Medical Aid and Response

431.1 PURPOSE AND SCOPE

This policy recognizes that deputies often encounter persons in need of medical aid and establishes a law enforcement response to such persons.

431.2 POLICY

It is the policy of the St. Mary's County Sheriff's Office that all deputies and other designated members be trained to provide emergency medical aid and to facilitate an emergency medical response.

431.3 FIRST RESPONDING MEMBER RESPONSIBILITIES

(a) Whenever practicable, members should take appropriate steps to provide initial medical aid (e.g., first aid, CPR, use of an automated external defibrillator (AED)) in accordance with their training and current certification levels. This should be done for those in need of immediate care and only when the member can safely do so.

(b) Prior to initiating medical aid, the member should contact Emergency Communications Center and request response by Emergency Medical Services (EMS) as the member deems appropriate.

(c) Members should follow universal precautions when providing medical aid, such as wearing gloves and avoiding contact with bodily fluids, consistent with the Communicable Diseases Policy. Members should use a barrier or bag device to perform rescue breathing.

(d) When requesting EMS, the member should provide Emergency Communications Center with information for relay to EMS personnel in order to enable an appropriate response, including:

1. The location where EMS is needed.
2. The nature of the incident.
3. Any known scene hazards.
4. Information on the person in need of EMS, such as:
    (a) Signs and symptoms as observed by the member.
    (b) Changes in apparent condition.
    (c) Number of patients, sex, and age, if known.
    (d) Whether the person is conscious, breathing, and alert, or is believed to have consumed drugs or alcohol.
    (e) Whether the person is showing signs of extreme agitation or is engaging in violent irrational behavior accompanied by profuse sweating, extraordinary strength beyond their physical characteristics, and imperviousness to pain.

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(e) Members should stabilize the scene whenever practicable while awaiting the arrival of EMS.

(f) Members should not direct EMS personnel regarding whether to transport the person for treatment.

431.4 TRANSPORTING ILL AND INJURED PERSONS

(a) Except in exceptional cases where alternatives are not reasonably available, members should not transport persons who are unconscious, who have serious injuries, or who may be seriously ill. EMS personnel should be called to handle patient transportation.

(b) Deputies should search any person who is in custody before releasing that person to EMS for transport. This exception to the Fourth Amendment is grounded in the duel interest of patient care and officer safety. Any search conducted under the exception must be strictly limited to those purposes and may not extend beyond what is reasonably necessary to address the medical emergency or ensure scene safety.

(c) By way of example, a limited search may be appropriate to identify information that could explain the individual's medical distress or assist emergency medical personnel in providing treatment. Likewise, a protective search for weapons may be justified to safeguard both the responding deputy and EMS personnel prior to transport or close physical contact.

(d) In all cases, the scope of the search must remain narrowly tailored to the underlying justification and should not evolve into a general evidentiary search absent an independent legal basis.

(e) A deputy should accompany any person in custody during transport in an ambulance when requested by EMS personnel, when it reasonably appears necessary to provide security, when it is necessary for investigative purposes, or when so directed by a supervisor.

(f) Members should not provide emergency escort for medical transport or civilian vehicles.

431.5 PERSONS REFUSING EMS CARE

(a) If a person who is not in custody refuses EMS care or refuses to be transported to a medical facility, a deputy shall not force that person to receive medical care or be transported.

(b) However, members may assist EMS personnel when EMS personnel determine the person lacks the mental capacity to understand the consequences of refusing medical care or to make an informed decision and the lack of immediate medical attention may result in serious bodily injury or the death of the person.

(c) In cases where mental illness may be a factor, the deputy should consider proceeding with a mental health hold in accordance with the Mental Health Evaluations Policy.

(d) If a deputy believes that a person who is in custody requires EMS care and the person refuses, he/she should encourage the person to receive medical treatment.

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The deputy may also consider contacting a family member to help persuade the person to agree to treatment or who may be able to authorize treatment for the person.

(e) If the person who is in custody still refuses, the deputy will require the person to be transported to the nearest medical facility. In such cases, the deputy should consult with a supervisor prior to the transport.

(f) Members shall not sign refusal-for-treatment forms or forms accepting financial responsibility for treatment.

431.6 SICK OR INJURED ARRESTEE

(a) If an arrestee appears ill or injured, or claims illness or injury, the arrestee should be medically cleared prior to booking. If the deputy has reason to believe the arrestee is feigning injury or illness, the deputy should contact a supervisor, who will determine whether medical clearance will be obtained prior to booking.

(b) If the jail or detention facility refuses to accept custody of an arrestee based on medical screening, the deputy should obtain a copy of the medical form which states the reason for the refusal. The deputy will transport the person to Medstar St. Mary's Hospital for treatment.

(c) If a deputy believes a refusal is inconsistent with established criteria or otherwise unwarranted, the deputy should elevate the matter through the chain of command. This process shall occur only after the individual has been transported to the hospital and shall not delay or interfere with medical care.

