PURPOSE
To render necessary aid, take corrective or summary action and prepare the prescribed forms.

DEFINITIONS
AIDED CASE - Any occurrence coming to the attention of a uniformed member of the service which requires that a person, OTHER THAN A PRISONER, receive medical aid or assistance because such person is:

a. Sick or injured (except vehicle or bicycle collision)
b. Dead (except vehicle or bicycle collision)
c. Lost person
d. Mentally ill
e. An abandoned, destitute, abused or neglected child
f. Runaway child
g. Adult requiring care due to arrest, hospitalization, death of parent/guardian/person responsible for care.

ROUTINE SICK AT HOME - Requires ONLY an ACTIVITY LOG (PD112-145) entry if aided is at any residence AND

a. Is conscious and properly identified
b. No other police service or notification is required
c. No dependent adults or uncared for children are in household
d. No other investigation is needed.

NOTE
Ascertain that ambulance is responding and resume patrol.

ROUTINE SICK IN NURSING HOMES - Uniformed members of the service will NOT respond to sick cases in nursing homes. However, other than a routine sick case (injury, cardiac, D.O.A., etc.), a uniformed member will respond to the nursing home, prepare an AIDED REPORT WORKSHEET (PD304-152b), and make necessary notifications.

PROCEDURE
Upon arrival at the scene of an aided incident:

1. Render reasonable aid to sick or injured person.
2. Request an ambulance or doctor, if necessary.
   a. If not assigned to patrol, request dispatcher to assign patrol unit concerned
   b. If aided person is wearing a Medic Alert Emblem indicating diabetes, heart disease, etc., notify radio dispatcher and bring to the attention of ambulance attendant. Do not remove Emblem.
3. Wait in view to direct the ambulance or have a responsible person do so.
4. Make a second call in twenty minutes if ambulance does not arrive.
5. Make ACTIVITY LOG entry.
   a. Include name of person notified regarding Medic Alert Emblem
   b. Include Ambulance Call Report (ACR) number or Patient Care Report (PCR) number related to the aided (obtain from the responding ambulance attendant).

6. Accompany unconscious or unidentified aided to hospital in body of ambulance.
   a. Witness search by hospital authorities and sign hospital property record as witness
   b. Examine property removed in attempt to determine identity of aided
   c. Record, in ACTIVITY LOG, a list of property removed and identity of person conducting search.

**NOTE**
When a uniformed member of the service responds to an aided case and finds that the aided has been removed from the scene prior to the arrival of the member, such member will ascertain the location of the aided and obtain all information necessary for preparation of AIDED REPORT WORKSHEET.

7. Obtain name, address and telephone number of relative or friend for notification.

8. Prepare AIDED REPORT WORKSHEET and deliver to command clerk.
   a. Include under “Details,” name of person notified regarding Medic Alert Emblems worn.

**ALL AIDED CASES:**

**COMMAND CLERK**

9. Have relatives/friends notified if aided is admitted to a hospital or dies.

10. Classify aided “Unidentified” if unable to make identification and inform desk officer.

11. Deliver AIDED REPORT WORKSHEET to the desk officer.

**DESK OFFICER**

12. Ascertain that notification has been made or comply with P.G. 216-03, “Unidentified Persons.”

13. Review AIDED REPORT WORKSHEET for accuracy and completeness.

**NOTE**
In cases where a death has occurred or the person is seriously injured and likely to die, the desk officer will ensure that a notification is made in a timely manner and document the time and date of the notification as well as the name of member making notification under caption “Notification” on the AIDED REPORT WORKSHEET.


15. Notify the New York City Human Resources Administration Adult Protective Services to obtain care for a dependent adult due to arrest, hospitalization or death of a guardian.
**ADDITIONAL DATA**

When an aided person is placed in care of ambulance or medical personnel at a hospital, the authority and responsibility for the medical care of the aided rests solely with hospital personnel. Uniformed members of the service concerned shall cooperate with ambulance/hospital personnel in every reasonable manner.

If a person is unconscious in a manhole, the uniformed member of the service concerned should immediately request the services of the Emergency Service Unit. If there is reason to believe that the victim was asphyxiated by lack of oxygen, or toxic gas in the manhole, the member WILL NOT DESCEND into the manhole unless equipped with a self-contained oxygen breathing apparatus such as a Scott Air Pack, NOT a filter mask as used by the military. If a person is unconscious in a manhole and there is reason to believe the atmosphere in the manhole is safe, the member concerned, before descending into the manhole, shall obtain a rope or similar article and tie the rope, etc., securely around his/her body. A capable person outside the manhole should hold the free end.

