPA with a spreadsheet of data from members' Tactical Response Reports that included the location and type of force. COPA excluded incidents in which the Tactical Response Reports only document member presence and/or verbal commands from its analysis.

COPA also examined non-fatal shootings from January 1, 2017 to September 30, 2017. While LEMART training (and the basic first aid and CPR training members receive) enables members to render aid in many situations in addition to gunshot wounds, the City's sheer number of shootings makes examining shooting incidents especially relevant. COPA only reviewed non-fatal shootings in its analysis, as opposed to all shootings, because there is no publicly available data for fatal shootings. COPA's analysis included all incidents in the "Crimes 2001 – Present"<sup>4</sup> dataset with the Illinois Unified Crime Reporting code "041A,"<sup>5</sup> with a handgun or firearm.

To gain a sense of the Department's understanding of, and public communication involving, LEMART training and rendering aid, COPA examined information from the Department's social media pages, the Department's 2018 budget hearing before the City Council Committee on the Budget and Government Operations, presentations by LEMART-trained members to COPA, and relevant media coverage.

COPA utilized demographic information for Chicago's neighborhoods gathered by the Chicago Department of Public Health to determine if patterns detected in the data had a potentially disparate impact on marginalized communities, particularly community areas also impacted by high levels of reported crime and communities where there are high proportions of people of color and of low socioeconomic status.

Lastly, COPA reviewed relevant academic research relating to emergency medical services (in Chicago specifically) and medical training for police officers (generally).

### **III. Current Training and Policy**

#### **a. Training**

According to materials provided to COPA, the Department states that recruits receive 18 hours of initial medical response training in the Chicago Police Academy. The materials also indicate that 18 hours is the minimum required by the Illinois Police Training Standards Board, and that the training covers "basic first aid"<sup>6</sup> and cardiopulmonary resuscitation (CPR).

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<sup>4</sup> COPA accessed data on non-fatal shootings from the City of Chicago Data Portal at <https://data.cityofchicago.org/Public-Safety/Crimes-2001-to-present/ijzp-q8t2>. Accessed January 19, 2018.

<sup>5</sup> Illinois Unified Crime Reporting code 041A is an Aggravated Battery. This method for identifying shootings is the same used by the City of Chicago in its "Shootings between 2002-2012" dataset, available at the City of Chicago Data Portal at <https://data.cityofchicago.org/Public-Safety/Shootings-between-2002-2012/w435-t7xh/data>. Accessed January 19, 2018.

<sup>6</sup> Per the first aid lesson plans the Department provided to COPA on September 20, 2017, included in basic first aid training is the proper procedure to administer emergency medical care in the following circumstances: CPR, mouth

In addition to the 18 hours of basic first aid and CPR training, since November 2014 all new recruits are required to take an additional course on tactical medical response, titled Law Enforcement Medical and Rescue Training (LEMART).<sup>7</sup> LEMART is an 8-hour course taught by the Department and the Chicago Fire Department (CFD) using a curriculum designed to teach tactical combat casualty care, including techniques that are derived from military operations to prevent death from penetrating injuries.<sup>8</sup> Members who graduated from the Chicago Police Academy prior to November 2014 are not required to attend LEMART training, though they may choose to do so. Since mid-2016 the training is required for pre-service Sergeant and Lieutenant classes.<sup>9</sup> As of October 20, 2017, approximately 4,736<sup>10</sup> Department members (39%<sup>11</sup>) had received LEMART training.

The Department also offers a two-hour LEMART refresher training course. This course was developed to practice the application steps for pressure bandages, chest seals, tourniquets, and QuikClot gauze. Instructors provide training on proper application, the trainees practice on each other, and their technique is assessed by the instructors.

#### b. Policy—Carrying First Aid Supplies

After completing the LEMART course, LEMART-trained members are authorized, but not required to, carry an individual first aid kit (IFAK) with the necessary tools to provide care, including tourniquets and quick-clotting bandages.<sup>12</sup> The Department

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to mouth resuscitation, control bleeding, amputations, bone fractures, choking, convulsions, diabetic emergencies, heart attack, heat exhaustion/stroke, lacerations, drug overdose, poisoning, puncture/penetrating wounds, seizures, shock, and transporting injured persons.

<sup>7</sup> The Department provided this information to COPA in an email on October 20, 2017.

<sup>8</sup> National Association of Emergency Medical Technicians, "Tactical Combat Casualty Care." <https://www.naemt.org/education/naemt-tccc>. January 12, 2018. The Department's LEMART curriculum cites Tactical Combat Casualty Care as the basis for the LEMART Training.

<sup>9</sup> The Department provided this information to COPA in an email on October 20, 2017.

<sup>10</sup> The Department provided this information to COPA in an email on October 20, 2017.

<sup>11</sup> On October 23, 2017, the Department provided COPA with its 9<sup>th</sup> Period (August 20 – September 16, 2017) Strength Report. This report indicated that the Department had 12,090 sworn personnel. This was the total used to calculate the percentage of sworn members that had received LEMART training.

<sup>12</sup> Chicago Police Department Directive, Uniform and Property U06-02-23 Individual First Aid Kit (IFAK). Effective March 16, 2017. Accessed January 12, 2018.

<http://directives.chicagopolice.org/directives/data/a7a57b38-1488e40c-5eb14-88e6-c8b737ad46ecc09a.html?hl=true>

does not require that any member carry first aid materials on their person<sup>13</sup> or in their vehicles.<sup>14</sup>

While City Council passed legislation “urging” the Department to provide kits for all trained members,<sup>15</sup> currently LEMART-trained members wishing to carry an IFAK must purchase one.<sup>16</sup> The kits cost approximately \$100.<sup>17</sup> However, the Chicago Police Foundation (the Foundation) has funded at least 2,000 kits to ensure new graduates of the Chicago Police Academy have kits in addition to the now-required LEMART training. As of August 2016, the Foundation was attempting to raise funds to provide every member with a kit.<sup>18</sup>

### c. Policy—Rendering Aid

Even if members are properly trained in LEMART and are carrying an IFAK, current directives do not require members to render aid, except in emergency situations on interstate expressways (until an Illinois State Police member arrives).<sup>19</sup> Despite Superintendent Johnson’s statement at the Department’s 2018 budget hearing that the current use of force policy “calls on officers to immediately render aid consistent with their training,”<sup>20</sup> the Use of Force directive only states that members “may provide medical care consistent with their training,”<sup>21</sup> not “must.” The less restrictive wording

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<sup>13</sup> Chicago Police Department Directive, Uniform and Property U04-01-01 Prescribed Uniform and Equipment Items. Effective December 18, 2017. Accessed January 12, 2018.

<http://directives.chicagopolice.org/directives/data/a7a57bf0-1356803b-02113-5680-4b590212ccedda97.html?hl=true>

<sup>14</sup> Chicago Police Department Directive, Uniform and Property U02-01-03 Emergency Equipment. Effective May 27, 1997. Accessed January 12, 2018.

<http://directives.chicagopolice.org/directives/data/a7a57be2-12cc274e-6a512-cc2d-f9c8383855863d7f.html?ownapi=1>

<sup>15</sup> R2016-0624, Adopted October 15, 2016. Accessed September 15, 2017.

<https://chicago.legistar.com/LegislationDetail.aspx?ID=2835094&GUID=1F87A3D6-A7A2-4601-9891-DFC60BF4C65D>.

<sup>16</sup> LeMignot, Suzanne. Chicago Police Foundation Paying For New Cops’ Emergency First Aid Kits. *CBS Chicago*, August 17, 2016 Accessed January 12, 2018.

<http://chicago.cbslocal.com/2016/08/17/chicago-police-foundation-paying-for-new-cops-emergency-first-aid-kits/>

<sup>17</sup> LeMignot, Suzanne. Chicago Police Foundation Paying For New Cops’ Emergency First Aid Kits. *CBS Chicago*, August 17, 2016 Accessed January 12, 2018.

<http://chicago.cbslocal.com/2016/08/17/chicago-police-foundation-paying-for-new-cops-emergency-first-aid-kits/>

<sup>18</sup> LeMignot, Suzanne. Chicago Police Foundation Paying For New Cops’ Emergency First Aid Kits. *CBS Chicago*, August 17, 2016 Accessed January 12, 2018.

<http://chicago.cbslocal.com/2016/08/17/chicago-police-foundation-paying-for-new-cops-emergency-first-aid-kits/>

<sup>19</sup> Chicago Police Department Directive, Special Order S04-15 Policing of the Interstate Expressway System. Effective February 23, 2017. Accessed January 12, 2018.

<http://directives.chicagopolice.org/directives/data/a7a57bf0-12dc41eb-af712-dc49-5206f04fc20aeaec.html?hl=true>

<sup>20</sup> COPA staff attended the Department’s budget hearing before the City Council’s Committee on the Budget and Government Operations, on November 2, 2017. This quote was recorded by the staff during the hearing.

<sup>21</sup> Chicago Police Department Directive, General Order G03-02 Use of Force. Effective October 16, 2017. Accessed January 12, 2018.

<http://directives.chicagopolice.org/directives/data/a7a57be2-128ff3f0-ae912-8fff-44306f3da7b28a19.html?ownapi=1>

in the Department's current Use of Force directive (i.e., "may") is consistent in other Department directives that provide guidance relating to providing medical aid, including those governing preliminary investigations.<sup>22</sup> Specifically, the Department's "Preliminary Investigations" General Order provides that, "preliminary investigators will immediately request appropriate medical aid for any injured person and may provide appropriate medical care consistent with the member's training."<sup>23</sup>

After use of force incidents, members are only required to request appropriate medical aid by contacting emergency medical services from CFD via the Office of Emergency Management and Communications "whenever an individual is injured, complains of injury, or requests medical attention."<sup>24</sup>

#### IV. Benchmarking

##### a. Other Departments<sup>25</sup>

In addition to examining the Department's relevant training and directives, COPA also analyzed publicly available information and materials obtained through records requests. The following section details other comparable department's policies and training protocols. Departments were chosen based on comparability to Chicago and having been under federal monitoring by the DOJ.

#### *Model Policies*

**Philadelphia:** After using deadly force, the Philadelphia Police Department requires officers to "immediately render the appropriate medical aid and request further medical assistance for the suspect and any other injured individuals when necessary and safe to do so and will not be delayed to await the arrival of medical assistance."<sup>26</sup> The Philadelphia Police Department also expects officers to respond to "hospital cases," or cases in which an individual needs immediate medical attention, by rendering first aid

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<sup>22</sup> Chicago Police Department Directive, General Order G04-01 Preliminary Investigations. Effective October 15, 2017. Accessed January 12, 2018. <http://directives.chicagopolice.org/directives/data/a7a57b9b-15ea1343-a4115-ea13-4775c5e7267ca79c.html?hl=true>

<sup>23</sup> Chicago Police Department Directive, General Order G04-01 Preliminary Investigations. Effective October 15, 2017. Accessed January 12, 2018. <http://directives.chicagopolice.org/directives/data/a7a57b9b-15ea1343-a4115-ea13-4775c5e7267ca79c.html?hl=true>

<sup>24</sup> Chicago Police Department Directive, General Order G03-02 Use of Force. Effective October 16, 2017. Accessed January 12, 2018. <http://directives.chicagopolice.org/directives/data/a7a57be2-128ff3f0-ae912-8fff-44306f3da7b28a19.html?ownapi=1>

<sup>25</sup> See Appendix E for a table comparing the Use of Force policy language regarding rendering aid.

<sup>26</sup> Philadelphia Police Directives, Use of Force, Effective September 18, 2015. Accessed January 12, 2018. <https://www.phillypolice.com/assets/directives/PPD-Directive-10.1.pdf>

and transporting individuals to the nearest hospital. In the cases of victims of serious penetrating wounds, officers are instructed to transport the person to the nearest trauma center, without delaying for the arrival of Fire Department paramedics.<sup>27</sup>

**Portland:** Following a DOJ investigation<sup>28</sup> the Portland Police Bureau (PPB) entered into a collaborative agreement with the DOJ. In their agreement, PPB agreed to require officers to call for emergency medical services following use of force incidents.<sup>29</sup> This initial agreement reflects a lower standard than the policy PPB ultimately enacted. Specifically, PPB's current policy requires officers to render emergency medical aid following the use of force "within the limits of their individual skills, training and available equipment until professional medical care providers arrive on the scene."<sup>30</sup> In addition to rendering aid following uses of force, officers are required to provide emergency medical aid to all ill or injured persons if the officer is properly trained, primary police duties have been accomplished, and the scene is safe.<sup>31</sup> It is important to note that PPB's requirement to provide medical aid is in both their Use of Force policies and a separate policy regarding Emergency Medical Aid.

