

EXHIBIT 2

I. Vendors Engaged by the Receiver During this Reporting Period Relating to Services to Assist the Receivership in the Development and Delivery of Constitutional Medical Care Within the California Department of Corrections and Rehabilitation (“CDCR”) and its Prisons

During the last reporting period, the Receiver has engaged the following vendors relating to services to assist the Office of the Receiver in the development and delivery of constitutional care within CDCR and its prisons:¹

A. Establishing Medical Support Infrastructure

1. Clinical Data Warehouse

The Receiver issued an RFP, using the Expedited Formal Bid process, seeking software and software integration services for a clinical data repository. Proposals were received from 3M Healthcare, Accenture, Allscripts, Axolotl, Business Computer Applications, Blue Wolf Group, CentriHealth, Cerner, eClinicalWorks, Eclipsys, Emergis, IBM, Marquis, McKesson, Medcity, MedPlus, Microsoft, NextGen, Siemens and Sun Microsystems. All firms except Business Computer Applications, Blue Wolf Group, CentriHealth, Cerner, eClinicalWorks, Eclipsys and MedPlus were notified directly of the RFP. IBM was selected as the software integrator and will be implementing software applications provided by Oracle, Orion and Initiate.

2. IT Technical and Operational Infrastructure, Pharmacy & the Strategic Offender Management System (SOMS)

The Receiver solicited proposals, using the Urgent Informal Bid process, seeking outside counsel to represent the Receiver in complex IT transactions, including transactions related to SOMS and the automation of the planned central fill pharmacy. The Urgent Informal Bid process was used because retaining such counsel is essential to the critical path of the Receiver’s efforts to purchase, among other systems, SOMS and the automation equipment and software for the planned central fill pharmacy, and the additional delay that would result from using the Formal Expedited Bid process would interfere with the procurement of these systems in a timely manner. Proposals were Received from Thelen Reid Brown Raysman & Steiner, Orrick Herrington & Sutcliffe, and Cooley Godward Kronish. Thelen Reid was selected.

B. Building Health Care and Health Care-Related Facilities

¹ For the sake of brevity, vendor subcontracts are not listed herein. Information about subcontracts, however, can be provided to the Court upon request.

1. San Quentin

The Receiver solicited bids, using the Expedited Formal bid process, for construction of sick call units, East/West Rotundas, at San Quentin. Bids were received from Purdy Builders, GCCI, Jeff Luchetti Construction and BBI Construction. All the above firms were contacted directly about the request for bids. BBI Construction was awarded the contract.

The Receiver solicited bids, using the Expedited Formal bid process, for the construction of the Personnel Building at San Quentin. Bids were received from Purdy Builders, Rodan Builders, Riverview Construction, Jeff Luchetti Construction, Sonoma County Builders, Kenridge Builders, KCK Builders and GCCI. All the above firms were contacted directly about the request for bids. Purdy Builders was awarded the contract.

The Receiver solicited proposals, using the Expedited Formal bid process, for building commissioning services. Proposals were received from Enovity, Engineering Economics, EYP Mission Critical Facilities, Sherrill Engineering, TestMarc Associates, WCS, Horizon Engineering, Glumac and Facility Dynamics. All the above firms were contacted directly about the request for proposals. Enovity was selected.

2. Avenal

The Receiver solicited proposals, using the Expedited Formal bid process, for civil engineering and surveying services at Avenal. Proposals were received from Psomas, CEI Engineering Associates, MNS Engineers, RRM Design Group, North Star Engineering Group, Civ-Tek, REY Engineers, Wood Rodgers, Rick Engineering Company, Wallace Group, Mid-Valley Engineering, Blair Church & Flynn, and Khatri International. Mid-Valley Engineering was selected.

The Receiver solicited proposals, using the Expedited Formal bid, process for geological and geotechnical hazards and reporting services at Avenal. Proposals were received from Earth Systems Pacific, Krazan & Associates, Geocon Inland Empire, Buena Geotechnical Services, TGR Geotechnical Services, Neil O. Anderson & Associates, Berlogar Geotechnical Consulting, Eberhart/United Consultants, CGI Technical Services, Converse Consultants and Steven Ferrone & Bailey. Neil O. Anderson and Associates was selected.

Purchase orders were issued for the goods and services listed below using the Urgent Informal bid process. The Urgent Informal bid process was used because all the orders below were less than \$75,000. Ramps for emergency clinic trailers were purchased from TMP Services; bids were also received from American Custom Coach and Discount Ramps. Emergency clinic trailer set-up services were purchased from Pacific Mobile Modular; bids were also received from Design Space and Mod Space. Trailer sewage bladders were purchased from Potter's Porta Potties; bids were also obtained from Knight's Pumping and Portable Services. Fencing for clinic trailers was purchased from Champi Fencing; bids were also received from Rebel Fence and Fence

Masters. A temporary administration trailer was leased from Pacific Mobile Modular; bids were also obtained from Design Space and Mod Space. A construction trailer was leased from Pacific Mobile Modular; bids were also obtained from Design Space and Mod Space. Electrical services for the administration trailer were purchased from DJ's Electrical; bids were also received from A-C Electric and G&H Electrical Construction. Plumbing services for the administration trailer were purchased from Arquette Excavation; bids were also received from Horizon Plumbing and A&B Plumbing. Electrical services for the construction trailer were purchased from DJ's Electrical; bids were also received from A-C Electric and G&H Electrical Construction. Plumbing services for the construction trailer were purchased from Arquette Excavation; bids were also received from Matriscope Engineering and Smith Emery Associates.

II. Vendors Engaged by the Receiver During the Last Reporting Period for Goods or Services to Assist the Operation of the Receiver's Non-Profit Corporation, the California Prison Health Care Receivership Corporation

During the last reporting period, the Office of the Receiver has engaged the following vendors to assist in the operation of the California Prison Health Care Receivership Corporation: Comstock Johnson Architects (minor leasehold improvements); Regus Business Center (office space), United Corporate Furnishings (workstation relocation), Willis Brothers Electric (electrical upgrades) and Paskerian Block & Martindale LLP (legal services).

