



Operating Procedure

Effective Date October 1, 2016	Number 720.7
Amended 5/10/17	Operating Level Department
Supersedes Operating Procedure 720.7 (9/1/13)	
Authority COV §53.1-32	
ACA/PREA Standards 4-4349, 4-4351, 4-4388, 4-4389, 4-4390, 4-4406; 4-ACRS-4C-03, 4-ACRS-4C-04, 4-ACRS-4C-05; 2-CO-3B-02; §115.21, §115.35, §115.61, §115.82, §115.83, §115.221, §115.235, §115.261, §115.282, §115.283	
Incarcerated Offender Access Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Office of Primary Responsibility Health Services Unit
Public Access Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Attachments Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

Subject
EMERGENCY MEDICAL EQUIPMENT AND CARE

I. PURPOSE

The Department of Corrections has the responsibility to ensure that incarcerated offenders have unimpeded access to health care services on a 24 hour basis. This operating procedure provides guidance for ensuring adequate emergency medical equipment is available in areas where needed and that each facility has provisions and resources identified for provision of emergency medical care including transport to off-site medical facilities if needed. (2-CO-3B-02)

II. COMPLIANCE

This operating procedure applies to all facilities operated by the Department of Corrections (DOC). Practices and procedures shall comply with applicable State and Federal laws and regulations, Board of Corrections policies and regulations, ACA standards, PREA standards, and DOC directives and operating procedures.

III. DEFINITIONS

Emergency Care - Treatment of an acute injury or illness that requires immediate medical attention

Health Authority - The individual who functions as the administrator of the facility medical department

Material Safety Data Sheet (MSDS) - A document required by government regulation for all hazardous chemical substances produced and/or sold in the United States; each MSDS sheet shall be in English and shall contain the following information: the identity used on the label, physical and chemical characteristics (vapor pressure, flash point, and so forth), physical and health hazards, primary routes of entry, exposure limits, precautions for safe handling and use, control measures, emergency and first aid procedures, and the chemical manufacturer's name, address, and telephone number.

IV. PROCEDURE

A. Emergency Medical Equipment

1. Each facility is responsible for the identification, acquisition, and maintenance of necessary basic equipment to provide health care in emergency situations.
2. Minimum emergency medical equipment requirements for all facilities are:
 - a. Oxygen
 - b. Back board/splints
 - c. Hard Cervical Collar
 - d. Ambu bag with oxygen setup
 - e. Portable blood pressure equipment and stethoscope
 - f. Flashlight
 - g. Medication for treatment of burns
 - h. Poison control information

- i. Automatic External Defibrillator (AED) (4-4390, 4-ACRS-4C-05)
 - j. Portable Pulse Oximeter
 - k. HIV PEP Kits
3. In addition, facilities with 24-hour nursing staff shall provide the following emergency medical equipment located in a locked medication room.
 - a. Emergency drug box
 - b. IV solutions
 - c. Suction machine (Note: locked medication room at facility discretion)
 4. First aid kits shall be available in designated areas of the facility based on need. The health authority approves the contents, number, location, and procedures for monthly inspection of the kits(s) and develops written procedures for the use of the kits by nonmedical staff. The contents of these kits shall not contain prescription-only products. (4-4390, 4-ACRS-4C-05)
 - a. Each vehicle used to transport offenders shall be equipped with a first aid kit in accordance with Operating Procedure 411.1, *Offender Transportation*.
 - b. The first aid kits should be large enough and have the proper contents for the place where it is to be used. All first aid kits should contain an inventory of the contents.
 - c. The contents should be arranged so that the desired package can be quickly opened without unpacking the entire contents of the box.
 - d. Material should be wrapped so that unused portions do not become contaminated through handling and kits should be protected.
 5. Each facility shall make provision to check each first aid kit monthly to ensure proper stocking levels and that all items are current and in usable condition. Facility practice shall ensure that items are replaced as used and based on periodic inspections.
 6. The Health Authority or designee is responsible to maintain and test emergency medical equipment.
 - a. Checks and tests should be conducted according to the manufacturer's recommendations, except for the Automated External Defibrillator (AED) which must be inspected weekly with the inspections documented in accordance with the *Standard Treatment Guideline - Automated External Defibrillator (AED)*.
 - b. Equipment that is not in proper working order will be serviced, repaired, or replaced.
 - c. Maintenance contracts are encouraged for servicing emergency medical equipment.
 7. First aid kits and emergency medical equipment should be secured from offender access, but readily available to staff as needed.
 8. Each facility shall have on-premises poison control information to be readily available and easily accessible. Material Safety Data Sheets (MSDS) should be readily available so that if a person is exposed to hazardous materials that are used in the facility, the chemical should be identified and first aid recommendations listed on the Material Safety Data Sheets should be followed

