



POLICY DIRECTIVE

Policy:	DOC 4.5.20 EMERGENCY SERVICES AND RESPONSE PLAN
Effective Date:	01/01/1998 Page 1 of 3
Revision Date(s):	04/19/2021; 04/24/2026
Department Director Signature:	/s/ Eric Strauss, Director
Medical Director Signature:	/s/ Dr. Paul Rees, MD
Health Services Bureau Chief Signature:	/s/ Cynthia McGillis-Hiner, RN, MSN

I. POLICY

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

II. APPLICABILITY

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

III. DEFINITIONS (see Glossary)

IV. REQUIREMENTS

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 processes 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. processes 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 processes for calling health staff and the community emergency response system (for example, hospitals and 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 processes 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 process 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.
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 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 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 or printed electronic 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 about this policy should be directed to the Health Services Bureau Chief.

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, 2022*
- D. *ACA Standards for Juvenile Correctional Facilities, 2023*