

## BOULDER COUNTY SHERIFF'S OFFICE POLICY AND PROCEDURES MANUAL

**SUBJECT:** Medical Policy

**NUMBER:** 531

**EFFECTIVE DATE:** November 13, 2023

**SUPERSEDES:** February 21, 2017

### **POLICY:**

It is the policy of the Boulder County Sheriff's Office for deputies and other designated employees to be trained to provide a basic level of emergency medical care in the course of their duties. A physician advisor shall oversee medical training and treatment programs. Based on organizational need there may be one or more contracted physician advisors utilized at any given time.

### **DEFINITIONS:**

Approved Medical Provider: An individual who has been designated and approved by the Sheriff's Office, and is licensed by the State of Colorado, to deliver professional medical treatment and patient care as a part of their job assignment (e.g. nursing staff; EMTs assigned to the SWAT team or the Fire Management Office, etc.).

Emergency Medical Technician: An individual licensed by the State of Colorado to deliver pre-hospital medical care. There are three levels of EMT certification: Emergency Medical Technician (EMT), Advanced Emergency Medical Technician (A-EMT), and Paramedic (EMT-P)

Jail Medical: A unit within the Jail Division charged with providing medical care to in-custody inmates.

Medical Director: A physician licensed by the State of Colorado contracted by Boulder County and/or the Boulder County Sheriff's Office to oversee, advise, and provide guidance for medical training and treatment programs, and to review patient care delivered by a sheriff's employee. For purposes of organizational policy, training programs, and lesson plans, the term 'physician advisor' is synonymous with medical director.

Naloxone: A medication used to block the effects of opioids, especially in overdose. *Narcan*® and *Kloxxado* are brand-names of Naloxone, an opiate antagonist. For purposes of this policy and internal departmental policies, procedures, training protocols and lesson plans, the three names are synonymous.

Tactical Combat Casualty Care (TCCC): A medical training program that uses evidence-based life-saving techniques and strategies (e.g. wound packing, application of tourniquets, etc.) for providing trauma care in an out-of-hospital environment by trained personnel who may or may not be licensed medical providers.

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### **RELATED POLICIES:**

J20-D-02 – Naloxone (Jail Division)

SS702 – Emergency Medical Dispatch (Support Services Division)

### **PROCEDURE:**

#### **I. Medical Programs**

##### **A. Jail Medical Program**

1. The Jail Medical program is overseen by a medical director contracted for inmate medical care. Additional policy and procedural guidance beyond the scope of this policy are held at the divisional level.
2. Patient care reports and medical records for medical treatment delivered by the Jail Medical Unit are held and managed in the Electronic Health Records (EHR) system.

##### **B. SWAT TEMS Program**

1. The SWAT Team may utilize a Tactical Emergency Medical Support (TEMS) program to provide pre-hospital emergency medical care in high-risk tactical environments. The TEMS program is overseen by a contracted medical director. Additional policy and procedural guidance beyond the scope of this policy for the SWAT TEMS Program are held at the divisional level.
2. The SWAT Team may utilize TEMS or medical personnel from other agencies to perform pre-hospital emergency care. These medical personnel shall follow the policies, procedures, and medical direction of the agencies for which they work.

##### **C. Deputy Medical Program**

1. All sworn deputies are required to receive, and maintain, training in basic first aid, CPR, AEDs, Naloxone use, and TCCC, in order to render basic medical care until they are relieved by an approved medical provider or medical personnel licensed by the State of Colorado to provide pre-hospital medical treatment and patient care. Training shall include proper use and storage of medical equipment and medications.

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2. The Deputy Medical Program is overseen by a contracted medical director.
3. Additional policy and procedural guidance beyond the scope of this policy are held at the divisional level as needed.

### **D. Program Oversight**

1. The designated manager of each medical program, or their designee, is responsible to ensure compliance with this policy, their overseeing medical director's contract, and that all divisional medical policies, procedures, and training programs are reviewed and approved by a medical director prior to implementation.
2. The Jail Medical Program is managed by the Jail's Health Services Administrator (HSA).
3. The Emergency Medical Dispatch (EMD) Program is managed by the Communications Director.
4. The SWAT TEMS and FMP Medical Programs are internally managed by the Operations Division commander assigned to oversee each unit.
5. The Deputy Medical Program is managed by the commander assigned over the Personnel & Training Unit.

### **II. Medical Director**

- A. The Sheriff's Office contracts medical director services for the various medical programs maintained by the office. Although not expressly required, most often a medical director specializing in correctional medicine is contracted for inmate medical care and supervision, while a separate medical director is contracted for all other medical director services.
- B. The correctional medical director's responsibilities include, but are not limited to:

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1. Providing comprehensive oversight, both direct and indirect, for clinical services delivered by the Sheriff's approved medical providers and dispatch personnel.
  2. Assisting in the design and development of protocols, guidelines, patient information forms, medical record forms, and consent forms for use by the Sheriff's Office medical programs.
  3. Authorizing, supervising, and approving the purchase of medications for pre-hospital use in accordance with the full scope of practice.
    - a. The medical director is the final authority for approving all local implementation plans, policies, and procedures, for the ordering, distribution and handling of controlled substances and medications.
- C. In addition to the responsibilities of the corrections medical director listed above, the operations medical director's responsibilities include, but are not limited to:
1. Reviewing reports of medical care delivery to identify opportunities for improvement in patient care or system design. This includes review of patient care reports and medical records by an approved medical provider, and police reports detailing the delivery of significant medical treatment or care by a deputy or staff member who is not an approved medical provider (e.g. tourniquet application, wound packing, utilization of an AED, administration of CPR, administration of Naloxone, etc.).
  2. Reviewing recorded medical command conversations, if available, to assure appropriate medical care and decision-making.
  3. Reviewing and responding to requests to review high priority clinical cases within 24 hours of being notified of an incident or event.
  4. Developing criteria for establishment and maintenance of credentials for approved medical providers, including advisement of the Sheriff to summarily limit, suspend, or withdraw clinical credentials when/if necessary.