EXHIBIT 3

Reception Center Flow Plan
April 18, 2008

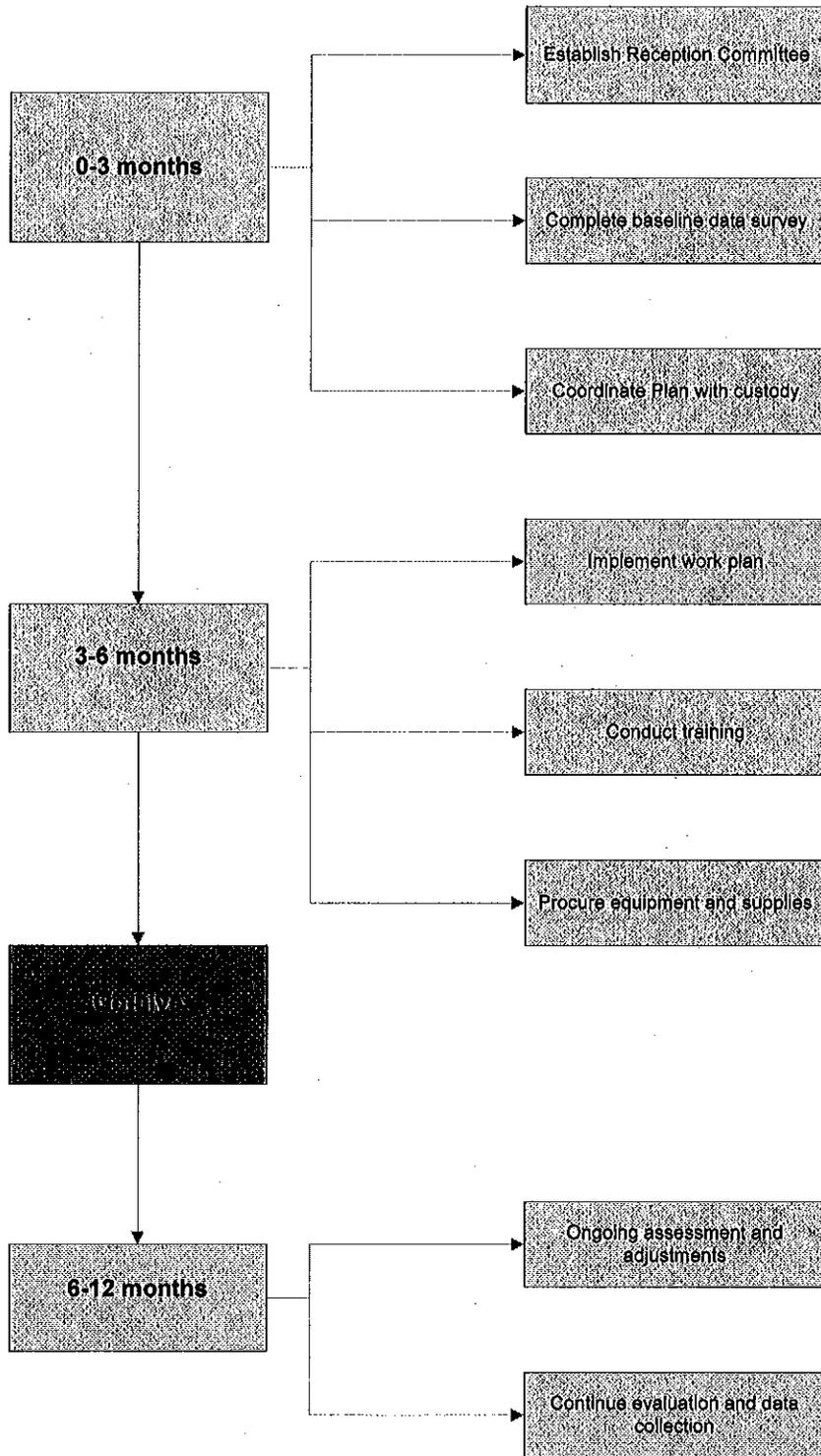


EXHIBIT 4

UNIT	Date, Week, or Shift	DR. Line	NP-PA	RN Line	BP, Injs, Dressing	Dental	Specialty Clinic	Physical Therapy	Mental Health	Optometry	Lab	Radiology (X-Ray)	MRI/CT scan trailer	Triage	Total Ducated (unit)	Total Seen (unit)	Total Refused (unit)	Total Not Seen (unit)
Adjustment Center				13	1	4	4		26	1	4	1			54	50	4	
Alpine		32	28	6	24	22	13	1	112	8	21	8	1	43	319	285	24	10
Badger		9	15	35	30	47	4		81	3	35	17	1	53	330	303	3	24
Carson		13	9	13	9	7	6		234	1	11	2	1	22	328	297	24	7
Donner		16	15	25	19	37	4		76	2	33	6		44	277	264	4	9
East Block		74		32	62	31	29	11	110	6	31	5	4		395	317	59	19
Gynasium		22	12	40	25	10	2		31	3	15	2			162	138		24
H-Unit		74	42	95	49	70	30	4	71	11	34	5	4		489	443	13	33
Hospital Inmates		2	1	2	3	5		1	141	1	2	1		1	160	159		1
North Block		81		51	31	19	37	9	34	17	36	7	5		327	305	21	1
North Seg		14		1		3	4	2		3	1	1			29	29		
West Block		81	53	103	80	96	6		75	6	78	23			601	564	7	30
TOTAL DUCATED		418	175	416	333	351	139	28	991	62	301	78	16	163	327			
Total Seen		384	137	373	311	296	127	24	902	61	297	78	15	143	3154			
Total Refused		18	6	11	18	12	10	1	79	1	3		4				159	
Total Not Seen		16	32	32	4	43	2	3	10	1	1	1	16					###

COMMENTS:

EXHIBIT 5

CALIFORNIA PRISON HEALTH CARE SERVICES INMATE MEDICAL SERVICES VOLUME IV	
<input checked="" type="checkbox"/> Policy <input type="checkbox"/> Procedure <input type="checkbox"/> Attachment	
Title: Emergency Medical Response System	Policy #: Chapter 12-A
	Effective Date:
	Last Review Date:
	Revision Date:
Approval Date:	
This policy applies to the following client population(s):	
(X) Adult (16-65 yrs) (X) Geriatric (65 yrs+)	

I. POLICY

The California Department of Corrections and Rehabilitation (CDCR) shall ensure that medically necessary emergency response, treatment, and medical transportation is available, and provided twenty-four-hours-per-day to inmates, employees, contract staff, volunteers, and visitors.

- A. It is the responsibility of the California Prison Health Care Services (CPHCS) to plan, implement, and evaluate the Emergency Medical Response System.
- B. Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS) treatment will be provided consistent with the American Heart Association Guidelines for Cardiopulmonary Resuscitation (CPR) and Emergency Cardiovascular Care (ECC) and standards of the California Emergency Medical Services Authority (EMSA), and according to each individual's training, certification, and authorized scope of practice.
- C. The CDCR adopts the California EMSA System Standards and Guidelines definition and recommended guidelines for first-responder response times. CDCR staff or contractors will perform the functions of First Aid, BLS, and ACLS, and response times will meet the EMSA-recommended guidelines for metropolitan/urban areas.
- D. "Response Time" is defined as the time interval starting at the placement of the first call for an emergency medical response and ending with the arrival of treating personnel at the scene of the incident.
- E. For 90 percent of emergency responses:
 - a. The response time for BLS and CPR-capable personnel shall not exceed four (4) minutes.
 - b. The response time for ACLS-capable health care personnel shall not exceed eight (8) minutes.

II. PURPOSE

The purpose of this policy is to standardize: 1) the structure and organization of the CDCR Emergency Medical Response System, 2) facilities, equipment, and personnel

certification and training, 3) procedures for emergency response, and 4) mechanisms for documentation, data management, medical oversight, and quality improvement activities.

III. DEFINITIONS

- A. **Clinical Staff:** Physicians, Registered Nurses (RNs), Physician Assistants (PAs), Nurse Practitioners, Licensed Vocational Nurses (LVNs), Certified Nursing Assistants (CNAs), Psychiatric Technicians (PTs), and Dentists.
- B. **Ancillary Health Care Staff:** Respiratory Therapists, Physical Therapists, Radiology, and Laboratory.
- C. **Mental Health Staff:** Psychiatrists, Psychologists, Licensed Clinical Social Workers
- D. **First Aid:** Emergency care administered to an injured or sick patient before health care staff is available.
- E. **Basic Life Support (BLS):** Emergency care performed to sustain life that include cardiopulmonary resuscitation, automated external defibrillation, control of bleeding, treatment of shock, and stabilization of injuries and wounds.
- F. **Advanced Cardiac Life Support (ACLS):** Emergency care consisting of basic life support procedures and definitive therapy including the use of invasive procedures, medications and manual defibrillation.
- G. **Emergency Medical Services (EMS):** The community response system organized by the local EMS Agency pursuant to Health and Safety Code Division 2.5.
- H. **CDCR Emergency Medical Response System (EMRS):** The organized pattern of readiness and response services within the CDCR as set forth in this policy.

IV. GENERAL REQUIREMENTS

A. System Organization and Management

- 1. Wardens and Chief Medical Officers (CMO) are responsible for cooperatively developing and maintaining the institution's capacity to respond to medical emergencies as specified in this Policy.
- 2. Responsibilities of Wardens and CMO are to ensure that:
 - a. Triage and Treatment Areas (TTA) and all clinical areas are properly staffed and equipped.
 - b. All Clinical Staff, other Health Care Staff and Mental Health Staff working in the TTA meet the educational requirements outlined in this Policy, and have demonstrated competency in emergency patient care.

- c. Local Operating Procedures approved by the Statewide Medical Director, Statewide Director of Nursing (or designees), and Warden are in place for communications, response, evaluation, treatment, and transportation of inmates, staff, and visitors.
- d. Community EMS responders have ready entry into the institution through the vehicle Sallyport and throughout the facility in order to access the patient.

