


**40th NAEMSP 2024 January 8-13, 2024**  
Specialty Workshops, Scientific Assembly & Trade Show

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I, David K. Tan, have no commercial relationships to disclose.

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## Evolution of the Police and EMS Relationship



David K. Tan, M.D., EMT-T, FAAEM, FAEMS  
*Legislative/Advocacy Committee Chair and  
Past President*  
National Association of EMS Physicians®

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## Acknowledgements



Medical Directors Course & Practicum™

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## Remembering EMS Medical Director Eugene Nagel, M.D.



NAEMSP 2011 Conference

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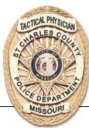

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## Background



**David K. Tan, M.D., EMT-T**  
Bureau of Special Enforcement  
Tactical Physician & Medical Director  
DSN 815

101 Sheriff Dierker Ct. | O'Fallon, MO 63366  
636.949.3000, ext. 4362 | dtan@sccmo.org  
www.sccmo.org



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## Background



**Eastern Missouri  
Police Academy**



6

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- One of many take away messages from the MDC is it makes you aware of issues you may never have thought about before
  - *Typical response from students: "I've got lots of homework and questions when I get back to my home agency."*



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### LEARNING OBJECTIVES

- Briefly discuss the EMS/Police interface
- Ponder your roles and responsibilities should you become a police department physician
- Appreciate how lessons learned from law enforcement training and education can be used in the practice of EMS Medicine

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8

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### LEARNING OBJECTIVES

- List some concepts in balancing your role as the medical conscience for the agency or agencies that you work for in the context of recent controversies

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9

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**EMS Physician/PD Interface**

- Has evolved well beyond SWAT

*"Docs with Glocks"*

This will not be a TEMS lecture



Ask yourself: "How does working with Police agencies help my EMS System as a whole? How does it improve my community?"

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**How does support of Police agencies benefit the EMS System?**

- Patrol AED Programs may be directly supported by your local ambulance service/fire dept.



11

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**40th NAEMSP 2024 January 8-13, 2024**  
ANNUAL MEETING  
Specialty Workshops, Scientific Assembly & Trade Show

**How does support of Police agencies benefit the EMS System?**



Department-level medical oversight; adds a level of medical awareness previously unseen in law enforcement

12

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**40th ANNUAL MEETING** January 8-13, 2024  
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**How does support of Police agencies benefit the EMS System?**

- Occupational Health and Wellness Programs

**Guidance for the Medical Evaluation of Law Enforcement Officers**  
provided by ACOEM

Many Officers would otherwise never see a physician; EMS Physician may directly improve overall departmental health

13

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**40th ANNUAL MEETING** January 8-13, 2024  
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**How does support of Police agencies benefit the EMS System?**

- Narcan® Training and Utilization
- Training in recognition and management of the RASS +4 patient

Local EMS entity always interfaces with Police in potential overdose calls; PD often first on scene; collaboration is essential

14

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**How does support of Police agencies benefit the EMS System?**

- First Responder Training
- Self-Aid/Buddy Aid (SABA) Training

Proper SABA training of local law enforcement creates a force multiplier effect benefitting the local EMS System for trauma

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## How does support of Police agencies benefit the EMS System?

- Active Shooter/Hostile Events (ASHE)
- Complex Coordinated Terrorist Attacks (CCTA)



Planning Considerations: Complex Coordinated Terrorist Attacks  
July 2018  
Homeland Security

EMS Physician often adds that "medical conscience" to the tactical emphasis of ASHE and CCTA counter-terror training

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## Approaching Police Agencies: *Relationship Building*

LEOs: not necessarily known for being warm and fuzzy...



Where to start???

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## Approaching Police Agencies: *Relationship Building*

Public Information Officers (PIO) are a great resource



14-year Brevard Police veteran Travis Warren takes the new role as the Public Relations Officer on June 8.



DIRECTOR OF COMMUNICATIONS AND PUBLIC AFFAIRS  
Crystal Clark  
Email: [Customer Service Center](#)  
Phone: (813) 276-3255

Be the source – Be the force

18

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## EMS/Police Relationships: *Maintaining and Building*

Once your programs are established, maintain and build

- As mentioned yesterday: face time, regular meetings, be the source (of help and information)

*Becomes much easier to handle controversies that may arise*

- Crime scene vs need to move/treat victims
- Medical emergency or “just drunk”

Be the source – Be the force

19

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## Physicians as Officers



Jeff Ho, M.D.



Faroukh Mehkri, D.O.



Alex Eastman, M.D.

EMS/Police Interface

20

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## Physicians as Officers



John Sligh, M.D.



Denis FitzGerald, M.D.



Jeff Metzger, M.D.

