

MINNEAPOLIS POLICE DEPARTMENT

SPECIAL ORDER



BY ORDER OF THE CHIEF OF POLICE

DATE ISSUED: May 8, 2025	DATE EFFECTIVE: August 23, 2025	NUMBER: SO25-015	PAGE: 1 of 5
TO: Distribution "A"			RETENTION DATE: Until Rescinded
SUBJECT: Manual Revision – 7-350 Emergency Medical Response			APPROVED BY: <i>Chief O'Hara</i>

MP-8806

Introduction: This policy is being updated to incorporate the new sanctity of life language from P&P 0-102, language regarding prone positioning from P&P 5-300, and additional language about on-scene responsibilities. The supervisor review of injury and illness is being moved here from P&P 5-302.

Effective with the issuance of this Special Order, Section 7-350 of the MPD Policy and Procedure Manual shall be added as follows:

7-350 **Emergency Medical Response** (06/18/18) (08/23/25)

I. **Purpose**

The purpose of this policy is to ~~lay-out~~describe the roles and responsibilities of MPD ~~employees~~ members in MPD incidents involving a medical emergency.

II. Sanctity of Life

MPD and its members shall uphold the sanctity of life (P&P 0-102) by striving to protect and preserve human life in all situations and keep the community and MPD members safe from harm.

In accordance with the sanctity of life, sworn members have a duty to provide appropriate medical treatment to those who need it (as described below).

H.III. **Policy**

A. Assess the Situation

Members arriving on scene or encountering an incident shall, as soon as reasonably practical, determine if anyone displays a visible injury or signs of medical distress, has lost

consciousness, has complained of injury or medical distress, or has requested medical attention, and shall take actions as detailed below in this policy.

Gathering preliminary information may assist members or EMS in providing treatment. Members should relay pertinent information to MECC, which could include:

- The location and nature of the incident, including any scene hazards.
- Information about the person needing medical treatment such as signs, symptoms and behavior observed by the member, changes in the person's apparent condition, whether the person is conscious or breathing and alert, and whether the person is believed to have consumed drugs or alcohol.

B. Acute Medical Crisis

A. MPD ~~employees-members~~ shall request emergency medical services (EMS) as soon as practical if any ~~employee-member~~ has come into contact with ~~an individual~~ a person having an acute medical crisis ~~and (where any delay in treatment could potentially aggravate the severity of the medical crisis), or as otherwise required by policy.~~

1. While awaiting EMS, MPD ~~employees-members~~ assisting ~~an individual~~ a person having an acute medical crisis shall provide any necessary first aid consistent with MPD training, as soon as practical. Members should use personal protective equipment (PPE) whenever necessary (P&P 7-2005).
2. Naloxone (Narcan) shall be administered only in accordance P&P 7-348.

C. Other Requests for EMS

B.1. MPD ~~employees-members~~ assisting ~~individuals-people~~ who are not in an acute medical crisis but may need medical attention shall offer EMS response, and shall document the offer and answer in a Police Report, or if no report will be made, via added remarks in CAD.

2. If a person requests an EMS response, members shall request EMS as soon as practical, and shall document the requests in a Police Report, or if no report will be made, via added remarks in CAD.
3. In accordance with P&P 7-401, police vehicles should not be used to transport people who are not in custody but need physical medical attention, except when EMS is not available.

D. People Declining Physical Medical Attention

If a person who is not in custody declines physical medical treatment, members shall not force that person to receive treatment. See P&P 7-803 regarding transport holds.

E. Medical Courses of Action by Medical Personnel

C. MPD ~~employees-members~~ shall not make any suggestions or requests regarding medical courses of action to be taken by any medical personnel. Determinations made by medical

personnel regarding medical courses of action must be clearly made only by medical personnel.

1. MPD ~~employees-members~~ shall provide medical personnel with any necessary information related to the ~~subject's person's~~ observed or known conditions and behaviors, ~~so that to enable~~ medical personnel ~~can to~~ conduct a quick and accurate assessment and determine the best medical course of action.
2. MPD ~~employees-members~~ shall provide medical personnel with the names of any MPD ~~employees-members~~ who provided first aid or assisted with a person's care, so ~~that~~ notifications can be made ~~to involved officers~~ of possible exposure to any pathogens discovered through further medical examination.
3. Responsibilities for medical care shall be transferred to EMS as soon as safe and feasible.
4. Members are prohibited from suggesting or directing sedation to anyone, for any reason, including any person who is acting agitated, disorganized, or behaving erratically.

F. Canceling EMS

~~D.~~ MPD ~~employees-members~~ responding to incidents where EMS has already been requested shall not cancel EMS unless the ~~employees-members~~ determine that the call was unfounded, or the ~~subject-person~~ is no longer at the scene.

