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		EMERGENCY MEDICAL CARE	

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SUMMARY of REVISION/REVIEW

Annual review completed with change of infirmaries and hospital to Skilled Nursing Facilities and change in definition of Mock Code. Updated references to AR 115.13.

APPROVED:



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PURPOSE

To ensure 24 hour emergency medical, dental and mental health care is available to inmates.

GENERAL

It is the policy of the Nebraska Department of Correctional Services (NDCS) to provide twenty-four hour emergency medical, dental and mental health care according to a written plan (as defined by institutional Operational Memoranda). This policy applies to all institutions/programs.

Correctional and other personnel are trained to respond to health-related situations within a four-minute response time. The training program is established by the responsible institutional health care coordinator in cooperation with the Warden/Program Administrator and shall include the following:

- I. Recognition of signs and symptoms, and knowledge of action required in potential emergency situations.
- II. Administration of basic first aid and Cardiopulmonary resuscitation (re-certification is every two years and must be current for designated personnel).
- III. Methods of obtaining assistance.
- IV. Signs and symptoms of mental illness, retardation, violent behavior, and chemical dependency, intoxication and withdrawal.
- V. Procedures for patient transfers to appropriate medical facilities or health care providers.
- VI. Suicide intervention

DEFINITIONS

ACLS: Advanced Cardiac Life Support

BLS: Basic Life Support (i.e., Adult Cardiopulmonary Resuscitation).

CPR: Cardiopulmonary resuscitation.

AED: Automated External Defibrillator.

Emergency Health Care: Care for an acute illness or unexpected health need that cannot be deferred until the next scheduled sick call or clinic.

Local Emergency Medical Services (EMS): Community emergency response services such as 911 or private ambulance services.

Mock Code: The scenario will be decided by the Institutional Health Care Coordinator /or designee and the Facility Emergency Specialist.

Institutional Health Care Coordinator: An individual, who may or may not be a physician, designated to ensure the provision of appropriate health care for offenders. When this authority is not a physician, medical judgements rest with a physician assistant/nurse practitioner, nurse or first responder

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ABC: Airway, Breathing, Circulation

Triage: Screening of patients to determine priority for treatment

PROCEDURES

I. EMERGENCY CARE PLAN

Each institution provides for 24 hour emergency medical, dental and mental health care availability as outlined in a written plan (as defined by institutional Operational Memoranda). The plan includes arrangements for the following:

- A. On-site emergency first aid and crisis intervention.
- B. Emergency evacuation of the inmate from the facility.
- C. Use of an emergency medical vehicle.
- D. Use of one or more hospital emergency rooms or other appropriate health facilities.
- E. Emergency on-call physician, dentist and mental health professional services when the emergency health facility is not located in a nearby community.
- F. Security procedures providing for the immediate transfer of inmates when appropriate.

II. MEDICAL EMERGENCY RESPONSE.

- A. During a medical emergency, the Shift Supervisor will be responsible for consulting with Medical Staff to determine the best course of action for response (i.e.; medical to report to the scene or transportation of patient to the medical area). The shift supervisor will follow the directions of the medical staff.
- B. The responsible Institutional Health Care Coordinator / designee in each facility will develop written procedures (Operational Memorandums) for management of all unscheduled medical visits and emergencies. The procedures will address the following areas:
 1. Initial response of correctional personnel to an emergency medical situation including the use of first aid, and CPR, when indicated, and the immediate notification of health care personnel.
 2. The availability of on call providers when health care personnel (including dental) are not present in the facility, including the development of an on-call schedule with names, telephone and pager numbers of providers to be notified in case of emergency.
 3. Location and use of emergency equipment, the crash cart and portable crash bag.
 4. The use and location of ACLS protocols for facilities with ACLS capability.

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5. Emergency evacuation of an inmate, correctional employee, or visitor from within the facility when required.
6. Use of an emergency vehicle (including 911 or other local EMS utilized by the facility).
7. Use of one or more hospital emergency departments or other appropriate facilities, including the telephone number of a Poison Control Center.
8. Procedures to be followed in the event of an inmate death. See Administrative Regulation (AR) 115.13, *Hunger Strikes, Serious Illness or Injury, Advanced Directives and Death*.

- C. The responsible Institutional Health Care Coordinator / designee will be involved in and is responsible for the medical aspects of the facility's emergency response plan and associated emergency drills, in accordance with AR 203.02, *Emergency Preparedness*.

