

CORRECTIONAL MANAGED HEALTH CARE POLICY MANUAL	Effective Date: 8/23/2016	NUMBER: E-41.2  Page 1 of 2
	Replaces: 8/7/2013	
	Formulated: 01/06 Reviewed: 07/18	

## EMERGENCY RESPONSE DURING HOURS OF OPERATION

**PURPOSE:** To provide a general guideline to assure emergent/urgent needs of offenders and staff are addressed in a timely and uniform manner, including suicide threats.

**POLICY:** Offenders have access to emergency care from unit medical staff during hours of operation.

**PROCEDURE:**

- I. In accordance with the Correctional Managed Health Care Policy E-41.1, medical personnel will respond immediately to any request for emergency/urgent treatment. Whenever possible, at least two nursing personnel should respond to use of chemical agents on offenders by security staff. They will provide whatever care they can within their professional responsibility and within the limitations of their professional practice, education, training, licensure, and experience. Medical personnel will be familiar and comply with the procedures for obtaining emergency medical care and responding to emergencies within the clinic area or when responding to a call outside of the clinical area.
- II. Once notification is received, medical personnel will respond to the scene with the AED, emergency bag, and Personal Protective Equipment (PPE). Emergent and/or urgent care, including first aid and cardiopulmonary resuscitation, will be provided at the scene as is appropriate and safe for the situation. A wheelchair, backboard, or stretcher should be available at the scene when appropriate.
- III. CPR barrier resuscitative devices are available in the First Aid Kits located at various locations throughout the facility. It is the responsibility of the medical personnel to know where the equipment is located. (Refer to Facility Policy D-28.4 for locations)
- IV. The emergency response bag will include at a minimum the items listed in Attachment A.  
  
The emergency response bag will have a location easily accessed, known to all staff, and will not be changed without department notification. The bag will not be kept under lock and key but may be sealed by a plastic security seal.
- V. Emergency response bags will be inventoried and re-supplied after each use and checked at least daily and documented by a person designated by the management team.
- VI. Back-up emergency response bag supplies should be kept on the facility, be accessible, and staff have knowledge of its placement.
- VII. Oxygen cylinders will be checked every clinic day and documentation recorded.

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- VIII. In circumstances that involve offenders, the scene must be secured and announced safe by correctional personnel before proceeding.
- IX. An evaluation will be performed to ensure all possible abnormalities, injuries and/or changes to the body systems are detected and documented. If in question do not move the patient until protective devices such as C-collars, splints and/or backboards are utilized.
- X. If you are at the scene and require additional assistance or equipment, request security to contact the medical department or send someone to go to the medical department to bring you the equipment or additional assistance. DO NOT abandon the patient.
- XI. If the situation is an emergency, activate 911 and attend the patient until such time as EMS arrives and takes over patient care. If the patient is a staff member and the situation is not an emergency or does not require activation of 911, then the individual should be encouraged to seek additional treatment by his/her preferred method including but not limited to the local emergency department or personal physician. (Refer to CMC Health Care Policy A-02.2 Treatment of Injuries incurred In the Line of Duty.
- XII. Upon termination of the emergency event, all health care provided must be documented in the health record.
- XIII. New employees will be oriented to the AED, emergency bag and procedures, and training programs will be provided to maintain competence in emergency response.

References:

ACA Standard 4-4389 (Ref. 3-4351), Emergency Response