



William D. Gore
Sheriff

San Diego County

SHERIFF

LINE-UP TRAINING

Response to Life Threatening and Medical Emergencies

Topic #22

After discussing/reviewing the below training material in line-up (briefing), sworn staff shall sign off as completed in LMS. In the event a staff member is not present when this topic is discussed in line-up, they shall independently read, review, and complete the training.

By clicking "Yes" to "Have you completed this activity?" in LMS, you are attesting that you have viewed, read, and completed the training activity.

I. PURPOSE

The purpose of this training is to provide sworn staff with the proper policies and procedures for responding to life threatening and medical emergencies involving inmates, staff and visitors.

II. POLICY

This training is conducted in adherence to [DSB P&P Section M.5 - Medical Emergencies](#), [DSB P&P Section M.6 - Life Threatening Emergencies](#), Title 15, Article 11 Medical / Mental Health Services, and [California Penal Code Section 13518.1](#).

III. DISCUSSION

Staff shall review and discuss the following topics and procedures related to responding to life threatening and medical emergencies as described in [DSB P&P Section M.5 - Medical Emergencies](#) and [DSB P&P Section M.6 - Life Threatening Emergencies](#) and related facility specific green sheets.

A. RESPONDING WITH URGENCY

1. Sworn and medical staff are responsible for taking appropriate **URGENT** action in recognizing and responding to an inmate's emergency medical needs.
2. Staff shall discuss what "*responding with urgency*" means and give facility specific examples of observable sense of urgency (i.e.; quickly responding to a partner's request for assistance, immediately assessing an unresponsive victim and beginning life saving measures, etc.)



B. RESPONDING TO LIFE THREATENING EMERGENCIES

1. Define "Code Blue" - A code blue is generally used to indicate the need for resuscitation or *IMMEDIATE* medical attention. This includes, but is not limited to cardiac arrest, respiratory arrest, drug overdose, and trauma emergencies.
2. Upon the discovery of a "code blue," the first on scene shall assess the victim's conditions.
 - a. Check victim's airway, breathing, and circulation (ABCs). If the victim is not breathing and does not have a pulse, initiate cardiopulmonary resuscitation (CPR) using a barrier device (refer to last page for ratios).
 - b. To facilitate CPR, lay victim flat on their back on a sturdy surface.
 - c. Without leaving the victim, call/radio for activation of emergency medical services (911), additional sworn staff, and medical staff.
 - d. If opioid overdose is suspected, initiate naloxone administration
 - e. Direct someone to retrieve an automated external defibrillator (AED).
 - f. Use the AED as soon as it becomes available.
 - g. Switch to two-person CPR if additional help has arrived.
 - h. Continue CPR until relieved by medical staff or the paramedic emergency response team.

C. BASIC MEDICAL EMERGENCY PROCEDURES

1. The first responder will notify Control of the following:
 - a. Name
 - b. Observable condition/symptoms
 - c. Booking Number (inmate)
 2. Control will be responsible for initiating Emergency Operation Manual (EOM) procedures and contacting/providing facility medical staff with the following information:
 - a. Name
 - b. Observable condition/symptoms
 - c. Booking Number (inmate)
 3. The Watch commander and/or area supervisor shall be notified as soon as possible.
 4. Medical staff will respond immediately when called and respond to a medical emergency involving an employee or visitor.
 5. Medical staff will conduct a medical evaluation and provide first aid and basic life support.
 6. 911 services will be called or the person will be referred to their own health care provider or physician.
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D. STAFF RESPONSIBILITIES

Staff shall review and discuss the following facility specific position post orders and responsibilities in a medical emergency.

1. Control/Security Deputy
 - a. Communicate with the on-scene deputies, responding deputies, medical staff, Communication Center and responding units.
 - b. Make appropriate notifications and maintain a written checklist of times and events.
2. House/Dorm Deputy & Rovers
 - a. Communicate, coordinate and assist the on-scene deputies, responding medical personnel and emergency units.
 - b. Maintain order and facility security.
 - c. Escort emergency medical personnel to location
3. Perimeter Deputy
 - a. Escort emergency vehicles/personnel to appropriate entrance locations.
4. Transportation Deputy
 - a. [REDACTED]
 - b. Any sworn staff, medical doctor, registered nurse, or licensed vocational nurse shall have the authority to call 911 or other medical transportation for any medical condition they deem necessary.

SINGLE RESCUER COMPRESSION: 5 cycles or 2 minutes before reassessing

- Adult:** 30:2 | 2" – 1.5" deep | 100-120 per minute | 2 hand
- Child:** 30:2 | 2" – 1.5" deep | 100-120 per minute | 2 or 1 hand
- Infant:** 30:2 | 1" – 0.5" deep | 100-120 per minute | 2 finger | "puff" of air

TWO RESCUER COMPRESSIONS: 5 cycles or 2 minutes before reassessing

- Adult:** 30:2 | 2" – 1.5" deep | 100-120 per minute | 2 hand
- Child:** 15:2 | 2" – 1.5" deep | 100-120 per minute | 2 or 1 hand
- Infant:** 15:2 | 1" – 0.5" deep | 100-120 per minute | 2 finger | "puff" of air

If the victim is not breathing but has a pulse, initiate rescue breathing: Check Airway

- Adult:** 1 breaths every 5-6 seconds 10-12 breaths/min
- Child:** 1 breaths every 3-5 seconds 12-20 breaths/min
- Infant:** 1 breaths every 3-5 seconds 12-20 breaths/min