B. Emergency Medical Care

1. Each facility will ensure 24-hour emergency medical services are available and that complaints are handled immediately; that adequate first aid kits and emergency medical supplies are available and perpetually inventoried; and that facilities provide for on-site emergency first aid, CPR, and crisis intervention.
2. Each facility shall provide emergency medical care within the available resources to all employees, visitors, offenders, and other persons on facility property. Incidents resulting in mass injuries may require implementation of facility emergency plans and the Incident Command System (see Operating Procedure 075.1, *Emergency Operations Plan*)
3. Staff members are expected to take appropriate and immediate action when called upon in medical

- emergencies, providing care within the scope of their training.
4. Staff training for medical emergencies is established by recognized health authorities (American Heart Association), and presented in accordance with Department of Criminal Justice Services and DOC requirements to cover: (4-ACRS-4C-04)
 - a. Health care staff shall be certified in CPR with certification documentation and training logs maintained in the Medical Department.
 - b. All health care staff in the facility are trained in the implementation of the facility's emergency plans. Health care staff are included in facility emergency drills, as applicable. (4-4388)
 - c. Other staff should be trained in CPR, first aid, and use of the automatic external defibrillator (AED) to include:
 - i. Signs, symptoms, and action required in potential medical emergencies
 - ii. Methods of obtaining assistance
 - iii. Signs and symptoms of mental illness, retardation, and chemical dependency
 - iv. Procedures for patient transfers to appropriate medical facilities or health-care providers
 - d. Locations of first aid kits, AED's, and other emergency medical equipment should be communicated to all staff.
 5. Designated correctional and all health care staff are trained to respond to health-related situations within a four-minute response time. The training program is conducted on an annual basis and is established by the responsible health authority in cooperation with the facility or program administrator and includes instruction on the following: (4-4389)
 - a. Recognition of signs and symptoms, and knowledge of action required in potential emergency situations
 - b. Administration of basic first aid
 - c. Certification in cardiopulmonary resuscitation (CPR) in accordance with the recommendations of the certifying health organization
 - d. Methods of obtaining assistance
 - e. Signs and symptoms of mental illness, violent behavior, and acute chemical intoxication and withdrawal
 - f. Procedures for patient transfers to appropriate medical facilities or health care providers
 - g. Suicide intervention
 6. Each facility will have a written plan for 24-hour medical, dental, and mental health services availability. (4-4351, 4-ACRS-4C-03)
 - a. On-site emergency first aid and crisis intervention
 - b. Emergency evacuation of the offender from the facility
 - c. Use of emergency medical vehicle or use of local rescue squad
 - d. Use of one or more designated hospital emergency rooms or other appropriate health facilities
 - e. Emergency on-call or available 24 hours per day, physician, dentist, and mental health professional services when the emergency health facility is not located in a nearby community
 - f. Security procedures providing immediate transfer of the offender when appropriate
 7. All members of the staff should be familiar with the procedures for obtaining emergency care. The names, addresses, and telephone numbers of people to be notified and services (such as ambulance and hospital) to be used should be readily accessible to all appropriate personnel.
 8. General guidance for response to medical emergencies and referral of patients for emergency care:
 - a. Any employee at the scene will notify the Medical Department by radio or telephone providing the location and nature of the emergency. No names or specific information should be broadcast by radio.

