

HS-18.02, "Emergency Care," November 1, 2006

SCDC POLICY/PROCEDURE

NUMBER:HS-18.02

TITLE: EMERGENCY CARE

ISSUE DATE: November 1, 2006

RESPONSIBLE AUTHORITY: DIRECTOR FOR HEALTH SERVICES

OPERATIONS MANUAL:HEALTH SERVICES

SUPERSEDES: HS-18.02 (May 1, 2002)

RELEVANT SCDC FORMS/SUPPLIES: 19-29A

ACA/CAC STANDARDS:3-ACRS-4E-02, 3-ACRS-4E-18, 3-ACRS-4E-19, 3-4350, 3-4351, 3-4352

STATE/FEDERAL STATUTES: NONE

SCDC MEDICAL DIRECTIVES: 300.A-14b, 900.A-4

NOTE: THIS POLICY/PROCEDURE MUST BE POSTED IN A CONSPICUOUS LOCATION NEAR THE TELEPHONE AT EACH SECURITY POST.

PURPOSE: To provide guidelines for responding to medical emergencies.

POLICY STATEMENT: The South Carolina Department of Corrections is committed to protecting the health and well being of all inmates within the SCDC. To ensure that Agency personnel provide appropriate and timely response to emergency medical situations, designated Agency employees will be trained to respond to medical emergencies within four (4) minutes. Appropriate care will be afforded in a medical emergency in accordance with all applicable Agency policies/procedures, American Correctional Association Standards, and state and federal statutes. (3-ACRS-4E-02, 3-ACRS-4E-18, 3-ACRS-4E-19, 3-4350, 3-4351, 3-4352)

TABLE OF CONTENTS

1. EMERGENCY CARE PROCEDURES
2. SUICIDE/HOMICIDE ATTEMPTS, INCLUDING HANGINGS
3. DENTAL/MENTAL HEALTH EMERGENCIES
4. RELEASE OF AN INMATE FROM A COMMUNITY EMERGENCY ROOM
5. MEDICAL RECORD
6. DOCUMENTATION
7. MEDICAL STAFF FOLLOW UP
8. FIRST AID KITS
9. ON-CALL PHYSICIAN AND BEHAVIORAL MEDICINE LISTS
10. FIRST AID TRAINING
11. MEDICAL CO-PAYMENT
12. DEFINITIONS

SPECIFIC PROCEDURES:

1. EMERGENCY CARE PROCEDURES:

1.1 At institutions with 24 hour nursing coverage, or at other institutions while medical staff is on duty:

1.1.1 If a medical, dental, or mental health emergency occurs, the emergency should be referred immediately to the medical personnel on duty for assessment/treatment.

1.1.2 Whenever possible, the inmate should be brought to the institutional medical office for assessment/treatment. In cases where responding non-medical staff feels that moving the inmate may be detrimental, they will contact the medical staff for instructions on further action.

1.1.3 When there is a mental health emergency, the inmate will be referred to the medical/mental health staff for assessment prior to the inmate being removed from the general population. (For more information, see SCDC Policy/Procedure HS-19.01, "Placement of Inmates in Mental Health Observation and/or Crisis Intervention Status.")

1.2 At institutions without 24 hour medical staff, during the hours of no medical staff on duty:

•1.2.1 Life-Threatening Emergency: If an inmate experiences a life-threatening emergency, EMS should be called immediately (911 or the local emergency number). Responding Correctional Officers will administer first aid as is appropriate to the situation and to their training. The senior official on duty will be responsible for ensuring that the inmate is transported immediately under proper security by ambulance or by a state vehicle to the designated community hospital emergency room. S/he will notify the medical staff at the covering institution and will provide the following information:

- inmates name and SCDC number;
- time and nature of the emergency;
- where the inmate was taken; and
- who transported the inmate and by what mode of transport, e.g., SCDC vehicle or county ambulance, etc. (3-ACRS-4E-02, 3-4350)

1.2.2 Non Life-Threatening Emergency: If an inmate experiences a non life-threatening emergency, responding staff will call the covering medical office for instructions in how to handle the situation.

