1.0 **PURPOSE**

The purpose of this policy is to establish standards that ensure emergency services are available for staff and inmates twenty-four (24) hours a day at the correctional facilities.

2.0 **REFERENCES AND DEFINITIONS**

.1 References

a. Hawaii Revised Statutes: 26-14.6, *Department of Public Safety*; and 353C-2, *Director of Public Safety, Powers and Duties*.


.2 Definitions

a. **Emergency**: Medical, mental health or dental care for an acute illness that is imminently life-threatening or an unexpected health need that requires immediate medical attention that cannot be deferred to clinic or the next scheduled sick call.

b. **First Aid**: The care for a condition that requires immediate assistance from a trained person.

c. **Automated External Defibrillator (AED)**: An electronic device that interprets cardiac rhythms and, if appropriate, delivers an electrical shock to the patient’s heart to establish a rhythm.

3.0 **POLICY**

.1 Emergency medical evacuations shall be available twenty-four (24) hours a day at all correctional facilities. Emergency care shall be provided, as available and appropriate, by the physician, the nurse or other correctional employees trained in
CPR/First Aid, paramedic transport staff and emergency room staff of local community hospitals.

.2 Each facility shall have clearly defined procedures for prompt emergency transport of a patient; access to emergency medical vehicles, access and use of one or more hospital emergency departments or other appropriate facilities; on-call physician services, security procedures for the immediate evacuation or transfer of patients for emergency medical care; and a written notification process to the facility Administrator and the Correctional Health Care Administrator. Emergency evacuation procedures shall be routinely rehearsed annually as required by COR.10.1A.07 "Emergency Response Plan."

4.0 PROCEDURES

.1 To ensure prompt handling of medical emergencies medical staff, off site work line supervisors and correctional officers shall be appropriately trained. Training shall be coordinated by Training and Staff Development and the Health Care Division. The frequency of the training shall be every other year unless otherwise recommended by the National Commission on Correctional Health Standards for Jails and Prisons or the American Heart Association standards. The training shall include the following:

a. Recognition of medical emergency signs and symptoms;

b. Administration of emergency first aid and basic cardiopulmonary Resuscitation (CPR);

c. Knowledge in the use of and the designated locations of First Aid Kits;

d. Knowledge in the use of and the designated locations of the AED machine.

e. Methods of obtaining emergency assistance and care;

f. Methods for emergency movement from the facility to definitive care.

.2 When Health Care Staff are available on site during a medical emergency, the medical Unit shall be contacted and the patient shall be transported to the medical unit without delay. In the event that the patient cannot be safely transported to the medical unit, Health Care staff shall respond to the site of the emergency with the AED and the emergency response kit.
The authority to request immediate emergency transportation (911) shall rest with the physician or nurse responding to the emergency. If health care staff are not on duty during a serious emergency, the authority to request immediate emergency transportation shall rest with the Watch Commander.

When responding to an emergency, staff shall secure the scene, call for assistance and render aid until relieved by health care staff or paramedic transport staff. Facility medical and correctional staff shall yield and accept direction from the responding paramedical transport team. The evacuation shall be coordinated with the Watch Commanded. The facility administrator, the on-call physician and the Corrections Health Care Administrator shall be notified about the emergency evacuation as soon as possible.

In the event of a serious medical emergency or imminent death, the inmates' next-of-kin shall be notified according to COR.10.1A.10, “Procedure in the Event of an Inmate Death.”

The Correctional Officer or the work line supervisor shall follow CPR/First Aid procedures when managing serious medical emergencies that occur outside of the correctional facility (notify the facility for back up assistance, secure the scene, call 911 and render aid until relieved by the paramedics). Urgent or non-emergent conditions shall be transported back to the facility. As soon as possible, Central Control and the facilities medical unit shall be notified by the transporting ACO of the incoming emergency.

Telephone numbers of the on-call-physician shall be available in the Central Control Station and other areas of the facility in order that staff can seek advice on medical conditions not requiring immediate evacuation.

All medical equipment, supplies, and materials for emergency response services shall be routinely inspected by health care staff as outlined in the facility policy or Clinical Services Branch Operating Procedures. Equipment and supplies shall be properly maintained and readily available in a designated area. A log shall be kept of inspections and maintenance. The logs shall be kept until the next audit by the National Commission on Correctional Health Care (approximately 2 years). A facility policy shall outline the location, maintenance and inspections of facility first aid kits.
5.0 **SCOPE**

This policy and procedure applies to all correctional facilities and their assigned personnel.

APPROVAL RECOMMENDED:

Medical Director

[Signature]

10/08/07

Date

Health Care Division Administrator

[Signature]

10/08/07

Date

Deputy Director for Corrections

[Signature]

10/09/07

Date

APPROVED:

Clayton [Signature]

10/09/07

Date