B. Facilities and Equipment

1. Emergency equipment and supplies, emergency medical bags, oxygen and automated external defibrillators (AEDs) shall be maintained according to manufacturer's specifications and are readily accessible to health care staff in the TTA, all clinic areas, emergency medical response vehicles, and all other areas deemed appropriate by the HCM/DON and Warden in the institution.
2. The location of the equipment shall be clearly identified by signage.
3. The equipment will be maintained, appropriately secured and inventoried each shift.

C. Personnel: Staffing and Training

1. All correctional peace officers (custody) shall, within the previous two years, have successfully completed a course in CPR that is consistent with the American Heart Association (AHA) guidelines. Custody staff shall maintain a system to manage and track correctional officers' CPR requirements.
2. All physicians, registered nurses, nurse practitioners, physician assistants, clinical and other health care staff shall, within the previous two years, have successfully completed a Health Care Provider level course in BLS that is consistent with the AHA guidelines as a condition of employment. The California Prison Health Care Services, Professional Education Unit staff shall maintain a system to manage and track clinical and healthcare staff CPR requirements.
3. The physicians, nurse practitioners and physician assistants are required to obtain and maintain Advanced Cardiac Life Support (ACLS) certification.
4. The Director of Nurses (DON), Supervising Registered Nurse (SRN) over TTA, TTA RNs, and other RNs that are required to work in the TTA, will obtain and maintain ACLS certification.
5. All nursing staff ACLS certified shall follow the AHA ACLS algorithms and guidelines under the direction of a physician.

D. Institutions will Conduct Emergency Response Training Drills

1. See Policy 12-A1

REFERENCES

- American Heart Association - Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care
- California Emergency Medical Services Authority #101: EMS System Standards and Guidelines, June 1993.
- California Department of Corrections and Rehabilitation, Inmate Medical Services Policy and Procedure Manual; Volume 12, Mental Health Services Delivery System, Chapter 10, Suicide Prevention and Response.
- California Department of Corrections and Rehabilitation, Emergency Alarm Response Plan

CALIFORNIA PRISON HEALTH CARE SERVICES INMATE MEDICAL SERVICES VOLUME IV		
<input type="checkbox"/> Policy	<input checked="" type="checkbox"/> Procedure	<input checked="" type="checkbox"/> Attachment
Title: Emergency Medical Response System	Chapter #: 12-A	
	Effective Date:	
	Last Review Date:	
	Revised Date:	
	Approval Date:	

PERFORMED BY: PCP: RN: LVN:

GENERAL

INSTRUCTIONS:

- All staff has the authority to initiate a 9-1-1 call for Emergency Medical Services (EMS).
- Any facility staff that encounters a medical emergency including staff and visitor is responsible for immediately summoning assistance by the most expeditious means available (e.g., personal alarm device, two-way radio, whistle, shouting, or telephone).
- To efficiently activate a community EMS response and notify appropriate facility staff of a medical emergency, Local Operating Procedures, approved by the Statewide Medical Director, Statewide Director of Nursing or designees, and Warden will: a) identify the single point of contact for reporting medical emergencies, which will be either the Triage and Treatment Area (TTA) Registered Nurse (RN), Watch Commander or the Watch Sergeant; and b) establish the mechanism for the TTA RN or Watch Commander to contact the appropriate parties.
- Activation of the institution Emergency Medical Response System (EMRS) and the community EMS system shall occur as necessary to ensure the highest level of emergency medical care is available in the shortest time interval.
- Preservation of a crime scene shall not preclude or interfere with the delivery of emergency medical care. Preservation of life shall take precedence over the preservation of a crime scene.
- Custody requirements shall not unreasonably delay medical care in a life-threatening situation unless the safety of staff, inmates, or the general public is compromised.

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Chapter 12-A: Emergency Medical Response System Procedure

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- If an inmate/patient is unable to be resuscitated, the decision to terminate cardiopulmonary resuscitation (CPR) shall be made by a physician or community emergency medical service personnel. Pronouncement of death shall only be determined and made by a physician.

PROCEDURE:**A. Response, Treatment, and Transportation****1. First Responder (FR)**

- a. The first staff member (custody, medical etc.) at the scene of an apparent medical emergency is the FR.
- b. The FR shall briefly evaluate the patient and situation, then immediately notify health care staff of a possible medical emergency, and summon the appropriate level of assistance.
- c. The FR will then immediately initiate CPR if appropriate.
- d. If possible, the FR shall inform the health care staff whether the nature of the possible medical emergency is medical, traumatic, obstetric, or mental health.
- e. The FR shall initiate community EMS activation if necessary.
- f. If CPR can not be initiated due to the condition of the patient the reason(s) must be clearly documented on a CDCR Form 837-C, Crime/Incident Report Supplement.

2. Registered Nurse (RN)/ Licensed Vocational Nurse (LVN)

- a. The RN or LVN shall respond promptly to the scene of the medical emergency with a medical emergency response bag, oxygen, and an Automated External Defibrillator (AED) and initiate and/or assist with CPR.
- b. The RN is responsible for making an initial assessment of the inmate/patient and deciding whether a medical emergency is present.
- c. The RN shall notify the TTA clinical staff with relevant clinical information on impending admit and estimated time of arrival.
- d. The RN shall initiate community EMS activation if needed and if not already completed by the FR.

B. Patient Evaluation and Initial Treatment**1. First Responder**

The FR shall initiate appropriate First Aid and/or BLS measures, including establish airway, breathing, and circulation, control bleeding and CPR per their training and certification.

2. Custody Protocol

- a. In medical emergencies, the primary objective is to preserve life. All peace officers who respond to a medical emergency are mandated, pursuant to court order, to provide immediate life support, if trained to do so, until medical staff arrives to continue life support measures. All peace officers must carry a personal CPR mouth shield at all times.
- b. The officer must evaluate and ensure it is reasonably safe to perform life support by effecting the following actions:
 - i. Sound an alarm (a personal alarm or, if one is not issued, an alarm based on local procedures must be used) to summon necessary personnel and/or additional custody personnel.
 - ii. Determine and respond appropriately to any exposed bloodborne pathogens.
 - iii. Determine, isolate, contain, and control the emergency and significant security threats to self or others including any circumstances causing harm to the involved inmate.
 - iv. Initiate life saving measures consistent with training.
- c. The responding peace officer will be required to complete a written report describing the decisions made regarding immediate life support and actions taken or not taken, including cases where life support is not initiated consistent with training and/or situations which pose a significant threat to the officer or others.

3. RN

- a. The RN shall begin appropriate medical treatment and assume responsibility for directing any medical care already in progress.

- b. The clinical FR or RN shall begin CPR unless one or more of the following signs of death are present. If one or more sign is present the patient will be determined to be deceased by the physician.
 - i. Rigor mortis/ Dependent lividity
 - ii. Tissue decomposition.
 - iii. Decapitation
 - iv. Incineration
- c. Once started, CPR shall be continued until:
 - i. Resuscitative efforts are transferred to a rescuer of equal or higher level of training;
 - ii. The patient is determined to be deceased by an MD;
 - iii. Effective spontaneous circulation and ventilation have been restored;
 - iv. Emergency responders are unable to continue because of exhaustion or safety and security of the rescuer or others is jeopardized;
 - v. A written, valid Do Not Resuscitate order is presented.

C. Patient Transportation and Definitive Care

1. The RN and Physician, based on the patient clinical condition and emergency situation, shall:
 - a. Continue medical treatment until community EMS responders arrive and assume care and transport the patient.
 - b. Transport the patient to the TTA.
 - c. If clinically appropriate, continue treatment on location and direct EMS personnel to the scene.
2. Inmates shall only assist with transportation if they are part of the fire crew.
3. EMS personnel will transport the patient to a community emergency facility according to local EMS Agency Policies and Procedures
4. During business hours the TTA RN shall notify the Chief Medical Officer (CMO) or supervising RN (SRN) on duty of the medical emergency transport and the circumstances of the transport as soon as

possible. The Chief of Mental Health shall be notified of all suicides, suicide attempts, possible overdoses, and inmates included in the Mental Health Services Delivery System who require medical emergency transport.