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5. Directing, coordinating, and/or participating in the initial, on-going, and remedial education of emergency medical services personnel.
6. Assisting in, review, and/or approving the development of training lesson plans and protocols for deputies and detention specialists to deliver first aid or emergency medical care.
  - a. There is no requirement that the medical director review and approve lesson plans or training curriculum from an established medical training program (e.g. CPR certification through the American Red Cross or American Heart Association, the TCC(C) Program through Denver Health Medical Center, etc.).
7. Acting as a professional medical liaison on behalf of the Sheriff's Office, including, but not limited to: Other physicians, healthcare systems, public health agencies, paramedic associations, and governmental agencies, as needed.
8. Providing technical advice and assistance in the evaluation, acquisition, implementation, and utilization, of medical equipment, and medical programs.
9. Providing oversight of the office's AED Program in accordance with, and required by, 6 CCR 1015-3, Chapter 2, Section 4.

### **III. Medical Records**

- A. Approved medical providers are required to document their delivery of medical care and treatment through their divisionally established medical documentation protocols and procedures.
- B. Deputies and staff who are not approved medical providers are required to complete a narrative report detailing the medical care and treatment rendered.
- C. All medical records will be maintained and protected in accordance with all applicable laws, including the Health Insurance Portability and Accountability Act of 1996 ("HIPAA").

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1. Medical records and reports may be shared, unrestricted, with a contracted medical director, or other approved medical providers with responsibility for any on-going patient care or treatment.
2. The Records Section of the Support Services Division is responsible to process and respond to all other requests for copies of patient medical records.

### **IV. Naloxone**

- A. Staff members of the Sheriff's Office, whether or not they are approved medical providers, may be trained and equipped with a Naloxone kit to be utilized in the event of an opioid overdose. Deputies and staff may be trained to administer Naloxone to anyone suffering from a possible opioid exposure or overdose at the earliest possible time to minimize overdose-related health concerns.
  1. Deputies/staff are not authorized to administer any expired Naloxone medication(s).
- B. Only deputies and staff members having completed the prescribed training program are authorized to administer Naloxone.
- C. Deputies and staff members are authorized to administer Naloxone, in accordance with their training, only on subjects who are unresponsive or are believed to be suffering from an opioid overdose. Deputies and staff will follow the indications for use of Naloxone in accordance with their training for its use.
  1. Deputies/staff members shall call for emergency medical personnel as soon as possible when a suspect opioid overdose is identified and/or Naloxone is administered.
    - a. All in-custody subjects who are not confined in the Jail and are treated with Naloxone are required to be medically cleared by a physician. For those in custody in the Jail, medical clearance is required when onsite medical personnel determine that Narcan was used to reverse an overdose.

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- b. All subjects not in custody who are treated with Naloxone shall have medical personnel dispatched to assess them for further medical care.
    - 2. C.R.S. § 18-1-712 allows for a person who is not a licensed health care provider or a health care facility, who acts in good faith, to administer an opiate antagonist to another person whom the person believes to be suffering an opiate-related drug overdose. The individual who administers Naloxone shall be immune from criminal prosecution for such an act.
  - D. It is the responsibility of each division to identify who is authorized to be trained and equipped with Naloxone, and if needed to establish divisional policies and procedures, consistent with and as a supplement to this policy, for the management and oversight of a Naloxone Program.
    - 1. Each division may develop policies and procedures that include the identification of the position responsible to oversee the division's Naloxone Program; the process for inventory, assignment, and management of Naloxone medications; reporting of Naloxone medication administration and outcome(s) to the medical director, the Public Health Department, and the State of Colorado, as required; and the training lesson plans, programs, and records, related to Naloxone. If a division does not develop a policy the responsibility falls to the Personnel and Training Commander or their designee.
- V. Reporting
- A. Jail employees will follow Jail policies and procedures to report the administration of emergency medical care.
  - B. All other divisions employees will follow the below policies and procedures to report the administration of emergency medical care:
    - 1. Employees are required to complete a narrative report documenting the circumstances surrounding, and their administration, of emergency medical care to include the administration of CPR, tourniquets, Naloxone, or any other potential lifesaving care.

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2. The employee administering emergency medical care must make notification to the Personnel and Training Unit by email (#Sheriff Training) of the administration of care and the related case report number.
3. The Personnel and Training Unit Commander is responsible to ensure that the incident documentation is reviewed, if required, by the physician advisor.

By Order of the Sheriff,

Curtis Johnson  
Curtis Johnson

November 13, 2023  
Date