

# Arizona Peace Officer Standards and Training

## Basic Curriculum Lesson Plan

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**LESSON TITLE: FIRST AID - LEGAL ISSUES 8.1**

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SUBJECT:	First Aid (Legal Issues)
AZ POST DESIGNATION:	8.1.2
HOURS:	1.0
COURSE CONTENT:	Legal issues dealing with types of consent, medical directives, Good Samaritan laws and civil liability.
PERFORMANCE OBJECTIVES:	Upon completion of this course of instruction, students using notes, handouts and other support materials as references, within the allotted time, will:
	8.1.2A Identify examples of actual and implied consent.
	8.1.2B Identify the steps to be taken in a focused history (secondary survey), to include: Checking for medical alert tags and/or Do No Resuscitate Orders (DNR's).
	8.1.2C Identify the elements of the Good Samaritan law. Contrast its application between on duty and off duty.
	8.1.2D Identify the potential civil liability associated with administering first aid/CPR and also without doing it. Differentiate between on and off duty.

DATE FIRST PREPARED:	September 1997	
PREPARED BY:	Del Miller	
REVIEWED – <b>REVISED</b> :	David Kleinman	DATE: December 1998
<b>REVIEWED</b> – REVISED:	Sgt. Bill Wright – ALEA Course Revision 2001	DATE: January 2001
<b>REVIEWED</b> – REVISED:	SME Committee	DATE: October 2003
REVIEWED – <b>REVISED</b> :	Officer Tim Taylor, SME Chairman	DATE: February 2004
REVIEWED – <b>REVISED</b> :	Officer Tim Taylor, SME Chairman	DATE: February 2005
REVIEWED – <b>REVISED</b> :	AZPOST (DocX)	DATE: March 2022
AZ POST – APPROVAL:	Richard Watling	DATE: February 2005
AZ POST – APPROVAL:	Lori Wait	DATE: March 2022

**INSTRUCTOR REFERENCES:**

**CLASS LEVEL:** Student

**TRAINING AIDS:**

**INSTRUCTIONAL STRATEGY:** Lecture and discussion.

**SUCCESS CRITERIA:** 70% or higher on a written, multiple-choice examination.

**COMPUTER FILE NAME:** Legal Issues

**DATE RELEASED TO THE SHARE FILE:** May 27, 2022

**I. INTRODUCTION**

- A. Instructor – (self) introduction.
- B. Preview of performance objectives.

**II. CONSENT**

**P. O. 8.1.2A**

- A. **Actual consent:** The patient gives authorization or consent either in written or verbal form. The patient must be informed of your intent. Police officers are not always recognized as medical help.
  - 1. **Adult:** Again, the patient must be informed of your intent. Identify yourself and ask, “Can I help you?”
  - 2. **Minor/mentally ill:** A parent or guardian is present and gives consent or gives consent via the telephone. If you are unable to reach the parent, contact a close relative, such as a grandparent, aunt, etc.
- B. **Implied consent:** The patient is incapacitated due to an injury (unconscious or in an extremely confused state) and injuries are significant enough to cause death, disability or a worsened condition if the patient is not treated. In such a case, it is assumed that consent would be given.

**P. O. 8.1.2A**

- C. **Pre-hospital directives:** This form lists what interventions a person wants or does not want. This is specifically for pre-hospital personnel. It is different from a Do Not Resuscitate (DNR) or a Living Will. It will always be an orange form and either 8” x 11” or a wallet-sized card. Check to see if it is completely filled out. It should have a photo or a description of the patient.

**P. O. 8.1.2B**

- D. **Protective custody:** This can be used for a juvenile with no available guardian who is seriously injured and/or patients with a mental impairment and significant injury.
- E. **Refusals:** This is one (1) of the most litigious areas of medical treatment. A patient must be mentally competent and an adult to refuse treatment. All refusals must be documented as well as patient injuries and how they refused. Refusals should be witnessed. It is best to have a patient refuse treatment to EMS personnel, rather than to an officer only.