To ensure officers are prepared to render this emergency aid, Portland officers receive Tactical Emergency Casualty Care training, a four-hour course similar to the Department's LEMART course. The PPB initiated this training at the urging of its officer instructors noting "the benefit of this material for all officers." It was also requested by officers and precinct command staff during the annual training needs assessment process.<sup>32</sup> The Portland Police Bureau reported that officers have "saved several lives, including civilians" as a result of this training, and the DOJ commended the Bureau for providing this training to all sworn officers.<sup>33</sup> Portland officers also receive CPR and First Aid recertification training as required by the Oregon Department of Public Safety

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<sup>27</sup> Philadelphia Police Department Directives, Hospital Cases, Effective May 28, 2010. Accessed January 12, 2018. <http://www.phillypolice.com/assets/directives/D3.14-HospitalCases.pdf>

<sup>28</sup> The DOJ found that there was a "deep-seated concern that the [Portland Police Bureau] does not provide timely access to medical care following the use of deadly force." See: United States Department of Justice, Investigation of the Portland Police Bureau, September 12, 2012. Accessed January 12, 2018. <https://www.justice.gov/iso/opa/resources/9362012917111254750409.pdf>

<sup>29</sup> *United States of America v. City of Portland*, Settlement Agreement Pursuant to Fed. R. Civ. P. 41(a)(2), Case 3:12-cv-02265-SI. Filed December 17, 2012. Accessed January 12, 2018. [https://www.justice.gov/sites/default/files/crt/legacy/2013/11/13/ppb\\_proposedsettle\\_12-17-12.pdf](https://www.justice.gov/sites/default/files/crt/legacy/2013/11/13/ppb_proposedsettle_12-17-12.pdf)

<sup>30</sup> Portland Police Bureau, Directives Manual, 1010.00, Use of Force. Effective August 19, 2017. Accessed January 12, 2018. <https://www.portlandoregon.gov/police/article/647779>

<sup>31</sup> Portland Police Bureau, Directives Manual, 0630.59, Emergency Medical Aid. No effective date. Accessed January 12, 2018. <https://www.portlandoregon.gov/police/article/526150>

<sup>32</sup> Portland Police Bureau. In Service Training: Evaluation of General In-Service Training for Tenured Officers. July 2016. Accessed January 12, 2018. <https://www.portlandoregon.gov/police/article/635141>

<sup>33</sup> *United States v. City of Portland*, Technical Assistance Letter Regarding In-Service Training, February 26, 2016. Accessed January 12, 2018. <https://www.justice.gov/crt/file/847051/download>

Standards and Training.<sup>34</sup> The PPB holds its officers accountable for providing medical care during officer-involved shootings and in-custody deaths through reviews conducted by Internal Affairs, Detectives, and the Training Division.<sup>35</sup>

**Seattle:** While under a DOJ consent decree, the Seattle Police Department (SPD) revised its use of force policy to include a provision that “officers shall render or request medical aid, if needed or if requested by anyone, as soon as reasonably possible.”<sup>36</sup> While this language suggests that simply requesting aid may fulfill this duty, other Seattle Police Department directives impose stricter requirements.

For example, Seattle’s directive regulating “serious incidents,” which include homicides, sexual assaults, officer-involved shootings, and serious injuries where death may be likely (among other incidents), states: “officers on the scene will administer first aid to injured persons and request medic units to respond when necessary.”<sup>37</sup> Seattle officers are also expected to assist sick and/or injured persons by providing aid and requesting emergency medical services as needed.<sup>38</sup>

Officers are also required to automatically request medical aid following all uses of deadly force, Taser discharges, beanbag shotgun discharges, OC spray discharges when the subject is in custody, and any use of force greater than *de minimis*<sup>39</sup> on subjects who are reasonably believed or known to be pregnant, pre-adolescent children, elderly, or physically frail.<sup>40</sup>

SPD has offered “Care Under Fire,” a 9-hour training similar to the Department’s LEMART course, since 2012.<sup>41</sup> In 2016, SPD received a federal grant to issue all 600

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<sup>34</sup> Portland Police Bureau. Evaluation Report: 2016 Annual Training Needs Assessment. October 2016. Accessed January 12, 2018. <https://www.portlandoregon.gov/police/article/635142>

<sup>35</sup> Portland Police Bureau. In Service Training: Evaluation of General In-Service Training for Tenured Officers. October 2016. Accessed January 12, 2018. <https://www.portlandoregon.gov/police/article/635142>

<sup>36</sup> Seattle Police Department Manual, 8.200 – Using Force. Effective September 15, 2015. Accessed January 12, 2018. <http://www.seattle.gov/police-manual/title-8---use-of-force/8200---using-force>

<sup>37</sup> Seattle Police Department Manual, 14.060 – Serious Incident Plan. Effective July 1, 2009. Accessed January 12, 2018. <https://www.seattle.gov/police-manual/title-14---emergency-operations/14060---serious-incident-plan>

<sup>38</sup> Seattle Police Department Manual, 16.130 – Sick and Injured Persons. Effective October 21, 2016. Accessed January 12, 2018. <https://www.seattle.gov/police-manual/title-16---patrol-operations/16130---sick-and-injured-persons>

<sup>39</sup> Meaning very small or insignificant.

<sup>40</sup> Seattle Police Department Manual, 8.200 – Using Force. Effective September 15, 2015. Accessed January 12, 2018. <http://www.seattle.gov/police-manual/title-8---use-of-force/8200---using-force>

<sup>41</sup> Seattle Police Department, “Care Under Fire,” Instructional Systems Design, 2017. Obtained via public records request on December 11, 2017.

patrol officers with an IFAK, and provided them mandatory advanced “Care Under Fire” training.<sup>42</sup> The training notes that:

    this training does not require a mastery of complex medical procedures, rather a simple understanding of basic skills that are likely to save an officer or civilian’s life. These skills, when used in conjunction with the equipment provided in an IFAK, can significantly reduce officer and civilian death. It is the department’s goal and responsibility to give officers these critical and necessary tools and training so they may provide for their own life and safety, as well as the life and safety of their partners and general public.<sup>43</sup>

### *Other Jurisdictions*

**Baltimore:** In the consent decree (2017) between the Baltimore Police Department and the DOJ, it states that Baltimore officers “will be expected to provide emergency first aid consistent with their training and experience until professional medical care providers are on scene.”<sup>44</sup> In their new use of force policy enacted in 2016, the Baltimore Police Department requires officers to “immediately render aid to the injured person consistent with his/her training and experience and request medical assistance” after any use of force incident.<sup>45</sup> It appears that the Baltimore Police Department correctly anticipated that the requirement to provide aid would be a requirement in any eventual consent decree between it and the DOJ, and proactively changed its use of force policies to include, among many other changes, a requirement to render aid.

**Cleveland:** The Cleveland Police Department entered into a settlement agreement with the DOJ in 2015, which included a requirement that “officers will provide emergency first aid until professional medical care providers are on scene.”<sup>46</sup> To ensure compliance with this requirement, the Cleveland Police Department amended its use of force policy to state: “If needed, officers and supervisors shall immediately obtain any necessary medical care while providing emergency first aid until professional medical care

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<sup>42</sup> This represents approximately 43% of all sworn officers of the Seattle Police Department. Seattle Police Department, Department Fact Sheet, 2016. Accessed January 12, 2018. <https://www.seattle.gov/police/about-us/about-the-department/departement-fact-sheet>

<sup>43</sup> Seattle Police Department, “Care Under Fire,” Instructional Systems Design, 2017. Obtained via public records request on December 11, 2017.

<sup>44</sup> *United States of America v. Police Department of Baltimore City, et. al.*, Consent Decree, Case 1:17-cv-00099-JKB. Filed January 12, 2017. Accessed January 12, 2018. <https://www.justice.gov/crt/case-document/file/925036/download>

<sup>45</sup> Baltimore Police Department, Policy 1115, Use of Force. Issued July 1, 2016. Accessed January 12, 2018. [https://www.baltimorepolice.org/sites/default/files/Policies/1115\\_Use\\_Of\\_Force.pdf](https://www.baltimorepolice.org/sites/default/files/Policies/1115_Use_Of_Force.pdf)

<sup>46</sup> *United States of America v. City of Cleveland*, Settlement Agreement. 1:15-cv-01046-SO. Filed June 12, 2015. Accessed January 12, 2018. <https://www.justice.gov/crt/case-document/file/908536/download>

providers arrive.”<sup>47</sup> Additionally, the policy requires that officers immediately request emergency medical services following use of force applications regardless of visible injury or complaint of injury in the following circumstances:

1. Discharges of a firearm that strike a subject.
2. Impact of subject’s head against a hard, fixed object.
3. Any use of force on subjects who are reasonably believed or known to be pregnant, children, elderly, physically or medically frail, or disabled.

Lastly, the Cleveland Police Department trained 1,400 officers in first-aid and equipped its entire fleet with trauma kits in 2015.<sup>48</sup> All 800 cruisers were equipped with tourniquets, chest seals, scissors, gauze, and other basic supplies (at a cost of approximately \$100,000). The training lasted for eight hours, and covered CPR, defibrillator use, first aid, and how to use the kits in their cruisers.<sup>49</sup>

**Los Angeles:** The Los Angeles Police Department (LAPD) does not require officers to render aid following use of force incidents.<sup>50</sup> However, the LAPD requires officers to transport subjects in which they have used the following force against to an approved medical facility prior to booking, or if an emergency exists, to request an ambulance:

1. any subject that has been struck by a baton,<sup>51</sup>
2. whenever the TASER is used and the probes and/or electrodes make contact with the suspect's clothing or skin,<sup>52</sup> and

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<sup>47</sup> *United States of America v. City of Cleveland*, Motion Recommending Approval of Revised Use of Force Policies of the Cleveland Division of Police. 1:15-cv-01046-SO. Filed November 16, 2016. January 12, 2018. <https://static1.squarespace.com/static/5651f9b5e4b08f0af890bd13/t/582c54ac59cc685797341239/1479300270095/Dkt.+83--Use+of+Force+Policies+with+Exhibits.pdf>

<sup>48</sup> Note: Cleveland appears to have trained approximately 91.8% (1400/1525 = 91.8%) of their officers. Sources: Shaffer, Cory. Are there enough Cleveland Police Officers? *Cleveland Plain Dealer*, October 1, 2014. Accessed January 12, 2018. [http://www.cleveland.com/metro/index.ssf/2014/10/are\\_there\\_enough\\_cleveland\\_pol\\_1.html](http://www.cleveland.com/metro/index.ssf/2014/10/are_there_enough_cleveland_pol_1.html)

City of Cleveland Office of the Mayor Frank G. Jackson, “City Emergency Medical Service Completes First Aid Training of Cleveland Division of Police.” Press Release December 23, 2015. Accessed January 12, 2018. <http://www.city.cleveland.oh.us/sites/default/files/pressReleases/12.23.15CityEmergencyMedicalServiceCompletesFirstAidTrainingClevelandPolice.pdf>

Danylko, Ryllie. Cleveland police 'accelerated' first aid training after Tamir Rice shooting, mayor says. *Cleveland Plain Dealer*, December 9, 2015. January 12, 2018. [http://cleveland.com/metro/index.ssf/2015/12/cleveland\\_police\\_accelerated\\_f.html](http://cleveland.com/metro/index.ssf/2015/12/cleveland_police_accelerated_f.html)

<sup>49</sup> Morice, Jane. First aid training complete for Cleveland police officers. *Cleveland Plain Dealer*, December 23, 2015. Accessed January 12, 2018. [http://www.cleveland.com/metro/index.ssf/2015/12/first\\_aid\\_training\\_complete\\_fo.html](http://www.cleveland.com/metro/index.ssf/2015/12/first_aid_training_complete_fo.html)

<sup>50</sup> Los Angeles Police Department Directives, 556 Use of Force. No effective date. Accessed January 12, 2018. [http://www.lapdonline.org/lapd\\_manual/volume\\_1.htm](http://www.lapdonline.org/lapd_manual/volume_1.htm)

<sup>51</sup> Los Angeles Police Department Use of Force Directive No. 8.1 Baton. Effective March 2013. Obtained via public records request on January 10, 2018.

3. any person struck with a “sock round,” from a beanbag shotgun.<sup>53</sup>

Additionally, their directives state that:

Saving lives and aiding the injured, locating lost persons, keeping the peace, and providing for many other miscellaneous needs are basic services provided by the Department. To satisfy these requests, the Department responds to calls for service and renders such aid or advice as is necessitated or indicated by the situation.<sup>54</sup>

It is therefore possible to interpret the above provision as a duty to render aid generally, if not specifically medical aid after using force.

California law also requires officers to have first-aid training initially, and refresher courses throughout their career.<sup>55</sup> However, an audit of LAPD in 2013 found that only 250 out of 10,000 officers had received the required refresher training. The audit also found that 40% of all officers did not have their issued trauma kits, and that the issued trauma kits were outdated.<sup>56</sup> In 2014, after receiving a \$250,000 grant from the Los Angeles Police Foundation, LAPD officers received 8,000 updated trauma kits, including standard first aid items, tourniquets, and compression bandages. Officers were issued kits after completing training on their use. COPA attempted to obtain updated materials from the Los Angeles Police Department, but was not provided a response to its request as of this publication.<sup>57</sup>

**New Orleans:** In the consent decree (2013) with the New Orleans Police Department, the DOJ mandated that immediately following a use of force, the officer must obtain any necessary medical care. Specifically, this care “may require an officer to provide

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<sup>52</sup> Los Angeles Police Department Use of Force Directive No. 4.4 TASER. Effective March 2013. Obtained via public records request January 10, 2018.

