



**STATE OF MONTANA  
DEPARTMENT OF CORRECTIONS  
POLICY DIRECTIVE**

Policy No. DOC 4.5.20	Subject: <b>EMERGENCY SERVICES AND RESPONSE PLAN</b>
Chapter 4: FACILITY/PROGRAM SERVICES	Page 1 of 4
Section 5: Clinical Services	Effective Date: Jan. 1, 1998
Department Director Signature: /s/ Brian Gootkin	Revised: 4/19/2021
Medical Director Signature: /s/ Dr. Paul Rees	
Clinical Services Division Administrator Signature: Connie Winner	

**I. POLICY**

The Department of Corrections facility health care units will ensure that offender emergency medical, dental and mental health services are available 24 hours-a-day, seven days per week.

**II. APPLICABILITY**

All secure care facilities Department owned and contracted, as specified in contract.

**III. DEFINITIONS**

**Critiques of Drills** – Document activities including response time, names and titles of health staff, and the roles and responses of all participants. Contains observations of appropriate and inappropriate staff response to the drill.

**Emergency Care** – Health care for an acute illness or an unexpected health need that cannot be deferred until the next scheduled sick call or clinic.

**Health Care Staff** – Includes qualified health care professionals and non-licensed health care staff (e.g., medical records staff, health care aides) responsible for offender health care administration and treatment.

**Qualified Health Care Professionals** – Physicians, physician assistants, nurses, nurse practitioners, dentists, mental health professionals and others who by virtue of their education, credentials, and experience are permitted by law to evaluate and care for offenders, including contracted or fee-for-service professionals.

**Man-Down Drill** – is a simulated or actual health care emergency affecting one individual who requires immediate attention. It involves life-threatening situations commonly experienced in correctional setting.

**Mass Disaster Drill** – is a simulated emergency potentially involving mass disruption and multiple casualties that require triage by health staff. It frequently involves a natural disaster (e.g., tornado, flood, earthquake), and internal disaster (e.g., riot, arson, kitchen explosion), or an external disaster (e.g., mass arrests, bomb threat, power outage). If there is an actual event, the requirement for mass casualties is not required.

#### **IV. DEPARTMENT DIRECTIVES**

##### **A. Emergency Services**

1. Health care staff will have a written plan for accessing emergency services, approved by the responsible health authority and facility administrator, that includes the following:
  - a. responsibilities of health staff;
  - b. procedures for triage, including multiple casualties;
  - c. predetermination of the site for care;
  - d. emergency patient transport from the facility;
  - e. use of an emergency medical vehicle;
  - f. use of one or more designated hospital emergency departments or other appropriate facilities;
  - g. emergency on-call physician, mental health, and dental services when the emergency health care facility is not located nearby;
  - h. security procedures for the immediate transfer of patients for emergency medical care; and
  - i. notification of the facility administrator and the responsible health authority or designee.
  - j. procedures for evacuating patients, including in a mass disaster;
  - k. alternate back-ups for each of the plan's elements;
  - l. time frame for response; and
  - m. telephone numbers and procedures for calling health staff and the community emergency response system (e.g., hospitals, ambulances).
2. For mental health emergencies, facilities must have a written plan, approved by the mental health authority and facility administrator, to access need-to-know mental health information by designated staff if no mental health staff are on-site and the information is necessary to provide acute mental health care. The plan must outline:
  - a. definition of mental health emergency;
  - b. on-call mental health procedures including the name, address, and telephone numbers of individuals to be notified and services to be contacted;
  - c. designated staff with permission to access need-to-know information;
  - d. what information these individuals are allowed to access; and
  - e. confidentiality of mental health information.
3. Health care staff will ensure that emergency drugs, supplies, and medical equipment are regularly maintained.
4. Health care staff will follow a written procedure for on-call emergency services.
5. Juveniles who have significant health problems should not be housed in facilities from which the trip to an emergency room would take longer than 15 minutes via ambulance.

##### **B. Emergency Response**

1. Staff will immediately respond to emergencies with appropriate equipment.

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2. It is not necessary for non-health care staff to wait for health care staff to arrive before activating emergency response procedures or initiating emergency intervention.
3. The first person on the scene intervenes until facility health care staff or community emergency responders arrive.
4. In response to an emergency, trained personnel must assess the offender's health status and, when possible, stabilize the offender's condition.
5. Qualified health care professionals must respond to medical emergencies in accordance with specified protocols.

**C. Training**

1. All health care staff will be trained in cardiopulmonary resuscitation (CPR) and emergency medical response procedures, including automated external defibrillator (AED).
2. All correctional staff will be trained in CPR, First Aid, AED, the recognition of medical emergencies, the location of first response emergency equipment, and procedures to obtain emergency assistance. First aid supplies will be available in each housing unit and replenished after use.
3. All staff in direct contact with offenders will receive training in "first on scene" emergency response and intervention.
4. All health care staff and correctional staff will be trained in recognizing and responding to a mental health emergency and obtaining emergency mental health support.
5. The names, addresses, and telephone numbers of individuals to be notified and services to be contacted will be readily accessible to all personnel.
6. Facilities, including satellites, must:
  - a. conduct a minimum of one mass disaster drill annually in the facility so that over a three-year period each shift has participated;
  - b. conduct a minimum of one health emergency man/juvenile down drill once a year on each shift where health care staff are regularly assigned; and
  - c. critique the disaster and man/juvenile down drills, share the results with all staff, and ensure recommendations for health care staff are implemented.

**D. Documentation**

1. Health care staff will record the date and time of the emergency response in the offender's health record, include assessment and treatment information, and sign the document.

**E. Transportation**

1. When necessary to transport the offender to an off-site health care facility, the following guidelines will determine the appropriate mode of transportation:
  - a. an ambulance will be used if the emergency is life threatening or deemed necessary

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- by attending staff; or
- b. the facility will transport or arrange transportation for ambulatory offenders in non-emergent situations.

**F. Written Information**

1. Health care staff will provide, when possible, written information to emergency medical technicians that includes:
  - a. history of the emergency condition;
  - b. treatment given;
  - c. present status with most recent vital signs;
  - d. suspected diagnosis;
  - e. allergies; and
  - f. other pertinent information.

**G. Resuscitation**

1. If staff initiates resuscitation measures, they will continue to resuscitate until they transfer the offender's care to emergency personnel or a physician or mid-level practitioner authorized by the State of Montana makes a finding of death.

**V. CLOSING**

Questions concerning this policy should be directed to Clinical Services Division administrator.

**VI. REFERENCES**

- A. *P-D-07; National Commission on Correctional Health Care Standards for Health Services in Prisons, 2018*
- B. *MH-A-07, MH-E-06; National Commission on Correctional Health Care Standards for Mental Health Services in Correctional Facilities, 2015*
- C. *Y-A-07, Y-E-08; National Commission on Correctional Health Care Standards for Health Services in Juvenile Detention and Confinement Facilities, 2015*
- D. *ACA Standards for Juvenile Correctional Facilities, 2003*

**VII. ATTACHMENTS**

None