EMS/Police Interface

21

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## Physicians as Officers



Andrew Dennis, D.O., FACOS

EMS/Police Interface

22

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## Benefits of Police Training

- At the individual physician level, training with and in law enforcement may provide valuable perspective into the practice of EMS Medicine



EMS/Police Interface: you don't necessarily need to become a sworn Officer, but we can learn valuable lessons from P.D.

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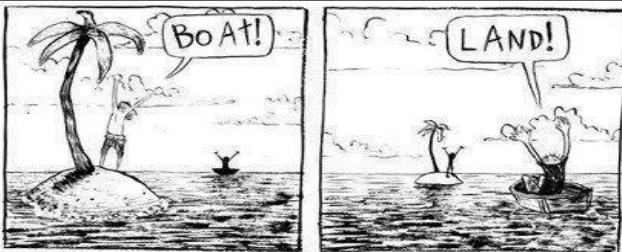
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Perspective...

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## Intersection of Law and EMS

POLICE	MEDICINE
Powers of Arrest	Restraint/Hold Order

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## Temporary Holds/Restraint



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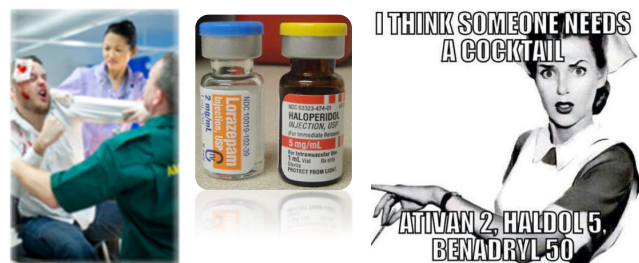
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## Temporary Holds/Restraint



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### Temporary Holds/Restraint

- What gives a physician or surrogate (i.e. EMS) the right to forcibly restrain or hold someone against their will?
- Is there law that specifically allows this and, if so, under what circumstances?



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### Temporary Holds/Restraint



*Revisor of Statutes*  
State of Missouri

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### Temporary Holds/Restraint

- RSMo 563.061, paragraph 4: The use of physical force by an actor upon another person is justified when the actor is a physician **or a person assisting at his or her direction**; and

(1) The force is used for the purpose of administering a medically acceptable form of treatment which the actor reasonably believes to be adapted to promoting the physical or mental health of the patient; and

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### Temporary Holds/Restraint

(2) The treatment is administered with the consent of the patient

*Revisor of Statutes*  
State of Missouri

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### Temporary Holds/Restraint

(2) The treatment is administered with the consent of the patient or...other person legally competent to consent on his/her behalf,

*Revisor of Statutes*  
State of Missouri

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### Temporary Holds/Restraint

(2) The treatment is administered with the consent of the patient or...other person legally competent to consent on his/her behalf, **or the treatment is administered in an emergency when the actor reasonably believes that no one competent to consent can be consulted and that a reasonable person, wishing to safeguard the welfare of the patient, would consent.**

*Revisor of Statutes*  
State of Missouri

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### Temporary Holds/Restraint

- Minnesota Statute 253B.05 allows both peace officers and healthcare workers to take custody of a person that is mentally ill, mentally deficient or chemically dependent **AND** a danger to themselves or others.



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### Temporary Holds/Restraint

What does *your* state law say, if anything?



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### Temporary Holds/Restraint

- This action is rooted in the Fourth Amendment of the Constitution of the United States



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## Temporary Holds/Restraint

## The 4th Amendment

The right of the people to be secure in their persons, houses, papers, and effects, against unreasonable searches and seizures, shall not be violated, and no Warrants shall issue, but upon probable cause, supported by Oath or affirmation, and particularly describing the place to be searched, and the persons or things to be seized.

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## Temporary Holds/Restraint

## The 4th Amendment

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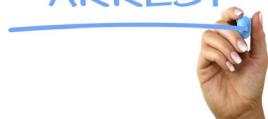
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## Temporary Holds/Restraint

- When you hold a patient against his/her will, you are restricting their movement or ability to leave effectively “seizing” them under the Fourth Amendment

**CUSTODIAL  
ARREST**



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## Police Arrest

- Motive may be different (suspect committed a crime), but the principles are the same!



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## Important Principle:

- Not all custodial arrests require a search warrant but they all require probable cause



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## Gun-toting carjacker loses appeal; 199-year sentence upheld

ANNIE YAMSON  
Special to the Legal News  
Published: March 26, 2014

### DETENTION BY FIREFIGHTERS FOR MEDICAL TREATMENT HELD A SEIZURE UNDER THE FOURTH AMENDMENT

When law enforcement officers restrict a person's freedom of movement, the officer has seized that person under the Fourth Amendment. At times, firefighters will also restrict a person's movement, sometimes against that person's will, for the purpose of providing medical treatment or an evaluation. On April 15, 2014, the Sixth Circuit Court of Appeals decided the *United States v. Overton* [i], which illustrates how seizure by fire personnel also implicates the Fourth Amendment.

