

STATE OF OHIO



DEPARTMENT OF REHABILITATION  
AND CORRECTION

SUBJECT:	PAGE <u>1</u> OF <u>6</u> .
<b>Emergency Services</b>	NUMBER: 68-MED-20
RULE/CODE REFERENCE:	SUPERSEDES: 68-MED-20 dated 06/24/13
RELATED ACA STANDARDS: 4-4351M; 4-4383; 4-4389M; 4-4390 1-HC-1A-08M; 1-HC-2A-14M; 1-HC-2A-15	EFFECTIVE DATE: January 6, 2015

**I. AUTHORITY**

This policy is issued in compliance with Ohio Revised Code 5120.01 which delegates to the Director of the Department of Rehabilitation and Correction the authority to manage and direct the total operations of the Department and to establish such rules and regulations as the Director prescribes.

**II. PURPOSE**

The purpose of this policy is to provide procedural guidelines for the delivery of emergency services within the Department of Rehabilitation and Correction (DRC) and to provide for emergency response training and emergency preparedness.

**III. APPLICABILITY**

This policy applies to all persons employed by or contracted with the Department of Rehabilitation and Correction and specifically to those persons who must respond to medical, mental health, and dental emergencies.

**IV. DEFINITIONS**

**Medical Emergency** - Serious life threatening or disabling condition(s) manifested by severe symptoms that would result in serious physical impairment or loss of life if not treated immediately.

**V. POLICY**

It is the policy of the Ohio Department of Rehabilitation and Correction that all DRC facilities shall provide for the availability of 24-hour medical, mental health, and dental services and shall ensure that correctional and health care personnel are trained to respond to health-related emergency situations.

## **VI. PROCEDURES**

### **A. Emergency Services Plan**

1. Each institution shall have adequate staff, space, equipment, and supplies to provide emergency medical care 24 hours per day. Each institution shall have a procedure for notifying medical personnel of a medical emergency situation. All components of the clinical evaluation relevant to the offender complaint will be documented and communicated to the institutional physician.
2. Emergent care shall be provided at local hospital emergency service departments as designated by Medical Protocol B-8, Guidelines for Assessment and Processing of Medical Emergencies. All hospitals utilized shall be properly licensed in the State of Ohio.
3. Each facility shall develop a written plan that addresses 24-hour emergency medical, dental, and mental health response to include the following:
  - a. On-site emergency first aid, crisis intervention, and cardiopulmonary resuscitation (CPR);
  - b. Emergency evacuation of the inmates from the facility;
  - c. Use of an emergency medical vehicle;
  - d. Use of one or more designated hospital emergency rooms or appropriate health facilities;
  - e. Emergency on-call or available 24-hours per day physician, dentist, or mental health professionals, when the emergency health facility is not located in a nearby community; and
  - f. Security procedures providing for immediate transfer of offenders when deemed necessary.

### **B. Emergency Response**

1. Resuscitation Procedures
  - a. In the event of a medical emergency all medical staff, all direct care, and custody staff is expected to perform cardiopulmonary resuscitation when necessary and if feasible.
    - i. Upon arrival of adequate medical staff, direct care and custody staff shall be relieved of CPR.
    - ii. Direct care and custody staff may elect to continue CPR after the arrival of adequate medical staff with medical staff consent.



- i. While waiting for an outside emergency medical response, institutional medical staff shall provide initial emergency evaluation and/or treatment, if such treatment is possible at the institution.
- ii. As soon as the outside emergency medical personnel arrive to assess the acutely ill or injured employee, visitor, or other person, institutional medical staff shall defer to the recommendation of the outside medical personnel as to whether the individual should be referred to an acute care facility or to his/her personal physician.

5. Emergency Equipment

- a. First aid kits shall be available to allow on-scene staff to provide temporary care during a medical emergency until the arrival of medical staff.
  - i. Inmates with minor injuries may be referred to Offender Health Services for any necessary medical care.
  - ii. The Health Care Administrator and Chief Medical Officer shall approve the content, number, location, procedures for monthly inspection of the kits, and develops written procedures for the use of the kits by non-medical staff.
  - iii. First aid kits shall be located in all regular and segregated housing units, all work areas, all recreation areas, transport vehicles and in other locations deemed appropriate by the institution Health and Safety Officer, and as approved by the Chief Medical Officer and the Health Care Administrator.
- b. Staff ~~are~~ **is** advised that first aid kits are available to allow staff to provide temporary care during a medical emergency until the arrival of medical staff. A label detailing the contents of the first aid kit shall be fixed to the outside of the kit and shall include:
  - i. CPR mask;
  - ii. Latex gloves;
  - iii. Biohazard bag; and
  - iv. Pressure bandages/dressing.
- c. Procedures for use of the first aid kit contents:
  - i. CPR Mask
    - 1) Remove the CPR mask and air valve (if separated) from container. Expand it by pushing up on the plastic so that it pops out into an oval shape with the hole positioned on the top of the mask.
    - 2) Attach the air valve to the hole on the mask.
    - 3) Position the mask over the injured person's face by putting the narrow part over the nose, with the broader section over the chin.
    - 4) Create an airtight seal on the mask by placing your hands over the sides and pressing it gently.
    - 5) Tilt the injured person's head back to remove the tongue from the airway path and position your mouth over the valve and breathe into it.

