



GREENVILLE COUNTY
SHERIFF'S OFFICE

GENERAL ORDERS

Medical Assistance

PURPOSE:

To establish guidelines and regulations governing Deputies providing emergent medical care limited to a First Responder injured in the line of duty or a member of the public who is in the presence of a Deputy. Deputies are provided training and medical/first aid equipment to provide limited emergent care during medical emergencies.

**COMMUNICATIONS
RESPONSIBILITY:**

The Sheriff's Office Communications Center is designated as the Public Safety Answering Point(PSAP) for Greenville County. When a call is received of a medical emergency that **is not** law enforcement related, the caller will be transferred to EMS immediately. As a general rule, Deputies **will not** be dispatched to medical calls.

Exceptions: When the loss of life is imminent due to a medical event or traffic collision, a Deputy may be dispatched to the scene to render aid until EMS or Fire arrives.

**MEDICAL CONTROL
DEPUTY:**

Appointed by the Sheriff and is responsible for administering all aspects of the medical program to include; maintaining records, inventory, HIPAA privacy, required reporting, facilitating required inspections/maintenance and other associated program duties.

**CERTIFIED
EMERGENCY MEDICAL
TECHNICIANS/
PARAMEDICS**

Deputies who are currently certified by the Department of Health and Environmental Control have been trained in advanced life support. Such Deputies may be assigned additional assigned equipment for this purpose and will operate by standards set forth by a Medical Control Physician and DHEC Regulations 61-7.

**CONSIDERATIONS
FOR RENDERING
CARE:**

- 1) Deputies are responsible for determining whether emergency care can/should be administered prior to other First Responders or EMS arrival.
- 2) "Mission over Medical." Scene circumstances and safety are paramount and dictate medical care. Medical care should only be rendered after the area is safe.
- 3) Only approved equipment and care techniques taught by approved instructors may be used.
- 4) All medical equipment shall be inspected at the beginning of the shift to ensure operational readiness should an emergency arise.

- 5) Missing or damaged equipment shall be reported to appropriate Supervisor. The supervisor will forward a copy of the report to the Medical Control Deputy for replacement.

TRAINING:

All sworn personnel will receive training prior to being issued any medical equipment and refresher training at least bi-annually.

Training must:

- 1) Reflect current medical guidelines for skills from State or National curriculums, and applicable laws and statutes.
- 2) Reflect manufacturer's equipment guidelines.
- 3) Be conducted by certified instructors or subject matter experts in the respective areas.
- 4) Be relevant to the potential calls for service the Deputy may respond to.
- 5) Be documented by skills check-off sheets, test, or both.

TRAUMA CARE:

All Deputies shall be trained to provide emergent hemorrhage control.

Nearly all external bleeding can be controlled by direct pressure with a dressing. The affected limb may also need to be elevated. However, in certain tactical situations, the direct use of a tourniquet or wound packing should be considered. Responding deputies must consider both the tactical situation and injury severity when deciding which hemorrhage control technique to employ.

**TOURNIQUET
(CAT or SOF):**

Instances where immediate application of a tourniquet should be considered include the following:

- 1) Life-threatening extremity bleeding or severed/mangled limbs with multiple bleeding areas, to allow immediate airway management and provide for faster evacuation. Use of the tourniquet can be reassessed once airway and breathing are stable as well as the casualty.
- 2) Extremity bleeding not controlled by conventional methods.

Indication for use:

- 1) Severe extremity hemorrhage that cannot be controlled or stopped by direct pressure
- 2) Bleeding from an entrapped limb not accessible to rescuers.
- 3) Multiple casualties with extremity bleeding when rescuers lack the resources to control all bleeding casualties with simple methods.

WOUND PACKING:**Standard or hemostatic gauze indications for use:**

Severe extremity hemorrhage above tourniquet application sites (upper thigh, hips, shoulders) that cannot be stopped or controlled by direct pressure.

**CARDIAC
ARREST:****Chest Seals Hyfin and Halo Seals indications for use:**

Open wound to the chest/back or front of the neck (i.e. penetrating trauma from firearms and stabbings.)

NOTE: Advanced medical procedures such adjunct airway insertion, needle decompression, IVs, hemostatic clamps, etc. are **prohibited** from use except by approved Sheriff's Office EMT/Paramedics.

All Deputies will be trained to provide initial care until the arrival of the Fire Department or EMS. All deputies are equipped with a CPR pocket mask and some are issued an Automatic External Defibrillator (AED). An AED is a battery operated medical device used to deliver an electric shock through the chest wall and heart in a cardiac arrest. The AED has built-in computers which allow the device to determine if the patient's heart rhythm is "shockable" or not. Early access, CPR and defibrillation are key factors in saving victims of cardiac arrest.

