

Medical Emergency Response.....	1
I. Introduction .....	1
A. General Procedures (4-4351M, 4-ACRS-4C-03M).....	1
B. Emergency Supplies.....	2
C. Emergency Treatment Protocols.....	3
D. Employee and Visitor Emergencies.....	7
II. References .....	7
III. Action .....	8
Attachments.....	9

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<b>Emergency Care</b>	<b>ACA Standards: 2-CO-4E-01, 4-4348, 4-4351M, 4-4380M, 4-4389M, 4-4390, 4-4406, 4-ACRS-4C-03M, 4-ACRS-4C-04M, 4-ACRS-4C-05</b>		
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## Medical Emergency Response

For the purpose of this procedure, the term “facility head” will apply to wardens/administrators responsible for the housing of inmates in the Oklahoma Department of Corrections (ODOC).

### I. Introduction

Procedures for responding to medical emergencies are an essential component of any effective health care system. (2-CO-4E-01) The following procedures have been developed for efficient and expedient responses to medical emergencies occurring at all facilities.

#### A. General Procedures (4-4351M, 4-ACRS-4C-03M)

Each facility provides the availability of 24 hour emergency medical, dental, and mental health care as outlined in a written plan that includes specific arrangements for:

1. On-site emergency first aid and crisis intervention; (4-4351M b #1)
2. Emergency evacuation of the inmate from the facility; (4-4351M b #2)
3. Use of an emergency medical vehicle. (4-4351M b #3) Emergency Medical Services protocols are established by the Oklahoma State Department of Health;
4. Use of a correctional facility vehicle in accordance with [OP-040111](#) entitled “Transportation of Inmates” only in instances where health services personnel determine an emergency medical vehicle is not needed; and only if a community emergency medical vehicle is not available;
5. One or more designated/contracted community emergency

room/hospital to which inmates will be transferred for care; (4-4348, 4-4380M, 4-4351 b#4)

6. Security procedures that provide for the immediate transfer of inmates when appropriate (4-4351M b #6) in accordance with [OP-040111](#) entitled, "Transportation of Inmates";
7. Specific guidelines for transfer and provision of medical care in the event of fire, riot, or natural disaster as outlined in [OP-040111](#) entitled "Transportation of Inmates," [OP-050102](#) entitled "Departmental and Facility Emergency Plans for Riots, Disturbances, Utility Failures and Major Disasters for State Operated Facilities" and [OP-053001](#) entitled "Community Corrections Emergency Plans for Riots, Disturbances and Major Disasters";
8. An identified emergency physician on call 24 hours per day; (4-4351M b #5) and
9. A qualified health care professional (QHCP) will be available on site or on call 24 hours per day.

B. Emergency Supplies

1. Each facility correctional health services administrator (CHSA)/designee will designate specific equipment and supplies to be designated for the emergency kit. Contents will be specific and clinically appropriate for each facility's scope of health care services, responsibilities and population. The emergency kit will be portable and inspected monthly.
2. Each facility will have an emergency area within their medical services unit that contains the following additional equipment, at a minimum:
  - Pulse oximeter
  - Portable oxygen container
  - Suction unit
  - Suction catheters rigid
  - 1000cc Ringer's Lactate or Normal Saline
  - IV starter kit
  - IV stand
  - Tourniquets
  - Needles and syringes, various sizes
  - Splints, slings, casting material
  - Automatic external defibrillator/monitor unit
  - Bag-valve mask
  - Emergency stretcher
  - Personal protective equipment
  - Cervical collar
3. At a minimum, the following emergency medications will be available

in the medical unit at every facility. These medications may only be used at the direction of a medical provider:

Epinephrine injectable 1:1,000 ampule  
Benadryl injectable 50mg/cc  
Lorazepam injectable 2mg/cc  
Narcan injectable 0.4 mg/cc  
Naloxone Kit (Narcan) intranasal  
(2) Ammonia crushable ampules  
(1) 50% Glucose injectable  
12 Aspirin tablets 325 mg. PO  
1 bottle Nitroglycerine tablets 0.4 SL

The facility medical provider may specify additional Advanced Cardiac Life Support (ACLS) medications.

