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| Idaho<br>Department of<br>Correction<br><br> | <b>Standard<br/>         Operating<br/>         Procedure</b> | Title:<br><b>Emergency Services</b>     |                        | Page:<br>1 of 6        |
|   |   | Control Number:<br><b>401.06.03.041</b> | Version:<br><b>4.0</b> | Adopted:<br>12/31/1998 |

**Pat Donaldson, chief of management services, approved this document on 10/04/2017.**

Open to the public:  Yes

**SCOPE**

This SOP applies to all Idaho Department of Correction (IDOC) healthcare services staff, inmates, contract medical providers, subcontractors, volunteers, and visitors.

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| <b>Revision Summary</b>   |
| Revision date (09/21/2017) version 3.0: Reformatted entire document; updated terminology; revised certain sections for audit compliance. Revision date (10/04/2017) version 4.0: Minor changes to add a designee to some areas of responsibility. |

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**BOARD OF CORRECTION IDAPA RULE NUMBER 06.01.01.401**

Hospitalization, Institutional Clinical Services and Treatment

**POLICY CONTROL NUMBER 401**

Hospitalization, Institutional Clinical Services and Treatment

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## PURPOSE

The purpose of this standard operating procedure (SOP) is to establish procedures for emergency healthcare response planning.

## RESPONSIBILITY

### ***Health Services Director***

The health services director, or designee, is responsible for:

- Monitoring and overseeing all aspects of healthcare services.
- The implementation and continued practice of the provisions provided in this SOP.

When healthcare services are privatized, he will also be responsible for:

- Reviewing and approving (prior to implementation) all applicable contract medical provider policy, procedure, and forms.
- Monitoring the contract medical provider's performance, to include but not limited to reviewing processes, procedures, forms, and protocols employed by the contract medical provider to ensure compliance with all healthcare-related requirements provided in respective contractual agreements, this SOP, and in *National Commission on Correctional Health Care (NCCHC) standard P-E-08, Emergency Services*. (See section 4 of this SOP).

### ***Contract Medical Provider***

When healthcare services are privatized, the contract medical provider is responsible for:

- Implementing and practicing all provisions of this SOP, unless specifically exempted by written contractual agreements.
- Ensuring that all aspects of this SOP and NCCHC standard P-E-08 are addressed by applicable contract medical provider policy and procedure.
- Ensuring facility health authorities utilize all applicable contract medical provider policy, procedure, forms, and educational information to fulfill all healthcare-related requirements provided in this SOP, *NCCHC standard P-E-08*, or as indicated in their respective contractual agreement(s).
- Developing a detailed, uniform, mandatory inventory list of supplies (must be approved by the health services director, or designee,) to be included in each man-down kit.

**Note:** 'Man-down' refers to any individual who is in need of immediate medical intervention and the 'kit' refers to packaged emergency medical response supplies.

- Ensuring all applicable contract medical provider policy, procedure, and forms (to include the mandatory inventory list of supplies) are submitted to the health services director, or designee, for review and approval prior to implementation.
- Ensuring the facility health services administrator, or designee, (1) procures the required mandatory inventory supplies and (2) maintains the inventory.

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**Note:** Nothing in this SOP shall be construed to relieve the contract medical provider(s) of any obligation and/or responsibility stipulated in respective contractual agreements.

**Facility Medical Director**

The facility medical director, or designee, will be responsible for reviewing emergency response incident reports within one week of the incident to ensure compliance with this SOP.

**Note:** When there is a real actual event at a community reentry center (CRC) and the facility medical director is not on-site and facility-specific guidance does not properly identify an alternate contact for implementing the emergency healthcare response plan, CRC staff should coordinate with the facility identified in SOP [401.06.03.007](#), *Emergency Medical Response Plan*.

**Facility Health Services Administrator**

The facility health services administrator, or designee, will be responsible for:

- Ensuring the presence of an adequate number of appropriately trained staff and materials are available to meet the requirements of this SOP.
- Establishing and monitoring applicable contract medical provider policy and procedure to ensure that all elements of this SOP and *NCCHC standard P-E-08* are accomplished as required.
- Conducting weekly inspections of emergency supplies and replenishing emergency supplies as necessary.
- The facility health services administrator, or designee, and facility medical director, or designee, will also be jointly responsible for reviewing emergency response incident reports within one week of the incident.

In addition to the above responsibilities, the facility health services administrator, or designee, and facility head, or designee, will be jointly responsible for:

- Establishing formal relationships with community hospitals, specialists, ground/emergency transport services, and others as needed to meet the requirements of this SOP and *NCCHC standard P-E-08*.
- Ensuring that correctional staff are trained in the recognition of medical emergencies, cardiopulmonary resuscitation (CPR), the location of first response emergency equipment, and the procedures to obtain emergency assistance.

In addition to the above responsibilities, the facility health services administrator, or designee, and department training manager, or designee, will be jointly responsible for:

- Establishing the development and availability of training plans to facilitate all required training pursuant to this SOP.

**Qualified Health Professional**

The qualified health professional (as designated for emergencies) for each shift will be responsible for:

- Confirming the location and functionality of the emergency response equipment and supplies.