**III. GOOD SAMARITAN LAW – A.R.S. §32-1471**

**P. O. 8.1.2C**

- A. Any health care provider licensed or certified to practice as such in this state or elsewhere, or a licensed ambulance attendant, or pilot as defined in §14-1831, or any other person who renders emergency care at a public gathering, or at the scene of any emergency occurrence gratuitously and in good faith shall not be liable for any civil or other damages as the result of any act or omission by which person rendering the emergency care, or as the result of any failure to act to provide or arrange for further medical treatment or care for the injured persons, unless such person, while rendering such emergency care, is guilty of gross negligence. As amended laws 1978, CH.205.1.

**B. Elements.**

**P. O. 8.1.2C**

1. Gratuitously – without pay.
2. In good faith – believing that you are doing the act to the best of your knowledge and ability.
3. Gross negligence – failing or omitting to do something that a reasonable person would do or doing something that a reasonable person would not do.

**C. Protection under the law.**

**P. O. 8.1.2C**

1. On duty – legal opinion is that it would probably not apply because police officers are being paid for their actions. (The Good Samaritan law does not protect officers on duty)
2. Off duty – legal opinion is that it would apply because the officer is acting as any other person.

**IV. DUTY TO ACT**

**A. Legal opinion is that a reasonable person would expect a police officer to render what medical aid they are capable of while on duty.**

**P. O. 8.1.2D**

**B. There is no statutory requirement under Arizona Revised Statutes for a police officer to render medical aid.**

**C. Considerations.**

1. Department policy – is it a policy of your agency that you will or will not render medical aid?
2. Job description – is it listed under your duties as a police officer?
3. Training – you can only do what you have been trained in. However, once trained would a reasonable person expect you to use that training, unless it was specified that you wouldn't?
4. Department mottos – does your patrol car say something like, "To protect and serve" on the side or does your department have a motto like, "Providing service to the citizens of Elbow, Arizona"?

**D. Case law.**

1. Battista vs. Olson – police officers did not summon aid for an intoxicated, drugged arrestee who was having respiratory problems. Damages of \$1,000,000 were awarded

against the police department.

2. Canton vs. Ohio – if a certain type of activity is occurring regularly while a police officer is on duty then the police agency has a definite duty to respond to the problem and to provide the officer with training. Because officers will encounter sick and injured patients, training must be provided.

**E. Avoiding civil liability.**

**P. O. 8.1.2D**

1. Always follow department policy.
2. Always follow federal, state or local law.
3. Always document all actions taken or not taken and why.
4. Only provide what treatment you have been trained for and what is authorized by your agency.
5. Make sure you have the proper equipment to do the job.
6. Make sure EMS is en route.

**F. On or off duty.**

**P. O. 8.1.2D**

1. On duty – if your agency requires you to provide medical care then your agency provides liability coverage for your actions as long as your actions are reasonable and not grossly negligent.
2. Off duty – coverage is from the good samaritan law.

**G. Special circumstances.**

1. Abandonment – once you have started care for a patient you may not leave that patient until you can turn over care to someone of your level or higher. Exceptions are for personal safety. Being called away for a higher priority call is not an exception. Care is established once you start or offer care.

**H. A medical scene may be a crime scene.**

1. Evidence.
2. Witnesses.
3. Determine if medical or law enforcement is the priority. Even with life threatening injuries at a scene you may be needed somewhere else, such as doing point control to prevent further injuries.

I. Mental exercise:

1. You are on duty working a motor vehicle accident. There are plenty of officers there so you are medically attending a victim who has an obvious head injury. EMS is not yet on the scene. Your sergeant comes up to you and tells you to leave that for EMS and to clear for area coverage.
2. What do you do? (Do not leave the patient.)
3. What would you tell your supervisor? ( You cannot leave once you have started care/help. That would be abandonment.)

**V. CONCLUSION**

- A. Review of performance objectives.
- B. Final questions and answers.
- C. Instructor closing comment(s).