First responders keep our communities safer. Here’s how to help them do their job

By Lindsey Wahowiak

**Picture it:** You’re a police officer, and you’ve just pulled over a man for driving erratically. You ask the driver for his license. The driver is slurring his words, irritable, dripping sweat, and pale. When you ask him to step out of the car, he staggers.

Is he intoxicated? Or is he a person with diabetes who’s having an episode of hypoglycemia, or low blood glucose? Do you cuff the driver, call an ambulance, give him some glucose gel—or all three?

While these situations are rare, they can grab headlines. Many of the signs of hypoglycemia (see insert, p. 24) are similar to signs of someone who is drunk or on illegal drugs. People with diabetes and their friends and family may know how to recognize low blood sugar, but do the police?

In more and more communities across the country, the answer is yes. The American Diabetes Association’s legal advocacy
volunteers—doctors, nurses, lawyers, parents, and others—have been working with law enforcement personnel to educate their communities. First responders (police, firefighters, and emergency medical technicians) are training on how to spot and care for people with diabetes.

Philadelphia
Attorney Alan Yatvin is vice chair of the Legal Advocacy Subcommittee of the ADA. In his time volunteering with the Association and representing people with diabetes, he’s seen some difficult cases in which people with diabetes weren’t able to get the care they needed while in police custody. For example, in Philadelphia, Steven Rosen was held in custody for 23 hours without access to appropriate food, fluids, and medications and was hospitalized for diabetic ketoacidosis. That’s not the case anymore in Philadelphia, where Yatvin, with the Association’s help, filed a class-action lawsuit against the city on behalf of people with diabetes. The resulting settlement required that all Philadelphia Police Department (PPD) officers be trained to identify and handle medical emergencies, including dealing with people who are having an episode of hypoglycemia.

Part of that training is a PPD diabetes-themed “Assist Officer,” a reference guide that describes type 1 and type 2 diabetes and diabetes emergencies for police and other first responders. The two-page guide, updated with input from ADA volunteers, gives tips for treating an incident of low blood glucose and offers images and descriptions of diabetes supplies that people may be wearing or carrying, such as blood glucose meters and medical alert jewelry. The guide is available at diabetes.org/assistofficer. “Any department could adapt it into their training to address the needs of people with diabetes with whom they might come in contact,” Yatvin says.

The Philadelphia Police Department has also enhanced its diabetes awareness training through a video and poster jointly produced by the department and the ADA. The video, featuring Lt. James Gould of the department’s advanced training unit, describes and shows how to treat diabetes emergencies, both in the general public and in people in police custody. The video is available at diabetes.org/policevideos.

Since the training has been implemented, Gould says he has seen real changes within the department. Officers have a better understanding of diabetes and how to spot people who are dealing with hypoglycemia. He says now there are guidelines in place for officers to ask about a person’s medical history, and someone who mentions having diabetes can be treated for hypoglycemia on the scene. People with diabetes who are taken into custody are transported to police headquarters instead of local booking offices, because there is a nurse on staff who can provide medical treatment if needed. “You can always improve,” Gould says of the training he and his fellow officers now receive. “I think it’s working well.”

Indiana
Shannon Eagen is a supporter of police officers: Her husband, Jim, is a police officer in Portage, Ind. But when her father, Frank
“Dan” McAllister, experienced an episode of hypoglycemia behind the wheel and was involved in a three-car crash, she suddenly found herself squaring off with local law enforcement. Eagen says that after the 2006 crash, officers assumed her dad was intoxicated and resisting police. He was pulled from his car, brought to the ground, and handcuffed before a bystander suggested that McAllister, who had lived with type 1 diabetes since he was 18 years old, might be having a medical emergency. Eagen adds that her father wasn’t treated for hypoglycemia until he got to the hospital. McAllister subsequently had surgery to repair a hip fracture and spent three weeks in the hospital and a rehabilitation center.

Eagen’s family won a civil lawsuit against the police officer, but she says the suit wasn’t about money. “It was because the officer was unfamiliar with the signs and symptoms of hypoglycemia,” she says. “It’s about … bringing education about diabetes to law enforcement to the forefront, so no other diabetic [person] has to go through what my dad did.

“And I don’t want another officer to be put into that situation either,” she adds. “I want them to respond correctly, because I don’t want anything negative to happen with them.”

To raise police awareness about diabetes, Eagen has delivered the “Assist Officer” guide and the ADA’s educational videos and posters to about 10 local law enforcement offices and police academies. She has also requested that as part of police officers’ mandatory annual continuing training, they get two hours of “something medical-related, whether it be diabetes, or heart disease, or psychiatric disorders.”

Most departments received the information “very warmly,” Eagen says. She’s not sure how many of them have passed the information along to officers. At one department Diabetes Forecast was able to reach, the programs and continuing education haven’t been implemented, according to an officer who declined to comment on the record. He did say, however, that officers are more aware of diabetes and work closely to alert emergency medical services when someone in police custody has diabetes. Their medical training ensures proper care, he adds.

**Mississippi**

Nurse and diabetes educator Margrett Davis, BSN, MPH, CDFS, CHES, of Jackson, Miss., has been a dedicated diabetes advocate for years. Diabetes runs in her family, and she sees it throughout her neighborhood. What she was hearing from friends and neighbors, however, was that while the condition was common in the community, police didn’t know how to spot people who were having episodes of hypoglycemia—or how to treat them.

That didn’t sit well with Davis, so she teamed up with her local ADA office and Jackson State University to reach out to local law enforcement agencies and educate officers about diabetes: what it is, what to look for, and how to respond. Since 2012, Davis has helped host one big seminar and three meetings with area police (from Jackson, Madison, and Rankin counties), and she says the results have been positive.

“It’s a way of bridging the gap between the community and the police,” she says. “They took the information, and they were really pleased to have it, because they said they weren’t aware of a lot of the signs and symptoms.” Officers who work in rural communities were especially grateful, she adds, because they are often first on the scene of an emergency. Sometimes, an ambulance can be 30 minutes away or more. Now, she says, they know how to spot and treat low blood glucose.

**Santa Fe, N.M.**

Sometimes, law enforcement officials are also advocates. In September, Sgt. Ron Crow, training supervisor of the Santa Fe County Sheriff’s Office, contacted the ADA’s Legal Advocacy team to relate the success of his department’s use of the ADA/PPD video.

“That you for the video,” he wrote, noting that 90 percent of department employees had seen the video, and soon all officers would be trained with it. “We have now incorporated this video into our new-hire orientation as well. I think this is information we … need.”