<sup>53</sup> Los Angeles Police Department Use of Force Directive No. 6.2 Beanbag Shotgun. Effective March 2013. Obtained via public records request January 10, 2018.

<sup>54</sup> Los Angeles Police Department Directives, 130.60 Public Service. No effective date. Accessed January 12, 2018. [http://www.lapdonline.org/lapd\\_manual/volume\\_1.htm](http://www.lapdonline.org/lapd_manual/volume_1.htm)

<sup>55</sup> Abdollah, Tami. LAPD training to use combat-style trauma kits. *Associated Press*, January 27, 2014. Accessed January 12, 2018. <http://www.sandiegouniontribune.com/sdut-la-police-training-to-use-combat-style-trauma-kits-2014jan27-story.html>

<sup>56</sup> Los Angeles Police Commission P.O.S.T Refresher Training Audit, Conducted by the Office of the Inspector General, October 1, 2013. Accessed January 12, 2018. [http://www.lapdpolicecom.lacity.org/100813/BPC\\_13-0348.pdf](http://www.lapdpolicecom.lacity.org/100813/BPC_13-0348.pdf)

<sup>57</sup> COPA attempted to obtain relevant materials from the LAPD but was not provided a response to its request as of this publication. COPA initially requested this material on October 27, 2017. COPA followed up via email on December 12, 2017 and via phone December 12, 2017 and January 4, 2018. On January 10, 2018, COPA was provided a partial response to its request, in which the LAPD provided numerous relevant use of force policies, but no information on their medical response training or policies on carrying first aid or trauma kits.

emergency first aid until professional medical care providers are on scene.”<sup>58</sup> To comply with the DOJ requirement, the New Orleans Police Department revised its use of force policy to include the following:

Immediately following a use of force, officers and supervisors shall inspect and observe subjects for injury or complaints of pain. Officers shall obtain medical assistance for any person who exhibits signs of physical distress, has sustained visible injury, expresses a complaint of injury or continuing pain, or who was rendered unconscious. This may require officers to render emergency first aid within the limits of their individual skills, training and available equipment until professional medical care providers arrive on the scene.<sup>59</sup>

Materials provided from the New Orleans Police Department to COPA indicate that officers receive 8 hours of First Aid and CPR in their academy.<sup>60</sup> Based on materials provided to COPA, New Orleans does not provide additional training in tactical care, nor do they require officers to carry first aid kits.

**New York:** The New York Police Department (NYPD) requires that after applying force, officers “ensure subject receives immediate medical attention and provide first aid, if appropriate and properly trained, if subject is having difficulty breathing or demonstrates any potentially life threatening symptoms or injuries.”<sup>61</sup> Partly in response to the testimony by former-NYPD officers Peter Liang and Shaun Landau that they did not know how to do CPR following the shooting of Akai Gurley, NYPD has begun training all patrol officers in advanced first aid, including how to apply a tourniquet and to stop bleeding from a gunshot wound. As of March 2016, the department was hoping to have 10,000 trained officers by the end of the year.<sup>62</sup> It is unclear at this time whether this goal was met. COPA attempted to obtain updated

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<sup>58</sup> *United States of America v. City of New Orleans*. Consent Decree Regarding the New Orleans Police Department. Case 2:12-cv-01924-SM-JCW. Filed January 11, 2013. Accessed January 12, 2018.

[https://www.justice.gov/sites/default/files/crt/legacy/2013/01/11/nopd\\_agreement\\_1-11-13.pdf](https://www.justice.gov/sites/default/files/crt/legacy/2013/01/11/nopd_agreement_1-11-13.pdf)

<sup>59</sup> New Orleans Police Department, Operations Manual Chapter: 1.3 Use of Force. Effective December 6, 2015. Accessed January 12, 2018. <https://www.nola.gov/getattachment/NOPD/NOPD-Consent-Decree/Chapter-1-3-Use-of-Force.pdf/>

<sup>60</sup> New Orleans Police Department, First Aid and CPR Training Lesson Plan. Effective May 2015. Obtained via records request November 17, 2017.

<sup>61</sup> New York Police Department, Patrol Guide, Procedure No. 221-02 Use of Force. Effective October 18, 2016. Accessed January 12, 2018. [https://www1.nyc.gov/assets/nypd/downloads/pdf/public\\_information/public-pguide3.pdf](https://www1.nyc.gov/assets/nypd/downloads/pdf/public_information/public-pguide3.pdf)

<sup>62</sup> Cheng, Pei-Sze. I-Team: NYPD Begins Advanced First Aid Training for Patrol Officers. *NBC 4 New York*, March 7, 2016. Accessed January 12, 2018. <http://www.nbcnewyork.com/news/local/NYPD-advanced-first-aid-police-academy-training-akai-gurley-371306951.html>

materials from NYPD, but was not provided a response to its request as of this publication.<sup>63</sup>

In December 2016, through a program initiated by the New York State Division of Homeland Security and Emergency Services, NYPD announced that all officers will be issued a Belt Trauma Kit.<sup>64</sup> The kit includes quick-clotting gauze, a pressure bandage, tourniquets, and gloves, and is designed to fit on the officer's duty belt.<sup>65</sup> Officers are required to have the kit in their vehicle while on patrol, or on their gun belt while on foot patrol or assigned to a detail.<sup>66</sup>

**Newark:** The consent decree (2016) between the Newark Police Department and the DOJ provided that immediately after a use of force, Newark officers, if qualified, "will be expected to provide emergency first aid until professional medical care providers are on scene."<sup>67</sup> In an effort to fulfill this requirement, the Newark Police Department worked with the Independent Monitor to develop a revised use of force policy that includes a duty for officers to provide medical aid. The Newark policy, which is still in draft form pending community input and court approval, states:

Whenever a Division member observes or is made aware of the presence of an injury, including, complaints of pain, the member shall ensure that Emergency Medical Services (E.M.S.) is requested to respond. If trained to do so, and when necessary, the member shall also render immediate aid. If a Division member uses any weapon against a person such as, but not limited to, less-lethal ammunition, OC spray, or a conductive energy device and contact is made with the subject with any of these weapons, E.M.S. shall be notified to respond.<sup>68</sup>

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<sup>63</sup> COPA initially requested this material October 27, 2017, and followed up via email on November 8, 2017, November 15, 2017, and with a phone call November 21, 2017. On November 29, 2017, the New York Police Department Legal Bureau notified COPA that it needed additional time to review the request, and a determination will be issued within 90 days.

<sup>64</sup> Z-Medica Press Release, December 28, 2016. Accessed January 12, 2018.

<http://www.prweb.com/releases/2016/12/prweb13948212.htm>

<sup>65</sup> NYPD Equipment, Accessed January 12, 2018.

<http://www1.nyc.gov/site/nypd/about/about-nypd/equipment-tech/equipment.page>

<sup>66</sup> New York Police Department, Patrol Guide, Procedure 204-09 Required Firearms/Equipment. Effective April 20, 2017. Accessed January 12, 2018. [https://www1.nyc.gov/assets/nypd/downloads/pdf/public\\_information/public-pguide1.pdf](https://www1.nyc.gov/assets/nypd/downloads/pdf/public_information/public-pguide1.pdf)

<sup>67</sup> *United States of America v. Newark*, Supplemental Motion for Entry of Consent Decree, Case 2:16-cv-01731-MCA-MAH. Filed April 29, 2016. Accessed January 12, 2018. <https://www.justice.gov/opa/file/836901/download>

<sup>68</sup> Newark Police Division General Order 17-X, Use of Force. Draft dated May 31, 2017. Accessed January 12, 2018. <https://www.newarkpdmonitor.com/wp-content/uploads/2017/06/NPD-UOF-POLICY-Revised-5-31-2017-Draft-for-Community-Review.pdf>

## b. Best Practices

COPA defines “best practices” as those that leading experts, including the DOJ, law enforcement officials, relevant research and advocacy institutions, and/or academic researchers, have reached a consensus on. This is not to say that in order to be a “best practice” that a recommendation must be universally accepted. There will be instances in which some organizations disagree with others, or there may not be sufficient research around an issue. COPA weighs information from available materials to identify prevailing and emerging standards.

As evident in the discussion above, the DOJ has included a requirement for officers to render emergency medical aid following use of force incidents in several recent consent decrees. In addition to the examples above, the DOJ also included a duty to provide prompt emergency medical aid by the officer in the consent decrees and settlements since 2001 in the following jurisdictions: Ferguson, Albuquerque, Puerto Rico, East Haven (CT), and Washington, DC.<sup>69</sup>

Despite that some consent decrees only require officers to ensure that aid was administered by a proper medical provider (Los Angeles Sheriff’s Department, Warren (OH)),<sup>70</sup> the fact that this requirement has been included in multiple consent decrees for 16 years suggests that the DOJ considers this a best practice. Moreover, this practice has been implemented in jurisdictions across the country.

Moreover, the DOJ also included the requirement to render aid as a recommendation in their January 2017 findings letter after their investigation of the Chicago Police Department. Specifically, the DOJ recommended that the Department “[e]quip officers with appropriate first-aid supplies, train them in their use, and require officers to render aid to injured persons consistent with the officer’s training.”<sup>71</sup>

The duty to promptly render aid was also included in the Police Executive Research Forum’s (PERF) 30 Guiding Principles on the Use of Force.<sup>72</sup> PERF developed these guiding principles after “18 months of research, field work, and discussions by hundreds of police professionals at all ranks.” In their report, PERF notes that promptly

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<sup>69</sup> United States Department of Justice. An Interactive Guide to the Civil Rights Division’s Police Reforms. January 18, 2017. Accessed January 12, 2018. <https://www.justice.gov/crt/page/file/922456/download>

<sup>70</sup> United States Department of Justice. An Interactive Guide to the Civil Rights Division’s Police Reforms. January 18, 2017. Accessed January 12, 2018. <https://www.justice.gov/crt/page/file/922456/download>

<sup>71</sup> United States Department of Justice. Investigation of the Chicago Police Department. January 13, 2017. Accessed January 12, 2018. <https://www.justice.gov/crt/case-document/file/925771/download>

<sup>72</sup> Police Executive Research Forum. Guiding Principles on Use of Force. March 2016. Accessed January 12, 2018. <http://www.policeforum.org/assets/30%20guiding%20principles.pdf>

rendering first aid contributes to respecting the sanctity of life—which is now the focus of the Department’s use of force policy. While discussing this requirement, PERF quotes Christy Lopez, a former DOJ Civil Rights Division Deputy Chief and a current law professor at Georgetown, who says:

We’re asking something very difficult of our officers. It asks a lot to be willing to take another human being’s life, so we’re asking them to do that only when it’s necessary, and then to turn around and try to save that person’s life that they just tried to take. That’s a difficult thing to do in the moment. If we train them to do that beforehand, it makes it easier to do that, and it puts them in a better frame of mind to understand the dual role that we are asking them to play as police officers—to be willing to take someone’s life, and then turn around and try to save that same life.<sup>73</sup>

On the other hand, the International Association of Chiefs of Police’s (IACP) National Consensus Policy on the Use of Force does not include a requirement to render aid following use of force incidents. Instead, officers’ duty to provide medical care is fulfilled by requesting emergency medical services or arranging transportation to an emergency medical facility.<sup>74</sup> However, in their discussion of this policy, IACP notes that officers “should only provide care consistent with their training, to include providing first aid.”<sup>75</sup>

The Final Report of the President’s Task Force on 21st Century Policing recommends that law enforcement agencies should equip all officers with an individual tactical first aid kits and training.<sup>76</sup> In its report, the Task Force cites Dr. Alexander Eastman, a trauma surgeon and law enforcement professional, who noted that “tactical first aid kits would significantly reduce the loss of both officer and civilian lives due to blood loss.”<sup>77</sup>

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<sup>73</sup> Police Executive Research Forum. Guiding Principles on Use of Force. March 2016. Accessed January 12, 2018. <http://www.policeforum.org/assets/30%20guiding%20principles.pdf>

<sup>74</sup> International Association of Chiefs of Police. National Consensus Policy on the Use of Force. October 2017. Accessed January 12, 2018.

[http://www.theiacp.org/Portals/0/documents/pdfs/National\\_Consensus\\_Policy\\_On\\_Use\\_Of\\_Force.pdf](http://www.theiacp.org/Portals/0/documents/pdfs/National_Consensus_Policy_On_Use_Of_Force.pdf)

<sup>75</sup> International Association of Chiefs of Police. National Consensus Policy on the Use of Force. October 2017. Accessed January 12, 2018.