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- Responding to emergencies in a timely and appropriate manner with the appropriate equipment and supplies.
- Communicating with emergency medical response technicians and others as appropriate.
- Providing complete and accurate documentation in the inmate's healthcare record for each incident requiring an emergency response.

### **Facility Head**

The facility head and the facility health services administrator, or designee, will be jointly responsible for:

- Establishing formal relationships with community hospitals, specialists, ground/emergency transport services, and others as needed to meet the requirements of this SOP and *NCCHC standard P-E-08*.
- Ensuring that correctional staff are trained in the recognition of medical emergencies, cardiopulmonary resuscitation (CPR), use and location of first response emergency equipment (e.g., automated external defibrillators [AEDs]), and the procedures to obtain emergency assistance.

## **GENERAL REQUIREMENTS**

### **1. Guidelines**

#### **General**

- Emergency healthcare services will be available to all individuals at all IDOC facilities on a 24-hour basis. To facilitate these services, man-down kits will be available in designated areas and will be adequately stocked and maintained.

**Note:** 'Man-down' refers to any individual who is in need of immediate medical intervention and the 'kit' refers to packaged emergency medical response supplies.

- Immediately upon receiving the request for assistance, the qualified health professional (as designated for emergencies) will obtain a man-down kit and proceed to the scene.

**Note:** A qualified health professional on each shift will have the designated responsibility for emergency medical response. This designation may be combined with other assignments.

- The health status of the individual for whom the emergency assistance was requested will be assessed and the individual's condition stabilized.
- Emergency healthcare conditions may be treated according to directions in specific written nursing protocols.
- If resuscitation measures are initiated, they are to be continued until the individual's care has been transferred to emergency personnel or a physician has made a finding of death.

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### ***Documentation***

The emergency response, assessment, and treatment provided must be documented in the inmate's healthcare record, timed, dated, and signed.

### ***Transportation***

If transport of the inmate is necessary, the qualified health professional, as designated for emergencies, will notify correctional staff of the type of transport required. If deemed appropriate, an ambulance will be dispatched. If a non-emergency and the inmate is ambulatory, facility transport may be utilized. The facility will be responsible for arranging the necessary transportation.

**Note:** Once the community emergency response system (e.g. ambulance service) has been activated, an inmate may be transported to a facility designated as appropriate for treatment of the emergency.

When possible, healthcare services staff will provide written information to emergency medical technicians to include:

- History of the emergency condition
- Treatment given
- Present status with most recent vital signs
- Suspected diagnosis
- Allergies
- Any other pertinent information

## **2. Training**

### ***Healthcare Services Staff***

All healthcare services staff must be trained in cardiopulmonary resuscitation (CPR), the use of automated external defibrillators (AEDs), and emergency medical response procedures. All healthcare services staff must have a current CPR-level certification (must be provided by a healthcare provider that is trained in CPR training) that is appropriate to their job assignment (e.g., any healthcare staff who provides direct care must be healthcare provider CPR certified).

### ***Correctional Staff***

All correctional staff must be trained in the recognition of medical emergencies, CPR, the use and location of first response emergency equipment, and the procedures to obtain emergency assistance.

## **3. Man-down Kits: Removal of Expired Items**

The contract medical provider must maintain an inventory list of items with expiration dates and remove all expired items from the man-down kits and replace with new items.

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#### 4. Compliance

Compliance with this SOP and all related Department-approved protocols will be monitored by the health services director, or designee, by using various sources to include: this SOP, clinical practice guidelines, routine reports, program reviews, and record reviews.

The health services director, or designee, must conduct two audits a year (or more frequently as appropriate desired based on prior audit results). The audits must consist of monitoring applicable contract medical provider and IDOC policy and procedures, applicable NCCHC standards, and the review of an appropriate number of emergency response incidents, to include the patient’s medical record.

#### DEFINITIONS

**Automated External Defibrillators (AEDs):** Electronic devices that interpret cardiac rhythms and, if appropriate, deliver an electronic shock to the patient.

**Contract Medical Provider:** A private company under contract with the Department to provide comprehensive medical, dental, and/or mental health services to the incarcerated inmate population. A contract medical provider may include private prison companies and other entities under contract with the Department to operate the Idaho Correctional Center (ICC) and other out-of-state facilities housing Department inmates.

**Emergency Healthcare:** Medical, mental health, and dental healthcare for an acute illness or an unexpected health need that cannot be deferred until the next scheduled sick call or clinic.

**Health Services Administrator:** The contract medical provider employee, or designee, who is primarily responsible for overseeing the delivery of medical services in an Idaho Department of Correction (IDOC) facility.

**Facility Medical Director:** The highest ranking physician in an Idaho Department of Correction (IDOC) facility, or designee.

**Health Services Director:** The Idaho Department of Correction (IDOC) employee, or designee, who is primarily responsible for oversight of auditing and monitoring services provided by the contract medical provider.

**Qualified Health Professional:** A physician, physician assistant, nurse practitioner, nurse, dentist, mental health professional or others who—by virtue of their education, credentials, and experience—are permitted by law (within the scope of their professional practice) to evaluate and care for patients.

#### REFERENCES

[National Commission on Correctional Health Care \(NCCHC\)](#), *Standards for Health Services in Prisons*, Standard P-E-08, Emergency Services

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