G. Swallowed Narcotics

1. If an MPD member has a reason to suspect that a person in their custody swallowed narcotics or may have narcotics in their mouth, the member shall request an EMS response as soon as practical. Members shall not attempt to remove the narcotics, except for lifesaving purposes; members shall not use contact which would constitute a choke hold (P&P 5-304).
2. If a person in MPD custody shows signs or symptoms of having swallowed narcotics, members shall immediately request EMS response and shall provide any necessary treatment until the arrival of EMS, in accordance with this policy and P&P 7-348. Examples of potential signs or symptoms include if the person becomes lethargic or highly agitated, or appears to be in an altered state of consciousness.
3. If the person in custody is not showing signs or symptoms but tells the MPD member that they previously swallowed narcotics, MPD members shall either request EMS response or bring the person to a hospital for evaluation as soon as practical.

H. Prone Positioning

1. People in MPD custody shall not be placed in the facedown prone position or any other position that causes a breathing restriction, other than briefly when necessary to secure the person or to prevent the person from causing harm to themselves or others.
2. If a person is in a position that causes a breathing restriction, for the purpose of securing the person or preventing the person from causing harm to self or others, the person shall

- be placed in a sitting position, or laying on their side, in a recovery position, as soon as safely possible for all parties. The purpose of placing the person in these positions is to allow the person to breathe freely, reducing the possibility of bodily harm or death from any part of the person's respiratory system being restricted or manipulated.
3. Members shall not secure a person in any way that results in transporting the person face down in a vehicle.
 4. Members shall take statements about trouble breathing seriously as a potential sign of medical distress. The ability to speak does not mean a person can breathe freely; a person can talk and still be in physiological decline. When people are restrained face down, their efforts to reposition themselves to breathe better can easily be confused with resistance.

I. Restraints

If a person requiring medical attention must be restrained (P&P 5-305), the member's goal shall be to control the person so they can receive medical treatment, not to completely immobilize the person. Complete stillness could be a sign that the person has become unconscious, and members shall immediately request EMS and provide treatment in accordance with this policy.

J. Supervisor Notification and Review

1. Any injury or complaint of injury caused by force (including handcuffs) shall be reported and reviewed in accordance with P&P 5-302 and P&P 5-303.
2. When a person who is in MPD custody suffers an injury or illness that was **not** caused by use of force, the MPD member shall notify their supervisor. In-custody illnesses and injuries include, but are not limited to, vomiting, loss of consciousness, injuries the person causes to themselves, etc.
3. When notified of an in-custody injury or illness that was **not** caused by force, the supervisor shall do all of the following:
 - Respond to the scene or to the hospital.
 - Review the incident to determine or confirm how the illness or injury occurred, including a review of body worn camera recordings and other documentation if necessary to properly assess the incident.
 - Complete the Injury or Illness Supervisor Review form.
4. If the person says they swallowed narcotics (or a similar substance) and is brought to a medical facility for evaluation, supervisor notification and review is not required unless the person exhibits signs of an injury or illness or receives medical treatment beyond evaluation. If the person exhibits signs of an injury or illness or receives medical treatment beyond evaluation, supervisor notification and review shall be completed as required above.

K. Arrests and Detention

Arrest or detention of individuals people receiving treatment under this policy shall also be in accordance P&P 9-108 (Arrest or Detention of Injured Adults) and P&P 8-306 (Arrest or Detention of Injured or Incapacitated Juveniles in Need of Medical Attention).

L. Parent or Guardian Notification for Minors

Whenever minors are transported to any health care facility for medical treatment the transporting members shall notify MECC and shall ensure a reasonable attempt is made to notify the minor's parent or guardian as to the minor's status (P&P 8-104).

M. Medical Treatment After Use of Force

In addition to the requirements in this policy, some force options have specific treatment procedures required (such as P&P 5-308 Force Option- Hand-Held Chemical Aerosols and P&P 5-309 Force Option- Conducted Energy Weapons (CEWs)).

N. Documentation

~~E.~~ MPD ~~employees-members~~ shall document in a report any assistance provided to medical personnel regarding the medical crisis, including actions taken by the ~~employeesmembers~~, the effects of those actions on the ~~subjectperson receiving treatment~~, and the outcome of the situation. Any physical control applied by MPD ~~personnel-members~~ ~~should-shall~~ be reported in accordance with ~~the~~ P&P ~~5-306-5-302~~ Use of Force- Reporting ~~and Post-Incident Requirements~~.

~~F. Arrest or detention of individuals receiving treatment under this policy shall also be in accordance P&P 9-108 (Arrest or Detention of Injured Adults).~~

IV. Definitions

Acute Medical Crisis: When a person is suffering from a medical event in which any delay in treatment could potentially aggravate the severity of the medical crisis. These events typically develop quickly, can be severe, and demand urgent care to prevent further harm or death. They can arise from conditions such as heart attacks, strokes, severe allergic reactions, respiratory failure, trauma, medical side effects related to a mental health condition, or any other situation where the person's health is rapidly deteriorating.