[http://www.theiacp.org/Portals/0/documents/pdfs/National\\_Consensus\\_Policy\\_On\\_Use\\_Of\\_Force.pdf](http://www.theiacp.org/Portals/0/documents/pdfs/National_Consensus_Policy_On_Use_Of_Force.pdf)

<sup>76</sup> President’s Task Force on 21st Century Policing. Final Report of the President’s Task Force on 21st Century Policing. Washington, DC: Office of Community Oriented Policing Services. May 2015. Accessed January 12, 2018.

<https://ric-zai-inc.com/Publications/cops-p311-pub.pdf>

<sup>77</sup> President’s Task Force on 21st Century Policing. Final Report of the President’s Task Force on 21st Century Policing. Washington, DC: Office of Community Oriented Policing Services. May 2015. Accessed January 12, 2018.

<https://ric-zai-inc.com/Publications/cops-p311-pub.pdf>

Law enforcement officer training on and provision of emergency medical response was also a recommendation of The Hartford Consensus. The Hartford Consensus is a series of four reports issued by the Joint Committee to Create a National Policy to Enhance Survivability from Intentional Mass Casualty and Active Shooter Events. The committee was convened by the American College of Surgeons (ACS) in collaboration with the medical community and representatives from the federal government, the National Security Council, the U.S. military, the Federal Bureau of Investigation, the Major Cities Chiefs Association, and other governmental and nongovernmental emergency medical response organizations following the Sandy Hook mass shooting. In their second report, the Hartford Consensus identified external hemorrhage control as a “core law enforcement skill,” and called on law enforcement departments to ensure that “appropriate equipment, such as tourniquets and hemostatic dressings, is available to every law enforcement officer.”<sup>78</sup>

### c. Legal Analysis

In addition, to benchmarking the Department to other law enforcement agencies and identifying best practices, COPA also analyzed what courts have said about this issue. COPA’s legal analysis focused on the duty of law enforcement officers to render aid to a civilian who has been injured during a police interaction.

As a preliminary matter, not every civilian injury occurs because the individual is the subject of a police action. Innocent bystanders may be injured because of the officer’s actions while encountering or pursuing a suspect. However, to address the duty to render aid from a legal perspective, the context must be focused on interactions between police officers and suspects.<sup>79</sup> It is well settled that all claims that law enforcement officers used excessive force during an arrest, investigatory stop or other seizure should be analyzed under the fourth amendment’s protection against unreasonable seizures.<sup>80</sup> In short, COPA’s legal analysis showed a lack of a definitive constitutional or legal duty to provide care. This lack of a legal requirement provides

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<sup>78</sup> Joint Committee to Create a National Policy to Enhance Survivability from Intentional Mass Casualty and Active Shooter Events Active Shooter and Intentional Mass-Casualty Events: The Hartford Consensus II. September 1, 2013. Accessed January 12, 2018. <http://bulletin.facs.org/2013/09/hartford-consensus-ii/#.Wg3EOY9SyUk>

<sup>79</sup> It is well-established that there is no constitutional right to be rescued by the state or for the state to provide first aid to injured persons. See *Deshaney v. Winnebago County Dep’t of Social Services*, 489 U.S. 189 (1989) (“[O]ur cases have recognized that the Due Process Clauses generally confer no affirmative right to governmental aid, even where such aid may be necessary to secure life, liberty, or property interests of which the government itself may not deprive the individual.”). The State’s duty to protect an individual (or provide medical care) arises under the Due Process Clause only when it restrains the individual’s freedom to act on his own behalf, such as through incarceration, institutionalization, or other similar restraint of personal liberty.

<sup>80</sup> See, generally, *Graham v. Connor*, 109 S. Ct. 1865 (1989).

the Department with the opportunity to provide clear policy guidance for officers to provide first aid.

### *Background*

The Supreme Court discussed the duty to render aid in *Revere* by stating that a city had a duty to provide medical treatment for a person injured by police. There, an officer shot a suspect fleeing the scene of a burglary.<sup>81</sup> The court, relying on the Due Process Clause, stated that the city "fulfilled its constitutional obligation by seeing that [the injured suspect] was taken promptly to a hospital that provided the treatment necessary for his injury."<sup>82</sup>

However, the Court found no need to define the extent of the City's duty to provide medical attention to arrestees, pretrial detainees, or other persons in its care who require medical attention. In *Revere*, the Court recognized the existing duty to render aid to individuals who have been injured while being apprehended by the police but does not create or define the standard in which to implement that duty. In fact, the holding could be interpreted to support the argument that calling an ambulance may be sufficient. Thus, while due process requires a duty to provide medical treatment to an injured arrestee, there is no constitutional requirement that an officer personally provide medical attention.

Over the years, case law has developed in which the duty to provide medical care is analyzed under the standard of reasonableness.

### *Seventh Circuit*

The Seventh Circuit uses the reasonableness standard articulated under the Fourth Amendment to interpret the duty to render aid to an arrestee. The Seventh Circuit has routinely held that the protections of the Fourth Amendment apply at arrest and through the probable cause hearing.<sup>83</sup> In *Estate v. Phillips*, the Court held that considering *Graham*, the Fourth Amendment's reasonableness standard remains the sole standard by which to measure the officers' actions.<sup>84</sup> While denial of medical care to an individual in custody who cannot help himself is not readily thought of as "force," the Fourth Amendment requires that seizures be reasonable under all circumstances.<sup>85</sup>

### *Ninth Circuit*

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<sup>81</sup> *City of Revere v. Massachusetts Gen. Hosp.*, 463 U.S. 240 (1983).

<sup>82</sup> *City of Revere v. Massachusetts Gen. Hosp.*, 463 U.S. 245 (1983).

<sup>83</sup> *Ortiz v. City of Chicago*, 656 F.3d 523 (7<sup>th</sup> Cir. 2011).

<sup>84</sup> *Estate v. Phillips*, 123 F.3d 586 (7<sup>th</sup> Cir. 1997).

<sup>85</sup> *Estate v. Phillips*, 123 F.3d 586 (7<sup>th</sup> Cir. 1997) at 596.

The Ninth Circuit has interpreted the holding in *Revere*, in light of the Court's holding in *Graham*, to mean that the Fourth Amendment and the reasonableness standard governs claims regarding deficient medical care during and immediately following an arrest.<sup>86</sup>

### *Eighth Circuit*

The Eighth Circuit has also addressed post-arrest medical care. In *Tagstrom v. Enockson*, the Eighth Circuit held that a police officer "was in no way deliberately indifferent to [the detainee's] medical needs" where he promptly called an ambulance upon finding a suspect injured after a high-speed motorcycle chase, instead of personally rendering medical assistance.<sup>87</sup> The court held that the officer "properly performed his duty" by immediately calling the ambulance.<sup>88</sup>

### *Sixth Circuit*

The Sixth Circuit has a higher standard regarding what may be deemed "reasonable" in terms of providing medical care. In *Eibel v. Melton*, the Court held that there could be no doubt that the arrestee suffered from a serious medical need.<sup>89</sup> The court reasoned that in this instance, a reasonable jury could have concluded that just calling for medical assistance without doing more was deliberately indifferent to the decedent's serious medical needs and therefore a constitutional violation. The Court held that "reasonable officers would have known, based on this Circuit's precedent, that the obligation to provide adequate medical care to an injured detainee is not discharged merely by promptly calling for medical assistance."<sup>90</sup>

Therefore, deliberate indifference can be shown by not only the failure to summon medical care but also by the failure to provide medical care. An officer cannot stand around and do nothing where he subjectively perceives a serious medical need and the arrestee has already been secured. The court even went further to discuss that because the arrestee was locked in a squad car, the officers maintained exclusive control and possession of the arrestee; thereby creating a constitutional duty to provide him with adequate medical care.

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<sup>86</sup> See *Walker v. Fresno Police Dept*, 249 Fed. Appx. 525, 526 (2007); *Tatum v. City and County of San Francisco*, 441 F.3d 1090, 1098-99 (9th Cir. 2006); *Ostling v. City of Bainbridge Island*, 872 F. Supp. 2d 1117 (W.D. Wash. 2012); *Mejia v. City of San Bernardino*, 2012 U.S. Dist. LEXIS 45550, \*17 n.12 (C.D. Cal. Mar. 30, 2012); *Fonseca v. City of Fresno*, 2012 U.S. Dist. LEXIS 2327, 23-25 (E.D. Cal. Jan. 9, 2012); *Von Haar v. City of Mt. View*, 2011 U.S. Dist. LEXIS 19789, \*6-\*8 (N.D. Cal. Mar. 1, 2011).

<sup>87</sup> *Tagstrom v. Enockson* CPR. 857 F.2d 502 (8th Cir. 1988).

<sup>88</sup> *Tagstrom v. Enockson* CPR. 857 F.2d 503-4 (8th Cir. 1988).

<sup>89</sup> *Eibel v. Melton* 904 F.Supp.2d 806 (M.D. Tenn. 2012).

<sup>90</sup> *Eibel v. Melton* 904 F.Supp.2d 808 (M.D. Tenn. 2012), quoting *Scozzari v. Miedzianowski*, 454 Fed. Appx. 455, 466 (6th Cir. 2008).

In the Sixth Circuit, it may not be sufficient for an officer to only summon medical assistance and under certain circumstances, due process may require an officer to render first aid to the victim, as well. However, no other decision in the Circuit provides guidance on how an officer must proceed after he has already called for emergency medical services beyond the general requirement to not unreasonably delay access to medical treatment in the face of a serious medical need.

### *Conclusion*

There is no constitutional requirement for law enforcement officers to physically render aid and the duty to render aid is viewed under the lens of reasonableness. What is defined as “reasonable” varies between circuits and there is no set definition. Therefore, there is no set duty. However, many courts have interpreted the request for medical assistance by an officer to be reasonable and thus constitutionally sufficient. Because of the absence of a strong constitutional standard, the Department has a unique opportunity to step in and set a higher policy standard. The Department’s value for the sanctity of life<sup>91</sup> reflects the Department’s commitment to a higher standard than simply calling for aid. As this report details below, COPA’s recommendations call for the Department to align its policies with its stated commitment to the preservation of life.

## **V. Data Analysis**

To illustrate where LEMART-trained members would potentially be most beneficial, COPA examined where members report using force most frequently and where there are gaps in other emergency medical care.

COPA also reviewed the Office of Inspector General’s (OIG) 2013 audit regarding the percentage of calls for emergency medical response in which paramedics arrived within 5 minutes,<sup>92</sup> and compared those findings to where members reported uses of force occurred. COPA believes LEMART-trained members could serve as an emergency medical stopgap measure in the areas in which there are a high number of uses of force and where the emergency medical response exceeds the standard set by the National Fire Protection Association.

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<sup>91</sup> The Department defines the Sanctity of Human Life as, “The Department’s highest priority is the sanctity of human life. In all aspects of their conduct, Department members will act with the foremost regard for the preservation of human life and safety of all persons involved.”

See Chicago Police Department Directive, General Order G03-02 Use of Force. Effective October 16, 2017. Accessed January 12, 2018.

<http://directives.chicagopolice.org/directives/data/a7a57be2-128ff3f0-ae912-8fff-44306f3da7b28a19.html?ownapi=1>

<sup>92</sup> 5 minutes is the National Fire Protection Association (NFPA) standard for emergency medical response.

COPA found that in the wards with the most shootings, CFD responded in under 5 minutes to no more than 67 percent of calls. In one ward, CFD responded in under 5 minutes to only 39 percent of calls. In 2015, the Inspector General released a follow-up report to the 2013 audit, and found that CFD failed to take any corrective action in response to the recommendations made in OIG's 2013 audit, and had no plans to implement future corrective actions, to improve its response times.<sup>93</sup> More recently, a report by CBS Chicago described examples of shooting incidents where CFD's response time was 20 minute or more.<sup>94</sup> The CBS report also found that calls for ambulances have increased over the last three years, "from 339,063 in 2014 to 370,809 in 2016," a 9.4% increase "driven partly by increased violence in Chicago."<sup>95</sup>

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<sup>93</sup> Chicago Office of Inspector General, Chicago Fire Department Fire and Medical Incident Response Times Follow-Up Inquiry. March 2015. Accessed January 12, 2018. <http://chicagoinspectorgeneral.org/wp-content/uploads/2015/03/CFD-Response-Time-Follow-Up-Report.pdf>

Given CFD's response, COPA assumes CFD response times in 2017 do not vary widely from those reported in the 2013 OIG audit.