5. During non-business hours the TTA RN shall notify the institution Physician On Call or TTA MD by telephone as soon as possible to inform him or her of the patient status and transport decision. The SRN shall notify the HCM.
6. For patients transferred to a community emergency facility, the TTA physician or RN shall contact the receiving facility and provide a report on the patient, including medical history, medication, allergies, the history of the incident and treatment rendered. The initial report should not be delayed because other information (medical history, medications, or historical information) is not available. This additional information shall be provided by a second phone call as soon as it becomes available.

D. Documentation

1. First Responder/RN Documentation Requirements.

- a. All non-clinical staff members who respond to or witness a medical emergency must document their observations and actions on a CDCR Form 837-C, Crime/Incident Report Supplement.
- b. If the medical emergency does not meet the criteria for an CDC 837 Crime/Incident Report, the information will be transferred / completed on a 128-C Informational Chrono, Medical, Psych, Dental.
- c. The RN will complete CDCR Form 7219, Medical Report of Injury or Unusual Occurrences and a progress note describing assessment, treatment and outcomes.
- d. If CPR is not initiated, staff will document the reason(s) why on CDCR Form 837-C.
- e. The use of an AED will be documented regardless of whether that use is rendered by a health care staff member or by custody staff. The electronic information record shall be downloaded, printed and added to the inmates' Unit Health Record (UHR).
- f. Medical Emergency Response Documentation shall be completed by the First Responder RN.
- g. The RN shall be responsible for completing the Clinical Observations and Interventions Form(s). Additional documentation

shall be completed on an Interdisciplinary Progress Note, CDCR Form 7230.

- h. The Medical Emergency Response Documentation shall be signed by the RN with the date and time the forms were completed. The forms, with additional documentation, are to be delivered to TTA personnel before the end of the watch worked by the RN.
- i. The RN shall refer inmates who present with self-inflicted injuries to Mental Health Staff for evaluation and suicide risk assessment.
 - Evaluation by Mental Health Staff shall be completed prior to re-housing in an outpatient setting.

2. TTA Documentation Requirements

- a. Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS) BLS and ALS on the TTA CDCR Form 7403, Emergency Care Flow Sheet.
- b. Care delivered according to RN protocols on the appropriate RN protocol forms.
- c. CDCR Form 7230, Interdisciplinary Progress Note, shall be completed when space on the CDCR Form 7403 Emergency Care Flow Sheet, or the RN protocol forms is insufficient.
- d. On arrival at the TTA, the RN shall remain with the patient and continue recording until efforts are terminated, or until EMS personnel assume patient care. During this time, the RN shall record the following:
 - i. Patient identification data (CDCR number, or, if unavailable, other identifying data).
 - ii. Description of initial events and patient presentation (patient location, position, and witness description of events).
 - iii. Times various treatments and procedures are rendered.
 - iv. The name and title of the RN, name and title of the person to whom the form is transferred, the date and time of the transfer, and the RNs signature.
- e. TTA staff shall attach the documentation to the TTA Emergency Care Flow Sheet, CDCR Form 7403, for inclusion in the patient's UHR.

3. Transport Documentation Requirements

- a. CDCR Form 7403, the Emergency Care Flow Sheet, and all attachments, or a copy thereof, shall be provided to the EMS transport staff if the patient is sent out of the institution.
- b. Licensed health care personnel are responsible for reviewing, authenticating, and signing the Medical Response Documentation.
- c. Sallyport officers are to maintain a standardized log of all emergency vehicle traffic entrances and exits, including times.

E. System Evaluation and Quality Improvement

1. Medical Emergency Response Review

- a. All medical emergency responses resulting in the transfer of a patient to an outside health care provider or a death shall be reviewed by the CMO, the Director of Nurses (DON) and Emergency Response Review Committee (EMRRC). Documentation of that review, including but not limited to observations, relevant clinical information, recommendations, and corrective actions to be taken, if any, will be forwarded to the respective Regional Director of Nursing (RDON), Regional Medical Director (RMD) and the assigned Associate Director, Division of Adult Institutions, within 10 days following the institution EMRRC meeting.
- b. The CMO and DON shall take appropriate action on clinical practice issues that are identified, which may include, but are not limited to, gathering additional information, employee counseling, and referral of the incident to Clinical Support Unit (CSU). The RMD and or the RDON will be notified of clinical practice issues and actions as appropriate by CMO or DON.
- c. All deaths in which the manner of death is suicide or suspected suicide shall be referred for review by the Suicide Prevention and Response Focused Improvement Team (SPRFIT) with appropriate documentation.

2. Quality Assurance and Monitoring

- a. Equipment malfunctions and inadequately stocked Emergency Medical Bags or other supplies shall be reported to the DON and CMO immediately following the emergency medical incident.

- b. All institutions are required to conduct routine audits on all emergency medical incidents, review the results, develop and implement corrective actions, and monitor performance.
- c. The CMO and Warden are responsible for ensuring auditing and improvement activities are undertaken and documented on a systematic and continuous basis.

CALIFORNIA PRISON HEALTH CARE SERVICES INMATE MEDICAL SERVICES VOLUME IV		
<input checked="" type="checkbox"/> Policy	<input type="checkbox"/> Procedure	<input type="checkbox"/> Attachment
Title: Emergency Medical Response Training Drill	Chapter #: 12-A1	
	Effective Date:	
	Last Review Date:	
	Revised Date:	
	Approval Date:	

I. POLICY

The California Department of Corrections and Rehabilitation (CDCR) shall establish a procedure for Emergency Medical Response Training Drills. The Medical emergency response training drills shall be conducted at least quarterly, and on each shift.

II. PURPOSE

To ensure institutional staffs are properly trained in management of medical emergencies and to develop a plan of action to correct deficiencies related to coordination of emergency response activities.

III. DEFINITIONS

- **Emergency:** An emergency as determined by staff includes any medical or dental condition for which evaluation and treatment are necessary to prevent death, severe or permanent disability, or to alleviate disabling pain. [California Code of Regulations, Title 15 Section 3354 (f) (1)]..... An emergency exists when there is a sudden marked change in an inmate's condition so that action is immediately necessary for the preservation of life or the prevention of serious bodily harm to the inmate or others. [California Code of Regulations, Title 15 Section 3351 (a)]
- **Emergency Medical Response Review Committee (EMRRC):** The institution's Emergency Medical Response Review Committee (EMRRC) shall meet at least once a month and be comprised of the following members:
 - Warden or designee (Associate Warden or higher)
 - HCM /CMO or physician designee
 - Director of Nursing or designee
 - Correctional Captain
 - Chief Psychiatrist/Psychologist, as appropriate
 - Physician and Surgeon, when physician issues are on the agenda
 - Nurse Instructor
 - EMRRC Coordinator
 - Other personnel (e.g., EMS responders) as deemed necessary

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- **Institution Emergency Medical Response Review Process:** The institution's EMRRC shall review each incident in the following categories:
 - Deaths (e.g., homicides, suicides, accidental or unexpected)
 - Suicide attempts (witnessed)
 - Use of a Code 2 and 3 ambulance
 - Emergency Medical Response training drills
 - Other cases as deemed appropriate
- **First Responder:** A first responder is the first CDCR staff member on scene of a medical emergency within the institution.

IV. FREQUENCY OF DRILLS

Medical emergency response training drills shall be conducted at least quarterly and on each shift.

