



STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS

APPLICABILITY
DEPARTMENT WIDE

REVISION DATE
4/24/23

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NUMBER
DOC 890.620

POLICY

TITLE
EMERGENCY MEDICAL TREATMENT

REVIEW/REVISION HISTORY:

- Effective: 12/15/89 DOC 610.020
- Revised: 1/8/01
- Revised: 7/1/93 DOC 890.620
- Revised: 9/28/99
- Revised: 3/8/05
- Revised: 12/4/06
- Revised: 3/6/08
- Revised: 6/25/09
- Revised: 11/1/12
- Revised: 8/25/14
- Revised: 7/9/21
- Revised: 6/3/22
- Reviewed: 4/24/23

SUMMARY OF REVISION/REVIEW:


Added I.A.1. that Reentry Center employees/contract staff will provide first response and contact emergency responders in the community
 I.C., III.A.2., III.A.2., III.A.2.a., III.B.1., and III.C.3.b.2) - Added clarifying language
 II.A.2. - Updated kit contents
 II.B., II.C.1., II.C.1.a., III.A.2.b., III.A.5., and III.B.3.c.1)a) - Adjusted language for clarification
 Added II.C.1.b. that inspections will be completed by trained employees/contract staff
 III.A.1. - Updated list of what training will be provided
 III.A.3. - Updated list of employees who will receive initial certification
 Added III.A.4. that Reentry Centers will identify one employee that is trained on providing annual training
 III.B.2. - Updated required response procedures for Reentry Centers

APPROVED:

Signature on file

CHERYL STRANGE, Secretary
 Department of Corrections

3/20/23
 Date Signed

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REFERENCES:


DOC 100.100 is hereby incorporated into this policy; [WAC 296-800](#); DOC 400.100 Incident and Significant Event Reporting (RESTRICTED); DOC 410.255 Critical Incident Stress Management (RESTRICTED); DOC 410.430 Health Services During an Emergency (RESTRICTED); DOC 490.850 Prison Rape Elimination Act (PREA) Response; DOC 610.010 Patient Consent for Health Care; DOC 610.025 Health Services Management of Alleged Sexual Misconduct Cases; DOC 610.040 Health Screenings and Assessments; DOC 620.200 Death of Incarcerated Individuals; DOC 880.100 Corrections Training and Development; DOC 890.000 Safety Program

POLICY:


- I. Life sustaining efforts will occur in the event of a life-threatening emergency (i.e., any incident resulting from illness, accidental injury, assault, or homicide/suicide attempt, which results in or could result in death).

DIRECTIVE:

- I. General Requirements
 - A. Each Prison and Reentry Center will have employees/contract staff trained to provide first aid and emergency health care services to Department employees, contract staff, volunteers, visitors, and individuals under the Department's jurisdiction in a life-threatening emergency.
 1. Reentry Center employees/contract staff will provide first response and contact emergency responders in the community.
 - B. Any employee, contract staff, or volunteer who encounters or is informed of a life-threatening emergency will immediately summon assistance by the most appropriate means available.
 - C. All licensed health services employees/contract staff and designated employees/contract staff will be trained to make every effort possible to respond to all medical emergencies within 4 minutes of the emergency being detected.
- II. First Aid Kits and Automated External Defibrillators (AEDs)
 - A. Each Department facility/office will make first aid kits easily accessible to ensure adequate response time for medical emergencies. Kits will be maintained as appropriate to the setting, the number of personnel and individuals under the Department's jurisdiction, and the working and living conditions.

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1. Superintendents, in conjunction with local nursing leadership, will determine the contents of the first aid kits, the number of kits needed at the facility, and where they will be located.
2. The Chief Medical Officer has established the following minimum requirements for first aid kits in Reentry Centers. Each Reentry Center will have at least one kit, located at the main administrative desk, containing, at a minimum:
 - a. Adhesive bandage, 1" x 3", 16 per package
 - b. Rubber gloves
 - c. Forceps and scissors
 - d. Triangular bandage, with pins
 - e. Antiseptic soap, 10 cc with 4 packages of 3" x 3" pads, 3 per package, or antiseptic towelettes, 5 per package,
 - f. Gauze compress, 24" x 72"
 - g. Bandage compress, 4"
 - h. Bandage compress, 2", 4 per package
 - i. Roller bandage, 2" x 6 yards, 2 per package
 - j. Adhesive tape, 1/2" x 2 1/2 yards, 2 per package
 - k. Metal or plastic securable box
 - l. One cardiopulmonary resuscitation (CPR) one-way mask (e.g., Ambu Res-Cue Mask, bag valve mask)
 - m. One face shield
 - n. A minimum of 3 Narcan kits
 - 1) If Narcan cannot be placed inside the first aid kit, it will be located in the area associated with the first aid kit.
- B. First aid kits and Narcan will be inspected weekly and kept properly stocked. Employees/contract staff will immediately replace any used or expired items.
- C. An AED will be available for use at each facility and may be available in Department offices.
 1. AEDs will be inspected weekly and maintained in an operational condition with current pads and batteries. Inspections will be completed by:
 - a. In Prisons, the supervising nurse/designee in health services clinics and inpatient units.
 - b. In Reentry Centers, an employee/contract staff trained on how to properly use and inspect an AED.