<sup>94</sup> Zekman, Pam. 2 Investigators: Ambulance Shortage, Patients at Risk. *CBS Chicago*. November 10, 2017. Accessed January 12, 2018. <http://chicago.cbslocal.com/2017/11/10/2-investigators-ambulance-shortage-patients-at-risk/>

<sup>95</sup> Zekman, Pam. 2 Investigators: Ambulance Shortage, Patients at Risk. *CBS Chicago*. November 10, 2017. Accessed January 12, 2018. <http://chicago.cbslocal.com/2017/11/10/2-investigators-ambulance-shortage-patients-at-risk/>

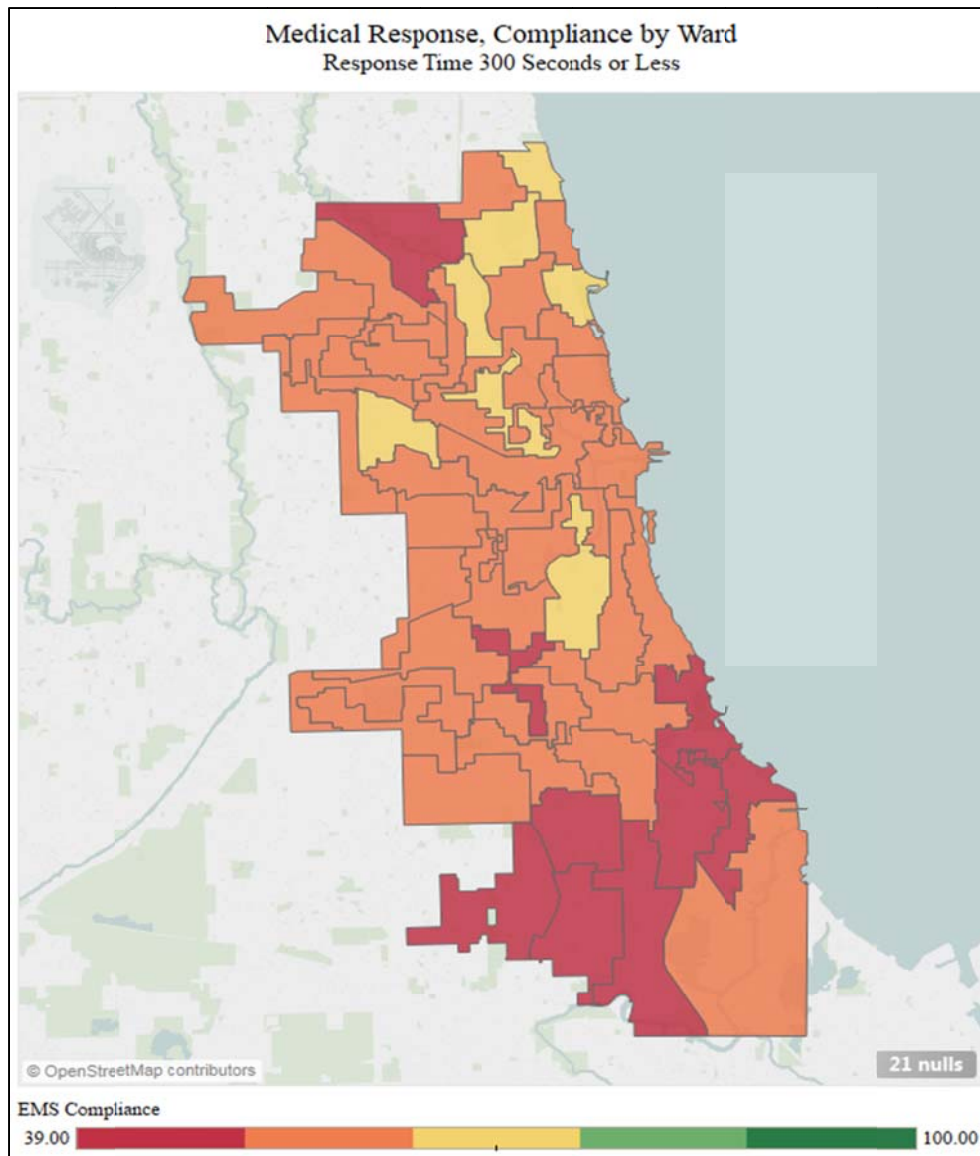


Figure 1: Chicago Emergency Medical Services Response, Compliance with NFPA Standard, 2013<sup>96</sup>

While CFD’s response times are noncompliant with the NFPA standard in most areas of the City, the effect of this response time is particularly concerning in Chicago’s “trauma deserts”—defined as locations further than 5 miles from the nearest trauma center. Chicago’s trauma deserts are primarily in the southeast side of Chicago, and include parts of police districts 2, 3, 4, 5, 6, and 7.<sup>97</sup> As shown in the maps on the following page, some of these areas have also experienced a high concentration of police uses of force.

<sup>96</sup> Map was created by COPA based on the findings of the OIG’s 2013 audit referenced above.

<sup>97</sup> Crandall, Marie et al. (2013). Trauma Deserts: Distance from a Trauma Center, Transport Times, and Mortality From Gunshot Wounds in Chicago. *American Journal of Public Health* 103(6): 1103-1109. Accessed January 12, 2018. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3698742/>. See Figure 1.

While not every use of force results in injury, this distinct overlap in the areas where there are trauma deserts and a high concentration of police use of force represents an opportunity where police-rendered medical aid could produce a beneficial result to subjects impacted by police use of force, specifically low-income people of color.<sup>98</sup>

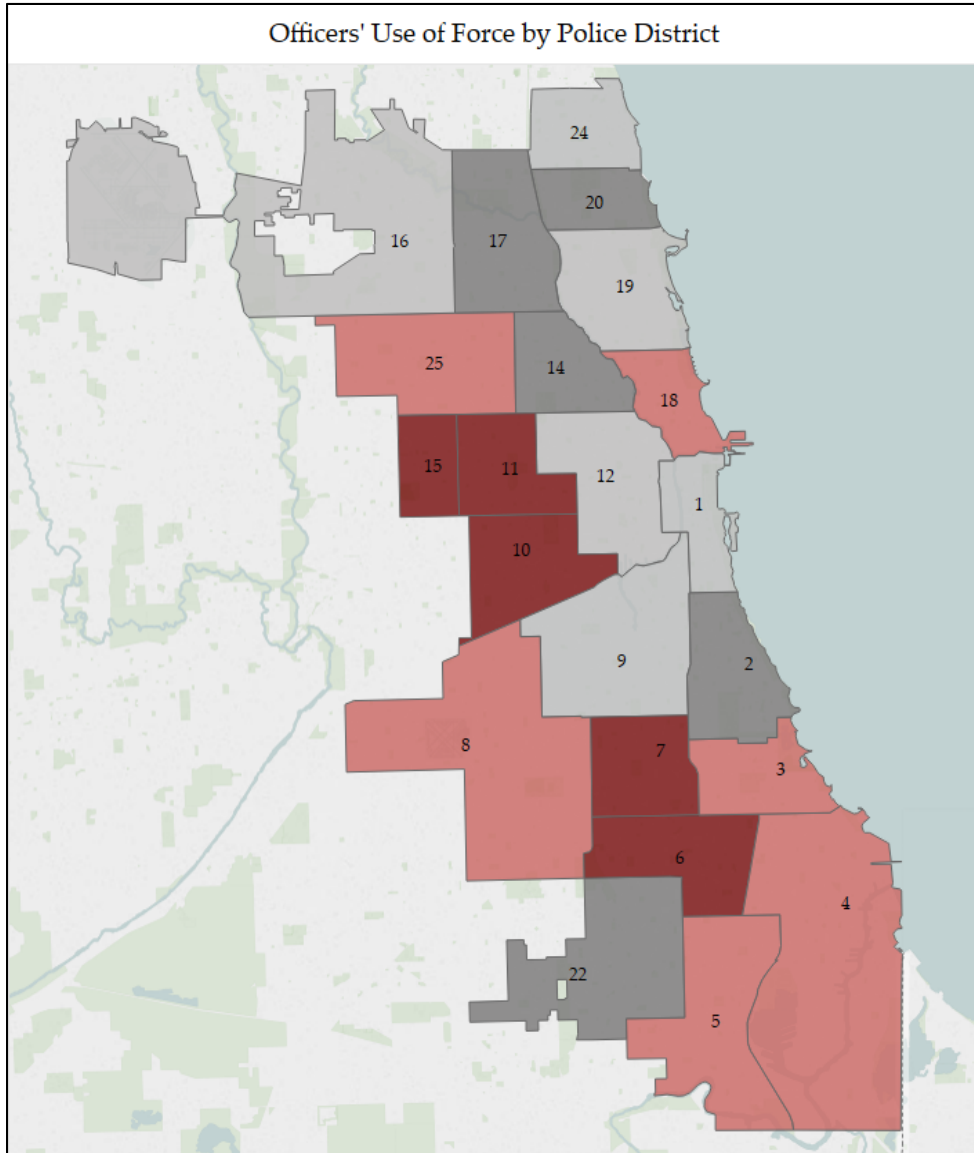


Figure 2. Department Members' Uses of Force, as Reported on Tactical Response Reports from January 1, 2017 to September 30, 2017<sup>99</sup>

<sup>98</sup> The DOJ noted in its findings that "Many low-income black neighborhoods suffer the greatest harm of violent crime in Chicago, and therefore have more police contacts. As a result, residents in these neighborhoods suffer more of the harms caused by breakdowns in uses of force, training, supervision, accountability, and community policing." See pages 144-145, United States Department of Justice. Investigation of the Chicago Police Department. January 13, 2017. Accessed January 12, 2018. <https://www.justice.gov/crt/case-document/file/925771/download>

<sup>99</sup> The districts in **dark red** are the districts with the five highest numbers of reported uses of force; the districts in **light red** are the districts with the next six highest numbers of reported uses of force. The districts in **dark gray** are

Additionally, nine out of the 33 officer-involved shootings that occurred from January 1, 2017 to September 30, 2017 occurred in a “trauma desert.”<sup>100</sup> Research has shown that even after controlling for other factors (i.e., injury severity, age, race, gender, insurance status, and intent of the injury, like attempted suicide versus assault), gunshot wounds that occur in Chicago in a trauma desert are approximately 23% more likely to result in death.<sup>101</sup> Patients shot more than 5 miles from a trauma center were also disproportionately black and less likely to be insured.<sup>102</sup> The effect of this distance to a trauma center, and therefore the time to receive medical care, results in approximately 6 excess deaths per year.<sup>103</sup>

The areas with frequent uses of force also correspond to neighborhoods that face a myriad of other challenges. According to data analysis conducted by the Chicago Department of Public Health (CDPH), neighborhoods on Chicago’s south and west sides have higher economic hardship.<sup>104</sup> CDPH found that neighborhoods experiencing high economic hardship are associated with homicide rates ten times higher than neighborhoods with low economic hardship.<sup>105</sup> This confluence of factors<sup>106</sup> suggest that

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the districts with the five lowest numbers of reported uses of force; the districts in **light gray** are the districts with the next six lowest numbers of reported uses of force.

<sup>100</sup> For this analysis, COPA omitted two officer-involved shootings during this timeframe that occurred outside the City of Chicago, and two officer suicides.

The “trauma desert” boundaries were found in Figure 1 of: Crandall, Marie et al. (2013). Trauma Deserts: Distance from a Trauma Center, Transport Times, and Mortality From Gunshot Wounds in Chicago. *American Journal of Public Health* 103(6): 1103-1109. Accessed January 12, 2018. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3698742/>

<sup>101</sup> Crandall, Marie et al. (2013). Trauma Deserts: Distance from a Trauma Center, Transport Times, and Mortality From Gunshot Wounds in Chicago. *American Journal of Public Health* 103(6): 1103-1109. Accessed January 12, 2018. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3698742/>. See Table 3.

<sup>102</sup> Crandall, Marie et al. (2013). Trauma Deserts: Distance from a Trauma Center, Transport Times, and Mortality From Gunshot Wounds in Chicago. *American Journal of Public Health* 103(6): 1103-1109. Accessed January 12, 2018. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3698742/>. See Table 2.

<sup>103</sup> Crandall, Marie et al. (2013). Trauma Deserts: Distance from a Trauma Center, Transport Times, and Mortality From Gunshot Wounds in Chicago. *American Journal of Public Health* 103(6): 1103-1109. Accessed January 12, 2018. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3698742/>. See Discussion.

<sup>104</sup> The Economic Hardship Index was developed by Rockefeller Institute and compares geographic areas based on several data indicators from the U. S. Census Bureau’s American Community Survey: crowded housing, households below poverty, unemployment, high school graduation, dependent population and income. A higher Hardship Index score represents worse economic conditions. From Cohen, Sheri; Prachand, Nikhil; Bocskay, Kirsti; Sayer, Janis; and Schuh, Tina. Healthy Chicago 2.0 Community Health Assessment: Informing Efforts to Achieve Health Equity. Chicago Department of Public Health, February 2016. Accessed January 12, 2018. [https://www.cityofchicago.org/content/dam/city/depts/cdph/CDPH/Healthy%20Chicago/HealthyChicago\\_CHA\\_410\\_2017.pdf](https://www.cityofchicago.org/content/dam/city/depts/cdph/CDPH/Healthy%20Chicago/HealthyChicago_CHA_410_2017.pdf)

<sup>105</sup> Cohen, Sheri; Prachand, Nikhil; Bocskay, Kirsti; Sayer, Janis; and Schuh, Tina. Healthy Chicago 2.0 Community Health Assessment: Informing Efforts to Achieve Health Equity. Chicago Department of Public Health, February 2016. Accessed January 12, 2018. [https://www.cityofchicago.org/content/dam/city/depts/cdph/CDPH/Healthy%20Chicago/HealthyChicago\\_CHA\\_410\\_2017.pdf](https://www.cityofchicago.org/content/dam/city/depts/cdph/CDPH/Healthy%20Chicago/HealthyChicago_CHA_410_2017.pdf)

the residents in these neighborhoods are the City's most marginalized, and most in need of additional life-preserving measures.

