1.0 PURPOSE

To establish guidelines that ensure health care staff are prepared to implement the health aspects of a facility’s emergency response plan.

2.0 REFERENCES AND DEFINITION

.1 References

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


.2 Definitions

a. Emergency Response Plan: A Departmental plan that addresses response and evacuation for natural disasters, civil defense emergencies, and fire evacuation.

b. Mass Disaster Drill: A simulated emergency involving multiple casualties that require triage by health staff. Examples are: natural disasters (earthquake, hurricane, flood, Tsunami); internal disasters (riot, fire, mechanical system failure); or external disasters (power outage, explosion).

c. Man-Down Drill: A simulated medical emergency affecting one individual who is in need of immediate medical intervention. It involves life-threatening situations commonly experienced by health staff in correctional settings.

d. Critique: A review of reports and actions during and after a drill or simulated event.
3.0 **POLICY**

.1 The health aspects of the Departmental emergency response plan are coordinated by the facility administrator and the health authority. The health aspects of the emergency plan should include, but is not limited to, alerting outside support such as an ambulance or air lift; where medical care will be provided, what emergency supplies are needed; and specific roles of health staff.

.2 One mass disaster drill is conducted annually in each facility that involves as many sections and staff as possible. Over a three (3) year period all shifts shall participate in a mass disaster drill.

.3 A man-down drill is practiced once a year on each shift with regularly assigned health staff.

.4 Any communications made during the exercise shall commence with the statement, “This is a drill.”

.5 All mock events or drills are critiqued within seventy-two (72) hours of the event. The outcome of the drill and any deficiencies are shared with participants and all health staff at the next scheduled monthly meeting.

.6 At minimum, participants are individually notified of any deficiencies detected during the exercise and the correct response that is required within thirty (30) days of the exercise.

4.0 **PROCEDURES**

.1 The facility Health Authority (HA) or designee shall be responsible for coordinating and designing the mass disaster and man down drill with the Branch Administrator (BA) and the Watch Commander (WC).

.2 A person, or persons for large exercises, designated as the recorder shall not participate in the exercise and shall record the significant events of the exercise (e.g., description of the exercise, start time, person(s) reporting, effectiveness of alerts or communications, staff response and times, first on the scene, treatments administered, arrival/departure of emergency transport, disposition of patient(s), stop time.) A copy of the report shall be submitted to the BA, HA and WC within twenty-four (24) hours of the event.
.3  The report of the exercise shall be critiqued by the BA, HA and WC with seventy-two (72) hours of the exercise. The HA shall retain a copy of the report, the critique and corrective action, if necessary, for review by auditors.

5.0 **SCOPE**

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

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**APPROVAL RECOMMENDED:**

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<tbody>
<tr>
<td>Acting Medical Director</td>
<td>David Saldana, MD</td>
<td>10/6/15</td>
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<td>Medical Director</td>
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<td>Health Care Division Administrator</td>
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<td>Deputy Director for Corrections</td>
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<tr>
<td>Director</td>
<td>Victor R. Escobedo</td>
<td>OCT 20 2015</td>
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