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#### DETENTION BY FIREFIGHTERS FOR MEDICAL TREATMENT HELD A SEIZURE UNDER THE FOURTH AMENDMENT

- April 29, 2012 – Bennie Overton carjacked a victim at gunpoint and escaped capture
- May 4, 2012 – Cincinnati Fire Dept was summoned to an unconscious person at a gas station



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#### DETENTION BY FIREFIGHTERS FOR MEDICAL TREATMENT HELD A SEIZURE UNDER THE FOURTH AMENDMENT

- When Bennie moved his leg, they noticed a .45 caliber handgun under his thigh
- They removed him from the vehicle and held him for safety reasons (his and theirs) until Police arrived 30 seconds later



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#### Temporary Holds/Restraint

- Bennie tried to claim that the gun entered into evidence in his conviction should be inadmissible because it resulted from an unconstitutional search and seizure.



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### Temporary Holds/Restraint

- The paramedics stated they feared he was a danger to himself (drug overdose, possible suicide attempt, possible medical emergency) and to others (gun) which was in plain view.



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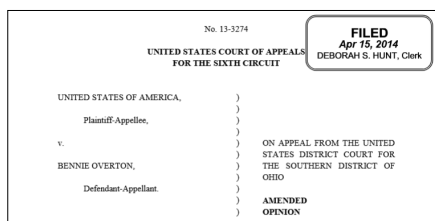
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### Temporary Holds/Restraint

- Paramedic's actions deemed reasonable by Sixth Circuit Court and 199-year prison sentence was upheld



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### Benefits of Police Training

- Realize that when Police effect an arrest, they do so for the protection and well-being of themselves as well as the public
- Very similar to why we hold people (custodial arrest) in the ER or in the field for transport against their will

48

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## Intersection of Law and EMS

POLICE	MEDICINE
Powers of Arrest	Restraint/Hold Order
Situational Awareness	Workplace Safety

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49

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## Situational Awareness

- The ability to perceive harm or threats sometimes at a subconscious level
- Drilled into police officers until it is second nature from **continual** practice and application



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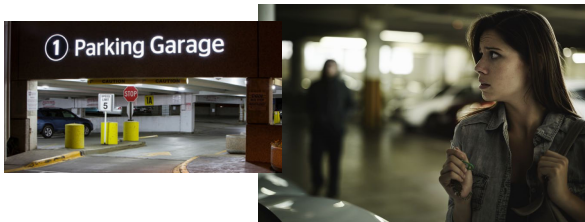
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## Situational Awareness

- Do you practice Situational Awareness?



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## Situational Awareness

- Do you practice Situational Awareness?
- Is it possible for you to be attacked in the workplace?  
Hospital or streets?



### BJC hospital employee carjacked in parking garage; police searching for suspect

POSTED 12:19 PM, JULY 19, 2017, BY KELLEY HOSKINS, UPDATED AT 12:58PM, JULY 19, 2017

52

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## San Diego nurse faces hospital patient who brutally attacked her

Posted: 5:12 PM, Dec 28, 2018 Updated: 7:12 PM, Dec 28, 2018

**Patient attacked, tried to rape nurse at Hershey Medical Center: police**  
Updated Aug 21, 2018; Posted Aug 20, 2018

**Hijacker attacks hospital worker with seven inch knife**

**CMS warns hospitals must protect staff, patients from violence**

Published Nov. 29, 2022

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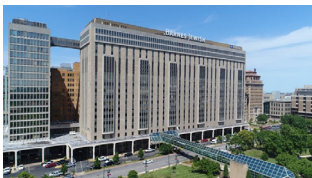
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## Knife-wielding patient fatally shot by Barnes-Jewish guards was a Ballwin man

**ST. LOUIS POST-DISPATCH**

By Kim Bell and Denise Hollinshead • St. Louis Post-Dispatch Jan 12, 2018



**BARNES-JEWISH**  
*Hospital*  
BJC HealthCare

54

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**'Combative' woman attacks employees at Memorial Hospital, police say**

Ted Czech, York Daily Record Published 12:09 p.m. ET Dec. 27, 2018 | Updated 1:11 p.m. ET Dec. 27, 2018

**Portland, Oregon, paramedics learn self-defense amid attacks**

By GILLIAN FLAROUS November 11, 2019

**AAMCNEWS**

**Threats against health care workers are rising. Here's how hospitals are protecting their staffs**

By Patrick Boyle, Senior Staff Writer August 18, 2022

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**Cooper's Colors**

- A technique of developing awareness AND a response plan similar to what police officers use
- Very useful for EMS and hospital workers
- Must be practiced until second nature

**OBLIVIOUS**

**AWARE**

**ALERT**

**ENGAGED**

56

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**Cooper's Colors**

**White** • Relaxed and completely unaware.

In condition **white**, you are relaxed and unaware of what is going on around you.