As suggested by the CDPH analysis, these same districts also experienced a high number of non-fatal shootings, as shown in the map on the following page. While Department members may not be able to provide emergency medical aid in every incident in which someone is shot, the data suggests that there is a clear opportunity for police to serve as a lifesaving stopgap measure in Chicago's most marginalized neighborhoods until EMTs can arrive.

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<sup>106</sup> Residents of the south and west sides are also predominantly non-white, have a higher poverty rate than the city-wide average, have experienced school closures, and have a higher concentration of blocks for which the state has spent over \$1 million to incarcerate its residents.

See here: Cohen, Sheri; Prachand, Nikhil; Bocskay, Kirsti; Sayer, Janis; and Schuh, Tina. Healthy Chicago 2.0 Community Health Assessment: Informing Efforts to Achieve Health Equity. Chicago Department of Public Health, February 2016. Accessed January 12, 2018.

[https://www.cityofchicago.org/content/dam/city/depts/cdph/CDPH/Healthy%20Chicago/HealthyChicago\\_CHA\\_410\\_2017.pdf](https://www.cityofchicago.org/content/dam/city/depts/cdph/CDPH/Healthy%20Chicago/HealthyChicago_CHA_410_2017.pdf)

City of Chicago, Census Data - Selected socioeconomic indicators in Chicago, 2008 – 2012, September 12, 2014. Accessed January 12, 2018. <https://data.cityofchicago.org/Health-Human-Services/Census-Data-Selected-socioeconomic-indicators-in-C/kn9c-c2s2>

Epton, Abraham; Richards, Alex; and Chris Courtney, "School Board Votes to Close 49 Schools" *The Chicago Tribune*, May 23, 2013. Accessed January 12, 2018. [http://articles.chicagotribune.com/2013-05-23/news/chi-chicago-school-closings-20130522\\_1\\_chicago-teachers-union-byrd-bennett-one-high-school-program](http://articles.chicagotribune.com/2013-05-23/news/chi-chicago-school-closings-20130522_1_chicago-teachers-union-byrd-bennett-one-high-school-program)

Million Dollar Blocks. No date. Accessed January 12, 2018. <http://chicagosmilliondollarblocks.com>

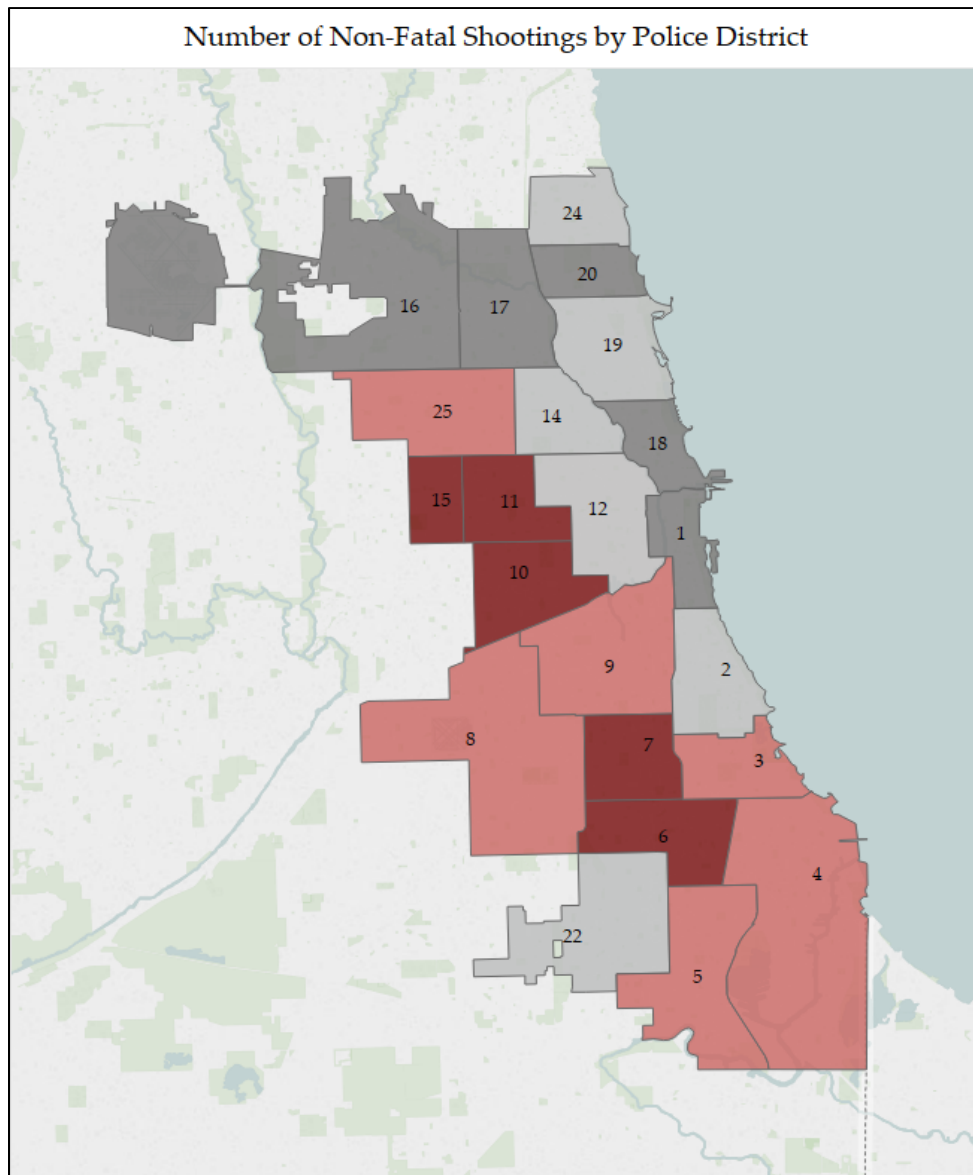


Figure 3. Non-fatal Shootings, January 1, 2017 to September 30, 2017 by Police District<sup>107</sup>

Neighborhoods facing these challenges are also located in police districts with some of the highest volume of assigned members. The districts with the most assigned members<sup>108</sup> partially overlap with the districts with the most reported uses of force incidents and the most shootings.<sup>109</sup> District 11, on the west-side of Chicago, had both the most reported uses of force incidents (545), the most non-fatal shootings (260) and

<sup>107</sup> COPA downloaded data on non-fatal shootings from the City of Chicago Data Portal at <https://data.cityofchicago.org/Public-Safety/Crimes-2001-to-present/ijzp-q8t2>.

<sup>108</sup> For the 9th period of 2017 (August 20 to September 16). Provided to COPA by the Department on October 23, 2017.

<sup>109</sup> See Appendix D for a table comparing police districts by reported uses of force, officer-involved shootings, number of assigned members, and number of non-fatal shootings.

the most assigned members (435); District 7 and District 6 had the second and third highest uses of force and assigned members, and the fourth and fifth highest non-fatal shootings.

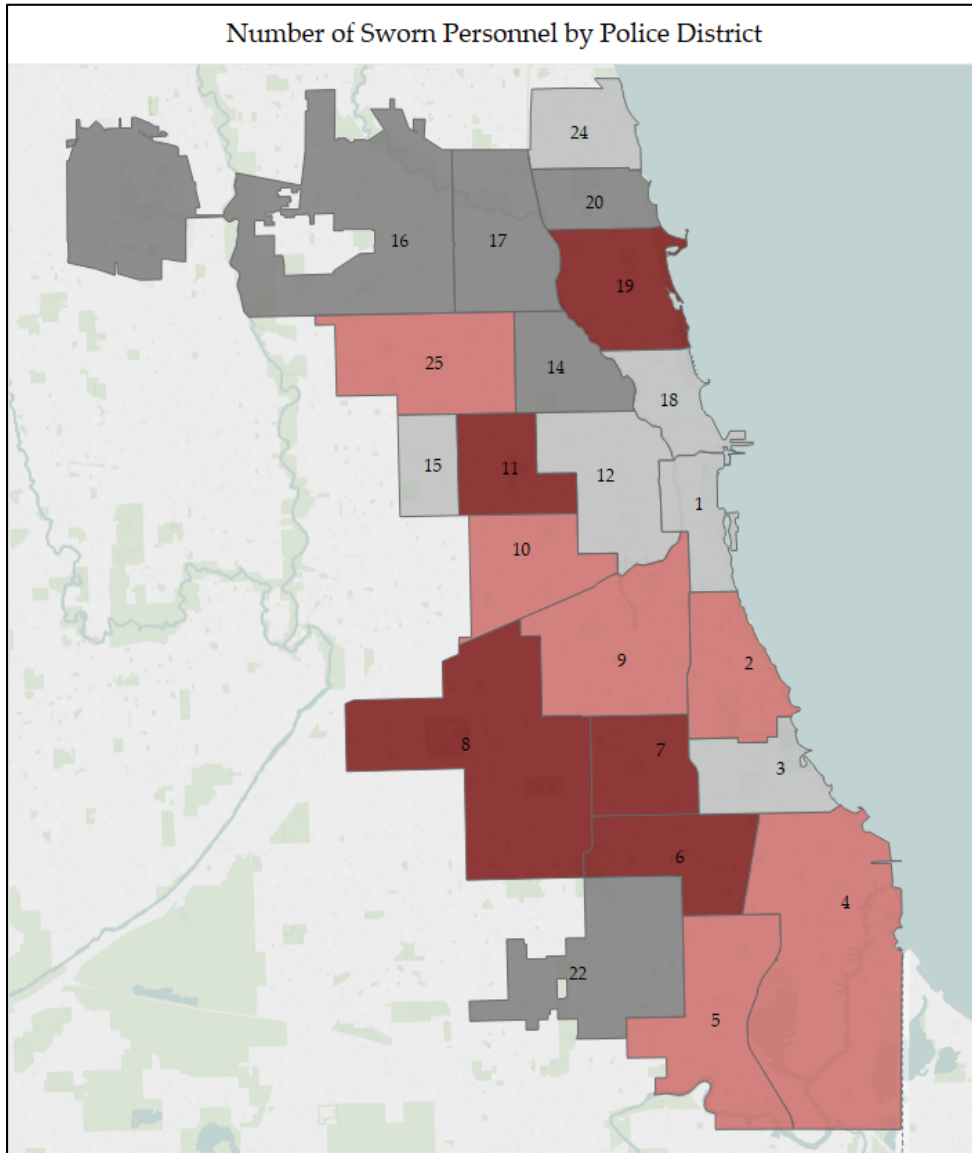


Figure 4. Sworn Personnel by Police District, August 20, 2017 to September 16, 2017<sup>110</sup>

## VI. COPA Recommendations

After reviewing current Department training and directives regarding first aid, COPA makes the following recommendations. COPA recognizes that these recommendations

<sup>110</sup> Data on Personnel was obtained from the Department on October 23, 2017 via email. Sworn Personnel data is from the 9th Period 2017 (August 20 – September 16). Non-fatal Shooting data is January 1, 2017 to September 30, 2017.

will require significant resources from the Department. However, COPA believes that these recommendations have the potential to significantly and positively impact the safety of all Chicago residents.

a. Require LEMART Training for all members of the Department

COPA recommends that the Department require that all members receive LEMART training, conduct the training in concert with CFD, and publicly report on their training timeline and the outcomes of the training. The central tenet of the Department's new Use of Force directives is the sanctity of life. COPA believes that for the Department to fully embrace their mission to preserve all lives in the City, especially those impacted by gun violence and all members involved in dangerous situations, the Department should adopt the recommendations in this report.

Every member should have the necessary skills to provide on-scene emergency medical care to all Chicagoans – themselves, their fellow members, and the civilians they are sworn to serve. Given Chicago's striking amount of gun violence, and where there were 344 mass shootings nationally in 2017,<sup>111</sup> it is imperative that members are prepared to respond to gunshot wounds to themselves and others. Particularly in active shooter incidents in which paramedics cannot enter the scene, LEMART-trained members will be able to administer care in order to continue their emergency response and protect life. In its LEMART training, Department provides:

The officer's need to identify and tactically treat otherwise critical wounds is essential due to the recent shootings of police officers both on and off duty; a rising emergence of active shooter incidents (most recently in Texas); and the increasing prospect of future terrorist attacks. LEMART contends that an officer's ability to administer self-aid or buddy-aid during these incidents could provide immediate first aid to life threatening injuries. In addition, this training will increase the likelihood of mission accomplishment (i.e., stopping the shooter), as other officers arriving on scene can continue to engage the threat as required by department directives regarding active shooter or crimes in progress calls.<sup>112</sup>

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<sup>111</sup> "Past Summary Ledgers," Gun Violence Archive. Accessed January 12, 2018.

