Minnesota Department of Corrections

Policy:	**500.012**
Title:	**Offender Emergency Health Care**
Effective Date:	**3/6/18**

PURPOSE: To provide direction to health services and security staff, 24 hours per day, in the event of a medical, dental, or mental health emergency.

APPLICABILITY: All facilities

DEFINITIONS:
Emergency health care – care for an acute illness or unexpected medical, dental, or mental health care need that cannot be deferred until the next scheduled sick call or clinic.

PROCEDURES:

A. Training

1. Per Policy 103.410, "In-Service Training," all facility health services clinical staff receive annual training in emergency first aid, including:
   a) Recognition of signs and symptoms and knowledge of action required in potential emergency situations;
   b) Administration of basic first aid and oxygen;
   c) Certification in cardiopulmonary resuscitation (CPR) in accordance with the recommendations of the certifying health organization, every two years;
   d) Methods of obtaining assistance;
   e) Signs and symptoms of mental illness, violent behavior, and acute chemical intoxication and withdrawal;
   f) Procedures for offender transfer to an appropriate medical facility emergency room; and
   g) Suicide intervention.

2. Per Policy 103.410,"In-Service Training," and Policy 301.142, "Automated External Defibrillators," all first responders are trained annually in the use of automated external defibrillators (AEDs).

3. Per Policy 103.410, "In-Service Training," all facility health services clinical staff and corrections (security) officer staff are certified every two years in cardiopulmonary resuscitation (CPR) guidelines. Staff not physically able to perform CPR are exempt from the expected practice.

4. Training must be documented and retained in the electronic training management system.

B. On-call staff

1. A medical practitioner, psychiatrist, and psychologist are on-call at all times for assistance with emergency medical, dental, and mental health situations.
2. Health services staff, and security staff when health services is closed, must have the on-call medical practitioner number available to use at all times.
3. A registered nurse is on-call at all times for nursing staff support.
4. On-call staff must return phone calls within a maximum of 30 minutes.

C. Emergency health care related incident command system (ICS) event

1. Designated correctional (security) staff must respond to health-related situations within a four-minute response time. Health services staff (when on duty) must respond within four minutes of being notified. Health services staff or corrections (security) staff must bring emergency bags and oxygen to the staging area/scene.

2. Once the scene is safe and secured, first responders immediately begin emergency care and CPR (if necessary). Exceptions may be made when:
   a) There are obvious clinical signs of irreversible death (see Guidelines for Initiating Cardiopulmonary Resuscitation (CPR), attached). If there is any question about viability, CPR must be initiated; or
   b) The offender has a validly executed health care directive indicating that resuscitation is not desired (as established in Division Directive 500.125, "Offender Health Care Directive and Power of Attorney").

3. Security staff must complete applicable portions of the After Hours Medical Emergency form for Non-Medical Staff (attached) when gathering information to give to the on-call practitioner. This form must be turned into health services the following day.

4. If the offender can be treated in health services, security staff must assist in the transport.

5. An offender requiring medical monitoring/observation, as deemed necessary by the on-call practitioner, must be transported to the emergency room if registered nurses are not on duty.

6. Health services staff must document all emergency care provided in the offender's medical record.

7. All incident reports are retained at the facility of the incident.

D. Transport to a community medical center

1. If clinically indicated, health services or security staff must call local law enforcement (911) for emergency assistance and possible transport to an appropriate medical facility emergency room. An employee may call local law enforcement (911) even if the on-call medical practitioner does not agree. The on-call practitioner must be notified of all medical transports.

2. An offender may be transported to a community medical center by a facility state car or an ambulance, depending on the medical situation. All offenders with unstable health conditions must be transported by ambulance. Facility staff may override a practitioner's order to transport by state car if the staff person determines an ambulance is necessary; however, a practitioner's order to transport by ambulance cannot be overridden. Any questions regarding the appropriate mode of transportation must default to an ambulance.

E. An offender receiving after hours health intervention who remains at the facility, including an offender who received no intervention but an on-call practitioner was contacted, must be assessed by a registered nurse during the following shift. If indicated by the assessing nurse staff, the offender must also be scheduled to see the facility medical practitioner.

INTERNAL CONTROLS:

A. Staff training records are retained in the electronic training management system.

B. Incident reports are retained by facility administration.

C. Emergency care is documented in the medical record.

ACA STANDARDS: 1HC-1A-04, 1-HC-1A-08, 1-HC-1A-09, 4-4349, 4-4351, 4-4383, and 4-4389

REFERENCES: Minn. Stat. §241.021, subd. 4
Policy 301.142, "Automated External Defibrillators"
Policy 105.012, "Continuity of Operations"
Policy 301.140, "Incident Command System"
Policy 500.305, "Mental Health Services On-Call"

REPLACES: Division Directive 500.012, "Offender Emergency Health Care," 2/16/16.
All facility policies, memos, or other communications whether verbal, written, or transmitted by electronic means regarding this topic.

ATTACHMENTS: Guidelines for Initiating Cardiopulmonary Resuscitation (CPR) (500.012A)
After Hours Medical Emergency form for Non-Medical Staff (500.010B)

APPROVED BY:
Deputy Commissioner, Facility Services
Deputy Commissioner, Community Services
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Instructions
500.012LL, "Health Services Disaster IMS Plan"