- The drills shall address responses to medical emergencies in all areas of the institution and include participation of health care and custody staff.
- The drills may or may not be pre-announced and shall be conducted under varied conditions.
- Each form required for medical emergency drills shall be completed utilizing the standardized Emergency Medical Response Drill Checklist (Attachment #1)

STATE OF CALIFORNIA

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION

**EMERGENCY MEDICAL RESPONSE
DRILL CHECKLIST**

Instructions:

1. Forward report to CMO/DON/HCM

INSTITUTION		DATE OF DRILL
TIME OF DRILL	LOCATION OF DRILL	TIME OF INITIAL NOTIFICATION
TIME OF INITIAL PATIENT CONTACT	TIME OF INITIAL CLINICAL TO PT CONTACT	RESPONSE TIME
Staff notification was by: <input type="checkbox"/> Telephone <input type="checkbox"/> Radio <input type="checkbox"/> Alarm <input type="checkbox"/> Observation <input type="checkbox"/> Other: _____		
Who Responded: <input type="checkbox"/> MD <input type="checkbox"/> NP <input type="checkbox"/> PA <input type="checkbox"/> RN <input type="checkbox"/> LVN <input type="checkbox"/> Custody <input type="checkbox"/> Mental Health <input type="checkbox"/> Dentist Other: _____ Time: _____		
Was patient moved prior to arrival of Health Care staff? <input type="checkbox"/> NO <input type="checkbox"/> YES, if YES why? _____		
Did medical staff respond with emergency Bag? <input type="checkbox"/> YES <input type="checkbox"/> NO if NO why? _____		
Was additional Health Care staff requested? <input type="checkbox"/> NO <input type="checkbox"/> YES, if YES who? <input type="checkbox"/> MD <input type="checkbox"/> NP <input type="checkbox"/> PA <input type="checkbox"/> RN How? <input type="checkbox"/> Telephone <input type="checkbox"/> Radio <input type="checkbox"/> Other: _____		
Did responding staff notify TTA staff of patient condition and estimated arrival time? <input type="checkbox"/> YES <input type="checkbox"/> NO, if NO why? _____		
Was patient <input type="checkbox"/> Released to Custody <input type="checkbox"/> Transferred to TTA <input type="checkbox"/> Transferred to EMS If transferred what was the method of transportation? <input type="checkbox"/> Gurney <input type="checkbox"/> Emergency Transport Vehicle <input type="checkbox"/> Walk <input type="checkbox"/> Other: _____		
Was transportation method appropriate for patients' medical condition? <input type="checkbox"/> YES <input type="checkbox"/> NO if NO, why? _____		
Was TTA staffed and ready to address incoming patient? <input type="checkbox"/> YES <input type="checkbox"/> NO if NO, why? _____		
Initial time assessment completed by TTA RN? Time: _____		
Time MD notified of clinical situation? Time: _____ Time Responded: _____		
Time 911 Called: Time: _____ 911 activated by Name/title: _____		
TTA Nursing Documentation complete: <input type="checkbox"/> YES <input type="checkbox"/> NO if NO, why? _____		
TTA Medical Documentation complete: <input type="checkbox"/> YES <input type="checkbox"/> NO if NO, why? _____		
Time Drill Completed: Time: _____ Total Drill time: _____		

EMERGENCY MEDICAL RESPONSE REVIEW

Response time adequate: YES NO Comments: _____

Staff Compliance Appropriate? YES NO Comments: _____

Training issues Identified? YES NO Comments: _____

Training issues to be addressed: _____

System issues Identified? YES NO Comments: _____

System issues to be addressed: _____

WARDEN/DESIGNEE SIGNATURE	DATE
CHIEF MEDICAL OFFICER/DESIGNEE SIGNATURE	DATE
DIRECTOR OF NURSES/DESIGNEE SIGNATURE	DATE



CALIFORNIA PRISON HEALTH CARE SERVICES INMATE MEDICAL SERVICES VOLUME IV.	
<input type="checkbox"/> Policy	<input checked="" type="checkbox"/> Procedure
<input checked="" type="checkbox"/> Attachment	
Title: Emergency Medical Response Training Drill	Chapter #: 12-A1
	Effective Date:
	Last Review Date:
	Revised Date:
	Approval Date:

PERFORMED BY: PCP: RN: LVN:

GENERAL

INSTRUCTIONS: Medical Emergency Response Training Drills

- The Chief Medical Officer (CMO), or designee, the Director of Nurses (DON), or designee, the Health Care Manager (HCM), the Health Care Associate Warden, and Warden or designee shall determine the location, time, and scenario of the drill.
- The CMO, or designee, is responsible for advising and coordinating with the Warden, Chief Dentist, and Chief Psychologist or Psychiatrist in advance of the scheduled drill.
- The Chief Psychologist or designee is responsible to advise the Mental Health staff of the impending drill and to ensure their participation.
- The Chief Dentist or designee is responsible to advise the Dental staff of the impending drill and to ensure their participation.
- The DON or designee, is responsible for setting up the proper Cardio Pulmonary Resuscitation (CPR) manikins and/or other necessary medical emergency response equipment at the designated drill location.
- Institutional staff are required to respond immediately to all medical emergency response drills within their designated area while on duty.
- The DON or designee, once the drill is initiated and staff are gathered, will read the drill scenario to the staff participants. The participants will respond to the scenario as if they are responding to an actual emergency situation.
- The custody and nursing designee shall ensure that the designated supervisor in charge of monitoring the drill utilizes and submits an Emergency Medical

Response Drill Checklist (Attachment #1). All Checklists will be distributed to the designated personnel according to Local Operating Procedure.

- All forms required in an actual medical emergency will be completed in the drill. The following forms may be included but are not limited to:
 - Medical Report of Injury or Unusual Occurrence, CDC 7219, (Attachment #2)
 - Emergency Care Flow Sheet, CDC 7430 (Attachment #3)
 - Crime/Incident report 837-C (Attachment #4)
 - Informational Chrono. 128-C (Attachment #5)
- Immediately following the drill, the Watch Commander/Watch Sergeant or designee, CMO, DON, and designees, shall review the drill and conduct a post-drill debriefing allowing the participants to evaluate the performance, incorporate new information learned, discuss any additional steps or components necessary to remedy any identified deficiencies.
- The DON or designee will evaluate the exercise and provide a summary report to the HCM within 14 days of the date of the drill prior to the monthly Emergency Medical Response Review Committee (EMRRC) meeting. (Attachment #6). The report will include but is not limited to the following:
 - Synopsis of the event
 - Date and time of the drill
 - Drill location
 - Participants involved
 - Time frames of all elements i.e. response time medical/custody etc.
 - Areas identified as positive or appropriate interventions
 - Recommendations on areas needing improvement or training
- The EMRRC will review the DON's summary report and develop a corrective action plan, if appropriate, based upon the report findings.

STATE OF CALIFORNIA

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION

**EMERGENCY MEDICAL RESPONSE
 DRILL CHECKLIST**

Instructions:

1. Forward report to CMO/DON/HCM

INSTITUTION	DATE OF DRILL	
TIME OF DRILL	LOCATION OF DRILL	TIME OF INITIAL NOTIFICATION
TIME OF INITIAL PATIENT CONTACT	TIME OF INITIAL CLINICAL TO PT CONTACT	RESPONSE TIME
Staff notification was by: <input type="checkbox"/> Telephone <input type="checkbox"/> Radio <input type="checkbox"/> Alarm <input type="checkbox"/> Observation <input type="checkbox"/> Other: _____		
Who Responded: <input type="checkbox"/> MD <input type="checkbox"/> NP <input type="checkbox"/> PA <input type="checkbox"/> RN <input type="checkbox"/> LVN <input type="checkbox"/> Custody <input type="checkbox"/> Mental Health <input type="checkbox"/> Dentist Other: _____ Time: _____		
Was patient moved prior to arrival of Health Care staff? <input type="checkbox"/> NO <input type="checkbox"/> YES, if YES why? _____		
Did medical staff respond with emergency Bag? <input type="checkbox"/> YES <input type="checkbox"/> NO if NO why? _____		
Was additional Health Care staff requested? <input type="checkbox"/> NO <input type="checkbox"/> YES, if YES who? <input type="checkbox"/> MD <input type="checkbox"/> NP <input type="checkbox"/> PA <input type="checkbox"/> RN How? <input type="checkbox"/> Telephone <input type="checkbox"/> Radio <input type="checkbox"/> Other: _____		
Did responding staff notify TTA staff of patient condition and estimated arrival time? <input type="checkbox"/> YES <input type="checkbox"/> NO, if NO why? _____		
Was patient <input type="checkbox"/> Released to Custody <input type="checkbox"/> Transferred to TTA <input type="checkbox"/> Transferred to EMS If transferred what was the method of transportation? <input type="checkbox"/> Gurney <input type="checkbox"/> Emergency Transport Vehicle <input type="checkbox"/> Walk <input type="checkbox"/> Other: _____		
Was transportation method appropriate for patients' medical condition? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, why? _____		
Was TTA staffed and ready to address incoming patient? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, why? _____		
Initial time assessment completed by TTA RN? Time: _____		
Time MD notified of clinical situation? Time: _____ Time Responded: _____		
Time 911 Called: Time: _____ 911 activated by Name/title: _____		
TTA Nursing Documentation complete: <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, why? _____		
TTA Medical Documentation complete: <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, why? _____		
Time Drill Completed: Time: _____ Total Drill time: _____		

