

**San Jose Police Department
Mobile Emergency Response Group & Equipment**



**Tactical Medicine Program
Standard Operating Procedures and Protocols**

May 10, 2022

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Mission Statement

“To energetically meet any pre-hospital medical challenge with decisiveness and clarity in any environment, austere or training, and ensuring seamless integration with all organizations, interdepartmental or joint, in need of personnel with an increased level of tactical medicine proficiency.”

San Jose Police Department Tactical Medicine Purpose & Overview

The San Jose Police Department has taken pride in being a pioneer in Officer professional growth since its inception of the nation's first Field Training Officer (FTO) program in 1972. In light of the advances of Officer educational growth and technological advances in the last 50 years, the one thing that has remained consistent are that of the dangers of the job. There are risks in all spectrums of law enforcement-ranging from responding to calls for services, conducting deliberate special operations for known Suspects, to even the risks that come with being in a dynamic training environment. Per the FBI Public Affairs Office from Dallas, Texas, across the nation, 59 Police Officers were feloniously killed in the line of duty from January 1, 2021, to September 30, 2021. A 51% increase from the same period the previous year. Additionally, per multiple law enforcement statistics (source: Law Enforcement Officers Killed and Assaulted, LEOKA), assaults with injury on Officers are on a drastic increase, year by year. The Tactical EMTs can provide immediate basic life support (BLS) to victims, suspects, and officers.

In light of the aforementioned incidents, and increased dangers, the San Jose Police Department Mobile Emergency Response Group and Equipment (MERGE) Unit has stood up the SJPD MERGE Tactical Medicine Program.

Officers assigned to the Tactical Medicine Program are nationally, state and county certified Emergency Medical Technicians (EMT, Basic), that are attached to one of the SJPD full-time tactical teams. Tactical EMT Officers have attended a 40–80-hour California Peace Officer Standards and Training (POST) Tactical Medicine Course, attended an 80-hour SWAT course, and are assigned, or attached, to one of the full-time SJPD tactical teams. These standards meet the guidelines established by CA POST and the Emergency Medical Services Authority (EMSA).

Once assigned to the Tactical Medicine Program, the Tactical EMTs will be assigned to one of the department's tactical units and provide care to the Basic Life Support (BLS) level following the scope of practice established by the Santa Clara County EMS Agency. There will be regularly scheduled trainings to maintain medical proficiency, in addition to hands-on clinical hours with external organizations, accountability for required continued education (CEs) and documentation standards in accordance with the Health Insurance Portability and Accountability Act (HIPAA).

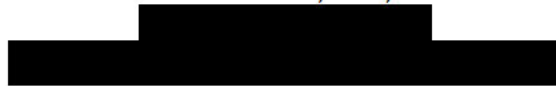
Tactical Medicine Command Structure

The Tactical Medicine Program (TMP) is managed under the BFO Special Operations Division by personnel within the M.E.R.G.E. Unit. The qualified Tactical EMT Operators may be disseminated amongst the ranks of varying units within the department, but Tactical EMTs will be considered collateral M.E.R.G.E. assets. Tactical EMT will attend trainings hosted by M.E.R.G.E. and are expected to adhere to these guidelines. The Tactical Medicine Program is a volunteer assignment with no direct compensation. As a volunteer program, members may be removed at the Program Coordinator's discretion, or operator's request. The TMP Coordinator is the M.E.R.G.E. Lieutenant. The TMP has a Team Supervisor who holds the rank of sergeant, and a Team Leader (T/L) who may be an officer.

Medical Oversight

The Santa Clara County EMS Agency will provide Medical Oversight to our Tactical Medicine Program. This will include guidance, leadership and training on the County established scope of practice authorized for members of the team to include Tactical EMTs and operators. The EMS Agency will also provide medical logistical or operational support as indicated, this will ensure all treatment and care is delivered in a safe and effective manner.