2. SUICIDE/HOMICIDE ATTEMPTS, INCLUDING HANGINGS:

2.1 If there are signs of life, or if the responder believes resuscitation may be possible, s/he must initiate appropriate first aid/CPR. CPR should be continued while waiting for medical staff to arrive.

2.1.1 If medical staff is on duty, they should be contacted immediately and should respond to where the injured inmate is or have the inmate transported, if possible, to the medical area. An inmate should never be moved if there is reason to believe there is a spinal injury. The Control Room Officer should be contacted also, who will notify first responders to respond, if necessary.

2.1.2 If no medical staff is on duty, and the inmate has life-threatening injuries, persons responding should call EMS (911 or the local emergency phone number) and then the medical staff at the covering institution.

2.1.3 If no medical staff is on duty and the inmates injuries are not life threatening, persons responding to the situation will call the medical staff at the covering institution for further instructions.

2.2 If there are no signs of life, the body will not be moved from the scene. Medical should respond to the area. (NOTE: It is a violation of state law for the body to be moved without the authorization of the coroner.) However, whether there is life or not, if the inmate is found hanging, s/he should be immediately cut down.

2.2.1 If medical staff is on duty, they will be notified and the area secured. The medical staff will come to the scene and the procedures outlined in SCDC Policy/Procedure HS-18.04, "Inmate Death," will be followed.

2.2.2 If no medical staff is on duty, the persons discovering the body will secure the area, the medical staff at the covering institution will be notified, and the procedures outlined in SCDC Policy/Procedure HS-18.04, "Inmate Death," will be followed. If the inmate is not at his/her assigned (home) institution, an employee from the institution where the suicide occurred should notify the home institution.

2.3 If an inmate is found hanging, staff members will contact First Responders to bring the rescue knife from the control room. First responders arriving at the scene will cut the inmate down immediately using C-Spine stabilization (supporting the head), check for signs of life, and initiate appropriate action as described above. The rope must be cut at some point away from the knot so that the knot remains intact. The noose should be loosened without interfering with the knot. (NOTE: It is a violation of state law for a body to be moved without the authorization of the coroner. This does not mean, however, that an inmate should be left hanging or that an employee will be prosecuted for trying to resuscitate an inmate.) The scene should be secured and the steps outlined in SCDC Policy/Procedure HS-18.04, "Inmate Death," must be followed.

2.4 Responsibilities of the First Officer on the Scene:

2.4.1 Notify other staff members, i.e., call for help, etc.; and

2.4.2 Commence initial first aid, i.e., control bleeding, begin CPR, etc.

2.5 Responsibilities of the Second Officer on the Scene:

2.5.1 Notify medical staff and, if the injuries are immediately life threatening, notify the Control Room and provide information about the type of injury, how the injury occurred, and the inmate's condition. The Control Room will call EMS (911 or the local emergency number) and the Shift Supervisor;

2.5.2 If no medical staff is on duty and if the injuries are immediately life threatening, notify the Control Room who will call EMS (911 or the local emergency number) and the Shift Supervisor; or if the injuries are not life threatening, call the medical staff who covers that institution after hours.

