



CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES

VOLUME 4: MEDICAL SERVICES	Effective Date: 8/08
CHAPTER 12: EMERGENCY MEDICAL RESPONSE	Revision Date(s): 7/2/12
4.12.1: EMERGENCY MEDICAL RESPONSE SYSTEM POLICY	Attachments: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

I. POLICY

California Correctional Health Care Services (CCHCS), the California Department of Corrections and Rehabilitation (CDCR), and the Division of Correctional Health Care Services (DCHCS) shall ensure that medically necessary emergency medical response, treatment, and transportation is available, and provided twenty-four (24) hours per day to patient-inmates, employees, contract staff, volunteers, and visitors.

- A. It is the responsibility of CCHCS to plan, implement, and evaluate the Emergency Medical Response System (EMRS). The organized pattern of readiness and response services within CDCR is set forth in this policy. The DCHCS will collaborate in the implementation of this policy by participating in drills and events.
- B. Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS) treatment will be provided consistent with the American Heart Association (AHA) guidelines for Cardiopulmonary Resuscitation (CPR) and Emergency Cardiovascular Care according to each individual's training, certification, and authorized scope of practice.
- C. BLS and ACLS shall be documented on the CDCR Form 7462, Cardiopulmonary Resuscitation Record.
- D. Trained CCHCS and CDCR staff or contractors will perform the functions of First Aid, BLS, and ACLS.
- E. The standard guidelines for responding to emergencies are:
 1. The response time for BLS capable personnel (First Responders) shall not exceed four (4) minutes (the First Responder Response Time).
 2. The response time for health care staff shall not exceed eight (8) minutes (Health Care Staff Response Time).

II. PURPOSE

The purpose of this policy is to standardize:

- A. The structure and organization of the CDCR EMRS facilities, equipment, and personnel training.
- B. Procedures for emergency medical response.
- C. Mechanisms for documentation, data management, medical oversight, and quality improvement activities.

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III. DEFINITIONS

Advanced Cardiac Life Support: Emergency care consisting of BLS procedures and definitive therapy including the use of invasive procedures, medications, and manual defibrillation.

Allied Health Care Staff: Respiratory Therapists, Physical Therapists, Occupational Therapists, Radiology Technicians, Laboratory Technologists/Technicians and Phlebotomists, and registered dieticians.

Basic Life Support: Emergency care performed to sustain life that includes CPR, automated external defibrillation, control of bleeding, treatment of shock, and stabilization of injuries and wounds.

First Aid: Emergency care administered to an injured or sick patient-inmate before Health Care Staff is available.

First Responder: The first staff member certified in BLS on the scene of a medical emergency.

First Responder Response Time: The time interval starting at the placement of the first call for an emergency medical response and ending with the arrival of treating personnel trained in CPR at the scene of the incident.

Health Care First Responder (HCFR): The first health care staff member certified in BLS to arrive at the scene of a medical emergency.

Health Care Staff: Physicians, Dentists, Registered Nurses (RNs), Physician Assistants, Nurse Practitioners, Licensed Vocational Nurses, Certified Nursing Assistants, Psychiatrists, Psychologists, Licensed Clinical Social Workers (LCSWs), Licensed Psychiatric Technicians, Registered Dental Assistants and Registered Dental Hygienists.

Health Care Staff Response Time: The time interval starting at the placement of the first call for an emergency medical response and ending at the time a physician, mid-level provider, or RN has contact with the patient-inmate, or communicates via radio or telephone with the HCFR.

Medical Emergency: A medical emergency as determined by medical staff includes any medical, mental health, or dental condition for which evaluation and treatment are necessary to prevent death, severe or permanent disability, or to alleviate disabling pain. A medical emergency exists when there is a sudden marked change in a patient-inmate's condition so that action is immediately necessary for the preservation of life or the prevention of serious bodily harm to the patient-inmate or others.

Triage and Treatment Area Registered Nurse: A RN assigned to work in the Triage and Treatment Area (TTA).

IV. RESPONSIBILITIES

The Chief Executive Officer (CEO) and the Warden at each institution are responsible for implementation of this policy.