EMS Agency Medical Director
Kenneth Miller, MD, PhD



EMS Agency Law Enforcement Liaison
Michael Cabano, EMS Duty Chief



*Santa Clara County Emergency Medical Services Agency:
700 Empey Wy
San Jose, CA 95128*

Tactical EMT Qualifications, Training Pipeline and Certification

The following academic qualifications **MUST** be met in order to be assigned to the SJPD Tac Med Program:

1. Attend and successfully complete the academics of the state approved Emergency Medical Technician - Basic program. (3 weeks accelerated to 1 year online)
2. Complete the required basic skills test for approved EMT-B course. (1 day)
3. Successfully complete the National Registry for Emergency Medical Technicians (NREMT) test. (1 day)
4. Apply for your state/county EMT-B licensure. (Up to 3-4 weeks for processing)
5. Attend a CA POST approved 40–80-hour Tactical Medic course. (1-2 weeks)
6. Attend a CA POST approved 80-hour SWAT school (MERGE entry school and MERGE TAC week). (2 weeks)

Upon completion of step 4, the Tactical EMT will be able to practice within the EMT-B scope of practice within California. Step 5 and 6 may be completed prior to or after completion of the EMT course.

Operators not assigned as Tac EMTs on the tactical team can assist Tac EMTs in a support function but will not work outside of their scope. Tac EMTs will be primary on providing medical treatment.

Scope of Practice

The Tactical Medicine Program will operate under the current EMT-B scope of practice established by the Santa Clara County EMS Agency for EMT-B. Currently, the program is listed as a “non-transport BLS service” for the County. There are very specific regulations that govern BLS Services that include transportation.

The scope of practice includes treatment for the items below:

- Airway and Breathing
- Cardiac and Medical
- Patient Assessment
- Pharmacological intervention
- Trauma

Tac EMT Minimum Load Out, Equipment, and Uniform

The equipment for the Tactical EMT Operators is comprehensive to allow for treatment organically to their assigned element. Due to the program being listed as a “non-transport BLS service”, the expectation is that the Tac EMT Operator will have the items necessary for treatment on their person, or readily available. The Uniform will be unit specific and based on the operational environment.

<i>Medical item</i>	<i>Minimum Quantity</i>	<i>Purpose</i>
Bandage, sterile 4x4, 8 pack Kerlix type	1	Bandaging
Cervical collar, adult	1	C-collar
4-inch Olaes modular bandage	4	Multi-trauma bandage
Triangular dressing w/pins, 5 pack	1	Dressing
36" sam splint	2	Splint/Orthopedic injuries
3M Medipore 1" cloth tape	2	Medical tape
Hyfin vent chest seal 2pack	2	Occlusive dressing
Adult traction splint, 21 oz	1	Splint
Celox Rapid packing gauze, z folded 3" x 5'	10	Hemostatic packing gauze
Medical adhesive tape roll, 12 pack	1	Medical tape
SOF Tourniquet, Gen 4	2	Tourniquet
Manual suction device	1	Airway kit
Patient Care Report	5	Patient care record
Nitrile gloves	3	Personal protective equipment
Eye Protection	1	AED
NAR Quicklitter Lite	1	Rabid Deploy Quick Litter
Nasopharyngeal kit	1	Airway kit
Oral pharyngeal airway kit	1	Airway kit
AED	1	Defibrillator
Bag Valve Mask (BVM)	1	Ventilation
Canine attachment for BVM	1	Ventilation
Bacitracin ointment	1	Minor skin/soft tissue
Saline Solution IV bag	2	Eye irrigation

Equipment Supply and Storage

An assigned Tac EMT Operator will be responsible for upkeep, maintenance, and overall logistics of the Tac Med supply i.e., medications, hemostatic and pressure dressings, NPA, etc. There is an internal log sheet that will be official record of items ordered, applicable expiration dates, replenished, issued (and to whom), and prices/invoices with vendors.

These items are considered sensitive in nature and will be accountable by the individual Tactical EMT that the item is issued to, and the Tactical Medicine Supervisor.

Storage of the surplus items [REDACTED]
The log sheet will be contained within the cabinet as well. An electronic inventory tracking sheet will be kept [REDACTED]
Strict accountability will be ensured, and an inventory of all items on-hand will be conducted quarterly. If an item is to be replenished following use, that particular Tactical EMT Operator will contact the Operator in charge of logistics for re-supply.

Medical items stored in the vehicle will be secured and should be inspected by the Tactical EMT Operator weekly to ensure serviceability. Storage of the medical items on their person will be based on personal preference and operational environment.

Medical Contingency Planning

In the event a Tactical EMT(s) are conducting operations and/or training, it is the Tactical EMT(s) responsibility to fill out and complete the county form ICS 206 Medical Plan (form provided on page 20). The ICS 206 identifies and locates the most appropriate medical facility closest to the operation/training site. [REDACTED]

[REDACTED] The ICS 206 should be used for all operations, and training (in-county and out of county). The ICS 206 will be provided to all team members to ensure 100% awareness for medical contingencies.