2.5.3 Clear the area of other inmates;

2.5.4 Arrange to move the living, injured inmate to Medical, if possible;

2.5.5 Notify his/her immediate supervisor;

2.5.6 Assist with first aid as necessary; and

2.5.7 Maintain security and preserve the scene as much as possible.

2.6 Responsibilities of the Supervisor:

2.6.1 Ensure that facility medical staff/EMS/covering institutions medical staff have been notified and that instructions given are being followed;

2.6.2 Supervise and assist with first aid and CPR;

2.6.3 Ensure that staff cooperates with medical staffs entry of area and evacuation of the victim (when appropriate); (This includes arranging for an Officer to guide EMS personnel to the site and arranging for Officers to be alert in order to open gates quickly for EMSs arrival/transportation of inmate to medical/hospital.) and

2.6.4 Notify the EAC.

2.7 Responsibilities of Medical Staff:

2.7.1 Continue first aid/CPR and refer as appropriate; and

2.7.2 Instruct security staff in what transport is needed to move the inmate to the appropriate medical facility.

3. DENTAL/MENTAL HEALTH EMERGENCIES: For medical situations that are serious, but not immediately life threatening, the senior official on duty will contact medical staff at the covering institution for instructions. (NOTE: This includes dental and mental health emergencies.)

3.1 Dental Emergencies: The medical staff at the covering institutions will give specific instructions to the institutional Correctional Officer staff. A true dental emergency (e.g., fractured jaw, uncontrolled bleeding, gross oral trauma, etc.), especially if it occurs after hours, requires immediate referral to medical for assessment and treatment. (NOTE: Urgent dental problems may be painful, but they seldom constitute an emergency. The senior Officer on duty should call the medical staff at the covering institution, and the inmate should be treated as soon as possible by a nurse or physician extender with a physician on-call to prescribe medication as needed. Urgent dental conditions should be seen at the next scheduled dental clinic.)

3.2 Mental Health Emergencies: The inmate should not be left alone. If needed, Correctional Officer staff may take necessary precautions to separate the inmate from others and/or restrain the inmate until such time that medical/mental health personnel at the covering institution are able to assess the inmate. (For more information, see SCDC Policy/Procedure HS-19.01, "Placement of Inmates in Mental Health Observation and/or Crisis Intervention Status.") (3-ACRS-4E-02, 3-4350)

4. RELEASE OF AN INMATE FROM A COMMUNITY EMERGENCY ROOM:

4.1 The officer must request that the emergency room staff contact the institutional or covering Medical staff to give a report on the inmate. (Note: The Warden is responsible for ensuring that the transporting officer has a telephone number for the institutional or the covering Medical Clinic. If the emergency room staff will not call the Medical staff, the officer will contact his/her control room and request that the Shift Supervisor call the institutional or covering Medical staff to request that a medical staff member call the Emergency Room to obtain the necessary medical information on the inmate. The office must ensure that s/he obtains the inmate's discharge paperwork from the Emergency Room staff and that this paperwork accompanies the inmate.

4.2 If the inmate does not need further medical attention, the institutional Medical or covering medical staff will direct that the inmate be returned to his/her assigned institution, and the institutional medical staff will be responsible for providing follow-up care. The inmate will be cleared to return to his/her institution by the covering medical staff if deemed necessary.

5. MEDICAL RECORD: If an inmate is transported to another facility for emergency care, his/her medical record does not need to accompany him/her. SCDC medical staff who will evaluate the inmate will use the Automated Medical Record (AMR) for their evaluation. The SCDC medical record is never taken to a community facility.

6. DOCUMENTATION: The Officer will document any emergencies in the security posts logbook and on SCDC Form 19-29A, "Incident Report." A copy of the "Incident Report" will be forwarded to the medical staff the next working day. The "Incident Report" and log must, at a minimum, include the following:

- name and SCDC # of the inmate;
- time and nature of the emergency;
- names of individuals notified;
- instructions given by the medical staff, and name(s) of the medical staff member(s);
- disposition of the inmate; and
- mode of transportation from the institution (if applicable). (3-ACRS-4E-02, 3-4350)

7. MEDICAL STAFF FOLLOW UP: When an inmate has been sent out of the institution for emergency care, the institutional medical staff or the medical staff at the covering institution, as appropriate, will ensure that emergency treatment and follow-up have been rendered.