EMERGENCY MEDICAL RESPONSE REVIEW

Response time adequate: YES NO Comments: _____

Staff Compliance Appropriate? YES NO Comments: _____

Training issues Identified? YES NO Comments: _____

 Training issues to be addressed: _____

System issues Identified? YES NO Comments: _____

 System issues to be addressed: _____

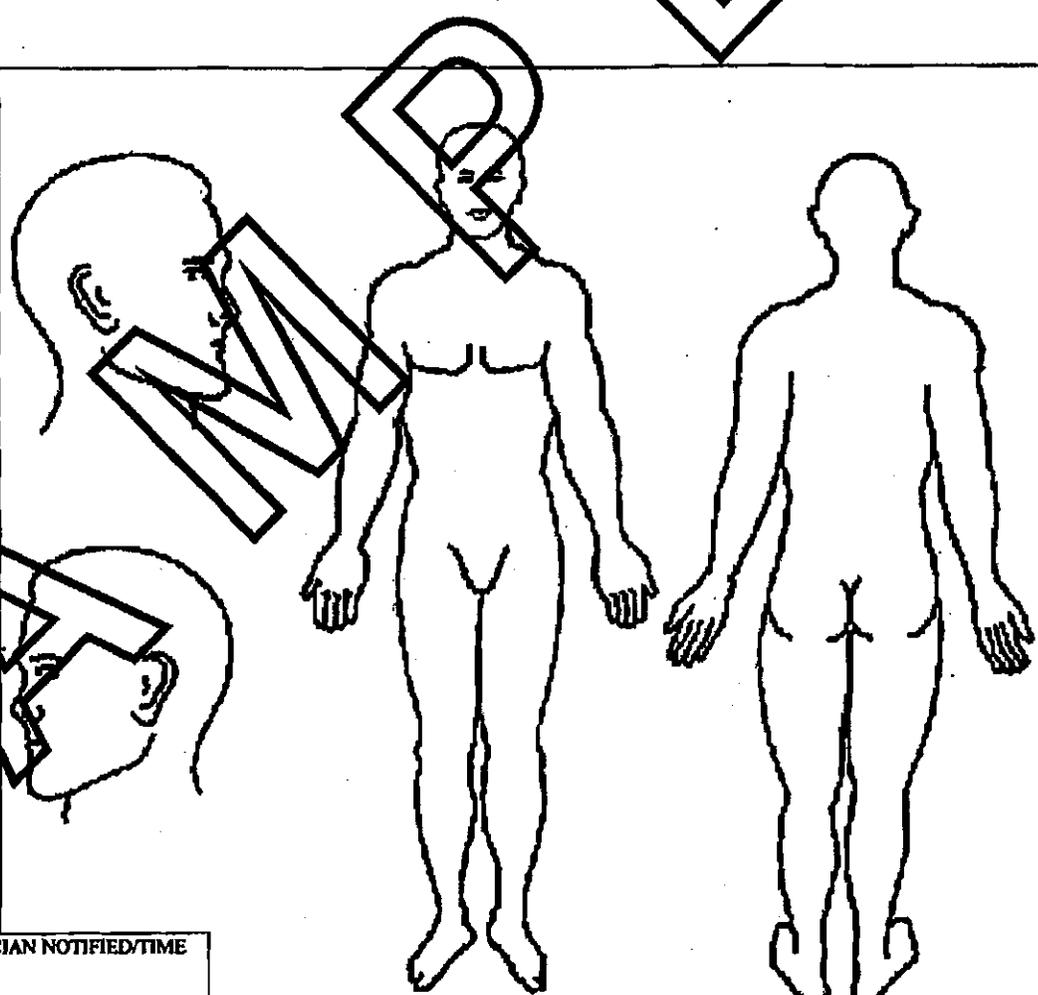
WARDEN/DESIGNEE SIGNATURE	DATE
CHIEF MEDICAL OFFICER/DESIGNEE SIGNATURE	DATE
DIRECTOR OF NURSES/DESIGNEE SIGNATURE	DATE



STATE OF CALIFORNIA
**MEDICAL REPORT OF INJURY
 OR UNUSUAL OCCURRENCE**

NAME OF INSTITUTION		FACILITY/UNIT		REASON FOR REPORT (circle) USE OF FORCE UNUSUAL OCCURRENCE		INJURY ON THE JOB INJURY PRE AD/SEG ADMISSION		DATE				
THIS SECTION FOR INPATIENT ONLY		NAME LAST		FIRST		CDC NUMBER		HOUSING LOC. NEW HOUSING LOC.				
THIS SECTION FOR STAFF ONLY		NAME LAST		FIRST		BADGE #		RANK/CLASS ASSIGNMENT/RDOs				
THIS SECTION FOR VISITOR ONLY		NAME LAST		FIRST		MIDDLE		DOB OCCUPATION				
HOME ADDRESS			CITY		STATE		ZIP		HOME PHONE			
PLACE OF OCCURRENCE			DATE/TIME OF OCCURRENCE			NAME OF WITNESS(ES)						
TIME NOTIFIED		TIME SEEN		ESCORTED BY		MODE OF ARRIVAL (circle) AMBULATORY ON SITE		LITTER WHEELCHAIR		AGE	RACE	SEX
BRIEF STATEMENT IN SUBJECT'S WORDS OF THE CIRCUMSTANCES OF THE INJURY OR UNUSUAL OCCURRENCE												

INJURIES FOUND?	YES / NO
Abrasion/Scratch	1
Active Bleeding	2
Broken Bone	3
Bruise/Discolored Area	4
Burn	5
Dislocation	6
Dried Blood	7
Fresh Tattoo	8
Cut/Laceration/Slash	9
O.C. Spray Area	10
Pain	11
Protrusion	12
Puncture	13
Reddened Area	14
Skin Flap	15
Swollen Area	16
Other	17
	18
	19



O.C. SPRAY EXPOSURE?	YES / NO
DECONTAMINATED?	YES / NO
Self-decontamination instructions given?	YES / NO
Refused decontamination?	YES / NO
Q & min. check	
Staff issued exposure packet?	YES / NO

RN NOTIFIED/TIME		PHYSICIAN NOTIFIED/TIME		
TIME/DISPOSITION				
REPORT COMPLETED BY/TITLE (PRINT AND SIGN)			BADGE #	RDOs

(Medical data is to be included in progress note or emergency care record filed in UHR)

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

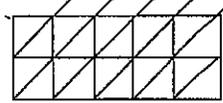
EMERGENCY CARE FLOW SHEET

						DATE:																																									
				TIME IN		TIME OUT																																									
PATIENT NAME (LAST, FIRST)				CDC NUMBER		HOUSING																																									
TIME OF INCIDENT				LOCATION OF INCIDENT		MODE OF ARRIVAL																																									
STAFF NAME (LAST, FIRST)				OCCUPATION		SEX AGE DOB																																									
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S		RATE		MEDICATION GIVEN IN ER																																											
SUBJECTIVE: (PATIENT'S STATEMENTS, HISTORY)																																															
OBJECTIVE: (PHYSICAL EVALUATION)																																															
ASSESSMENT: (NURSING DIAGNOSIS)																																															
PLAN: (PT EDUCATION, FOLLOWUP, MD ORDERS, ETC.)																																															
PRINT NAME		SIGNATURE		PATIENT DISPOSITION																																											
				<input type="checkbox"/> RETURN TO CUSTODY <input type="checkbox"/> ADMIT TO INFIRMARY / HOSPITAL <input type="checkbox"/> TRANSPORT TO COMM HOSPITAL VIA <input type="checkbox"/> ASBESTOS <input type="checkbox"/> STATE VEHICLE <input type="checkbox"/> RELEASED TO CORONER																																											
		SUPERVISOR REVIEW																																													
PATIENT CONDITION ON DISCHARGE																																															
<input type="checkbox"/> STABLE <input type="checkbox"/> UNSTABLE <input type="checkbox"/> DECEASED TIME _____																																															