### C. Emergency Treatment Protocols

1. At a minimum, all qualified health care professionals will maintain training in administration of first aid, administration of naloxone (narcan) and cardiopulmonary resuscitation (CPR).
2. Automatic external defibrillators (AED) will be available for use in the facility and used according to the manufacturers guidelines. (4-4390, 4-ACRS-4C-05)
  - a. Training in AED use will be in accordance with [OP-100204](#) entitled "First Aid, Cardiopulmonary Resuscitation and Automated External Defibrillator Training Standards."
  - b. Protocol for AED use will be in accordance with the current training manual approved for agency training.
  - c. Facilities with this equipment will hold annual refresher training for all health services personnel with direct patient care responsibilities, to include return demonstration in the use of the equipment.
3. First aid kits will be available in designated areas of the facility based on need. The availability and placement of first aid kits will be determined by the designated health authority in conjunction with the facility head/district supervisor. The health authority approves the contents, number, location of the first aid kits, and will develop written procedures for monthly inspection of the kit(s) and written procedures for the use of the kits by nonmedical staff. (4-4390, 4-ACRS-4C-05)
4. While incarcerated, victims of sexual abuse will be offered timely information about and timely access to emergency contraceptives and sexually transmitted infections prophylaxis according to medical protocol, where medically appropriate. (PREA 115.82 (c))

5. Alleged victims of non-consensual sexual contact will be provided unimpeded access to emergency medical treatment of crisis intervention services, and referred to a local community provider for any additional treatment, gathering of evidence, and forensic examination. (4-4406, PREA 115.82 (a)) Clinical management will be in accordance with MSRM 140118-01 entitled "Management of Alleged Victims of Non-consensual Sexual Contact." If during non-business hours, staff will notify medical and mental health providers. (PREA 115.82 (b))
  - a. A complaint focused history will be taken by a qualified health care professional and documented as directed in the Nursing Protocol (See MSRM 140117-01) in accordance with [OP-140117](#) entitled "Access to Health Care." (4-4406) Further patient screening will focus on any obvious injury or need for immediate medical treatment, with referral to the local emergency department, and may include but is not limited to the following conditions:
    - (1) Bleeding;
    - (2) History of strangulation;
    - (3) Loss of consciousness or altered level of consciousness;
    - (4) Instrumentation with risk of retained foreign body; and/or
    - (5) Visible significant trauma.
  - b. Alleged victims in need of immediate medical treatment will be evaluated by the facility medical provider or the emergency department prior to the forensic examination.
  - c. The victim will be referred to a local facility capable of collecting forensic evidence, if the victim consents and is cooperative, and all the following criteria are met:
    - (1) The most recent sexual contact was within 120 hours;
    - (2) Penetration of the victim's rectum, vagina or mouth occurred by skin-to-skin contact or instrumentation, or other non-consensual skin-to-skin sexual contact occurred; and
    - (3) The sexual contact was non-consensual.

Alleged victims of non-consensual sexual contact are not to be

sent for a forensic exam if there was no skin-to-skin contact, instrumentation or visible injuries. For example, alleged victims of inappropriate touching outside of the clothes or victims of sexual harassment without touching are not sent for such examinations.

- d. The Fugitive Apprehension and Investigations Unit is responsible for determining when a comprehensive sexual assault exam is necessary. The forensic examiner, emergency department, or Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) will be notified by the qualified health care provider (that the alleged victim is en route) if the Fugitive Apprehension and Investigations Unit verifies that further evaluation is necessary. The QHCP will also notify the facility correctional health care administrator (CHSA) before transport, but will not delay transport if emergent transport is indicated.
  - (1) Prior to forensic examination, urination is to be discouraged, the clothes of the alleged victim will not be removed, and no further tests will be conducted, with any examination limited to the minimum needed to establish the presence or absence of an emergent condition.
  - (2) A change of clothes will be sent with the alleged victim.
  - (3) For the purpose of forensic examination, the victim and the perpetrator will not be sent to the same location at the same time.

Treatment services will be provided to the victim without any co-pay and regardless of whether the victim names the abuser or cooperates with any investigation arising from the reported incident. (PREA 115.82)

- e. Bloodborne pathogen exposures will be managed in accordance with [OP-140125](#) entitled "Bloodborne Pathogen Exposure Control Program." (4-4406 b #2)
- f. Prophylactic treatment and follow-up for sexually transmitted diseases will be offered to all victims as clinically appropriate. (4-4406 b #3)
- g. Following the physical examination, there will be availability for an evaluation by a qualified mental health professional to assess the need for crisis intervention counseling and long-term follow-up. (4-4406 b #4)
- h. A report will be made to the facility head to assure separation