8. FIRST AID KITS: First aid kits will be located in designated areas agreed upon by the Warden and the Health Care Authority (HCA). All employees will be informed of the location of the first aid kits. The contents of the first aid kits will be determined by the HCA and approved by the Director of Nursing. (See Medical Directive 300.A-14b, "First Aid Kits and OTC Medication," for a list of recommended minimum contents.) The maintenance, inventory schedule, and restocking responsibilities will be coordinated by the HCA. A list of the contents will be posted nearby or in the first aid box. (3-ACRS-4E-19, 3-4352)

9. ON-CALL PHYSICIAN AND BEHAVIORAL MEDICINE LISTS: The Director of Clinical Services/Designee and the Director of Mental Health Services/Designee will develop a current "Physician On-Call" and a "Behavioral Medicine On-Call" list which will be maintained in each medical office. The on-call physicians will be contacted as appropriate by either the institutional medical staff or the medical staff of the covering institution for medical, dental, or mental health emergencies. Behavioral medicine staff will be on call and will be contacted by the medical staff as needed for mental health emergencies. (3-ACRS-4E-02, 3-4350)

10. FIRST AID TRAINING:

10.1 Designated Agency personnel will be trained to respond to emergencies within four (4) minutes.

10.2 A Correctional Officer Basic First Aid and CPR Training Program will be conducted by the Training Division during the Correctional Officer Basic Certification Program for new Officers. Included in the first aid training program will be:

- laws and consents regarding medical treatment;
- signs and symptoms of illness;
- actions required in potential emergency situations;
- methods of administering first aid and cardiopulmonary resuscitation (CPR);
- methods of obtaining assistance in emergency situations;
- signs and symptoms of mental illness, retardation, and chemical dependency; and
- general guidelines for patient transfers to appropriate medical facilities or health care providers with specific instructions to be covered in institutional training.

10.3 A written and practical skills exam will be administered to test the knowledge obtained in the first aid program.

10.4 An annual review of the basic first aid training program will be conducted by the Director for Health Services/ designee.

10.5 First aid training will be mandatory for security personnel once every three (3) years. All other employees with direct inmate contact/supervision are strongly encouraged to attend this training once every three (3) years.

10.6 SCDC security personnel and professional medical staff members will be required to maintain CPR certification. Those medical staff members who are physically unable to perform CPR must at a minimum audit the scheduled training. All other employees with direct inmate contact/supervision are strongly encouraged to attend this training every two (2) years. (3-ACRS-4E-18, 3-4351)

11. MEDICAL CO-PAYMENT: SCDC is authorized to charge inmates a co-payment fee for any routine or emergency medical care and consultation service initiated or requested by the inmate. See SCDC Policy/Procedure HS-18.17, "Medical Co-payment," for additional information.

12. DEFINITIONS:

Dental Emergency refers to a traumatic injury/fracture of the facial bones or teeth, uncontrolled bleeding in the oral cavity, and/or infections not treated by or not responsive to antibiotic therapy.

Urgent Dental Condition refers to conditions such as toothaches, abscesses, post-extraction complications, and broken teeth.

Life Threatening Emergency refers to an emergency such as excessive bleeding, unconsciousness, severe injury, blocked airway, etc., which must be referred immediately to medical personnel.

Mental Health Emergency refers to situations where an inmate displays irrational and/or uncontrolled emotional behavior that staff believe is, or could become, dangerous and/or result in injury.

Non-Life Threatening Emergency for the purposes of this policy/procedure refers to a situation that needs the attention of medical staff for an inmates injury or illness, but does not require immediate medical attention to prevent loss of life or limb. Examples would include sprains, possible broken bones, lacerations, continued vomiting, new onset of seizures, etc. This does not include those situations that can be treated by the inmate with over the counter medication or problems that can be addressed at the next scheduled sick call.

SIGNATURE ON FILE

-

s/Jon Ozmint, Director

ORIGINAL SIGNED COPY MAINTAINED IN THE DIVISION OF POLICY DEVELOPMENT.