

MARICOPA COUNTY SHERIFF'S OFFICE POLICY AND PROCEDURES

Subject

EMERGENCY MEDICAL SERVICES PROGRAM

Policy Number
GJ-19
Effective Date
01-19-22

Related Information

CP-6, Bloodborne Pathogens

CP-7, Airborne Pathogens

GF-5, Incident Report Guidelines

GJ-35, Body-Worn Cameras

GJ-38, Naloxone (Narcan) Procedures

Supersedes

GJ-19 (03-30-06)

PURPOSE

The purpose of this Office Policy is to establish guidelines and procedures to be followed in maintaining an Emergency Medical Services (EMS) Program. The EMS Program provides training and certification for designated employees and posse members who may be assigned at locations throughout the Office, and through their certification are able to perform medical treatment as dictated by their level of training.

POLICY

It is the policy of the Office to establish an Emergency Medical Services Program for designated certified employees and posse members which provides training in the on-scene recognition and treatment of conditions or individuals in medical distress which, if left untreated, might result in death or serious bodily injury.

DEFINITIONS

Base Hospital: Designated medical facilities providing both administrative medical direction and on-line medical direction to certified emergency medical technicians.

Health Insurance Portability and Accountability Act of 1996 (HIPAA): United States legislation that provides data privacy and security provisions for safeguarding medical information.

National Registry of Emergency Medical Technicians (NREMT): Used to recertify medical technicians through the Arizona Department of Health Services.

Patient Care Reporting (PCR): Documentation of all patient interaction conducted during contact with a sick or injured individual.

PROCEDURES

- 1. **Emergency Medical Services (EMS) Personnel:** EMS personnel include designated Office approved employees and posse members who are required to obtain and maintain valid state certification through the Arizona Department of Health Service (ADHS) or the Arizona Search and Rescue Coordinator's Association in one of the following categories:
 - A. Emergency Medical Responder (EMR);

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- B. Basic Emergency Medical Technician (EMT);
- C. Advanced Emergency Medical Technician (AEMT);
- D. Paramedic; or
- E. Registered nurse.
- 2. **Coordination of EMS Program:** The Lake Patrol Division Commander or designee shall be responsible for the EMS Program, maintaining training and certification records, and ensuring continual training of Office EMS personnel is provided.
- 3. **EMS Coordinator:** The Lake Patrol Division Commander shall assign an EMS Coordinator to be the liaison among Office EMS personnel. The EMS Coordinator or designee is responsible for, but not limited to:
 - A. Maintaining consistent standards and protocols for training through cooperation with local hospitals, community colleges, and other medical service agencies;

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- B. Ensuring EMS trained personnel practice only those skills that they have been trained for, and approved to practice by the ADHS and base hospital medical control;
- C. Ensuring that all related duties performed by EMS personnel are documented on the appropriate forms, such as Patient Care Reports (PCR) or *Incident Reports* (IRs), with copies maintained by the EMS Coordinator;
- D. Providing comprehensive EMS Treatment Protocols and Guidelines to all participants in the EMS Program;
- E. Providing training approved by the ADHS and the Office's base hospital protocols for methods to be used for patient care;
- F. Identifying equipment needs and procurement in an effort to provide the best resources and medical supplies to all functioning EMS personnel; and
- G. Ensuring the maintenance and security of adequate quantities of unexpired medical supplies for EMS personnel and Office aid stations.
- 4. **Treatment Protocols and Guidelines:** The EMS Treatment Protocols and Guidelines, which contains specific, in-depth procedures and protocols for patient care in on-scene urgent care situations, shall be issued to all EMS personnel.
- 5. Observation of Health Insurance Portability and Accountability Act of 1996 (HIPAA):
 - A. All EMS personnel will observe HIPAA law, and not release any patient medical information, except as required by EMS personnel in the performance of their duties; and
 - B. Employees shall deactivate a body-worn camera when responding to a hospital, medical, or psychological setting, unless interacting with a suspect, as specified by Office Policy GJ-35, *Body-Worn Cameras*.
- 6. **Safety and Training:**

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A. When providing patient care, employees shall maintain precautions by using personal protective equipment (PPE) such as disposable gloves and masks, as specified in Office Policies CP-6, *Bloodborne Pathogens* and CP-7, *Airborne Pathogens*;

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- B. Office EMS personnel shall maintain additional certifications required for their EMS level, as required by the ADHS and base hospital medical control; and
- C. The Office should provide up to date training and continuing education required by the ADHS or National Registry of Emergency Medical Technicians for recertification of designated employees or posse members' EMS certifications.

7. **Documentation:**

- A. PCR documentation may be used to document all patient care for certified EMS personnel. An IR may be completed to document the situation or may be required, as specified in Office Policy GF-5, *Incident Report Guidelines*.
- B. All Narcan usage shall be documented using the *Naloxone Usage Report* and an IR, as specified in Office Policy GJ-38, *Naloxone (Narcan) Procedures*.
- C. PCRs should be completed prior to the end of shift, unless approved by a supervisor to be completed on the following workday.
- 8. **Drug Box Inventories:** All designated employees and posse members who are assigned a drug box, shall conduct an inventory once a month to ensure all medications are not expired and in good condition. The completed drug box inventory shall be submitted to the EMS Coordinator or designee.