- b. If needed, staff members at the scene should provide care within the scope of their training.
 - c. Health Care staff will decide whether the patient is to report to the Medical Department or if health care staff should respond to the location of the emergency.
 - d. Security on the scene should clear all offenders from the area.
 - e. The responding nurse will evaluate the problem and administer treatment as indicated.
 - f. No offender should be arbitrarily transferred if the referring facility has the means to provide adequate care of the problem. No offender shall be transferred unless directed by the Medical Authority/designee.
 - g. See the *Sexual Abuse/Assault Response* section of this operating procedure for information related to sexual assault victims.
 - h. If needed, essential lifesaving measures must be instituted and the patient shall be stabilized as much as possible before being transferred.
 - i. Emergency procedures should be provided that minimize aggravation of the condition when moving the patient i.e., splints, backboards, or any type of equipment required shall be used to minimize any aggravation of the condition.
 - j. If transported, the receiving facility will be notified in advance of transport by the nurse in charge at the institution or other knowledgeable facility staff.
 - k. The medical staff members or designee will make the decision regarding the need for emergency transfer and will notify the Shift Commander and/or Officer-in-Charge as to type of vehicle needed for transfer.
 - l. Facility Health Care staff shall document emergency care provided to offenders in the offender Health Record. Emergency medical care provided to or by other persons should be documented on *Internal Incident Reports*. Additional reporting may be required by Operating Procedure 038.1, *Reporting Serious or Unusual Incidents*.
9. Employee Emergency Medical Services
- a. Health Care staff should render treatment and assist all employees in first aid and emergency medical situations. Any documentation of treatment provided to an employee must be provided to the Human Resources Office for inclusion in the employee's medical record in accordance with Operating Procedure 057.2, *Employee Medical Records*. (Note: no duplicates shall be maintained in the medical unit) Additional reporting may be required by Operating Procedure 261.3, *Workers' Compensation*.
 - b. Employees should be directed to personal physicians for chronic and acute requested services that are not of an emergent nature. Other than in life-threatening situations, no employee should receive over-the-counter or prescription medication from the Medical Department except required immunizations.
 - c. In life-threatening situations, the employee shall be transported by the designated local rescue squad or ambulance service. The medical personnel shall notify the hospital emergency room of the employee's medical problem.
 - d. All employees shall immediately notify their supervisor of injuries received on the job. Employees suffering on the job injuries should be directed to Human Resources for follow-up. (see Operating Procedure 261.3, *Workers' Compensation*).
10. Each facility shall have arrangements for a transportation system that assures timely access to services that are only available outside the facility. Such a system needs to address the following issues: (see Operating Procedure 411.1, *Offender Transportation* and Operating Procedure 425.2, *Hospital Security*) (4-4349)
- a. Prioritization of medical need
 - b. Urgency (for example, an ambulance versus a standard transport)
 - c. Use of a medical escort to accompany security staff

- d. Transfer of medical information
 - e. The safe and timely transportation of offenders for medical, mental health, and dental clinic appointments, both inside and outside the correctional facility (for example, to the hospital, health care provider, or another correctional facility) is the joint responsibility of the facility administration and the Health Authority.
11. Each facility shall develop guidelines or have medical staff available for consultation on guidance for conditions that should be fulfilled in the transfer or referral of patients for outside emergency care.
 12. Crisis intervention will be provided on site by mental health staff. After normal working hours and at facilities without a Qualified Mental Health Professional (QMHP), see Operating Procedure 730.2 *Mental Health Services: Screening, Assessment, and Classification* for guidance to contact an on-call QMHP.
- C. Sexual Abuse/Assault Response (See Operating Procedure 038.3, *Prison Rape Elimination Act (PREA)*)
1. Access to emergency medical services
 - a. Offender victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment (see *Nursing Evaluation Tool - Sexual Assaults*). (§115.82[a], §115.282[a])
 - b. If no qualified medical and mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners. (§115.82[b], §115.282[b])
 - c. Offender victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. (§115.82[c], §115.282[c])
 - d. Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. (§115.82[d], §115.282[d])
 2. All health care providers shall be trained in appropriate response to allegations of sexual abuse and appropriate procedures to preserve relevant evidence. (§115.35[b], §115.235[b])
 3. At the initiation of services, medical and mental health practitioners shall be required to report sexual abuse to the Facility Unit Head or Administrative Duty Officer to assure separation of the victim from their assailant and the practitioner is required to inform offenders of the duty to report and the limitations of confidentiality. (4-4406, §115.61[c], §115.261[c])
 4. Health Services staff shall conduct an evaluation in accordance with *Nursing Evaluation Tool -Sexual Assault* and the guideline for *Management of Sexual Exposure* to determine the alleged victim's need for immediate medical treatment, taking precautions not to destroy potential evidence.
 5. If evidentiary or medically appropriate, victims of sexual assault are referred under appropriate security provisions to a community facility for treatment and gathering of evidence. (4-4406)
 - a. A history is taken by a health care professional who will conduct a forensic medical examination to document the extent of physical injury. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. There will be no financial cost to the offender for this examination. (§115.21[c], §115.221[c])
 - i. As requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals. (§115.21[e], §115.221[e]) A qualified DOC Mental Health/ counseling staff member or a qualified community-based staff

