
Medical Aid and Response

403.1 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.

403.2 POLICY

It is the policy of the Montgomery County Sheriff's Office that all deputies and other identified members be trained to identify emergency medical needs and to facilitate an emergency medical response.

Whenever practicable, deputies should provide medical aid, first aid, CPR and 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 care and when the member can safely do so.

403.3 FIRST RESPONDING DEPUTY RESPONSIBILITIES

Prior to initiating medical aid, the Deputy should contact Dispatch and request response by emergency medical services (EMS).

Deputies should follow universal precautions when providing medical aid, such as wearing gloves and avoiding contact with bodily fluids, consistent with the Communicable Diseases Policy.

Deputies should use a barrier or bag device to perform rescue breathing.

When requesting EMS, the Deputy should provide Dispatch with information for relay to EMS personnel in order to enable an appropriate response, including:

- (a) The location where EMS is needed.
- (b) The nature of the incident and any known injuries.
- (c) Any known scene hazards.
- (d) Number of patients, sex and age, if known.
- (e) Information on the person in need of EMS, such as:
 1. Signs and symptoms as observed by the Deputy.
 2. Changes in persons apparent condition.
 3. Whether the person is conscious, breathing and alert, and whether he/she is believed to have consumed drugs or alcohol.
 4. Whether the person is showing signs or symptoms of excited delirium or other agitated chaotic behavior.
 5. Medical alert identifications and conditions.

Deputies should stabilize the scene whenever practicable while awaiting the arrival of EMS.

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The decision regarding whether the person should be transported for treatment generally rests with EMS personnel.

403.4 TRANSPORTING ILL AND INJURED PERSONS

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

Deputies will search any person who is in custody before releasing that person to EMS for transport.

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

Deputies should not escort medical transport or civilian vehicles.

403.5 PERSONS REFUSING EMS CARE

If a person who is not under arrest refuses to be transported to a medical facility, a deputy shall not force that person to be transported unless there is a demonstrated emergency and the lack of immediate medical attention may result in serious bodily injury or the death of the person.

If a person's refusal of medical attention reasonably appears to be an indicator that he/she may be in need of an involuntary commitment, refer to the Involuntary Commitments Policy.

If the Deputy believes that a person who is in custody requires medical attention and the person refuses, the Deputy should encourage the person to receive medical treatment. If the person still refuses, he/she will be transported to the nearest medical facility for medical clearance prior to presentation to a magistrate. In such cases, a supervisor, if available, should be notified as soon as practicable. The Deputy may 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.

Deputies shall not sign refusal-for-treatment forms or forms accepting financial responsibility for treatment.

403.5.1 SICK OR INJURED ARRESTEE

If an arrestee appears ill or injured, or claims illness or injury, he/she should be medically cleared prior to presentation to a magistrate. 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 presentation to a magistrate.

If, after receiving a commitment order form from a magistrate, the jail or detention facility refuses to accept custody of an arrestee based on medical screening, the deputy should note the name of the jail staff person refusing to accept custody and the reason for refusal, and should notify a supervisor to determine the appropriate action.

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Arrestees who appear to have a serious medical issue should be transported by ambulance. Deputies shall not transport the arrestee to a hospital without a supervisor's approval.

403.6 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.

403.7 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.

Only under the most exigent of circumstances should any deputy with the Montgomery County Sheriff's Office find need in the commanding and directing the use of an air ambulance. The Montgomery County Sheriff's Office has several considerations of guidelines for air ambulance landings or enter into local operating agreements for the use of air ambulances, as applicable. In creating those guidelines, the Office should identify:

- Responsibility and authority for designating a landing zone and determining the size of the landing zone.
- Responsibility for securing the area and maintaining that security once the landing zone is identified.
- Consideration of the air ambulance provider's minimum standards for proximity to vertical obstructions and surface composition (e.g., dirt, gravel, pavement, concrete, grass).
- Consideration of the air ambulance provider's minimum standards for horizontal clearance from structures, fences, power poles, antennas or roadways.
- Responsibility for notifying the appropriate highway or transportation agencies if a roadway is selected as a landing zone.
- Procedures for ground personnel to communicate with flight personnel during the operation.

One office member at the scene should be designated as the air ambulance communications contact. That member should advise the air ambulance pilot of any nearby wires or other aerial obstructions. Headlights, spotlights, laser pointers and flashlights should not be aimed upward at the air ambulance. Members should direct vehicle and pedestrian traffic away from the landing zone.

Members shall follow these cautions when near an air ambulance:

- Never approach the aircraft until signaled by the flight crew.
- Always approach the aircraft from the front.
- Avoid the aircraft's tail rotor area.

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- Wear eye protection during the landing and take-off.
- Do not carry or hold items, such as IV bags, above the head.
- Ensure that no one smokes or uses flares near the aircraft.