For high-risk search warrants, apprehensions, surveillance, active shooter events, mass casualty incidents (MCIs) and hostage rescue operations, the Tactical EMT will coordinate the following with the assigned operational entry/perimeter Team Leader:

1. Locations to create a casualty collection point (CCP).
2. Location of the Tactical EMT treatment bag.
3. Identification of the Tactical EMT assigned to the unit entry/perimeter Operators.
4. On-scene medical treatment (in the absence of a Tactical EMT) will be provided and administered by the Local Fire Department or EMS Provided in accordance with preestablished policies/protocols to include the Countywide Active Shooter Plan if indicated. NOTE: The Tactical EMT Operator will not replace any emergent or definitive hospital care if needed.
5. In the event of mutual aid or events working in conjunction with partner agencies, tactical teams (and assigned Tactical EMTs) will ensure to keep team integrity during joint operations to keep internal unit protocols consistent.
6. For any pre-planned operation, the Tactical EMT will create/complete an ICS 206 medical plan.

If you are operating outside of the County of Santa Clara, you must follow your established local scope of practice as identified by the Santa Clara County EMS Agency.

Mission/Operational Essential Task List

The Mission Essential Task List (METL) is derived from the United States Army's format for identifying key tasks within an organization that is necessary to accomplish the mission of a particular unit. The METLs are identified, trained on and put to use in the field. The list is a living document. The list may change and be added to as tasks are identified and as the unit's mission profile changes.

1. Recognizing airway compromise
2. MAR of MARCH (massive hemorrhage, airway, respirations, circulation, head injury/hypothermia)
3. Hemorrhage control
4. Patient assessments
5. Pharmacological interventions
6. Trauma recognition and treatment
7. TCCC and TECC treatment/scenarios
8. Patient movement, deliberate and expedited
9. Creating a medical plan for an operational environment
10. Tactical Medicine equipment and familiarization
11. Tactical Medicine vehicle equipment and familiarization
12. Treating a patient in a moving vehicle
13. K9 medical treatment
14. Blast injuries and treatment
15. Single Tactical EMT Operator patient treatment
16. Multiple Tactical EMT Operators patient treatment
17. Mass Casualty Incidents
18. Rural rescue and extraction (survivor/injured personnel)
19. Joint training with outside assets
20. Medical treatment in an aerial platform
21. Medical treatment in low light/no light environments
22. Extraction tools related to recovery and treatment
23. Extrication of a patient from a multiple story structure
24. Familiarization of rope capabilities as they relate to extraction

Administrative Duties and Document Storage

All Tactical EMTs will be accountable for their continued education tracking every 24 months. There will be training and coordination with neighboring and host departments for Continuing Education (CE) training as time permits.

The Tactical EMT Program Team Leader will ensure records of CEs, supporting certification documents and other EMT training records are consolidated within the Tactical Medic folder within the MERGE Unit G Drive. The continuity of training and records will help to ensure internal QA/QC can be completed.

In order to maintain their EMT-B certification, the Tactical EMTs will need to complete 24 hours of instructor based Continuing Education (CE) instruction every two years after initial certification, complete the State of California EMT Skills Verification Form through a Santa Clara County EMS Agency approved training center and apply for recertification through the Santa Clara County EMS Agency prior to lapse of certification. This is the sole responsibility of the individual Tactical EMT Operator.

Any treatment in which medication is provided (other than those listed below), the Medical Director MUST be contacted for advice and approval.

<i>Medication / Provide</i>	<i>Type</i>
Oral Glucose	Hypoglycemia
Intranasal Naloxone	Opioid overdose
Epinephrine Autoinjector	Anaphylaxis
Ibuprofen, 200 mg	Pain, Fever, Inflammation
Oral Antihistamine, Cetirizine	Allergies
<i>Medication / Assist</i>	<i>Type</i>
Inhaled Medication	Bronchodilators, prescribed
Aspirin	Chest Pain, prescribed

Any treatment or care provided by a Tactical EMT (operational, training, medication, etc.) will be recorded on the County provided patient care report (PCR). This completed document will then be submitted digitally to the EMS Agency Law Enforcement Liaison via a secure/encrypted email for QA/QI review [REDACTED]

[REDACTED] Qualified Tactical EMTs will have access to the secure folder for blank PCR forms, templates, Santa Clara County EMSA policies, etc.