III. TRAINING FOR MEDICAL EMERGENCIES.

A. Health Care Personnel

1. All health care personnel will receive training regarding emergency response during orientation to the facility. Training will include all aspects of the facility's emergency procedures. Training records will be maintained electronically by the Employee Development Center. Each employee is responsible for the entry into the Employee Development Center.
2. All health care providers will be required to complete an On-the-Job Training Record of basic medical emergency information specific to the facility, prior to assuming unsupervised duties at that facility.
3. All health care providers will be certified in Basic Life Support (BLS) and the use of the AED. They will be certified every two years. Designated personnel will maintain documentation of re-certification.
4. It is preferred that the Physicians, Physician Assistants and Nurse Practitioners at all facilities providing 24 hour health care/on-site licensed Skilled Nursing Facilities will be certified in Advanced Cardiac Life Support (ACLS). Registered Nurses are encouraged to receive similar training.

B. Correctional Personnel

1. All department staff will receive training in universal precautions, CPR and First Aid as part of Pre-Service Training at the Staff Training Academy.
 - a. All staff must maintain current certification in CPR and First Aid.
 - b. During in-service training, all staff will be re-certified every two years in CPR, First Aid, and in use of the AED.

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2. All department staff will receive training during pre-service regarding emergency preparedness procedures. Designated staff will receive training regarding local operating procedures for emergency preparedness procedures during the on the job training portion of pre-service training. This training will also include notification of health care personnel and the facility chain of command in the event of an emergency, accessing local emergency services, and other associated duties such as accurate documentation of emergency events and response.
3. All department staff will receive training during pre-service training regarding the location and contents of first aid kits.
4. The designated institutional Emergency Specialist will advise the Warden/Program Administrator and Institutional Health Care Coordinator regarding emergency response procedures as indicated.

C. Each institution shall have a medical representative act as part of the Institutional Emergency Preparedness Team. They shall assist in: developing emergency exercises, conducting and reviewing exercises, and evaluation of institutional emergency needs. They will also be involved in after-action review of actual emergency situations.

IV. EMERGENCY EQUIPMENT

Emergency equipment and supplies will be maintained in accordance with institutional procedures.

- A. Medical response bags are available in designated areas of the facility, based on need. The contents, number, location and procedure for periodic inspection of the bags shall be the responsibility of the Institutional Health Care Coordinator / designee. An AED shall be available for use within each facility.
- B. First Aid kits shall be available in designated areas of the facility, based upon need. The Institutional Health Care Coordinator and the Warden shall approve the location of First Aid kits.
 1. The process for monthly inspections of First Aid kits shall be defined by each facility.
 2. The procedures for re-supplying First Aid kits, following use, shall be defined by each facility.
 3. At a minimum, there shall be one First Aid kit located within each independent building.
 4. Floor plans shall identify the location of First Aid kits.

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5. Each First Aid kit shall contain the following:

Sterile 4x4	4
Adhesive Bandages, 1" x 3" (Band Aids)	1Box
Adhesive Tape,	1Roll
CPR Mask	1
Medical Exam Gloves	2 pair
Sterile Telfa Pads	4

V. HEALTH CARE PERSONNEL RESPONSE TO EMERGENCY SITUATIONS.

A. Medical Emergencies Occurring in the Skilled Nursing Facility/Clinic Areas

1. When a medical emergency occurs in the Skilled Nursing Facility /clinic area, health care personnel will provide immediate BLS measures. (e.g., CPR, AED) at all facilities. If ACLS certified personnel are present, they will implement ACLS protocols, as clinically indicated by order of a physician. Resuscitation efforts will be documented in the medical file. The Institutional Health Care Coordinator/designee and local EMS will be notified as appropriate. Medical personnel will notify the institutional Control Center. The Control Center staff will notify 911, if appropriate, and the shift supervisor.
2. If at all possible, the precise timing of vital signs, medications and treatments administered during the emergency will be recorded by a member of the health care team during the emergency and entered into the medical chart on the progress note, If this is not possible, documentation will be completed on the progress note after the emergency has been resolved.
3. If a medical emergency results in transport of the inmate to a local hospital, the health care file is not to accompany the inmate. A Community Wide Transfer Form will be completed with pertinent medical history and sent with the inmate to the emergency room. If the inmate is admitted to the hospital, immediate family will be notified. If an inmate is transported to a community hospital after normal business hours due to a life-threatening incident or for childbirth, the shift supervisor or designee will notify the Emergency Contact and will inform them which hospital the inmate is being transported to. This will occur in all cases when staff is available to complete the call.
4. Medical emergencies occurring in the Skilled Nursing Facility /clinic area will be recorded in the appropriate nurse's/officer's log.
5. Any inmate requiring resuscitation (e.g., CPR, or assisted ventilation) will be transported to a local hospital for stabilization.

