



NEW ORLEANS POLICE DEPARTMENT OPERATIONS MANUAL

CHAPTER: 33.4.1

TITLE: MEDICAL TRAINING PROGRAMS AND MEDICAL RESPONSE TEAM

EFFECTIVE: 06/02/2019

REVISED: 12/26/2025

PURPOSE

The purpose of this chapter is to establish the guidelines for the first aid and CPR training program for Department members to promote the health and welfare of members and the community.

POLICY

1. Commissioned members of the NOPD shall successfully complete the Department's First Aid and CPR Certification Course and maintain currency in all certification requirements prior to and while working in any commissioned position unless a waiver has been granted by the Superintendent of Police.
2. Non-commissioned members may be required, as part of their assigned duties and responsibilities, to successfully complete the Department's First Aid and CPR Certification Course and maintain currency in all certification requirements for their duties and assignments unless a waiver has been granted by the Superintendent of Police.
3. Commissioned members will receive initial training in the use of tourniquets during both basic recruit and in-service first aid training prior to being issued a departmental tourniquet. Re-certification shall take place during the First Aid re-certification and on the same cycle.

FIRST AID TRAINING REQUIREMENTS

4. Under Louisiana Revised Statute Title 37, Article 1732, an officer who holds a **valid, current certification** by the American Red Cross or any equivalent training program approved by the Louisiana Department of Health and Hospitals who renders emergency care in the performance of their duties is not individually liable to the person for harm unless the act was intentionally designed to harm or was grossly negligent.
5. The Commander of the Municipal Training Academy (MTA) shall select the certifying agency for each type of departmentally required field medical training (basic First Aid, CPR, field tourniquet, etc.) to meet the requirements of R.S. 37:1732.

6. The Basic First Aid Course certification and re-certification requirements shall be based on the certifying authority (i.e. American Red Cross, National Safety Council, American Heart Association, etc.).
7. The Basic Cardio-Pulmonary Resuscitation (CPR) certification and re-certification requirements shall be based on the certifying authority (i.e. American Red Cross, National Safety Council, American Heart Association, etc.).
8. Any other first aid related training (i.e. field tourniquet) course instruction, certification and re-certification requirements, including for the instructor, shall be based on the certifying authority (i.e. Federal law Enforcement Training Center / Basic Tactical Combat Medics Course, NOEMS Certifications, etc.).
9. Officers shall obtain medical assistance for any person who, during the course of their duties, exhibits signs of physical distress, has sustained visible injury, expresses a complaint of injury or continuing pain, or who was rendered unconscious. This may require officers to render emergency first aid within the limits of their individual skills, training and available equipment until professional medical care providers arrive on the scene. Any individual exhibiting signs of physical distress should be continuously monitored by the officer involved in the incident or an on-scene assisting officer until medical personnel can assess the individual. NOPD officers shall request medical assistance without delay when a subject has visible injuries, or the subject complains of injury.
10. All commissioned members shall successfully complete the re-certification courses for First Aid, CPR and any other Departmental field medical training in the month of, or the month after, their birth date bi-annually.
11. Commissioned members shall contact the Commander of the MTA, or their designee, and schedule an attendance date for the re-certification courses for First Aid, CPR and any other Departmental field medical training. Commissioned members failing to successfully complete the required training may be subject to disciplinary action.
12. Medical Response Team (MRT) members are required to maintain their current certifications in coordination with NOEMS and the MRT Coordinator. MRT members shall provide copies of their updated certifications and recertifications to the MTA to be kept with their training files. Failure to maintain advanced certifications with NOEMS and the MTA may result in removal from the MRT.
13. Members of the MRT who provide the MTA updated certifications meeting the requirements of NOPD required First Aid, CPR, or any other Departmental field medical training shall be exempt from the required NOPD sponsored training.
14. Deviation from the requirements this chapter shall only be with the written authorization of the Superintendent of Police.

PROTOCOL FOR MANUFACTURED TOURNIQUETS

15. Departmentally issued tourniquets shall be carried by all commissioned members on their person while on duty and positioned to be readily accessible by either hand.
16. The tourniquet shall be used in a manner consistent with established training.
17. The use of a tourniquet other than one issued or approved by the department is permissible to prevent loss of life in extreme circumstances.

18. Once applied, the tourniquet shall only be removed and disposed of by medical personnel.
19. Any use of a tourniquet shall be recorded by the commissioned member on their BWC.
20. If not part of another incident or event, an item number for a signal 24 shall be obtained and the use of the tourniquet noted on an FIC (See: **Chapter 41.12 – Field Interview Card**) indicating the use of the tourniquet and the location on the body of the injury. If the officer has recorded the incident on their BWC, the incident shall be marked up “Signal 24, NAT – 1 FIC” with a specific on-air notation as to the use of a tourniquet by the officer. If the officer does not have a BWC or the incident / event is not recorded for whatever reason, they shall complete an EPR under the signal 24 detailing all the pertinent information, especially the reasons why the tourniquet was used and the location on the body of the injury. If there is no BWC recording of the incident by the officer, the incident shall be marked up, “24, RTF” with a specific on-air notation as to the use of a tourniquet by the officer. (See also: **Chapter 82.1 – Report Preparation.**)
21. All uses of a tourniquet shall be reviewed by the member’s immediate supervisor, including all BWC footage, FIC and/or EPR.
22. Any corrective actions, deficiencies or issues shall be addressed by the reviewing supervisor immediately and documented accordingly.
23. The reviewing supervisor shall ensure that the tourniquet is replaced as soon as possible after use if not immediately replaced by NOEMS

