



# CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES

<b>VOLUME 4: MEDICAL SERVICES</b>	Effective Date: 8/08
<b>CHAPTER 12: EMERGENCY MEDICAL RESPONSE</b>	Revision Date(s): 7/2/12
<b>4.12.2: EMERGENCY MEDICAL RESPONSE SYSTEM PROCEDURE</b>	Attachments: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

## I. PROCEDURE OVERVIEW

Implementation of this procedure will ensure that medically necessary medical response, treatment, and transportation is available and provided twenty-four (24) hours per day to patient-inmates, employees, contract staff, volunteers, and visitors.

## II. DEFINITIONS

**Definitive Care:** The completion of appropriate care in a setting such as a hospital emergency department under the care of physician(s).

**First Responder (FR):** The first staff member certified in Basic Life Support (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 cardiopulmonary resuscitation (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 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 Registered Nurse (RN) has contact with the patient-inmate, or communicates via radio or telephone with the HCFR.

**Urgent Condition:** Any medical condition that would not result in further disability or death if not treated immediately, but requires professional attention and has the potential to develop such a threat if treatment is not provided within 24 hours.

**Urgent Health Care Request:** An urgent health care request for immediate medical attention is based on the patient-inmate's or non-health care staff's belief that a medical condition, signs, or symptoms require immediate attention by staff trained in the evaluation and treatment of medical problems.

## III. GENERAL INSTRUCTIONS

- All staff has the authority to initiate a 9-1-1 call for Emergency Medical Services (EMS).
- Any individual who encounters a medical emergency is responsible for summoning assistance by the most expeditious means available, e.g., personal alarm device, two-way radio, whistle, shouting, or telephone.
- Any patient-inmate may request medical attention for an urgent or emergent health care need from any California Department of Corrections and Rehabilitation (CDCR) or

# CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES

California Correctional Health Care Services employee. The employee shall in all instances notify health care staff without unreasonable delay.

- To efficiently activate a community EMS response and notify appropriate facility staff of a medical emergency, Local Operating Procedures (LOP) shall identify a single point of contact for reporting medical emergencies and establish the mechanism to contact appropriate parties.
- Activation of the institutional Emergency Medical Response System and the community EMS system shall occur as necessary to ensure the most appropriate 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 during a medical emergency unless the safety of staff, patient-inmates, or the general public would be compromised.
- If a patient-inmate is unable to be resuscitated, the decision to terminate CPR shall be made by a physician or a mid-level provider, community EMS personnel, or by a RN if CPR was initiated for a patient-inmate who exhibits clear signs of death as described in Section IV.B.4(a) below. Pronouncement of death shall only be determined and made by a physician or a mid-level provider per LOP.

## IV. PROCEDURE

### A. Urgent Response, Treatment, and Transportation

1. Upon notification or discovery of an urgent health care need, the staff member shall call the designated clinical area.
2. The requesting staff member shall provide a brief description of the nature of the request to the clinical staff.
3. Direct contact with the patient-inmate by licensed clinical staff shall occur in person or by phone, and be provided for all patient-inmates requesting urgent medical attention.
4. A RN, physician, or mid-level provider shall evaluate the patient-inmate's request by one of the following options:
  - a. Arrange to have the patient-inmate brought to the clinic.
  - b. Arrange to have the patient-inmate brought to the Triage and Treatment Area (TTA).
  - c. Evaluate the patient-inmate in his/her housing unit or current location.
  - d. Talk directly to the patient-inmate via telephone, and thoroughly document the encounter on a CDCR Form 7230, Interdisciplinary Progress Notes.
5. The licensed clinical staff members shall document the evaluation in the Unit Health Record (UHR) using an appropriate form. Documentation of the encounter must clearly state the disposition and the rationale for the disposition decision.

# CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES

6. The RN, physician, or mid-level provider may direct other licensed staff to obtain vital signs and other clinical data and report the information to them.
7. All urgent encounters resolved in the yard or yard clinic after hours shall be documented on CDCR Form 7230, Interdisciplinary Progress Notes, and discussed by the Primary Care Team the following business day.
8. All dispositions for urgent conditions shall be made at the RN level of licensure or higher.

## **B. Emergency Medical Response**

1. A FR shall evaluate the situation and initiate appropriate First Aid and/or BLS measures, including establishing airway, breathing, circulation, controlling bleeding, and administering CPR. The FR shall also:
  - a. Briefly evaluate the patient-inmate and situation, then immediately notify health care staff of a possible medical emergency, and summon the appropriate level of assistance.
  - b. Inform the health care staff of the general nature of the emergency including the general status of the patient-inmate. This may include whether the patient-inmate is conscious, breathing, bleeding, or other observable patient-inmate conditions and complaints.
  - c. Immediately initiate CPR if appropriate.
  - d. Initiate community EMS activation if necessary.