<http://www.gunviolencearchive.org/past-tolls>

<sup>112</sup> Chicago Police Department, LEMART Training Curriculum. Updated October 4, 2016.

In many cases, the Department members are the first responders to arrive on the scene, often before CFD personnel. The lag time between the arrival of a Department member and a paramedic may mean the difference between life and death in those situations. At a City Council meeting in October 2016, a LEMART instructor stated, “[officers] can bleed out and die in as little as two-to-four minutes. We can lose consciousness in as little as 60 seconds. But our average response time for an ambulance can be six minutes.”<sup>113</sup>

Some former union officials have argued that medical aid is not a part of a member’s job—that they are not “jacks of all trades”<sup>114</sup> or cite potential liability issues if members were to administer aid incorrectly.<sup>115</sup> However, as the Department has pointed out with respect to member injuries,<sup>116</sup> providing aid instead of waiting for EMTs or paramedics to arrive can be the difference between life and death. Moreover, Illinois Statute provides that officers are not civilly liable to an injured person for providing emergency care unless the officer engaged in “willful and wanton misconduct.”<sup>117</sup>

In the quote above, the Department instructor was speaking of a member injury, but the same applies to responding to civilian injuries. Chicago’s most marginalized communities disproportionately bear the negative impacts of emergency medical response times. Members have an opportunity to serve as a critical stopgap measure before paramedics can arrive to a scene. There have been several stories in recent years of LEMART-trained members administering life-saving aid to themselves, their partners, and members of the public, including people Department members were

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<sup>113</sup> Dukmasova, Maya. Should cops provide first aid to people they shoot? *Chicago Reader*, October 7, 2016. Accessed January 12, 2018. <https://www.chicagoreader.com/Bleader/archives/2016/10/07/should-cops-provide-first-aid-to-people-they-shoot>

<sup>114</sup> Rogers, Phil; Moy, Rich; and Smyser, Katy. Chicago Police Department to Revamp Shooting Policy. *NBC Chicago*. January 25, 2017. Accessed January 12, 2018. <https://www.nbcchicago.com/investigations/Chicago-Police-Department-Revamp-Shooting-Policy-411807195.html>

<sup>115</sup> Rogers, Phil; Moy, Rich; and Smyser, Katy. Chicago Police Department to Revamp Shooting Policy. *NBC Chicago*. January 25, 2017. Accessed January 12, 2018. <https://www.nbcchicago.com/investigations/Chicago-Police-Department-Revamp-Shooting-Policy-411807195.html>.

<sup>116</sup> Dukmasova, Maya. Should cops provide first aid to people they shoot? *Chicago Reader*, October 7, 2016. Accessed January 12, 2018. <https://www.chicagoreader.com/Bleader/archives/2016/10/07/should-cops-provide-first-aid-to-people-they-shoot>

<sup>117</sup> Illinois Compiled Statutes, 745 ILCS 49/70, “Good Samaritan Act” Effective September 15, 2015. Accessed January 12, 2018. <http://www.ilga.gov/legislation/ilcs/fulltext.asp?DocName=074500490K70>

attempting to apprehend.<sup>118</sup> Department members who have been through the training described it as “the greatest training I’ve had,” and something they “need more” of.<sup>119</sup>

Per the Department, “LEMART training can provide first responders with significant trauma mitigation capabilities and greatly increase chances of survival until the connection to higher level of care is made.”<sup>120</sup> Academic research supports such lifesaving capabilities of law enforcement officers’ tourniquet application after violent trauma.<sup>121</sup>

In a series of case studies conducted in Charlotte-Mecklenburg county in 2013, researchers found that officers’ tourniquet application appeared to have “kept critically injured patients alive long enough to reach definitive trauma care.”<sup>122</sup> The authors also note that “[h]aving trained thousands of law enforcement personnel, the authors strongly feel that TQ [tourniquet] training can be done in a rapid, cost-effective, and life-saving manner for all first responders.”<sup>123</sup> There is also some empirical evidence that non-medical law enforcement officers are capable of quickly learning and retaining medical skills.<sup>124</sup>

COPA acknowledges that the Department has included LEMART training in its planned annual in-service training, but recommends that LEMART should be a *mandatory* training for all members. COPA’s recommendation is specifically tailored to in-person training conducted in concert with the CFD. The cross-training with CFD is a

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<sup>118</sup> CPD’s LEMART Tactical Medic Training video. October 21, 2016. Accessed January 12, 2018. [https://www.facebook.com/ChicagoPoliceDepartment/videos/10153719842256534/?hc\\_ref=PAGES\\_TIMELINE](https://www.facebook.com/ChicagoPoliceDepartment/videos/10153719842256534/?hc_ref=PAGES_TIMELINE);

Dudek, Mitch. Chicago Police officers help save shooting victim. *Chicago Sun-Times*, July 7, 2016. Accessed January 12, 2018. <http://chicago.suntimes.com/news/chicago-police-officers-help-save-shooting-victim/>

<sup>119</sup> CPD’s LEMART Tactical Medic Training video. October 21, 2016. Accessed January 12, 2018. [https://www.facebook.com/ChicagoPoliceDepartment/videos/10153719842256534/?hc\\_ref=PAGES\\_TIMELINE](https://www.facebook.com/ChicagoPoliceDepartment/videos/10153719842256534/?hc_ref=PAGES_TIMELINE)

<sup>120</sup> Chicago Police Department, LEMART Training Curriculum. Updated October 4, 2016.

<sup>121</sup> Callaway, David W.; Robertson, Joshua; and Sztajnkrycer, Matthew D (2015). Law enforcement-applied tourniquets: a case series of life-saving interventions. *Prehospital Emergency Care* 19, no. 2 19(2): 320-327. Accessed January 12, 2018. <https://doi.org/10.3109/10903127.2014.964893>

Note: the full text of the article is not available for free publicly. COPA obtained a full copy with a database license.

<sup>122</sup> Callaway, David W.; Robertson, Joshua; and Sztajnkrycer, Matthew D (2015). Law enforcement-applied tourniquets: a case series of life-saving interventions. *Prehospital Emergency Care* 19, no. 2 19(2): 320-327. Accessed January 12, 2018. <https://doi.org/10.3109/10903127.2014.964893>

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<sup>123</sup> Callaway, David W.; Robertson, Joshua; and Sztajnkrycer, Matthew D (2015). Law enforcement-applied tourniquets: a case series of life-saving interventions. *Prehospital Emergency Care* 19, no. 2 19(2): 320-327. Accessed January 12, 2018. <https://doi.org/10.3109/10903127.2014.964893>

Note: the full text of the article is not available for free publicly. COPA obtained a full copy with a database license.

<sup>124</sup> Sztajnkrycer, Matthew D. (2008). Needle Thoracostomy by Non-Medical Law Enforcement Personnel: Preliminary Data on Knowledge Retention. *Prehospital Disaster Med*; 23(6):553-557. Accessed January 12, 2018. <https://pdfs.semanticscholar.org/242c/51af4c5c20bc7e0ed0fe766fc293da48c249.pdf>

central component of LEMART training, and as such LEMART training should not initially be offered in roll call or eLearning.<sup>125</sup>

COPA recommends that the Department mandate LEMART training for all members, and require periodic refresher training, with the CFD, every three years (on the same schedule as currently mandated department refresher training in other topics).

b. Require LEMART-Trained Members to Carry IFAK, and Provide IFAKs to Trained Members

Requiring members to be LEMART trained is only beneficial to the extent that Department members have the tools they need to administer care. COPA recommends that the Department require all trained members to carry an IFAK while in the field, either on their person or in their assigned vehicle. Based on COPA's communication with the Department, it is our understanding that the Department will then need to do a "first issue"<sup>126</sup> of the IFAKs to all members. At a cost of approximately \$100 per kit, COPA estimates that this will cost the Department approximately \$1.2 million. Members must also be required to maintain their kits, and ensure that their kit has all the necessary products and tools (e.g. quick-clotting gauze, tourniquets, etc.). The CFD currently replaces the following IFAK items to Department members free of charge: CAT tourniquet, vented chest seal, Vaseline and gauze. Members may ask a responding CFD ambulance to replace items used from their kit that the ambulance may carry.<sup>127</sup> CFD does not carry all items in the kit, but the Department allows members to request replacement of such items from the Chicago Police Academy, which keeps a stock of some IFAK items for such replacement.<sup>128</sup> COPA recommends that the Department determine that best method for ensuring that IFAKs are restocked as needed by Department members.

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<sup>125</sup> LEMART training is currently listed as being offered as "offered via decentralized trainings in district roll call or eLearning. See Chicago Police Department document, "CPD will ramp up to 40-hour annual training requirement in 4 years." No effective date. Released September 2017. Accessed January 12, 2018. <http://thewire.chicagopolice.org/thewire/wp-content/uploads/In-Service-Training-Schedule-September-2017.pdf>

<sup>126</sup> It is COPA's understanding that if the Department requires a piece of equipment, the Department must provide the initial piece of equipment. Then, members may use their annual uniform allowance for replacement or repairs. The uniform allowance is a contractual benefit, amounting to \$1,800 annually.

Source: Agreement Between the City of Chicago and the Fraternal Order of Police Chicago Lodge No. 7, effective July 1, 2012 through June 30, 2017, [http://directives.chicagopolice.org/contracts/FOP\\_Contract.pdf](http://directives.chicagopolice.org/contracts/FOP_Contract.pdf). Accessed January 12, 2018.

Note: Negotiations for a new collective bargaining agreement are currently pending, so the amount of the yearly uniform allowance is subject to change.

<sup>127</sup> Email from the Chicago Fire Department to COPA on November 22, 2017.

<sup>128</sup> Email from the Chicago Fire Department to COPA on November 22, 2017.

c. Require Members to Render Emergency Medical Care When Necessary

In addition to providing members with the training and tools necessary to render emergency medical aid, COPA makes the following recommendations:

- i. The Department should amend its Use of Force policy to conform to the DOJ standard evident in multiple consent decrees,<sup>129</sup> which requires members, immediately after securing the scene, to provide medical attention, commensurate with their training, following use of force incidents until paramedics arrive.<sup>130</sup>

While it can be difficult for some members to administer aid to someone they are trying to arrest, or someone they have just used force against, the shift from threat mitigation to life-saving is imperative. As Jim Bueermann, the president of the Police Foundation said, “We’ve got to change from, ‘I stopped the threat,’ to now lifesaving. And if [officers] don’t want to do that, they’re in the wrong job.”<sup>131</sup>

- ii. The Department should amend the Use of Force policy to require members to immediately call for an emergency medical response after certain types of force, including:
  - all incidents involving force that causes or is reasonably expected to cause great bodily harm, loss of consciousness, or death, and/or the use of neck and carotid holds, strikes to the head, and/or impact of subject’s head on a hard, fixed object (such as a sidewalk, bench, etc.).
  - Taser applications
  - OC spray applications, when a subject is in custody
  - After any use-of-force, greater than *de minimis*<sup>132</sup> force on subjects who are reasonably believed or known to be:
    - Pregnant
    - Pre-adolescent or adolescent children
    - Elderly

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<sup>129</sup> As detailed in Section IV(a) and (b), departments that entered into consent decrees with the DOJ including the requirement to render medical aid following uses of force include: Albuquerque, Baltimore, Cleveland, East Haven (CT), Ferguson, New Orleans, Newark, Portland, Puerto Rico, Seattle, and Washington, D.C.

<sup>130</sup> See Appendix A for COPA’s proposed change to G03-02, the Department’s Use of Force directive.

<sup>131</sup> Rogers, Phil. Chicago Police Backtrack on Whether Officers Should Offer Medical Treatment to Offenders They Shot. *NBC Chicago*, March 7, 2017. Accessed January 12, 2018. <http://www.nbcchicago.com/investigations/Chicago-Police-Change-Policy-Again-on-Whether-Officers-Should-Offer-Medical-Treatment-to-Offenders-They-Shot-415623873.html>

<sup>132</sup> Meaning very small or insignificant.

- Physically frail<sup>133</sup>
- iii. The Department should adopt a new directive<sup>134</sup> to provide instruction to members on when to render aid where a person is injured in incidents other than use of force incidents. COPA recognizes that Department members are not paramedics, and COPA does not expect them to act as such. However, expecting members to render first aid commiserate with their training to sick or injured persons when they are often the first on a crime scene has the potential to save lives, and particularly lives of people disproportionately affected by gun violence.

The Department should also update other related directives to be consistent with the recommendations set forth in this report.<sup>135</sup>

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<sup>133</sup> See Appendix A for COPA's proposed change to G03-02, the Department's Use of Force directive.

<sup>134</sup> See Appendix C for COPA's proposed directive.

<sup>135</sup> See Appendix B for COPA's proposed changes to G04-01, the Department's Preliminary Investigation directive, making it consistent with the recommendations set forth herein.