TIME

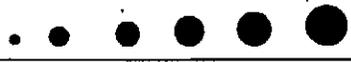
PUPIL RESPONSE

PUPIL SIZE



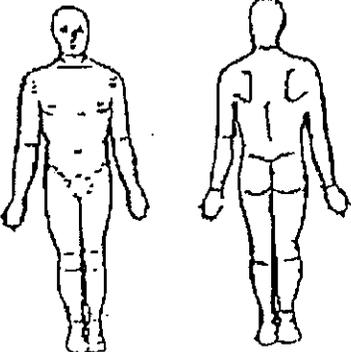
KEY C=CLOSED B=BRISK SL=SLUGGISH F=FIXED

3 4 5 6 7 8



ABBREVIATION CODE

- Ah - Abrasion
- Amp - Amputation
- Av - Avulsion
- B - Burn
- % - Percent
- CP - Compound Frac
- EC - Ecchymosis
- ENT - Entrance Wound
- SI - Surgical Incision
- E - Edema
- F - Closed Susp. Fracture
- H - Hematoma
- L - Laceration
- P - Petechiae
- R - Rash
- S - Scar
- EW - Exit Wound



DATE

MEDICAL-PSYCHIATRIC-DENTAL

NAME and NUMBER

CDC-128-C (Rev. 01/98)

DATE

MEDICAL-PSYCHIATRIC-DENTAL

NAME and NUMBER

CDC-128-C (Rev. 01/98)

DATE

MEDICAL-PSYCHIATRIC-DENTAL



EMERGENCY MEDICAL RESPONSE TRAINING DRILL
EVALUATION REPORT

INSTITUTION: _____

REPORT COMPLETED BY: _____

DATE: _____

DRILL DATE/TIME	
DRILL LOCATION	
DRILL SYNOPSIS	
NAME/TITLE OF DRILL PARTICIPANTS	



DRILL TIME FRAMES	First Responder on Scene: Medical Responder on Scene: ACLS Certified staff on scene:
DRILL POSITIVE INTERVENTIONS	1. 2. 3. 4. 5.
DRILL RECOMMENDATIONS	1. 2. 3. 4. 5.



CALIFORNIA PRISON HEALTH CARE SERVICES INMATE MEDICAL SERVICES VOLUME IV		
<input checked="" type="checkbox"/> Policy	<input type="checkbox"/> Procedure	<input checked="" type="checkbox"/> Attachment
Title: Emergency Medical Response Bag Audit	Chapter #: 12-A2	
	Effective Date:	
	Last Review Date:	
	Revised Date:	
	Approval Date:	

I. POLICY

The California Department of Corrections and Rehabilitation (CDCR) shall establish a procedure for auditing and refilling the Emergency Response Bags.

II. PURPOSE

To ensure institutional staffs are properly trained in the location approved contents, use, refill, and documentation of Emergency Response bag.

III. PROCEDURE**A. Emergency Response Bag Audit.**

1. Contents of the Medical Emergency Response Bag shall be audited each watch by the designated health care staff.
2. Documentation of the Medical Emergency Response Bag audit will be documented on the Emergency Response Bag Inventory List (Attachment #1).
3. Each Medical Emergency Response Bag is sealed (compartment zippers together) with a numbered plastic seal.
 - a. Should the seal be broken a complete inventory of the contents and items refilled/replaced according to the Emergency Response Bag content / quantity list (Attachment #2).
4. All Emergency Response Bag Inventory List(s) shall be submitted and tracked monthly to the designated institutional responsible party.

CHECKLIST

Watch: _____

MONTH:	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
SEAL NUMBER:																
BP Cuff: Adult & Large Adult																
Disposable Stethoscope (1)																
Oral Airways S/M/L (1)																
CPR Mask w/ oneway valve (2)																
Cervical Collar Adjustable (1)																
Gloves Non-Latex M/L (5)																
Face Shield (2)																
Mask (1)																
Biohazard Bag Medium (1)																
Barrier Gown (2)																
Sterile Gauze 4x4 (10)																
Scissors/Shears, Paramedic (1)																
Sterile Eye Pads (4)																
Abdominal Pads, Sterile 5x9 (4)																
Gauze 4x4 yards (2)																
Gauze 2x2 yards (2)																
Tape 1" & 2" Transparent Surgical (1ea)																
Triangular Bandages (2)																
Cold Pack (1)																
Tongue Blades (3)																
Small Portable O2/Regulator (1)																
Nasal Cannula (1)																
Non-Rebreather Mask (1)																
Malleable Extremity Splint (1)																
ACE Wrap 3" & 4" (1)																
Pressure Bandage																
Antimicrobial Towellets (5)																
Antimicrobial Hand Cleaner																
Disposable Penlight (1)																
Band Aids (2 ea) - 3/4x3" / 1" x 3" / 2"x4" / Butterfly / Knuckle																
Clipboard/Paper/Pen (1)																
Instant Glucose (2)																
Portable Suction Device (V-Vac)																

Name _____ Initials _____



Chapter 12-A2

Attachment 2
California Prison Health Care Services**EMERGENCY RESPONSE BAGS**

Blood Pressure cuffs: Adult & large adult	1 each
Disposable Stethoscope	1
Disposable Ambu bag with mask	1
Oral airways	
Large	1 each
Medium	1 each
Small	1 each
CPR mask with one way valve	2 each
Cervical collar/neck immobilizer standard adult (adjustable)	1
Gloves non-latex Medium	5 Pair
Gloves non-latex Large	5 Pair
Face Shield	2
Mask	1
Biohazard bag Medium	1
Barrier Gown	2
Sterile gauze 4x4	10
Scissors/shears, Paramedic	1
Sterile gauze 2x2	2
Abdominal pads, sterile 5x9	4
Gauze 4"X4 yards.	2
Gauze 2X4 yards.	2
Tape 1" Transparent Surgical tape	1
Tape 2" Transparent Surgical tape	1
Triangular bandages	2
Cold Pack	1
Tongue Blades	3
Small portable O2- "D" Oxygen Bottle and Regulator	1 each
Nasal Cannula	1
Non-Rebreather mask	1
Malleable Extremity Splint	1
ACE WRAP 4 Inch	1
ACE Wrap 3 inch	1
Pressure bandage	1
Antimicrobial hand cleaner	1
Antimicrobial Towelettes	5
Disposable Penlight	1
Band-Aids	10 Total
¾ x 3 band-aid	2
1" X 3 band-aid	2
Butterfly band-aid	2
Knuckle band-aid	2

Chapter 12-A2	Attachment 2 California Prison Health Care Services
---------------	--

2 x 4 band-aid	2
Clipboard/Paper/pen	1 each
Instant glucose	2
Portable suction device (V-VAC)	2



CALIFORNIA PRISON HEALTH CARE SERVICES INMATE MEDICAL SERVICES VOLUME IV		
<input checked="" type="checkbox"/> Policy	<input type="checkbox"/> Procedure	<input type="checkbox"/> Attachment
Title: Emergency Medical Response Skills Lab	Chapter #: 12-A3	
	Effective Date:	
	Last Review Date:	
	Revised Date:	
	Approval Date:	

I. POLICY

The California Department of Corrections and Rehabilitation (CDCR) shall establish a clinical skills laboratory and provide access to clinical training to the institution staff on a minimum of a quarterly basis.