NOTE: Cardiac arrest secondary to trauma is not treated according to this protocol.

Administrative Procedures for AEDs:

The Medical Control Officer will be responsible for implementing and administering the program, maintaining records, documentation, reporting use of the AED, facilitating required inspection and maintenance of the units, and other associated program duties.

Sworn deputies who are assigned an AED shall safeguard the unit from potential damage. The unit shall be visible and accessible for immediate use.

The AED will be inspected for readiness at the start of each shift by the operator per the manufacturer's guidelines. AEDs that are damaged or not working properly shall be turned in to the Medical Control Officer.

Supervisors are to conduct documented quarterly line inspections to include serial number of the unit.

Reporting Procedures for AEDs:

Whenever an AED unit is used, the Deputy will notify the Medical Control Officer who will facilitate a Data Report download from the AED memory via EMS.

In the event of an AED malfunction, the Medical Control Officer will complete a mandatory FDA medical products reporting form and submit it to the FDA.

**NARCAN
(NALOXONE):**

Narcan is an opioid antagonist medication used to reverse opioid related sedation and respiratory depression. It has been successful in treating overdoses of Morphine, Fentanyl, Oxycodone, OxyContin, Percocet, Percodan, Hydrocodone, Vicodin, and Heroin. It has virtually no side effects and will not exacerbate the victim's condition if not needed.

The South Carolina Legislature has passed several Opioid Prevention Act Laws. Title 44-130-60 regulates law enforcement administration of Narcan to treat suspected opiate overdoses:

SECTION 44-130-60. *First responder may administer opioid antidote; immunity.*

- A) *A first responder may administer an opioid antidote in an emergency if the first responder believes in good faith that the person is experiencing an opioid overdose.*
- B) *The first responder must comply with all applicable requirements for possession, administration, and disposal of the opioid antidote and administration device. The department may promulgate regulations to implement this section, including appropriate training for first responders who carry or have access to an opioid antidote.*
- C) *A first responder who administers an opioid antidote in accordance with the provisions of this section to a person whom the first responder believes in good faith is experiencing an opioid overdose is not by an act or omission subject to civil or criminal liability or to professional disciplinary action.*

Narcan can be administered to:

- 1) Suspected opioid overdose victims
- 2) Law enforcement officers suffering from an exposure to opioids,
- 3) K9s suffering an exposure from opioids
- 4) All ages

Deputies must receive DHEC approved training prior to being issued and administering Narcan. Pursuant to State Law, Deputies are not required to administer Narcan, but they should use sound judgment when treating a potential victim.

Administrative Procedures for Narcan

The Medical Control Officer will be responsible for implementing and administering the program, maintaining records, documentation, reporting use of Narcan, and other associated program duties.

Damaged or missing Narcan should be reported to the Medical Control Deputy for replacement.

Indications for use:

- 1) Suspected opioid overdose or exposure
- 2) Unresponsive to painful stimuli (sternal rub), must be present
- 3) Poor oxygenation (slow, shallow breathing and cyanotic skin color)
- 4) Pin point pupils
- 5) Bystander statements
- 6) Drug paraphernalia

Expiration, Storage and Disposal:

- 1) All Narcan packages have a visible expiration date printed in plain view. **Do not use if expired.**
- 2) Narcan should be stored in a readily accessible location and protected from freezing and extremely hot environments.
- 3) Expired/Used units will be turned into the Medical Control Deputy for proper disposal. Used units, along with the Incident report, will be turned to the Medical Control Deputy in order to receive replacement dosages, a replacement will not be ordered until this is completed. Deputies are not to dispose of Narcan, whether used or not, into a trash can.

Inventory and Control:

- 1) Trained Deputies will be issued two 4mg. dosages of Narcan.
- 2) The Medical Control Officer is the only one who is authorized by DHEC to dispense the medication. Deputies **are not** allowed to re-distribute Narcan to another Deputy.
- 3) Supervisors are to conduct documented quarterly line inspections.
- 4) The Medical Control Deputy will conduct an annual inventory.

DOCUMENTATION:

Deputies who render medical aid by the use of equipment listed in this policy must complete an incident report which will be titled "Medical Assistance." If the incident was only medical in nature, the incident report should be Ex-Cleared, no prosecution. Sheriff's Office approved EMTs and Paramedics who provide medical assistance will submit reports to DHEC as required in DHEC regulations 61-7.


Hobart Lewis, Sheriff