You don't even notice the slightly agitated man standing by your ambulance crew looking at his watch.

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## Cooper's Colors

### Yellow

• Relaxed but aware. Minimum acceptable level when in public or carrying a firearm.

In condition **yellow**, you remain relaxed, but are aware of who and what is around you. You DO notice the perturbed bystander and realize that your ambulance is blocking his BMW but he isn't doing anything that warrants action and you know you're about to secure the patient on the stretcher (with the shoulder straps, right Dr. Kupas?) and depart the scene.

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## Cooper's Colors

### Orange

• Potential threat identified. Attempt to verify, evade if necessary.

In condition **orange**, you notice him beginning to ball up his fists and lock eyes with you/crew. You call for Police backup and your "radar" will stay focused on the threat (but staying aware of other possible threats). Begin visualizing "what if" responses and **formulate a plan**.

59

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## Cooper's Colors

### Red

• Threat verified. Execute necessary response.

The man now moves toward you and is a clear threat. You shift to condition **red**.

You are fully prepared and will **carry out the plan** you formulated in condition orange only if the potential target's actions dictate such a response.

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## Cooper's Colors

<b>White</b>	• Relaxed and completely unaware.
<b>Yellow</b>	• Relaxed but aware. Minimum acceptable level when in public or carrying a firearm.
<b>Orange</b>	• Potential threat identified. Attempt to verify, evade if necessary.
<b>Red</b>	• Threat verified. Execute necessary response.

61

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## Benefits of Police Training

- Physicians, nurses, and ambulance crews are not typically trained for constant threat assessment and management as our law enforcement colleagues
  - We could learn something from their tactics and apply it directly to EMS Medicine and our hospital practices



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## EMS and Law Enforcement

- Much more closely related than we often realize (or care to admit)



**Police Physicians Section**



63

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## Intersection of Law and EMS

POLICE	MEDICINE
Powers of Arrest	Restraint/Hold Order
Situational Awareness	Workplace Safety
Safe Resolution	Safe Resolution

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64

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## EMS and Law Enforcement



### Colorado paramedics found guilty in death of Elijah McClain

By Brad Brooks

December 23, 2023 3:18 PM CST · Updated 7 days ago



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## EMS and Law Enforcement

- Medical practice by politicians vs physicians
  - Ketamine focus vs medical practice focus
- Scope of practice/training
- Scene control issues
- Restraint practices



This Colorado case highlighted many issues well beyond the scope of this talk but includes these factors to discuss back home.

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## EMS and Law Enforcement

- Relationships with your local Police and politicians?
- Documented training in 4<sup>th</sup> amendment principles approved by you?
- Situational awareness and scene control?
- Actual rehearsals of scene management?



Homework Questions

67

## EMS and Law Enforcement

- Building on our success with this Position Statement...



National Association of EMS Physicians®

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Phone: (913) 222-8654 • 800-228-3677 • info-NAEMSP@NAEMSP.org • [www.NAEMSP.org](http://www.NAEMSP.org)

### Clinical Care and Restraint of Agitated or Combative Patients by Emergency Medical Services Practitioners

*Douglas F. Kupas, MD, Gerald C. Wydro, MD, David K. Tan, MD, Richard Kamin, MD, Andrew J. Harrell IV, MD, Alvin Wang, DO*

#### POSITION

The National Association of EMS Physicians (NAEMSP) has had a position statement on patient restraint since 2002(1), which was updated in 2017(2). This document updates and replaces these previous statements and is now a joint position statement with the National Association of State EMS Officials (NASEMSO), National EMS Management Association (NEMMSA), National Association of Emergency Medical Technicians (NAEMT) and the American Paramedic Association (APA).

68

## EMS and Law Enforcement

- Working Group: agree on best practices among Police, Fire, and EMS on-scene of potentially volatile incidents



69

### Parting Thoughts

- As an EMS Physician, you must be prepared to interface with law enforcement at many levels
  - Doing so contributes to the benefit of your EMS System as a whole in a multi-faceted way



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70

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### Parting Thoughts

- As a police department medical director, you have profound potential to impact care and influence patient outcomes in your community in addition to the health and well-being of the First Responders



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71

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### Parting Thoughts

- We can apply many LE lessons to EMS practice
- We must be the medical conscience for the *system* as a whole seeing issues from both perspectives of EMS and LE
  - This cannot happen without first spending time and energy *building* the relationships *first*.

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72

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