Team Health Management

Tactical EMTs will check vital signs for team Operators every quarter.

Follow your established injury/medical departmental protocols if there is injury during a training event or operation.

Continued Education (CEs) and Medical Proficiency

Operators assigned as a Tactical EMT will continue to look for outside training and advanced education to better their medical proficiency. Trauma medicine is continually evolving, and the individual Tactical EMT Operator will maintain a high level of readiness and motivation to expand their knowledge.

Training opportunities do not stop at the Police Department. Neighboring cities and counties are open with coordination in addition to “ride-alongs”, so long as ample time is given for planning and administrative arrangements are made for patient contact and treatment. Additional resources may include but are not limited to the Santa Clara County Medical Examiner’s Office, the San Jose Fire Department, neighboring rural medical providers, etc.

Tactical EMT Operators will be required to participate in clinical hours for hands-on experience with health care professionals. 5 clinical hours will be mandated quarterly. Upon completion of the clinical hours, paperwork will be provided for training rendered and will be kept in the Tactical EMT’s personnel file. Scheduling will be according to the individual Operator based on days off and availability. This may be completed on an individual or group basis.

Patient Care Reports (PCRs)

Patient Care Reports (PCRs, provided on page 21) MUST be completed following patient contact, or at the Operators earliest convenience to ensure accuracy of reports and patient information. Upon completion of the report, a supplemental report must be completed under the case number of the relevant event. If one was non-existent, a report number will be generated for the supplemental to be completed. [REDACTED]

[REDACTED] All patient care reports will be subject to review in accordance with established Santa Clara County EMS Agency policy/protocol to maintain an effective quality assurance and quality improvement program.

Tactical Medicine Rescue Vehicle

The current Tactical Medicine rescue vehicle is a high mobility multipurpose wheeled vehicle (HMMWV). The HMMWV will be utilized to transport Tactical EMTs to training and operational environments. [REDACTED]

A vehicle preventative maintenance check and service (PMCS) will be conducted quarterly, logged and archived over time. [REDACTED]

The HMMWV may be authorized for the extraction of patient(s) in a hot zone, where local EMS resources are unable to safely enter an active scene, and/or are not readily available and/or are delayed. In the event that Fire and /or EMS resources are delayed and the patient warrants emergent transport to a local trauma center this vehicle may be utilized under these special circumstances. Should an incident of this magnitude occur the Tactical EMT or Program Coordinator will notify the EMS Agency law Enforcement Liaison as soon as possible.

Santa Clara County EMSA Guideline Resources

Reference the below hyperlinks for county resources relating to treatment, mass casualty incidents (MCIs) and specific county procedures:

EMS POLICY, PROTOCOL, REFERENCE MATERIAL AND FORMS:

EMS Policy #301- SUPPLEMENTAL EMS SYSTEM RESOURCES

<https://emsagency.sccgov.org/sites/g/files/exjcpb266/files/General/newPolicy301.pdf>

EMS Policy #302- PREHOSPITAL CARE ASSET – MINIMUM INVENTORY REQUIREMENTS

https://emsagency.sccgov.org/sites/g/files/exjcpb266/files/Prehospital%20Care%20Policy%20300/Policy302_0.pdf

EMS Policy #313- PUBLIC SAFETY FIRST AID PROVIDERS SCOPE OF PRACTICE AND OPTIONAL SKILLS

<https://emsagency.sccgov.org/sites/g/files/exjcpb266/files/General/NewPolicy313.pdf>

EMS Policy #502- PATIENT CONSENT AND REFUSAL FOR EMS SERVICES

<https://emsagency.sccgov.org/sites/g/files/exjcpb266/files/prehospital-care-policy-500/Policy%20502.pdf>

EMS System Protocols #700 Series- BLS/ALS

<https://emsagency.sccgov.org/documents/policy-manual/blsals-protocols>

EMS Policy #811- MULTIPLE CASUALTY INCIDENT PLAN (MCI)

<https://emsagency.sccgov.org/sites/g/files/exjcpb266/files/General/811MCI.pdf>

EMS Form #913- LAW ENFORCEMENT NALOXONE UTILIZATION

<https://emsagency.sccgov.org/sites/g/files/exjcpb266/files/General/Form913.pdf>

EMS Form #915- PUBLIC ACCESS DEFIBRILLATION (PAD) AED USE NOTIFICATION

<https://emsagency.sccgov.org/sites/g/files/exjcpb266/files/General/915.pdf>

Santa Clara County Treatment Guideline and Resource

The hyperlink below will provide access to step-by-step treatment for an injury per Santa Clara County Guidelines. The sections are categorized by Adult Protocols, Optional Scopes, Pediatric Protocols, Procedures and Standard Protocols.