- of the victim from his or her assailant. (4-4406 b #5)
- i. All health services staff will report to the facility head or designee any complaints of sexual assault reported during health encounters.
  - j. If the victim is a female of childbearing age and if clinically indicated, a pregnancy test will be done.
6. Correctional officers and other personnel will be trained to respond to health related situations within a four-minute response time. (4-4389M, 4-ACRS-4C-04M) Documentation of skills competency will be maintained by the training officer. The training program will be conducted on an annual basis and will be established by the responsible CHSA in cooperation with the facility head and will include instruction on the following:
- a. Recognition of signs and symptoms, and knowledge of action required in potential emergency situations; (4-4389M b #1)
  - b. Administration of basic first aid; (4-4389M b #2) (Biennially, per OP-100204 entitled "Basic First Aid, Basic Life Support (BLS) and Automated External Defibrillator (AED) Training Standards.")
  - c. Certification in cardiopulmonary resuscitation (CPR) in accordance with the recommendations of the certifying health organization; (4-4389M b # 3) (Biennially, per OP-100204 entitled "Basic First Aid, Basic Life Support (BLS) and Automated External Defibrillator (AED) Training Standards.")
  - d. Methods of obtaining assistance; (4-4389M b #4, 4-ACRS-4C-04 b #3)
  - e. Signs and symptoms of mental illness, violent behavior, and acute chemical intoxication and withdrawal; (4-4389M b #5, 4-ACRS-4C-04M b #4)
  - f. Procedures for inmate transfers to appropriate medical facilities or health care providers; and (4-4389M b #6, 4-ACRS-4C-04M b #5)
  - g. Suicide intervention. (4-4389M b #7)
  - h. Guidelines for the administration of intranasal naloxone (narcan) will be in accordance with MSRM 140118.03 entitled "Use of Naloxone (Narcan)."
  - i. The "Non-Medical Facility Staff Administration and Access to Naloxone (Narcan)" form ([Attachment A](#), attached) provides

the purpose, training, administration, storage and replacement of Naloxone (Narcan) for trained non-medical facility staff first responders.

- j. The "Probation and Parole Officer Administration and Access to Naloxone (Narcan)" form ([Attachment B](#), attached) provides the purpose, training, administration, storage and replacement of Naloxone (Narcan) for trained probation and parole officers.

#### D. Employee and Visitor Emergencies

1. Health care for all correctional employees and visitors will be limited to emergency care only.
2. Emergency treatment sufficient to stabilize for transport will be rendered to all individuals experiencing life-threatening events.
3. Employees will be afforded health care in regard to communicable diseases, as recommended by the Occupational Safety and Health Association (OSHA), the Centers for Disease Control (CDC), or the Oklahoma State Department of Health (OSDH), as they relate to occupational exposures.
4. Employees will be afforded health care through workers' compensation in regards to communicable diseases, as recommended by the Occupational Safety and Health Association (OSHA), the Centers for Disease Control (CDC), or the Oklahoma State Department of Health (OSDH), as they relate to occupational exposures.

#### II. References

Policy Statement No. P-140100 entitled "Inmate Medical, Mental Health and Dental Care"

OP-040111 entitled "Transportation of Inmates"

OP-050102 entitled "Departmental and Facility Emergency Plans for Riots, Disturbances, Utility Failures and Major Disasters for State Operated Facilities"

OP-053001 entitled "Community Corrections Emergency Plans for Riots, Disturbances, Utility Failures and Major Disasters"

OP-100204 entitled "Basic First Aid, Basic Life Support (BLS) and Automated External Defibrillator (AED) Training Standards"

OP-140117 entitled "Access to Health Care"

OP-140125 entitled "Bloodborne Pathogen Exposure Control Program"

MSRM 140118-01 entitled "Management of Alleged Rape/Sexual Assault"

MSRM 140118.03 entitled "Use of Naloxone (Narcan)"

PREA 115.82 (a) (b)

Centers for Disease Control (CDC)

Oklahoma State Department of Health (OSDH)

Occupation Safety and Health Association (OSHA)

### III. Action

All facility heads are responsible for developing local procedures in conjunction with the CHSA at each facility.

The chief medical officer is responsible for compliance with this procedure.

The director of Health Services is responsible for the annual review and revisions.

Any exceptions to this procedure require prior written approval from the agency director.

This procedure is effective as indicated.

Replaced: Operations Memorandum No. OP-140118 entitled "Emergency Care" dated January 18, 2017

Distribution: Policy and Operations Manual  
Agency Website

<u>Attachments</u>	<u>Title</u>	<u>Location</u>
<a href="#">Attachment A</a>	“Non-Medical Facility Staff Administration and Access to Naloxone (Narcan)”	Attached
<a href="#">Attachment B</a>	“Probation and Parole Officer Administration and Access to Naloxone (Narcan)”	Attached