



**MONTANA STATE PRISON  
HEALTH SERVICES OPERATIONAL PROCEDURE**

Procedure No.: MSP HS D-07.0	Subject: <b>EMERGENCY MEDICAL SERVICES</b>
Reference: NCCHC Standards P-D-07 2018	Page 1 of 3 and no attachments
Effective Date: November 1, 2010	Revised: October 1, 2020
Signature / Title: /s/ Cindy Hiner / Medical Bureau Chief	
Signature / Title: /s/ Dr. Paul Rees M.D. / Medical Director	

**I. PURPOSE**

To ensure that emergency medical, dental and mental health services are available 24 hours a day.

**II. DEFINITIONS**

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.

Qualified Health Care Professionals – licensed health care providers (e.g., physicians, nurses, psychiatrists, dentists, and mental health practitioners), including contracted or fee-for-service providers, responsible for inmate health care and treatment.

Health Care Staff – includes licensed health care providers and non-licensed health care staff (e.g., medical records staff, health care aides) responsible for inmate health care administration and treatment.

Mass Disaster Drill – a simulated emergency potentially involving mass disruption and multiple casualties that require triage by the health staff.

Man-down Drill – simulated or actual health care emergency affecting one individual who requires immediate medical attention.

**III. PROCEDURES**

**A. Training**

1. All health care staff will be trained in cardiopulmonary resuscitation (CPR) and emergency medical response procedures.
2. All correctional staff will be trained in CPR, 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. MSP will:
  - a. Conduct mass disaster drills on each shift over a three-year period
  - b. Conduct man down drills once a year on each shift
  - c. Document actual drill events or critiques to address response time, staff actions, and recommendations for improvement.

**B. AED's**

1. AED's will be placed in specific areas throughout the institution.
2. Areas with AED's in place will have signage indicating placement in the building.

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3. AED's will be tested and monitored as per manufacturer recommendation.
4. AED's in need of maintenance or repair will be reported to the warehouse personal for either repair or replacement.
5. As is possible, a temporary unit will be placed in the unit until theirs is returned from repair. If this is not possible, a sign will be placed on the AED storage locker stating that the AED is temporarily removed for maintenance. Signage indicating an AED in the building will also be removed until the unit is repaired/replaced.

### **C. Emergency Response and Services**

1. Health care staff will immediately respond to emergencies with appropriate equipment.
2. In response to an emergency, trained personnel must assess the inmate's health status and, when possible, stabilize the inmate's condition.
3. Health care providers must respond to medical emergencies in accordance with specified protocols.
4. Health care staff will have a written plan for accessing emergency services that includes the following:
  - a. Emergency patient transport from the facility;
  - b. Use of an emergency medical vehicle;
  - c. Use of one or more designated hospital emergency departments or other appropriate facilities;
  - d. Emergency on-call physician, mental health, and dental services when the emergency health care facility is not located nearby;
  - e. Security procedures for the immediate transfer of patients from emergency medical care; and
  - f. Notification of the facility administrator.
5. Assigned health care staff will routinely check and maintain availability of emergency drugs, supplies, and medical equipment using the appropriate check-off log.
6. Assigned health care staff will assure that restocking of all emergency drugs, supplies, and medical equipment is attended to immediately upon use or discovery.

### **D. Documentation**

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

### **E. Transportation**

1. When necessary to transport the inmate 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 by attending staff;
  - b. The facility will transport or arrange transportation for ambulatory inmates in non-emergent situations; or
  - c. MSP security procedures will be followed for all transported inmates.

### **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;

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- b. Treatment given;
  - c. Present status with most recent vital signs;
  - d. Suspected diagnosis;
  - e. Allergies; and
  - f. Other pertinent information.
2. Health care staff will inform by telephone, when possible, the staff at the receiving medical facility with a report on the incoming emergency.

#### **G. Resuscitation**

1. If staff initiates resuscitation measures, they will continue to resuscitate until they transfer the inmate's care to emergency personnel, or a physician makes a finding of death.

#### **H. Notification**

1. The on-call physician will be notified for direction concerning emergencies requiring transportation off-site. In the event the on-call physician cannot be contacted the on-call nursing supervisor will be notified and give needed direction.

#### **IV. CLOSING**

Questions concerning this operational procedure will be directed to the MSP Clinical Services Manager.

#### **V. ATTACHMENTS** None