B. Medical Emergencies Occurring Outside the Skilled Nursing Facility /Clinic Area

1. When a medical emergency occurs outside of the Skilled Nursing Facility /clinic unit, the responding staff will immediately notify the Control Center. The Control Center will then notify health care personnel.

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2. The first responder will provide immediate first aid measures within four minutes. If staffing permits, health care personnel will respond immediately with appropriate equipment.
3. Health care personnel responding to the emergency scene will bring the medical response bag that includes a portable oxygen tank and the AED. If staffing does not permit health care personnel to respond to the emergency scene, staff will be responsible for ensuring the response bag is delivered to the scene.
4. If possible, the inmate will be stabilized for transport to the medical unit. If this is not possible, the responding personnel will continue resuscitative efforts until EMS arrives on the scene.
5. If at all possible, the precise timing of vital signs, and treatments administered during the emergency will be recorded in the medical file. If this is not possible, documentation will be completed as soon as practical, after the emergency has been resolved.
6. If a medical emergency results in transport of the inmate to a local hospital, the health care file is not to accompany the patient to the hospital. A community wide transfer form will be completed with pertinent medical history and sent with the inmate to the emergency room. If the inmate is admitted to the hospital, immediate family will be notified. If an inmate is transported to a community hospital after normal business hours due to a life-threatening incident or for childbirth, the shift supervisor or designee will notify the Emergency Contact and will inform them which hospital the inmate is being transported to. This will occur in all cases when staffs are available to complete the call.

VI. EMERGENCY TRIAGE

In the event an emergency occurs at an institution, Medical staff must be prepared to respond to mass casualties. In the event of such an incident, medical staff will adhere to the following triage protocol.

- A. The first medical staff at the scene will be designated the Triage officer. This person will go from patient to patient and conduct the initial assessment and determine who goes first for medical treatment.
- B. During this brief "Triage Process" the medical staff is categorizing the patient (s) and instructing patients on self-aid when appropriate.
- C. The Triage officer will quickly instruct staff (medical and non-medical) and they will render immediate first aid.
- D. Medical staff will continuously evaluate the A, B, C's of each patient.

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E. Medical staff conducting the initial assessment will divide the casualties in to the following Triage categories:

1. Deceased
2. EMERGENT – critical life threatening (save life, limb or eyesight)
3. URGENT – Serious non-life threatening (less risk with delay in treatment)
4. NON-URGENT – lowest priority (minimal risk and may provide self treatment)

F. As soon as an initial assessment is made a report to the Commander of the emergency will be made indicating the number of casualties according to the triage categories. Medical Staff will also request additional staff to assist in the first aid, if necessary, and transportation of patients.

VII. MENTAL HEALTH EMERGENCIES

Mental Health Emergencies can often be indicated as medical emergencies. Refer to ARs 116.02, *Use of Force*, 116.06, *Use of Restraints*, 115.30, *Suicide Prevention/Intervention* and 115.23, *Mental Health Services*.

VIII. DOCUMENTATION OF EMERGENCY EVENTS

Facility Operational Memorandum shall specify the procedures for documentation and review of all medical and other emergency events.

IX. MEDICAL FOLLOW - UP OF EMERGENCY EVENTS

The on-call medical duty officer will advise the responsible Institutional Health Care Coordinator regarding the transportation of an inmate to any local hospital for any medical emergency. When the inmate returns to the facility, he/she will be evaluated upon arrival by nursing staff and scheduled for follow-up appointment with a medical provider. The follow-up encounter will be documented on a progress note in the health care record.

REFERENCE

I. ADMINISTRATIVE REGULATIONS

- 115.13, *Hunger Strikes, Serious Illness or Injury, Advanced Directives and Death*
- 115.23, *Mental Health Services*
- 115.30, *Suicide Prevention/Intervention*
- 116.02, *Use of Force*
- 116.06, *Use of Restraints*
- 203.02, *Emergency Preparedness*

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II. ATTACHMENTS

- A. Community Wide Transfer DCS-A-med-045

III. AMERICAN CORRECTIONAL ASSOCIATION (ACA) STANDARDS

- A. Standards for Adult Correctional Institutions (ACI) (4th edition) 4-4351, 4-4389, 4-4390
- B. Performance Based Standards for Adult Community Residential Services (ACRS) (4th edition): 4-ACRS-4C-02, 4-ACRS-4C04 and 4-ACRS-4C05.