The scope includes both BLS and ALS options:

<https://emsagency.sccgov.org/documents/policy-manual/blsals-protocols>

Santa Clara County Trauma Centers

Valley Medical Center (adult and pediatric)
Level I adult, Level II pediatric trauma center
751 S Bascom Av, San Jose, CA 95128
408-885-5000

Regional Medical Center (adult only)
Level II adult trauma center (no pediatric trauma or trauma in pregnancy)
225 N Jackson Av, San Jose, CA 95116
408-259-5000

Stanford Healthcare (adult and pediatric)
Level I adult and Level I pediatric trauma center
1199 Welch Rd, Palo Alto, CA 94304
650-723-5111

SJPD Duty Manual Policies

Reference the SJPD duty manual policies below as they relate to medical treatment:

L 1315 RESUSCITATION CALLS:

Usually, no response is made by the Police Department to ambulance/ resuscitator calls and fire alarms until a request for police presence is received from Fire or ambulance personnel at the scene. This does not preclude officers from initiating appropriate action in on-view situations when ambulance or Fire personnel are absent.

L 1316 REFUSAL OF MEDICAL TREATMENT

When any of the following persons have given an informed refusal of medical evaluation or care, no medical assistance will be provided by an officer:

- Competent adults.
 - Any minor legally able to make medical decisions, i.e., a minor who is both competent and: (1) emancipated by a valid marriage (whether dissolved or not), or (2) on active military duty with the armed services of the United States, or (3) has received a court declaration of emancipation (with a valid copy of the declaration).
 - Competent legal representative of a patient, including a qualified relative/care giver. At no time may a spouse or relative who is not the legal representative of the patient make a decision to refuse evaluation, treatment or transportation for the patient.
- If at any time an officer feels that the nature of the person's medical condition and/or injury is so serious that the person should be provided a higher level of medical evaluation, then local EMS (the Fire Department or County Ambulance) is available to provide this service. Officers will ensure that the person's refusal of medical assistance is documented as appropriate (i.e. add comments in the CAD event, GO, or a written report.) Officers will seek to obtain a search warrant or other court order when medical intervention is needed in order to collect evidence of a crime and the person refuses medical treatment.

L 1914 TRANSPORTING INJURED PERSONS:

City vehicles should not be used to transport injured persons from the scene of an injury to a hospital. Exceptions may be made to this rule whenever an officer at the scene believes it necessary due to unusual or demanding circumstances. When possible, an ambulance should be utilized for medical emergencies.

L 2626 PROVIDING FIRST AID AFTER USE OF POLICE SERVICE DOGS:

Each canine handler is responsible for ensuring that medical treatment is provided when necessary and possible. However, when the circumstances are such that the canine handler cannot directly ensure that medical treatment is provided, the officer will notify an immediate supervisor.

L 2638.1 PROVIDING FIRST AID AFTER THE USE OF A FIREARM:

If a person is injured by a Department member's use of a firearm, whether on-duty or off-duty, whether intentional or unintentional, the following steps shall be taken as soon as practical:

- Immediately summon emergency medical aid
- Check breathing and heartbeat at the scene

- Administer first aid if required

When the injured person is in custody, the treatment will be provided at Valley Medical Center (VMC). Another hospital emergency room may be used if the injured person is taken there for emergency medical treatment, or if VMC is closed for admissions, or if the person requires transport to a trauma center and there is a closer trauma center than VMC.

When the injured person is not in custody, the treatment may be provided at the injured person's facility of choice. If they are unable to provide a preferred facility, the treatment will be provided at VMC. Another hospital emergency room may be used if the injured person is taken there for emergency medical treatment or if VMC is closed for admissions.

Whether the injured person is in custody or not in custody, when treatment is being provided in a medical facility, there is no need to transport the injured person to VMC, unless requested to do so by the treating physician.

L 4701 OFFICER INVOLVED SHOOTINGS - INITIAL RESPONSIBILITY:

When an officer involved shooting occurs, department members as indicated will adhere to the following appropriate procedures:

- PROVIDING FIRST AID: The officer(s) assigned to the scene is responsible for ensuring that medical treatment is provided when necessary and possible.