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V. GENERAL REQUIREMENTS

A. System Organization and Management

1. Patient-inmates may request medical attention for urgent/emergent health care needs from any CDCR employee. The employee shall, in all instances, notify health care staff.
2. Direct contact with the patient-inmate by an RN or physician, either in person or by telephone, shall be provided for all patient-inmates requesting urgent/emergent medical attention or who are referred by staff. The RN or physician on duty shall choose one of the following options for evaluating the patient-inmate:
 - a. Arrange to have the patient-inmate brought to the clinic.
 - b. Arrange to have the patient-inmate brought to the TTA.
 - c. Evaluate the patient-inmate in his/her housing unit or current location.
 - d. Talk directly to the patient-inmate via telephone, complete a telephone triage, and give direction to the patient-inmate for subsequent care.
3. At least one RN shall be available on-site at each institution twenty-four (24) hours a day, seven (7) days a week for emergency health care. During those hours in which a physician is not on-site, the highest priority for the RN shall be emergency care. A Provider On-Call (POC) or Medical Officer of the Day (MOD) shall be available twenty-four (24) hours a day, seven (7) days a week to provide consultation and on-site care as necessary.
4. TTAs, General Acute Care Hospitals, standby licensed emergency departments, and all clinical areas shall be properly staffed and equipped.
5. Local Operating Procedures approved by the designated management team shall be in place for communications, response, evaluation, treatment, and transportation of patient-inmates, staff, and visitors.
6. Community Emergency Medical Services responders have ready entry and ready exit into and out of the institution through the vehicle sally port and throughout the facility in order to access the patient-inmate.
7. CCHCS shall maintain a system to manage and track physician and mid-level staff ACLS certification requirements.

B. Facilities and Equipment

1. Emergency equipment and supplies, emergency medical bags, oxygen and Automated External Defibrillators shall be maintained according to manufacturer's specifications and readily accessible to Health Care Staff in the TTA, all clinic areas, emergency medical response vehicles, and all other areas deemed appropriate by the CEO and the 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.

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C. Personnel: Staffing and Training

1. The CEO is responsible for assuring a system is in place to manage and track clinical staff BLS certification requirements.
2. All correctional peace officers (custody) shall, within the previous two years, have successfully completed a course in CPR that is consistent with AHA guidelines. Custody staff shall maintain a system to manage and track correctional peace officers CPR requirements.
3. For Allied Health Care Staff who have direct patient-inmate contact, BLS certification is recommended but not required.
4. All health care staff with the exception of dental staff and LCSWs shall, within the previous two years, have successfully completed a health care provider-level course in BLS that is consistent with the AHA guidelines. Psychologists who belong to the organized medical staff at their institutions and who have admitting privileges must also complete this course.
5. Certification Requirements:
 - a. Dentists, dental hygienists, and dental assistants must provide proof of BLS certification which meets the requirements of their respective licensing Board or Committee.
 - b. Psychologists who do not have admitting privileges and LCSWs are not required to maintain BLS certification, although certification is recommended.
 - c. All primary care physicians and mid-level providers are required to obtain and maintain ACLS certification and submit proof of certification/recertification to institutional management and the headquarters credentialing unit.
 - d. Physicians and mid-level providers who are currently certified in ACLS are not required to have BLS certification.
 - e. Contract specialty consultants who may perform procedures requiring procedural sedation at CDCR institutions shall, within the last two years, have successfully completed a course in BLS that is consistent with the AHA guidelines. Proof of certification/recertification must be received by the institutional CEO and the headquarters credentialing unit prior to the contract specialist's start date and/or prior to the expiration of the contract specialist's BLS certification.
6. ACLS certification and maintenance of certification is desirable for the Supervising Registered Nurse in charge of the TTA, and TTA RNs.
7. Nursing staff, based on their level of licensure and training, shall provide emergency care only under patient-inmate specific individual orders based on clinical indications. The orders may be given verbally or telephonically when the provider is not present.
8. Nursing staff, based on their level of licensure and training, shall provide ACLS emergency care requiring cardiac rhythm interpretation only under orders of a provider who is at the scene and directly assessing the patient-inmate.

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D. Institutions will conduct emergency medical response training drills and will provide access to skills training on an ongoing basis (refer to Inmate Medical Services Policies and Procedures, Volume 4, Chapter 12, Policy 4.12.3 Emergency Medical Response Training Drill and Nursing Skills Lab policy).

VI. REFERENCES

- California Code of Regulations, Title 15 § 3351 (a) and § 3354 (f)(1)
- California Code of Regulations, Title 16, §1016
- California Department of Corrections and Rehabilitation, Mental Health Services Delivery System Program Guide, 2009 Revision, Chapter 10, Suicide Prevention and Response
- California Department of Corrections and Rehabilitation, Emergency Alarm Response Plan
- Inmate Medical Services Policies and Procedures, Volume 4, Medical Services, Chapter 12, Policy 4.12.3, Emergency Medical Response Training Drill and Nursing Skills Lab Policy
- American Heart Association, Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care
- 2005 Policy Memorandum entitled “Policy Regarding Peace Officer’s Responsibility for Use of Cardio Pulmonary Resuscitation – Overall Directives”