

City of Chicago
Civilian Office of Police
Accountability



CIVILIAN OFFICE OF POLICE ACCOUNTABILITY

INTEGRITY • TRANSPARENCY • INDEPENDENCE • TIMELINESS

Report on the Chicago Police
Department's Response to COPA's
Recommendations Re: First Aid Policy,
Training, and Equipment

April 12, 2018

I. Introduction

Pursuant to the Municipal Code of Chicago Section 2-78-120(m), 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.

On January 19, 2018, COPA sent a policy report concerning the Department's policies and training regarding rendering first aid and the equipment necessary to do so.¹ The Department provided COPA with its response on March 20, 2018.² This report summarizes COPA's recommendations regarding first aid policy, training, and equipment, the Department's response to those recommendations, and the status of COPA's recommendations.

II. COPA's Recommendations

As the agency tasked with investigating officer-involved shooting (OIS) incidents, COPA viewed several recent OIS incidents that were captured on camera. Some of the videos capture Department members calling for emergency medical services and then waiting for paramedics to arrive while the injured subject lies handcuffed on the ground potentially going without medical care for several minutes. In response, COPA reviewed the Department's policies and practices related to providing aid after use of force incidents.

In its policy report to the Department, COPA summarized its methodology and research, which detailed the prevailing national best practices regarding emergency medical care provision and law enforcement use of force, and the Department's current practices regarding rendering medical aid, particularly following officer-involved shootings.

¹ COPA's full report can be found on its website, at www.chicagocopa.org/news-publications/publications/policy-reports/.

² See Appendix A for a copy of the Department's Response Letter to COPA's Policy Report on the Department's First Aid Policy, Training, and Equipment.

COPA determined 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 peer law enforcement departments also require officers to provide aid to any injured civilian they encounter.

After reviewing current Department policies, COPA determined that 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.

To align the Department with best practices, COPA recommended that the Department,

1. require that all members attend Law Enforcement Medical and Rescue Training (LEMART);
2. provide such members with an individual first aid kit (IFAK) and *require* them to carry such kits; and
3. explicitly *require* members to render emergency medical aid after certain use of force incidents and when otherwise appropriate, based on policy and training.

COPA argued that 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.

III. The Department's Response

In response to COPA's recommendations regarding first aid policy, training, and equipment, the Department noted that COPA's predecessor, the Independent Police

Review Authority, had an opportunity to provide feedback to the use of force policies when they were open for public comment. In response to such public comment, the Department revised its use of force policy, including the guidance for medical aide, in 2017. The Department believes that its current policy, by encouraging their members to decide how to provide appropriate care to an injured subject (whether it be by calling for immediate medical care or providing aid themselves), properly balances the needs of their members and the public. The Department also noted its commitment to continue the evaluation of COPA's recommendations in light of its ongoing discussions with the Illinois Office of Attorney General over its pending consent decree litigation.

IV. Recommendation Status

Based on the Department's response to its Advisory Letter, COPA assessed the Department's response to the recommendations contained therein. COPA classifies the status of recommendations into three categories:

- **Agrees:** The Department agrees with COPA's policy recommendation and indicated that they have taken steps to implement or plan to implement such recommendation in full.
- **Agrees In Part:** The Department partially agrees with COPA's policy recommendation and may or may not have indicated that they have taken steps to implement such recommendation.
- **Does Not Agree:** The Department does not agree with COPA's policy recommendation and has not taken steps to implement such recommendation.

Recommendation 1: *Require that all members attend Law Enforcement Medical and Rescue Training (LEMART).*

Status: **Does Not Agree.** The Department's response did not address the issues COPA raised concerning LEMART training. Rather, the Department deferred the evaluation of such recommendation in light of the consent decree discussions currently underway with the Illinois Office of Attorney General.

Recommendation 2: *Provide all LEMART trained members with an individual first aid kit and require them to carry such kits.*

Status: **Does Not Agree.** The Department's response did not address the issues COPA raised concerning providing its members with first aid kits. Rather, the Department deferred the evaluation of such recommendation in light of the consent decree discussions currently underway with the Illinois Office of Attorney General.