L 5602 EXPOSURE TO BLOOD OR OTHER BIOLOGICAL PRODUCTS:

Department members are reminded that whenever possible preventive efforts should be taken to minimize exposure to blood borne pathogens. Personal protective equipment such as latex gloves, masks, lab coats, safety glasses, alcohol-based cleaners and anti-microbial wipes are maintained by Central Supply for such purposes. If a department member sustains a blood/body fluid exposure (as defined below) the affected member and the member's supervisor will adhere to those procedures detailed in Duty Manual Section L 5605.

- BLOOD BORNE PATHOGEN EXPOSURE DEFINED: A blood borne pathogen exposure is a contact exposure involving blood, bodily fluids, tissue, or an instrument contaminated with one of the listed substances. Bodily fluid is defined as semen, vaginal secretions, as well as spinal cord, brain, joint, lung, abdominal, heart, membrane and/or amniotic fluids.

Saliva, urine, feces or vomit without visible blood do not present risks for blood borne pathogen transmission.

Should exposure occur, members should cleanse the area with a can of alcohol-based personal hand wash and/or the single-use hand wipes available at Central Supply. This is designed for the immediate removal of the blood (or other biological by-product) and is not to be substituted for proper medical attention. Department members are advised to seek immediate medical attention and to notify their supervisors whenever they have been exposed to a patient with a possible communicable disease. This includes exposure to contaminated blood or by-products.



County of Santa Clara Emergency Medical Services System

Policy #915: Public Access Defibrillation (PAD) AED Use Notification

PUBLIC ACCESS DEFIBRILLATION (PAD)

AED USE NOTIFICATION

Directions:

- Please use one form for each AED usage
- Submit to the Santa Clara County EMS Agency within 96 hours of AED use

AED Program Name: _____

Location Information:

Date: _____ Time of Incident _____

Street Address: _____

Patient's Name (if known): _____

Patient's Estimated Age: _____ Patient's Sex: _____

CPR Information:

Was CPR performed? : Yes No

Type of CPR performed: Compressions Only Compressions and Ventilations

Type of ventilations performed: Mouth to Mouth Mouth to Mask BVM

Name of person(s) providing CPR: _____

Did the AED instruct you to defibrillate (shock) the patient? : Yes No

What was the total number of defibrillations (shocks) delivered? : _____

Timeline:

Witnessed cardiac arrest	Time: _____
Start of CPR	Time: _____
Call to 9-1-1 made	Time: _____
First Defibrillation given	Time: _____
9-1-1 Arrival to scene	Time: _____

PAD Program Coordinator

Signature: _____ Date: _____

Santa Clara County Emergency Medical Services

Prehospital Care Manual – Policy # 915

Page 1 of 1

POLICY # 915



Law Enforcement Naloxone Utilization

**Please submit to reports@ems.sccgov.org within four (4) days or 96 hours for each naloxone administration*

Date of Incident:		Time On Scene:		Date of submission to EMS:	
Law Enforcement Agency Name:					
Law Enforcement Officer Name:					
Location of Incident:					
Street Address:					
Nature of Incident:					
Patient's Name (if known):			Patient's Age		Patient's Gender
Was Patient conscious?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Comments:
Was Patient breathing?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Comments:
Did Patient have a pulse?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Comments:
Was CPR performed?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Comments:
Was an AED used?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Comments:
Was Naloxone administered?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Comments:
Was Patient transported?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Comments:
Report given to EMS?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Comments:
Time of administration of 1st Dose:					
Patient Response:					
Time of administration of 2nd Dose:					
Patient Response:					
Time of administration of 3rd Dose:					
Patient Response:					
Time of EMS Arrival:					
How was it determined the patient was suspected of an opiate overdose?					