If CPR is not initiated due to the condition of the patient-inmate, the reason(s) must be clearly documented.

2. Custody Protocol
  - a. In medical emergencies, the primary objective is to preserve life. All peace officers who respond to a medical emergency shall provide immediate life support until medical staff arrives to continue life support measures. All peace officers must carry a personal CPR mouth shield at all times.
  - b. The peace officer must evaluate and ensure it is reasonably safe to perform life support by effecting the following actions:
    - 1) Sound an alarm (a personal alarm or, if one is not issued, an alarm based on the LOP must be used) to summon necessary personnel and/or additional custody personnel.
    - 2) Determine and respond appropriately to any risk of exposure to blood borne pathogens by adhering to standard precautions.
    - 3) Determine, isolate, contain, and control the emergency and significant security threats to self or others including any circumstances causing harm to the involved patient-inmate.
    - 4) Initiate life saving measures consistent with training.

# CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES

- c. The responding peace officer will document on CDCR Form 837, Crime/Incident Report, the decisions made regarding immediate life support and actions taken or not taken (Section IV.B.4.(a) below), 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/Licensed Vocational Nurse (LVN)/Licensed Psychiatric Technician (PT) shall:
    - a. Respond as quickly as conditions permit to the scene of the medical emergency with an emergency medical response bag and Automated External Defibrillator (AED), and initiate and/or assist with CPR if indicated.
    - b. Make an initial assessment of the situation and determine whether a medical emergency is present.
    - c. Notify the TTA with relevant clinical information within eight (8) minutes of the initial call for an emergency medical response if an RN is not already at the patient-inmate location.

In all cases, a RN or higher level of licensure shall be responsible for determining the disposition of the patient-inmate and communicating this information to the HCFR either in person or via radio/telephone.

The HCFR shall initiate community EMS activation if needed and not already completed by the FR.

4. The HCFR shall begin appropriate medical treatment and assume responsibility for directing any medical care already in progress.
  - a. The HCFR shall determine if CPR is appropriate and continue CPR in the absence of:
    - 1) Rigor mortis
    - 2) Dependent lividity
    - 3) Tissue decomposition
    - 4) Decapitation
    - 5) Incineration

If one or more of the above signs is present, then the HCFR will determine the patient-inmate to be deceased. The official pronouncement of death is the responsibility of the physician or mid-level provider per LOP.

- b. CDCR Form 7462, Cardiopulmonary Resuscitation Record:
  - 1) The CDCR Form 7462, Cardiopulmonary Resuscitation Record, shall be maintained on the emergency/crash cart for immediate access, and be completed by a RN or designee during a respiratory and/or cardiac arrest event.
  - 2) All drugs administered during the respiratory and/or cardiac arrest event shall be read back and documented by the recorder, in the spaces provided on CDCR Form 7462, Cardiopulmonary Resuscitation Record, at the time of administration.

# CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES

- 3) All other resuscitative measures shall be read back and documented in the spaces provided on CDCR Form 7462, Cardiopulmonary Resuscitation Record as they occur.
  - 4) Names of the team members involved in the code shall be documented in the space provided. Sections of CDCR Form 7462, Cardiopulmonary Resuscitation Record that are not applicable to a specific patient-inmate shall be marked "N/A."
  - 5) All team members involved in the code, e.g., Physician, RN, LVN, must sign CDCR Form 7462, Cardiopulmonary Resuscitation Record, next to their name under the "Team Member" column.
- c. Once started, CPR shall continue until:
- 1) Resuscitative efforts are transferred to a rescuer of equal or higher level of training.
  - 2) The patient-inmate is determined by a physician or mid-level provider to be deceased.
  - 3) Effective spontaneous circulation and ventilation have been restored.
  - 4) Emergency responders are unable to continue because of exhaustion or safety and security of the rescuer or others is jeopardized.
  - 5) A written, valid Do Not Resuscitate (DNR) order is presented. If there is any suspicion that a patient-inmate's cardiopulmonary arrest is not part of a natural or expected death, e.g., the patient-inmate's condition is a result of an attempted suicide, resuscitation efforts shall be continued regardless of the existence of a DNR, Physician's Orders for Life Sustaining Treatment, or Advance Directive to the contrary, and resuscitative efforts shall be commenced and continued until other indications to cease are present.
  - 6) RN determines that obvious signs of death are present (Section IV.B.4(a) above) and may direct that CPR be discontinued.