Recommendation 3: *Explicitly require members to render emergency medical aid after certain use of force incidents and when otherwise appropriate, based on policy and training.*

Status: **Does Not Agree.** The Department's response described two opportunities for public comment concerning its use of force policies, which date back to 2016 and 2017. We commend the Department for providing the public with opportunities to provide comment. COPA's predecessor, the Independent Police Review Authority, was one of the entities that provided such feedback to the Department during its public comment period. However, the Department has an ongoing obligation to review and, as appropriate, revise its policies to align the Department with best practices. Though the Department has recently updated its suite of use of force policies, we feel we would be remiss in our statutory duty of providing recommendations to strengthen the Department's policies were we to not provide additional recommendations on one of the Department's most important (and certainly, impactful) policies.

The Department notes that it was in response to the public comment period that the current approach to providing medical aid to subjects injured in a use of force incident was implemented. However, as noted in our policy report, we do not believe this incorporates best practices on this issue nor does

it put the Department in the best place to deliver on its commitment to protecting the sanctity of life.

Additionally, in the Department's first round of draft Use of Force policies (released publicly in October 2016), the policy provided that, "Consistent with the Department's commitment to the sanctity of life, after any use of force incident involving injury to Department members, bystanders, or subjects...Department members will also offer medical aid commensurate with their training, experience, and available equipment."³ The word "will" creates a requirement for the member to provide first aid aligned with their training, experience, and available equipment. Thus, at least in October 2016, the Department considered a requirement to provide medical aid aligned with best practices.

Further the Department did not specifically respond to COPA's recommendation requiring members to provide aid in other types of incidents, when appropriate and based on policy and training. Rather the Department deferred the evaluation of such recommendation in light of the consent decree discussions currently underway with the Illinois Office of Attorney General.

Finally, COPA understands the importance of, and the impact that, the ongoing consent decree discussions between the Department, the City, the Illinois Office of Attorney General, and certain community groups will have on the recommendation provided herein. We look forward to reviewing the terms of the consent decree and whether they incorporate or touch upon COPA's recommendation set forth herein.

³ Note: COPA could not locate the 2016 draft nor 2017 draft Use of Force policy suite on the Department's website. COPA located the 2016 draft version of the Use of Force policy suite in a report published by the Independent Police Review Authority.

Source: Chicago Police Department, Draft "General Order G03-02: Use of Force Guidelines" H.2, October 2016, cited in the Independent Police Review Authority's, "Use of Deadly Force Policy Analysis & Recommendations" November 3, 2016, Appendix B, 62.

<http://www.chicagocopa.org/wp-content/uploads/2017/10/Use-of-Force-Policy-Report-Final.pdf>

Appendix A



Rahm Emanuel
Mayor

Department of Police · City of Chicago
3510 South Michigan Avenue · Chicago, Illinois 60653

Eddie T. Johnson
Superintendent of Police

March 20, 2018

Patricia Banks
Interim Chief Administrator
Civilian Office of Police Accountability (COPA)
1615 West Chicago Avenue, 4th Floor
Chicago, Illinois 60622

**Re: Advisory Letter Regarding COPA Policy Brief:
First Aid Policy, Training & Equipment**

Dear Interim Chief Administrator,

The Chicago Police Department (CPD) received a Policy Brief entitled First Aid Policy, Training & Equipment in which COPA recommended changes to 1) CPD's current training of its members in emergency medical care and to 2) the policy requiring members to carry individual first-aid kits (IFAK), and render aid consistent with their training. The Policy Brief raised a number of thoughtful recommendations to our current policy.

As you know, current policy requires that the first action of both preliminary investigators and firearms discharging members is to "Immediately request appropriate medical care for any injured person and may provide appropriate medical care consistent with the member's training." This is reflected in both the directive entitled "Preliminary Investigations" and in the directive entitled "Firearms Discharge Incidents Involving Sworn Members."

This current use of force policy was drafted after two opportunities for the public to comment and provide feedback. Furthermore, Independent Police Review Authority was also able to and did provide feedback to our policy. (*COPA replaced IPRA on September 15, 2017*). CPD believes that what and how we encouraged our members to provide appropriated care, be it an immediate request for medical care and/or the ability to provide medical care consistent with their training, properly balanced the needs of the public and that of our members.

That having been said, as far as your other recommendations to require all members to receive LEMART training, CPD to issue IFAK, require all trained members to carry an IFAK, and members to render emergency medical care to injured persons in use of force incidents and other types of incidents, when necessary, CPD has reviewed the recommendations and takes under advisement.

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CPD will continue to evaluate the recommendations further in light of the consent decree litigation involving the Office of the Attorney General. CPD remains committed to our ongoing reform process and we look forward to your additional input on the above matters.



Eddie T. Johnson
Superintendent of Police
Chicago Police Department