FORM # 913

MEDICAL PLAN (ICS 206)

1. Incident Name: _____		2. Operational Period: Date From: _____ Date To: _____ Time From: _____ Time To: _____					
3. Medical Aid Stations:							
Name	Location	Contact Number(s)/Frequency	Paramedics on Site? <input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
4. Transportation (indicate air or ground):							
Ambulance Service	Location	Contact Number(s)/Frequency	Level of Service <input type="checkbox"/> ALS <input type="checkbox"/> BLS				
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS				
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS				
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS				
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS				
5. Hospitals:							
Hospital Name	Address, Latitude & Longitude if Helipad	Contact Number(s)/Frequency	Travel Time		Trauma Center <input type="checkbox"/> Yes Level: _____ <input type="checkbox"/> No	Burn Center <input type="checkbox"/> Yes <input type="checkbox"/> No	Helipad <input type="checkbox"/> Yes <input type="checkbox"/> No
			Air	Ground			
					<input type="checkbox"/> Yes Level: _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Special Medical Emergency Procedures:							
<input type="checkbox"/> Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.							
7. Prepared by (Medical Unit Leader): Name: _____ Signature: _____							
8. Approved by (Safety Officer): Name: _____ Signature: _____							
ICS 206		IAP Page _____		Date/Time: _____			



Santa Clara County EMS System
PREHOSPITAL CARE REPORT

USE BALL POINT PEN ONLY

AGENCY _____

CALL SIGN _____

INCIDENT DATE

MM/DD/YYYY

COUNTY EVENT #

MYYJJJ###

AGENCY EVENT # _____

DISPATCH INFORMATION

COMPLAINT REPORTED BY DISPATCH _____

INCIDENT ADDRESS / LOCATION _____

PATIENT FIRST NAME _____ LAST NAME _____

ADDRESS _____

CITY _____ ST _____ ZIP _____

AGE _____ DOB MM/DD/YYYY _____ M F _____ SS# - - _____

PHONE (PHO) NE - _____

ODOMETER

BEGN _____

END _____

TOTL _____

CALL TYPE

- 911 EVENT
- IFT / CCT / ALS
- STANDBY

CALL RECEIVED AS

- EMERGENCY
- NON EMERGENCY
- STANDBY EVENT

EVENT TIMES

DISPATCH _____

ENROUTE _____

AT SCENE _____

AT PATIENT _____

FROM SCENE _____

AT DESTINATION _____

IN SERVICE _____

CANCELED _____

CHIEF COMPLAINT _____

IMPRESSION(S) _____

MEDICAL HISTORY _____

MEDICATIONS _____

VITALS	TIME	RESP	PULSE	B.P.	LOC	GCS	PUPILS	SKIN	NOTES / BG / ECG / ECTOPY
		RATE: <input type="radio"/> Regular <input type="radio"/> Shallow <input type="radio"/> Labored	RATE: _____ <input type="radio"/> Regular <input type="radio"/> Irregular	/	<input type="radio"/> Alert <input type="radio"/> Voice <input type="radio"/> Pain <input type="radio"/> Unresp.	<input type="radio"/> Normal <input type="radio"/> Dilated <input type="radio"/> Constricted <input type="radio"/> Non-Responsive	<input type="radio"/> Cool <input type="radio"/> Warm <input type="radio"/> Moist <input type="radio"/> Dry	<input type="radio"/> Pale <input type="radio"/> Cyanotic <input type="radio"/> Flushed <input type="radio"/> Jaundiced	
		RATE: <input type="radio"/> Regular <input type="radio"/> Shallow <input type="radio"/> Labored	RATE: _____ <input type="radio"/> Regular <input type="radio"/> Irregular	/	<input type="radio"/> Alert <input type="radio"/> Voice <input type="radio"/> Pain <input type="radio"/> Unresp.	<input type="radio"/> Normal <input type="radio"/> Dilated <input type="radio"/> Constricted <input type="radio"/> Non-Responsive	<input type="radio"/> Cool <input type="radio"/> Warm <input type="radio"/> Moist <input type="radio"/> Dry	<input type="radio"/> Pale <input type="radio"/> Cyanotic <input type="radio"/> Flushed <input type="radio"/> Jaundiced	
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ACTIONS	TIME	PROCEDURE / MEDICATION	SIZE / DOSE	SITE / ROUTE	ATTEMPTS	SUCCESS	PATIENT RESPONSE	NOTES

NARRATIVE _____

DISPOSITION

- Patient Treated, Transported
- Patient Treated, Not Transported
- Patient Evaluated, No Treatment
- Patient Refused Care
- Patient Dead at Scene
- Canceled, No Patient Contact

DESTINATION

TRANSPORT AGENCY

X S C A

CREW

PRIMARY LAST NAME _____ CERT _____

SECOND LAST NAME _____ CERT _____

THIRD LAST NAME _____ CERT _____

FOURTH LAST NAME _____ CERT _____