- member shall be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general. (§115.21[h], §115.221[h])
- ii. With the victim's consent, the examination includes the collection of evidence from the victim, using a method approved by the appropriate authority. A Physical Evidence Recovery Kit (PERK) is recommended. Although it is recommended that the PERK be used within 72 hours, it should be used beyond that time whenever there is a possibility of evidence remaining.
 - iii. If the offender alleging assault refuses to be examined, it shall be documented in the Health Record and the offender shall sign a [Health Services Consent to Treatment; Refusal](#) 720_F3.
 - iv. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The agency shall document its efforts to provide SAFEs or SANEs.
- b. Provision is made for testing of sexually transmitted diseases (for example, HIV, gonorrhea, hepatitis, and other diseases) and counseling, as appropriate.
 - c. Prophylactic treatment and follow-up for sexually transmitted diseases are offered to all victims, as appropriate.
 - d. Following the physical examination, there is availability of an evaluation by a mental health professional to assess the need for crisis intervention counseling and long-term follow-up.
6. Health Services staff shall:
- a. Document in the Health Record all communications with the victim, as well as all actions taken. Maintain complete and accurate treatment documentation for any sexual abuse or assault incidents.
 - b. Ensure that pre- and post-HIV and STD counseling has been completed
 - c. Ensure that the emergency room report and follow-up recommendations are reviewed by the facility's Medical Authority
 - d. Ensure that follow-up orders are relayed to any receiving facility
 - e. Provide continuity of care to the alleged victim upon their return to the DOC facility
7. Ongoing medical and mental health care for sexual abuse victims and abusers
- a. The facility shall offer medical and mental health evaluation and, as appropriate, treatment to all offenders who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. (§115.83[a], §115.283[a])
 - b. The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. (§115.83[b], §115.283[b])
 - c. The facility shall provide such victims with medical and mental health services consistent with the community level of care. (§115.83[c], §115.283[c])
 - d. Offender victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. (§115.83[d], §115.283[d])
 - e. If pregnancy results from the conduct described in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. (§115.83[e], §115.283[e])
 - f. Offender victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate. (§115.83[f], §115.283[f])
 - g. Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. (§115.83[g], §115.283[g])

V. REFERENCES

Medical Guidelines

Nursing Evaluation Tools

Operating Procedure 038.1, *Reporting Serious or Unusual Incidents*

Operating Procedure 038.3, *Prison Rape Elimination Act (PREA)*

Operating Procedure 057.2, *Employee Medical Records*

Operating Procedure 075.1, *Emergency Operations Plan*

Operating Procedure 261.3, *Workers' Compensation*

Operating Procedure 411.1, *Offender Transportation*

Operating Procedure 425.2, *Hospital Security*

Operating Procedure 730.2 *Mental Health Services: Screening, Assessment, and Classification*

VI. FORM CITATIONS

[Health Services Consent to Treatment; Refusal](#) 720_F3

VII. REVIEW DATE

The office of primary responsibility shall review this operating procedure annually and re-write it no later than three years from the effective date.

The office of primary responsibility reviewed this operating procedure in October 2017 and no changes are needed at this time.

Signature Copy on File

8/17/16

N. H. Scott, Deputy Director of Administration

Date