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How Police Officers Can Save Rural EMS

Aditya C. Shekhar

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In recent months, the shortage of personnel working or volunteering for rural emergency medical services agencies has received a lot of attention. Earlier this year, there was an article in *The New Yorker* titled "In Rural America, There Are Few People Left to Drive the Ambulances."[1] In October, a report on NBC Nightly News shed further light on this shortage and its effects. Citing various reports, they noted that 70% of rural EMS agencies rely on volunteers and 1/3 of these EMS agencies are in immediate danger of shutting down due to a lack of volunteers.[2] This coincides with the closure of many rural hospitals and community healthcare centers, creating a situation where large portions of rural America are in grave danger of entirely losing access to EMS or any sort of emergency healthcare.

Considering how advanced EMS has become — and how much training and continuing education is required — being a volunteer provider can be tough. In cities with "career" EMS departments staffed by full-time personnel, the role that EMTs and paramedics assume is growing, as leaders are embracing an ever-expanding number of interventions. There has been a trend of morphing units from BLS to ALS and even to critical care transports. This growing

scope of practice has increased the educational demands placed on EMS providers at all levels, which has made it difficult for unpaid volunteers to commit to the training necessary to become certified.

Despite the negative headlines, however, a simple solution might lie in outsourcing rural EMS to other public safety departments. The idea of EMS operating under another department is nothing new. A sizable percentage of ambulances are run by fire departments, and nearly all fire departments respond to medical calls in some way or another. That being said, a public safety organization that has traditionally held a modest role in EMS but, in my opinion, has the potential to transform rural healthcare, is the police department. In specific regions, police officers respond to medical emergencies and, where trained and authorized as providers, routinely provide lifesaving care.

Currently, rural volunteer EMS is mostly staffed by personnel responding in personal vehicles from their home or work to a station, where, once a full crew is put together, the ambulance responds to the patient. Being a police officer, by contrast, is almost always a paid, full-time commitment, which allows cities to maintain law enforcement coverage 24/7. If these available officers could receive the medical training necessary to function as EMTs or paramedics, many rural communities would have at least one medically-trained responder at all times who can respond to medical emergencies and begin providing care. Most, if not all, police cruisers can easily accommodate all the necessary gear to provide basic or advanced life support, including a first-in bag and a defibrillator or cardiac monitor.

With officer/EMTs or officer/paramedics, an emergency call would play out something like this: A caller places a 911 call, and dispatchers page the EMS volunteers as normal but also page a

cross-trained officer/EMT or officer/paramedic from the police department. Already on-duty and driving a smaller, faster police cruiser, the officer would most likely arrive at the patient well before the EMS service even has the opportunity to gather a crew and respond. The medically-trained officer will be able to provide care to the patient extremely quickly, drastically cutting down current response times. This will allow the volunteer crew to have ample time to safely respond to the station, organize a response team, and drive to the scene, while the patient is already being stabilized and treated by the officer/EMT or officer/paramedic. If the patient does not want to be transported, the officer/EMT or officer/paramedic can cancel the volunteer crew or advise them not to respond.

The biggest benefit of the dual-role officer/provider is that once the ambulance arrives, they can assume the role of primary caregiver and continue caring for the patient in the back of the ambulance. This could potentially mean the volunteer crew would not need to be medically trained, since they would just be responsible for driving the ambulance to the scene and during transport to the hospital. Decreasing training requirements would significantly decrease the barrier for entry and the education barriers that are currently plaguing rural EMS. The officer could lock and leave their squad car at the scene or let a member of the volunteer ambulance crew drive the vehicle.

Rural communities throughout the country have successfully implemented models where police officers provide advanced medical care to residents. Breezy Point, Minnesota, a town that faces significant seasonal population fluctuation due to summertime tourism, has several police paramedics who can respond to EMS calls and provide advanced life support from equipment kept in their squad cars while waiting for an ambulance from a neighboring community.[3] This model costs the city roughly $14,000, while staffing an ambulance with full-time paramedics and

ALS capabilities would run close to $400,000 per year.[4] These officer/paramedics receive training, supplies, and medical direction from an EMS agency in a larger, neighboring community and are authorized to perform the full suite of ALS interventions. For their contributions to rural EMS, Breezy Point's police paramedics have won several awards, including the Minnesota Ambulance Association Star of Life Award, the Minnesota City of Excellence Award, the Minnesota Chiefs of Police Association Excellence In Innovation award and the Humphrey School of Public Affairs' Local Government Innovation Award.[4,5] Another successful police paramedic program has been implemented in North Mankato, Minnesota, where police officers trained as paramedics are authorized to begin ALS-level treatments as an agent of a nearby ambulance service before an ambulance physically arrives.[6]

Communities like Sunnyvale, California, Kalamazoo, Michigan, and Woodbury, Minnesota have even gone a step further by integrating firefighting, EMS and law enforcement into a single "Department of Public Safety," and staffing it with personnel cross-trained in all three.[7,8,9] Their cost per capita for public services is significantly lower than neighboring cities, and this model gives their personnel the flexibility to approach a request for service through a multi-agency lens and bring a varied set of expertise to every call.[9,10,11]

Cross-trained police officers responding to medical emergencies and staffing ambulances might not work in all communities. Cities, suburbs and communities that can generate enough emergency calls to justify a full-time, dedicated EMS department or have enough medically-trained personnel willing to serve a part-time/paid-on-call/volunteer department might be better off with single-role devoted resources. However, in communities facing a handful of EMS calls that normally rely on willing volunteers for ambulance services, dual-role police officer/providers might be a lifeline between citizens and medical care.

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