## Appendix A

COPA's proposed language change for Department directive G03-02, Use of Force, Section IV. Medical Attention.

### IV. MEDICAL ATTENTION

A. Once the scene is safe and as soon as practical, whenever an individual is injured, complains of injury, or requests medical attention, Department members:

1. will immediately request appropriate medical aid for the injured person, including contacting emergency medical services (EMS) from the Chicago Fire Department via the Office of Emergency Management and Communications (OEMC).
2. ~~may~~ shall provide appropriate medical care consistent with their training to any individual who has visible injuries, complains of being injured, or requests medical attention until emergency medical services arrive. ~~This may include providing first aid and/or arranging for transportation to an emergency medical facility.~~

B. Members will immediately call for emergency medical services after the following uses of force:

1. all incidents involving force that causes or is reasonably expected to cause great bodily harm (e.g., lethal force), loss of consciousness, or death, and/or the use of neck and carotid holds, strikes to the head, and/or impact of subject's head on a hard, fixed object (e.g., a sidewalk, bench, etc.).
2. Taser applications that make contact with the subject.
3. OC spray applications, when a subject is in custody.
4. After any use of force, greater than de minimis force on subjects who are reasonably believed or known to be:
  - a. Pregnant
  - b. Pre-adolescent or adolescent children
  - c. Elderly
  - d. Physically frail

C. Members will treat injured persons, whether another member, a member of the public, or a subject, with dignity and respect.

## Appendix B

COPA's proposed language change for Department directive G04-01, Preliminary Investigations, Section IV. Medical Attention.

### IV. PROCEDURES

A. Upon arrival, preliminary investigators will:

1. immediately request appropriate medical aid for any injured person and ~~may~~ shall provide appropriate medical care, *if possible*, consistent with the member's training until emergency medical services arrive on scene.  
Members will ensure that primary police duties have been accomplished and the scene is safe before rendering aid.

## Appendix C

COPA's proposed language for a new directive, tentatively titled, "Medical Care to Sick and Injured Persons."<sup>136</sup>

General Order G##-##

### MEDICAL CARE TO SICK AND INJURED PERSONS

ISSUE DATE:		EFFECTIVE DATE:	
RESCINDS:			
INDEX CATEGORY:	Field Operations		

#### I. PURPOSE

This directive:

- A. establishes policy, procedures, and responsibilities for Department members when providing medical aid and care to persons.
- B. defines terms as they relate to medical care.
- C. provides text of pertinent sections of the state statute relative to the provision of medical care.
- D. establishes training responsibilities relative to the provision of medical care.

#### II. MEDICAL PRVISION POLICY

- A. It is the policy of the Chicago Police Department that safety and health of all persons are the highest priority, including the sanctity of life as defined in G03-02, the Department's Use of Force guidelines.
- B. It is the policy of the Chicago Police Department that all sworn members will be trained in emergency first aid and will be equipped to provide aid in line with their training.

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<sup>136</sup> Note: COPA relied heavily on the Seattle Police Department's policy in drafting this proposed policy.

- C. This policy recognizes that the Chicago Police Department's primary role is not the provision of medical care; thus, the Chicago Police Department will provide first aid until the Chicago Fire Department or other trained medics arrive on scene.
- D. Per ILCS 745 ILCS 49/70, "Any law enforcement officer... shall not, as a result of his or her acts or omissions, except willful and wanton misconduct on the part of the person, in providing the care, be liable to a person to whom such care is provided for civil damages."

**NOTE:** This is the same law that applies to all first responders, including EMTs and paramedics.

### III. GENERAL PROCEDURES

- A. For incidents involving Uses of Force (physical contact up to and including lethal force), members shall refer to G03-02-01.

**NOTE:** Nothing in this policy should be construed to permit members to not provide aid if and when they use force. After use of force incidents that result in serious bodily injury, members must request emergency medical services and must provide first aid per their training.

- B. Sick and Injured Persons

1. Sick and/or injured persons include persons who are visibly injured.
2. Per CPD Form 11.523:
  - a. Trauma/serious injuries may include fractures, serious or obvious pain, or significant bleeding.
  - b. Signs of serious illness may include coughing blood, difficulty breathing, fever, loss of consciousness, pain to chest or abdomen, severe vomiting, unusual thirst, or withdrawal.
  - c. Signs of suicidal behaviors may include expressing desire or intent to harm self or others, actual self-harm or suicide attempt, hyperactivity or extremely agitated, and intense guilt or remorse.

- d. Signs of potential intoxication or impairment include bloodshot eyes, dilated pupils, odor of alcohol, sleepy, slurred speech, and an unsteady gait.
  - e. Signs of potential infection of communicable diseases include constant cough, fever, jaundice, rash, scabs, sores, or if the subject informs the member of communicable diseases.
3. Visible injuries may include, but are not limited to, open wounds (e.g., gunshot wounds), lacerations longer than three (3) inches, seizures, or broken bones. Sick persons may exhibit a variety of symptoms, most notably lack of ability to stand or sit up straight, lack of eye contact, or significant fluid loss (vomiting or diarrhea).
  4. Persons complaining of injury or sickness should be treated as sick or injured.
  5. Members should use their training and objective reasonableness to determine if a person is sick or injured.
  6. Employees assisting a sick and/or injured person will attempt to determine the nature and cause of the person's injury or illness.
  7. Members will, as appropriate and necessary, provide first aid and initiate Emergency Medical Services (EMS). Once initiated, the Department will not cancel EMS.
  8. Employees will follow their training and this policy when applying CPR, Automated External Defibrillator (AED), and/or Naloxone.

#### C. Responding to Reports of a Gun Shot

1. If members arrive to find a victim of a gunshot wound, members should immediately request EMS. Members will then ensure the scene is safe and secure.
2. Immediately upon securing the scene and calling for additional support, members will render aid, if possible, per their training and available resources, until CFD EMS arrives.
3. Members should transport the injured person in their cars if they believe transporting them will save the person's life or will increase the chances of saving the person's life.

#### D. Responding to Reports of a Heart Attack

1. If AED is available:

- a. If AED is immediately available (e.g. the member can see the AED), then turn on AED and follow prompts.
2. If AED is not available:
  - a. Begin chest compressions at a rate of 100 – 120 compressions per minute.
  - b. Continue chest compressions until EMTs or paramedics arrive and take over chest compressions.
  - c. If possible, retrieve AED. Follow III.D.a if AED is retrieved.

#### E. Responding to Possible Overdose

1. If members reasonably believe that a subject is in an opioid-induced overdose and members have Naloxone available, members must use nasal naloxone.

#### F. Cooperation with Chicago Fire Department

1. If a scene is secure, members must cooperate with the Chicago Fire Department and transfer the care of the patient to CFD employees.

#### G. Transporting Subjects

1. Members may use a Department vehicle to transport a sick or injured person if, in the member's opinion, the transport will save the person's life and CFD or other medical transport is unavailable or if CFD does not respond promptly.

### IV. INDIVIDUAL FIRST AID KITS

- A. Members must carry individual first aid kits (IFAK) at all times, either on their person or in their Department vehicle or bicycle.
- B. Members will refer to U06-02-23 Individual First Aid Kits (IFAK) for specifications including design and minimum required contents.

## Appendix D

The below table compares the number of reported uses of force, non-fatal shootings, and officer-involved shootings January 1, 2017 to September 30, 2017, and the number of sworn personnel from August 20, 2017 to September 16, 2017 by district.

<b>Police District</b>	<b>Reported Uses of Force</b>	<b>Non-fatal Shootings</b>	<b>Officer Involved Shootings</b>	<b>Sworn Personnel Assigned</b>
1	152	11	0	292
2	105	83	2	328
3	183	143	2	324
4	202	112	1	339
5	201	111	2	329
6	241	148	3	371
7	379	147	0	409
8	158	109	1	362
9	155	116	3	350
10	224	193	2	327
11	545	260	5	435
12	150	94	0	320
14	90	53	0	239
15	229	196	0	323
16	109	15	0	245
17	35	17	2	230
18	199	10	0	325
19	130	17	1	370
20	55	7	0	242
22	87	77	2	246
24	110	18	0	266
25	177	139	7	358
<b>Average</b>	<b>178.0</b>	<b>94.4</b>	<b>1.5</b>	<b>319.5</b>

## Appendix E

The below table compares the language found in law enforcement agency's policies regarding rendering medical aid following the use of force.

Jurisdiction	Language	Effective Date
Baltimore	After any use of force incident, members shall immediately render aid to the injured person consistent with his/her training and experience and request medical assistance.	July 1, 2016
Cleveland	A. Immediately following any use of force and when the scene is secure, officers, and upon their arrival, supervisors, shall inspect and observe subject(s) for injury or complaints of pain resulting directly or indirectly from the use of force. B. If needed, officers and supervisors shall immediately obtain any necessary medical care while providing emergency first aid until professional medical care providers arrive. C. Officers shall immediately request Emergency Medical Services (EMS) to respond for the following Use of Force applications regardless of visible injury or complaint of injury: 1. Discharges of a firearm that strike a subject 2. Impact of subject's head against a hard, fixed object. 3. Any use of force on subjects who are reasonably believed or known to be pregnant, children, elderly, physically or medically frail, or disabled. 4. Refer to GPO TBD Use of Force-Intermediate Weapons for additional situations requiring a request for EMS.	November 16, 2016
Los Angeles	No requirement.	N/A
New Orleans	Immediately following a use of force, officers and supervisors shall inspect and observe subjects for injury or complaints of pain. Officers shall obtain medical assistance for any person who exhibits signs of physical distress, has sustained visible injury, expresses a complaint of injury or continuing pain, or who was rendered unconscious. This may require officers to render emergency first aid within the limits of their individual skills, training and available equipment until professional medical care providers arrive on the scene. Any individual exhibiting signs of physical	December 6, 2015

	distress after an encounter should be continuously monitored by the officer involved in the incident or an on-scene assisting officer until medical personnel can assess the individual. NOPD officers shall request medical assistance without delay when a subject has visible injuries or the subject complains of injury.	
New York	Whenever any level of force is used, inquire if subject requires medical attention and document response to inquiry in ACTIVITY LOG (PD112-145). If the subject is injured or ill, ensure subject receives proper medical attention. Ensure subject receives <u>immediate</u> medical attention and provide first aid, if appropriate and properly trained, if subject is having difficulty breathing or demonstrates any potentially life-threatening symptoms or injuries.	October 18, 2016
Newark	Whenever a Division member observes or is made aware of the presence of an injury, including, complaints of pain, the member shall ensure that Emergency Medical Services (E.M.S.) is requested to respond. If trained to do so, and when necessary, the member shall also render immediate aid. If a Division member uses any weapon against a person such as, but not limited to, less-lethal ammunition, OC spray, or a conductive energy device and contact is made with the subject with any of these weapons, E.M.S. shall be notified to respond.	Draft pending community feedback
Philadelphia	After using deadly force, officers shall immediately render the appropriate medical aid and request further medical assistance for the suspect and any other injured individuals when necessary and safe to do so and will not be delayed to await the arrival of medical assistance.	September 18, 2015
Portland	Members shall summon medical services at the earliest available opportunity when a subject is injured, complains of injury following any use of force, or is a person in a prohibited category (i.e., children under the age of fifteen; an individual who is known to be, or is obviously pregnant; a person who is known to be, or is obviously medically fragile), who sustains Category I through III force (See Section 10). If an individual refuses medical evaluation, the refusal must be documented in an appropriate report.	August 19, 2017

	<p>Members shall refer to Directive 630.45, Emergency Medical Custody Transports for additional guidance.</p> <p>Members shall render emergency first aid within the limits of their individual skills, training and available equipment until professional medical care providers arrive on the scene.</p>	
Seattle	<p>6. Following a Use-of-Force, Officers Shall Render or Request Medical Aid, if Needed or if Requested By Anyone, as Soon as Reasonably Possible. Following a use-of-force, officers will request a medical aid response, if necessary, for suspects and others and will closely monitor subjects taken into custody. Absent exigent circumstances, prone subjects will be placed on their side in a recovery position. Officers shall not restrain subjects who are in custody and under control in a manner that compromises the subject's ability to breathe.</p> <p>7. Officers Shall Automatically Request Medical Aid in Certain Situations. Every Type III use-of-force, specifically including, but not limited to:</p> <ul style="list-style-type: none"> <li>* Impact weapon strikes to the head</li> <li>* Impact of the head against a hard, fixed object</li> </ul> <p>The following less-lethal incidents:</p> <ul style="list-style-type: none"> <li>* CEW applications</li> <li>* Beanbag shotgun applications</li> <li>* OC spray applications, when a subject is in custody (See Section 8.300-POL-6 #9.)</li> </ul> <p>After any use-of-force, greater than De Minimis force on subjects who are reasonably believed or known to be:</p> <ul style="list-style-type: none"> <li>* Pregnant</li> <li>* Pre-adolescent children</li> <li>* Elderly</li> <li>* Physically frail</li> </ul>	September 15, 2015