NOPD MEDICAL RESPONSE TEAM (MRT)

24. The purpose of the Medical Response Team (MRT) is to ensure NOPD officers who have advanced medical certifications (such as Emergency Medical Responder or Emergency Medical Technician certifications) effectively deliver medical care in emergency situations where New Orleans Emergency Medical Services (NOEMS) are not immediately available or are unable to respond due to scene safety issues. NOPD MRT members are operating under the medical guidance and licensing provided by NOEMS when providing patient care pursuant to their advanced medical certification.
25. Members of the NOPD MRT have the primary function of police officers and may only provide medical care once any emergencies that present a safety threat or further threat to life are no longer present, or those responsibilities have been assumed by another officer on scene.
26. Platoon supervisors shall identify any members certified as part of the MRT on their daily lineups and notify OPCD (Dispatch) when calling in their daily lineups.

MRT EQUIPMENT

27. Members of the MRT shall inventory all assigned medical supplies and equipment at the start and end of each shift.
28. If any supplies or equipment need restocking or replacement, the MRT member shall replenish those items at NOEMS Headquarters and ensure the transaction is documented in the EMS Inventory Management System.
29. MRT Members shall ensure they maintain the minimum number of supplies and equipment recommended by NOEMS.

30. Any damaged or malfunctioning equipment shall be immediately reported via email to the MRT Coordinator and EMSLogistics@nola.gov. This notification shall include:
- The type and specific identifying information of the broken equipment (i.e., model, lot number, and/or serial number);
 - The location, time, and date the equipment was damaged;
 - A brief summary of how the equipment was damaged.
 - Whether or not the failure occurred while providing patient care
 - If so, the NOPD item number associated with the incident

MRT ACTIVATION OF EMS

31. MRT Members shall immediately request a NOEMS response in the following circumstances:
- Unresponsive patients
 - Patients with an altered mental status
 - Severe bleeding that is not controlled by initial measures
 - Patients with respiratory distress (including those failing to respond to initial interventions)
 - Suspected cardiac events or strokes
 - Significant trauma or spinal injuries
 - Other situations where NOEMS is needed as determined by the MRT Member
32. Members requesting NOEMS shall provide dispatch with the following information:
- Their unit number
 - The patient location
 - A brief description of the emergency (including the number of patients and their conditions)
 - Any medical interventions already provided
33. After requesting NOEMS, members shall keep dispatch informed of any changes to the patient's condition.
34. Upon NOEMS arrival, members shall transfer patient care to NOEMS and provide a detailed description of the patient's condition, any interventions performed, and any known pertinent medical history, including any substances and/or medications the patient may have taken.
35. All documentation specific to patient care shall only be documented in the NOEMS report and may be subject to the Health Insurance Portability and Accountability Act (HIPAA).
36. The MRT members and other NOPD members are still required to complete force statements, use of force reports, field interview cards, and other NOPD reports as required under policy. If an NOPD report is authored as a result of an incident, it shall only document the following regarding patient care:
- The name and unit number of the MRT member on scene
 - Whether medical interventions were performed, or medical care was provided
 - The names and unit numbers of responding NOEMS personnel
37. If a patient refuses treatment and leaves the scene before the arrival of NOEMS, the MRT member on scene shall notify NOEMS on the appropriate radio channel of the incident and provide the required information for NOEMS documentation and classification of the incident as a "desertion against medical advice."

38. MRT Members are prohibited from accepting a refusal of medical care from a patient without prior approval from a NOEMS supervisor and providing the appropriate documentation.
39. NOPD MRT Members shall not provide medical clearance for subjects in custody to be booked. Medical clearances for subjects in custody shall only be provided by qualified healthcare providers who are not members of NOPD.

FAILURE TO QUALIFY/RE-QUALIFY

40. Any commissioned member or non-commissioned member whose duties require the training who fails to complete the certification courses for First Aid, CPR and any other Departmental field medical training or fails to maintain their recertification is prohibited from performing any medical or first aid related duties (i.e. Naloxone, use of field tourniquet, CPR, etc.) until they have qualified.
41. The MTA Commander shall notify the member's Commanding Officer, in writing prior to the member's next scheduled tour of duty, when any member fails any portion of the certification or re-certification courses for First Aid, CPR and any other required Departmental field medical training.
42. The Commanding Officer shall notify the members, in writing, that they are prohibited from performing any medical or first aid related duties until the member successfully completes the course. The member shall have their right to work Police Secondary Employment and/or Departmental approved overtime suspended until the member successfully completes the course.
43. The member shall be responsible for scheduling a re-qualification date with the MTA and notifying their Commander of the date.
44. Department members shall be provided 30 working days to successfully complete the certification or re-certification before disciplinary action is taken.
45. The employee shall be compensated as regular working for the duration of the re-qualification by the members unit of assignment.
46. In the event the member fails to certify or re-certify within the 30 working-day period, a disciplinary investigation shall be initiated by the member's Commander. The investigation shall determine whether the member is unable to perform their assigned duties (Civil Service Rule IX).
47. Police recruits, laterals or reinstatements who fail to successfully complete certification courses for First Aid, CPR and any other Departmental field medical training or fails to maintain their recertification shall be governed by the MTA curriculum guidelines as set forth by the Commander of the MTA. Failure of the training portion may be cause for immediate termination.