A member of the service (uniformed or civilian) who receives a report of a crime involving personal physical injury, death or loss of essential personal property to an innocent crime victim will notify the victim, or a dependent or surviving relative, of the State Crime Victim’s Compensation Program and that additional information and applications are available at any precinct stationhouse, police service area or transit district.

Whenever a uniformed member of the service is present at the scene of an aided case that is not life threatening, and there is a difference of opinion between the aided, aided’s family, or other interested parties and Emergency Medical Service (EMS) personnel relative to the medical treatment or removal of the aided to a hospital, the member concerned will IMMEDIATELY request the patrol supervisor and an EMS supervisor to respond to the scene. If the patrol supervisor is not available, the Communications Section dispatcher will automatically direct the patrol supervisor from the adjoining command to respond without delay.

The patrol supervisor will immediately respond to ascertain the facts, and if the situation is resolved, the request for the EMS supervisor will be canceled. If the situation cannot be properly resolved, the patrol supervisor will make a second request for an EMS supervisor to respond to the scene.

When responding to an aided case, and the aided is the victim of domestic violence, uniformed members concerned will ensure that photographs are taken of the visible injuries, as per Patrol Guide 208-39, “Family Offenses/Domestic Violence (Digital Photography of Visible Injuries/Damaged Property).”

LifeNet is a treatment referral program for individuals or families in need of counseling assistance outside the purview of this Department, e.g., drug/alcohol abuse, mental health related issues, the lonely and confused, etc. Members of the service responding to aided cases encountering such individuals or families are directed to give to them a LifeNet Information Card (Misc. 4203) which contains the program’s telephone numbers. LifeNet personnel are accessible 24 hours a day, 7 days a week, 365 days a year. LifeNet is not intended as an alternative means by which to handle mentally ill or emotionally disturbed persons who may pose a danger to themselves or others. In such situations, members will comply with P.G. 221-13, “Mentally Ill or Emotionally Disturbed Persons.”
Uniformed members of the service at the scene of an incident at which an aided is acting in a deranged, erratic manner apparently caused by a drug overdose (e.g., cocaine psychosis, angel dust, heroin overdose, etc.) will request the response of the patrol supervisor. If an ambulance is not immediately available, the supervisor will determine if aided should be removed to the appropriate hospital by utilizing an RMP or await the arrival of an ambulance. The aided is not to be brought to a police facility.

Cocaine induced psychosis or other illegal drug usage may cause violent behavior, which may be a means of self-defense against imagined persecutors. In addition to paranoia, the individual may experience visual, auditory, or tactile (e.g., bugs crawling under the skin, etc.), hallucinations, high body temperature and seizures. Since sudden death may ensue, uniformed members of the service are reminded to have such person brought to an appropriate hospital facility and NOT TO A POLICE FACILITY.

Pending arrival of an ambulance, the uniformed member should allow a sick/injured person to be treated by a doctor, emergency medical technician or paramedic, if such person volunteers his/her services, and the uniformed member reasonably believes the volunteer is a professional. The medical attention should take place, if possible, under the observation of the member concerned. When the emergency situation is under control, request identification from volunteer, including name and address, and record information in ACTIVITY LOG and under “Details” on AIDED REPORT WORKSHEET. The volunteer’s role is limited to providing medical assistance ONLY. Determination regarding removal procedures via ambulance, Medivac, etc., will be determined by Emergency Medical Service personnel.

Related Procedures
- Family Offenses/Domestic Violence (Digital Photography of Visible Injuries/Damaged Property) (P.G. 208-39)
- Runaway Children (P.G. 215-05)
- Preparation of Aided Report Worksheet (P.G. 216-02)
- Unidentified Persons (P.G. 216-03)
- Mentally Ill or Emotionally Disturbed Persons (P.G. 221-13)
- Notifications (P.G. 216-15)
- Safeguarding Property of Deceased Persons (P.G. 218-28)

Forms and Reports
- ACTIVITY LOG (PD112-145)
- AIDED REPORT WORKSHEET (PD304-152b)
- LifeNet Information Card (Misc. 4203)