(d) Arrestees who appear to have a serious medical issue should be transported by ambulance to an appropriate medical facility.

(e) Nothing in this section should delay a deputy from requesting EMS when an arrestee reasonably appears to be exhibiting symptoms that appear to be life threatening, including breathing problems or an altered level of consciousness, or is claiming an illness or injury that reasonably warrants an EMS response in accordance with the deputy's training.

431.7 MEDICAL ATTENTION RELATED TO USE OF FORCE

Specific guidelines for medical attention for injuries sustained from a use of force may be found in the Use of Force, Handcuffing and Restraints, Control Devices and Conducted Energy Device policies.

431.8 AIR AMBULANCE

Generally, when on-scene, EMS personnel will be responsible for determining whether an air ambulance response should be requested. An air ambulance may be appropriate when there are victims with life-threatening injuries or who require specialized treatment (e.g., gunshot wounds, burns, obstetrical cases), and distance or delays will affect the EMS response.

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431.9 AUTOMATED EXTERNAL DEFIBRILLATOR (AED) USE

(a) A member should use an AED only after he/she has received the required training as provided in COMAR 30.06.02.01.

(b) The Sheriffshall designate the Administrative Division Lieutenant as the AED coordinator who shall be responsible for implementing and administering the AED program in accordance with state regulations including registering and receiving certification through the Maryland Institute for Emergency Medical Services Systems (MIEMSS) (Md. Code ED § 13-517; COMAR 30.06.02.01).

For procedures related to the AED, see the St. Mary's County Sheriff's Office LE Procedures Manual: Automated External Defibrillation

431.9.1 AED USER RESPONSIBILITY

(a) Members who are issued AEDs for use in office vehicles should check the AED at the beginning of the shift to ensure it is properly charged and functioning. Any AED that is not functioning properly will be taken out of service and given to the AED Coordinator who is responsible for ensuring appropriate maintenance.

(b) Following use of an AED, the device shall be cleaned and/or decontaminated as required. The electrodes and/or pads will be replaced as recommended by the AED manufacturer.

(c) Any member who uses an AED should contact Emergency Communications Center as soon as possible and request response by EMS.

431.9.2 AED REPORTING

(a) Any member using an AED will complete an incident report detailing its use.

(b) The Maryland Facility AED Report Form shall also be completed and forwarded to MIEMSS by the AED Coordinator for each incident of suspected cardiac arrest. If the AED fails when operated, a copy of the report shall be sent to MIEMSS by the AED Coordinator and to the Food and Drug Administration (FDA) (COMAR 30.06.02.03).

431.9.3 AED TRAINING AND MAINTENANCE

(a) The Training Coordinator should ensure appropriate training, including training in the most recent publication of the American Safety and Health Institute (ASHI) Guidelines for CPR and emergency cardiovascular care (ECC), is provided to members authorized to use an AED (COMAR 30.06.02.01).

(b) The AED Coordinator is responsible for ensuring AED devices are appropriately maintained and inspected consistent with the manufacturer's guidelines, and will retain records of all maintenance and inspections through the use of Blue Team in accordance with the established records retention schedule (COMAR 30.06.02.01).

431.10 ADMINISTRATION OF OPIOID OVERDOSE MEDICATION

Authorized members may administer opioid overdose medication when there is an emergency situation and medical services are not immediately available (Md. Code HG § 13-3105).

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Administration shall be in accordance with protocol specified by the health care provider who prescribed the overdose medication.

For procedures related to Opioid Overdose Medication, see the St. Mary's County Sheriff's Office LE Procedures Manual: Naloxone Procedures

431.10.1 OPIOID OVERDOSE MEDICATION USER RESPONSIBILITIES

(a) Members who are qualified to administer opioid overdose medication, such as naloxone, should handle, store and administer the medication consistent with their training. Members should check the medication and associated administration equipment at the beginning of their shift to ensure they are serviceable and not expired. Any expired medication or unserviceable administration equipment should be removed from service and given to the Heroin Coordinator or designee.

(b) Any member who administers an opioid overdose medication should contact Emergency Communications Center as soon as possible and request response by EMS.

431.10.2 OPIOID OVERDOSE MEDICATION REPORTING

(a) Any member administering opioid overdose medication should detail its use in an appropriate report.

(b) The Heroin Coordinator or designee will ensure that the Records Supervisor is provided enough information to meet applicable state reporting requirements (Md. Code HG § 13-3103).

431.10.3 OPIOID OVERDOSE MEDICATION TRAINING

The Training Coordinator should ensure training is provided to members authorized to administer opioid overdose medication. The training should include recognizing the signs and symptoms of opioid overdose and the administration of opioid overdose medication (Md. Code HG § 13-3103).

431.11 FIRST-AID TRAINING

The Training Coordinator should ensure deputies receive periodic first-aid training appropriate for their position.

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