II. PURPOSE

To ensure institutional staff are properly trained in handling medical procedures, and to evaluate medical staff(s) clinical skills performance and to address components necessary to remedy any identified deficiencies.

III. PROCEDURE

A. Emergency Medical Response Skills Lab

1. The Nurse Instructor shall ensure that medical emergency response skill labs are scheduled on the education calendar, and all appropriate healthcare staff has the opportunity to participate in the skills training.
2. A lab facilitator will be available during designated lab hours.
3. Documentation of the Skills Lab training and or remedial training provided will be completed on the In-service Training Form.

Skills lab examples:

- Airway management
- C-Spine Stabilization
- Scene Survey/Scene Safety
- Mechanism of injury and injury patterns
- Splinting



- Mega Code
 - Mass casualty incident
 - Other training(s) as identified by Headquarters/Institution
4. All Skills Lab Training Forms shall be submitted and tracked monthly to the designated institutional responsible party.

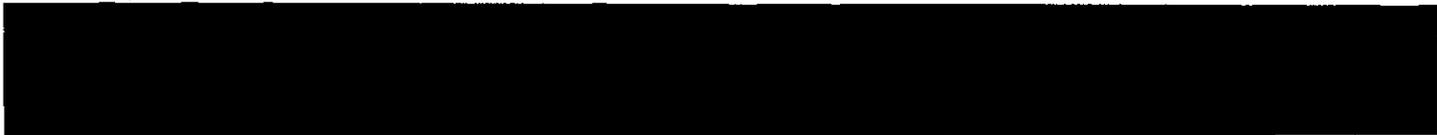
CALIFORNIA PRISON HEALTH CARE SERVICES INMATE MEDICAL SERVICES VOLUME IV	
<input checked="" type="checkbox"/> Policy	<input type="checkbox"/> Procedure
<input type="checkbox"/> Attachment	
Title: Cardiopulmonary Resuscitation Record	Policy #: Chapter 12-A4 Effective Date: Last Review Date: Revision Date: Approval Date:
This policy applies to the following client population (s): <input checked="" type="checkbox"/> Adult (16-65 yrs) <input checked="" type="checkbox"/> Geriatric (65 yrs+)	

I. POLICY

The California Department of Corrections and Rehabilitation (CDCR) shall establish a procedure for medical staff to document Cardiopulmonary Resuscitation efforts and actions taken by staff to resuscitate patients in respiratory and/or cardiac arrest.

II. PURPOSE

To utilize standardized form(s) to ensure institutional staff are properly trained in management of medical emergencies and to utilize standardized forms ensure compliance with documentation of all code events involving respiratory and/or cardiac arrest.



- All team members involved in the code shall, i.e. Physician, Registered Nurse, Licensed Vocational Nurse, etc. must sign the Cardiopulmonary Resuscitation Record next to their name under the TEAM Member column.
- The completed Cardiopulmonary Resuscitation Record shall be placed in the patient's UHR, with copies forwarded to the Chief Medical Officer and the Director of Nurses (DON).
- The DON shall review the code documentation and follow-up as necessary to ensure documentation is complete.

CALIFORNIA PRISON HEALTH CARE SERVICES INMATE MEDICAL SERVICES VOLUME IV	
<input checked="" type="checkbox"/> Policy <input type="checkbox"/> Procedure <input type="checkbox"/> Attachment	
Title: Emergency Medical Response Documentation and Review	Policy #: Chapter 13 Effective Date: Last Review Date: Revision Date: Approval Date:
This policy applies to the following client population (s): <input checked="" type="checkbox"/> Adult (16-65 yrs) <input checked="" type="checkbox"/> Geriatric (65 yrs+)	

I. POLICY

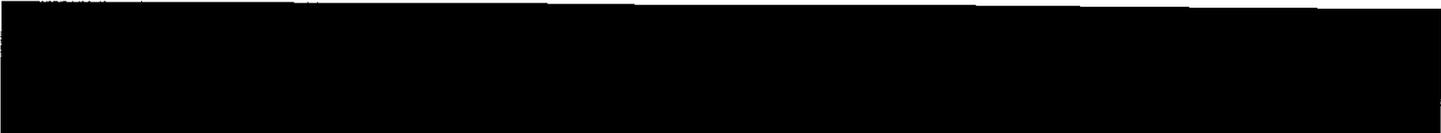
The California Department of Corrections and Rehabilitation (CDCR) shall establish an Emergency Medical Response Review Committee (EMRRC) to review emergency medical response in the institutions.

II. PURPOSE

To ensure institutions review medical emergency responses on a regular basis, and develop a plan of action to correct deficiencies related to coordination of emergency response activities.

REFERENCES

- National Commission on Correctional Health Care, Standards for Health Services in Prisons (2003). Procedure in the Event of an Inmate Death. (P-A-10).



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<input type="checkbox"/> Policy	<input checked="" type="checkbox"/> Procedure	<input checked="" type="checkbox"/> Attachment
Title: Emergency Medical Response Documentation and Review	Chapter #: 13	
	Effective Date:	
	Last Review Date:	
	Revised Date:	
	Approval Date:	

GENERAL

INSTRUCTIONS: The institution's Emergency Medical Response Review Committee (EMRRC) shall meet at least once a month and be comprised of the following members:

- Warden or designee (Associate Warden or higher)
- HCM /CMO or physician designee
- Director of Nursing or designee
- Correctional Captain
- Chief Psychiatrist/Psychologist, as appropriate
- Physician and Surgeon, when physician issues are on the agenda
- Nurse Instructor
- EMRRC Coordinator
- Other personnel (e.g., EMS responders) as deemed necessary

PROCEDURE:

- A. Institution Emergency Medical Response Review Process
1. The institution's EMRRC shall review each incident in the following categories:
 - Deaths (e.g., homicides, suicides, accidental or unexpected)
 - Suicide attempts (witnessed)
 - Inappropriate use of Code 2 calls
 - Use Code 3 ambulance
 - Other cases as deemed appropriate
 2. The initial review shall be completed no later than 30 days from the date of the incident. The institution's EMRRC shall review and evaluate the incident relevant to coordination of activity, timeliness of responders, and clinical outcome. To determine adequacy of response the institution's EMRRC shall evaluate the following:
 - Compliance with existing policies and procedures
 - Response time
 - Medical and custody response
 - Appropriateness of medical care and documentation

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3. When reviewing each incident the HCM/CMO or designee shall utilize the following documents, as appropriate:
 - Emergency Medical Response Evaluation (EMRE)
 - CDCR Form 7403, Emergency Care Flow Sheet
 - CDCR Form 7219, Report of Injury or Unusual Occurrence
 - Inmate-patient's Unit Health Record (UHR) relevant to the inmate-patient's health condition and treatment prior to the incident under review (It may be necessary to review up to 3-6 months of medical history prior to the incident.)
 - CDCR Form 837, Incident Reports (including each applicable supplemental report and attachments)
 - CDCR Form 7229-B, Inmate Suicide Report, when available
 - Coroner's report of autopsy, when available
 - CDCR Form 7229-A, Initial Inmate Death Report
 - Community EMS Field Report

Confidential documents relevant to the review shall be available to committee members if needed for reference during the meeting.

4. Minutes shall be recorded at each EMRRC meeting using the approved template. The minutes shall be reviewed and signed by the Warden or designee, HCM/CMO or designee, and Director of Nursing or designee.
5. The institution's EMRRC shall identify any deficiencies and prepare a summary of findings along with a written plan of action. The summary of findings and written plan of action shall be forwarded to the Regional Medical Director,, Regional Director of Nursing and the appropriate Associate Director on a monthly basis.

B. Headquarters Review of Institution Emergency Response

1. The Regional Medical Directors and Regional Directors of Nursing shall review the monthly reports and written plans of action to ensure that institutions take appropriate action to correct deficiencies.
2. The Regional Director of Nursing or designee shall prepare a quarterly report for his/her region and submit the report the Headquarters Executive Emergency Medical Response Review Committee (EEMRRC).
3. The Headquarter EEMRRC shall review quarterly reports, identify trends, and compile a statewide report for distribution to executive management staff.