- ii. Latex Gloves
    - 1) Gloves fit on either hand.
    - 2) When removing gloves, pinch a portion of the glove that covers the inside of your right hand wrist. Pull the glove off the right hand and ball it up into your left hand. Insert two fingers from your right hand into the left hand glove cuff and pull the glove off the left hand.
  - iii. Biohazard Bags
    - 1) Visibly bloody materials must be disposed of in a biohazard bag.
  - iv. Pressure Bandages/Dressing
    - 1) Place bandage/dressing over the injured area.
    - 2) Apply direct pressure with your hand over the injury to stop the bleeding.
  - d. The first aid kits shall be maintained in a secure location. The contents are designated for emergency use only. The first aid kits shall be closed with a tear-away seal. If this seal is broken and contents are removed, an Incident Report (DRC1000) noting the items removed and the reason for the removal shall be sent to the Safety and Health Coordinator for re-stocking and re-sealing of the first aid kit.
  - e. The institution Health and Safety Officer is responsible for making and documenting monthly inspections of first aid kits and for reporting the outcomes of these inspections to the Health Care Administrator.
  - f. An Automated External Defibrillator (AED) shall be available for use at each institution.
  - g. Each institution medical area shall maintain emergency response supplies and equipment that are immediately available to be taken to all medical emergencies. The nursing staff will check all emergency response equipment daily for availability and proper functioning.
  - h. Biohazard bags shall not be filled until the area has been cleared by the shift commander/designee following the appropriate security investigation.
  - i. Each institution shall develop an institution specific process for providing bandaids that may be used for minor injuries in inmate housing areas. A supply of bandaids will also be made available to transportation officers to be used for minor injuries.
6. Notification of Next of Kin
- a. Information shall be gathered from each offender that designates persons that are to be notified in case of serious illness, serious injury, or death at all of the Department's reception centers and shall be updated annually by each institution as outlined in Department Policy 66-ILL-03, Notification of Next of Kin.
  - b. The Managing Officer's Office/designee shall notify the next of kin in all cases involving an inmate death as outlined in Department Policy 66-ILL-02, Inmate Deaths.

**C. Emergency Training**

1. Correctional and health care staff shall be trained to respond to health related situations within a four-minute response time. The training program shall be conducted annually and shall be developed cooperatively between the health authority and the program administrator and shall include instruction on the following:
  - a. Recognition of the signs and symptoms of emergency situations and action that is required;
  - b. Administration of basic first aid;
  - c. Certification in cardiopulmonary resuscitation;
  - 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; and
  - g. Suicide prevention.
2. Cardiopulmonary Resuscitation Training (**CPR**)
  - a. As detailed in medical protocol B-32, CPR Standards for Health Care Staff, designated health care staff shall be actively certified in health care provider CPR.
  - b. All custody staff shall be actively certified in basic community provider life support.
    - i. CPR training shall be required once every 2 years.
    - ii. The training officer and institution personnel department shall document all CPR certification for security officers.
3. The institution dental director shall provide annual training to medical staff on triaging dental emergencies as detailed in Medical Protocol F-1, Training for Medical Staff in Dental Screening / Dental Emergency Training.

**D. Emergency Preparedness**

1. In the event of a man-made or natural disaster, provisions of medical services shall be coordinated with the security response procedures. Each institution shall develop an institution specific disaster plan, which must be submitted to the Bureau of Medical Services for approval. The provision of medical services in the disaster plan shall include:
  - a. Notification of appropriate medical personnel;
  - b. Predetermination of the sites for care;
  - c. Procedures for triage;
  - d. Ambulance service;
  - e. Hospital designation(s);
  - f. Evacuation plans; and
  - g. Specific roles of medical personnel.

2. All health care staff who delivers health care in the facility shall be trained in the implementation of the facility's emergency plans. Health care staff shall be included in facility emergency drills whenever indicated.

**Related Department Forms**

Incident Report

DRC1000

Emergency Department Trip Log

DRC5277