## **C. Definitive Care and Patient-Inmate Transportation**

1. Based on the patient-inmate's clinical condition and emergency situation, the RN and the Primary Care Provider shall be responsible for:
  - a. The continuations of medical treatment until community EMS responders arrive and assume care and transport the patient-inmate.
  - b. Directing the transportation of the patient-inmate to the nearest site equipped and staffed for definitive care.
  - c. Continuing treatment on location and directing EMS personnel to the scene, if clinically appropriate.
2. Transportation Requirements
  - a. Patient-inmates shall only assist with transportation if they are part of the fire crew.

# CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES

- b. CDCR Form 7252, Request for Authorization of Temporary Removal for Medical Treatment, will be initiated by health care staff and given to the designated custody representative, e.g., Associate Warden of Health Care, Watch Commander, for final completion and approval. After the form is completed it is forwarded to the custody transportation team.
  - c. The transport of a patient-inmate via code three (3) ambulance shall not be unnecessarily delayed in order to complete the CDCR Form 7252, Request for Authorization of Temporary Removal for Medical Treatment, or to obtain other approvals from custody staff.
  - d. EMS personnel will transport the patient-inmate to a community emergency facility according to local EMS agency policies and procedures.
3. Notification
- a. During regular business hours (Monday through Friday) the TTA RN shall notify the Chief Medical Executive (CME) or designee and TTA Supervising RN or designee 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, and possible overdoses that require medical emergency transport.
  - b. During non-business hours on evenings, nights, weekends, and holidays the TTA RN shall notify the institution Medical Officer of the Day (MOD) or Physician-On-Call (POC) as soon as possible to inform him or her of the patient-inmate status and transport decision. The MOD or POC shall notify the CME or designee by the next business day.
  - c. For patient-inmates transferred to a community emergency facility, the TTA provider or RN shall contact the receiving facility and provide a report, including available clinical information.

## D. Documentation

1. General Requirements
  - a. The RN will complete a CDCR Form 7219, Medical Report of Injury or Unusual Occurrence, for all work-related injuries or per custody requirements.
  - b. The HCFR shall document his/her findings and interventions on the CDCR Form 7463, First Medical Responder – Data Collection Tool and sign this form.
  - c. In the event of a patient-inmate death and if CPR is not initiated by non-health care staff, then non-health care staff will document the reason(s) on CDCR 837-A-1, Crime/Incident Report Supplement.
  - d. The use of an AED will be documented by a health care staff member. If the AED has download capability, the electronic information record shall be downloaded, printed, and added to the patient-inmates' UHR.
  - e. Notice of discharge of an AED shall be reported to the local county EMS utilizing the forms provided by that entity.

# CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES

- f. Documentation of any additional care and treatment provided by other clinical responders at the scene shall be completed on a CDCR Form 7230, Interdisciplinary Progress Notes.
  - g. The emergency medical response documentation shall be signed, dated, and timed. All documentation shall be delivered to the TTA RN immediately at the time the patient-inmate arrives in the TTA or as soon as possible if the patient-inmate was transferred directly to a community emergency department.
  - h. The TTA RN shall contact the psychiatrist on duty regarding patient-inmates who present with self-inflicted injuries.
2. TTA Documentation Requirements
- a. A TTA Log shall be maintained in the TTA at each institution.
  - b. Care and treatment shall be documented on the CDCR Form 7464, Triage and Treatment Services Flow Sheet.
  - c. BLS and Advanced Cardiac Life Support (ACLS) shall be documented on the CDCR Form 7462, Cardiopulmonary Resuscitation Record.
  - d. Care delivered according to RN protocols shall be documented on the appropriate RN protocol forms.
  - e. On arrival at the TTA, the RN shall remain with the patient-inmate and continue monitoring the patient-inmate's status until any resuscitative efforts are terminated, or until emergency medical service personnel assume patient-inmate care. During this time, the RN shall record the following:
    - 1) Patient-inmate identification data (CDCR number, or, if unavailable, other identifying data).
    - 2) Description of initial events and patient-inmate presentation (patient-inmate location, position, and witness description of events).
    - 3) Times various treatments and procedures are rendered.
    - 4) Name and title of the RN, name and title of the person to whom the patient-inmate is transferred, the date and time of the transfer, and the RN's signature.
  - f. TTA staff shall attach all relevant documentation to the CDCR Form 7464, Triage and Treatment Services Flow Sheet, for inclusion in the patient-inmate's UHR.
3. Transport Documentation Requirements
- a. Copies of the CDCR Form 7464, Triage and Treatment Services Flow Sheet, CDCR Form 7462, Cardiopulmonary Resuscitation Record, if applicable, and all attachments shall be provided to the emergency medical service transport staff if the patient-inmate is sent out of the institution.
  - b. CDCR Form 7252, Request for Authorization of Temporary Removal for Medical Treatment.
  - c. Sally port officers are to maintain a standardized log of all emergency vehicle traffic entrances and exits, including times.