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III. First Aid and Medical Emergencies in Prisons and Reentry Centers

A. Employee/Contract Staff Training

1. Training will be conducted per DOC 880.100 Corrections Training and Development and DOC 890.000 Safety Program, and will include instruction on:
 - a. Recognizing the signs and symptoms of mental illness, developmental disability, violent behavior, acute chemical intoxication, drug intoxication/withdrawal, and effectively responding to overdoses
 - b. Actions required in potential emergency situations
 - c. Methods of obtaining assistance for emergency response
 - d. De-escalation techniques
 - e. Suicide prevention
 - f. Education on the administration of Narcan
 - g. How to safely handle, store, and dispose of unauthorized drug substances
 - h. Proper inspection of AED equipment
2. Health services employees/contract staff who provide direct patient care and clinical services will be trained in and expected to maintain current competence in:
 - a. American Heart Association Basic Life Support (BLS) for Healthcare Providers certification course
 - b. The contents of and proper use of all equipment in the health services emergency response bag
3. The following employees will receive initial certification in first aid/CPR and the use of the AED:
 - a. Correctional Officers, Sergeants, Lieutenants, and Captains
 - b. Correctional Unit Supervisors
 - c. Correctional Program Managers
 - d. Community Corrections Officers and Supervisors



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- e. Correctional Industries employees
 - f. Custody contract staff at Reentry Centers
 - g. Graduated Reentry employees and Reentry Navigators
 - h. Food service employees at Reentry Centers
 - i. Other health services employees/contract staff
4. Each Reentry Center will identify one employee that is trained on providing annual first aid/CPR training.
 5. Training opportunities will be offered for employees to maintain current certifications as required for their respective positions.
 6. Appointing Authorities may identify additional employees/contract staff for first aid/CPR certification, as necessary. The Training and Development Unit will be notified to schedule and track the training.

B. Response to Medical Emergencies


1. Facility Medical Directors, senior facility nurses, and Health Services Managers in Prisons will collaboratively develop written plans for 24-hour emergency medical, dental, and mental health services availability per DOC 410.430 Health Services During an Emergency (RESTRICTED).
2. Reentry Center Community Corrections Supervisors/designees will establish procedures for first responders for:
 - a. Onsite emergency first aid and crisis intervention
 - b. Administering Narcan and rescue breathing for suspected overdose
 - c. Use of nearby hospitals and/or other methods of obtaining assistance
 - d. Emergency evacuation of an individual from the facility
 - e. Use of emergency services for immediate transfer of the individual
 - f. A back-up plan in the event usual health care services are unavailable
 - 1) If community health care services are not available, employees/contract staff will contact the Nurse Desk for connection with health services support (e.g., on-call, Chief Medical Officer).

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- g. Documentation of any health services provided
3. Designated, licensed on-duty health services employees/contract staff will respond to all medical emergencies and:
 - a. Bring the emergency response bag, where available.
 - 1) Emergency response bags will be maintained at nurses' stations and/or other strategic locations in the facility per Nursing Protocol N-3100 Red Emergency Response Bag located on the Nursing SharePoint site.
 - 2) Local nursing leadership will develop and implement a log system to ensure the contents are functional, not expired, and fully stocked.
 - b. Assess the individual(s) and situation immediately upon arrival.
 - c. Begin or direct others to begin first aid/CPR administration, as appropriate.
 - 1) Emergency resuscitation efforts will continue until otherwise directed by a Physician.
 - a) If a Do Not Resuscitate (DNR) order is on file, an Advanced Registered Nurse Practitioner, Physician Assistant, or Registered Nurse may order the discontinuation of resuscitation efforts.
 - d. Designate the most qualified health care provider to direct all medical aspects of the incident.
 - 1) Emergency Medical Service (EMS) responders will follow the direction of their local Medical Control.
 - e. Follow direction from custody employees/contract staff regarding safety and security issues.
4. Designated custody employees/contract staff will respond to medical emergencies and:
 - a. Be responsible for safety and security in the area.
 - b. Follow instructions from EMS responders and licensed health services employees/contract staff.

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- c. Provide first aid and/or CPR until relieved by licensed health services employees/contract staff or EMS responders.
 - 5. Emergency care provided to:
 - a. Individuals in Prison will be documented on DOC 13-440 Emergency Response Record or in the health record before the end of shift.
 - b. All others will be documented on DOC 21-917 Incident Report before the end of shift.
 - 6. Actions taken in the event of alleged sexual abuse or assault will be consistent with DOC 610.025 Health Services Management of Alleged Sexual Misconduct Cases and DOC 490.850 Prison Rape Elimination Act (PREA) Response.
 - 7. Actions taken in the event of death will be consistent with DOC 620.200 Death of Incarcerated Individuals.
 - 8. Events resulting in serious injury or death will be reported per DOC 400.100 Incident and Significant Event Reporting (RESTRICTED).
- C. Use of Force Situations
- 1. During the planning stage, health services employees/contract staff will be responsible for the following:
 - a. When time and situation permit, health services employees/contract staff will:
 - 1) Review the individual's health record and report any significant medical conditions to the Incident Commander.
 - 2) Document the health risk of Oleoresin Capsicum (OC), CS gas, and Electronic Control Device (ECD) use on DOC 13-473 Medical Risk Evaluation for OC, CS, and ECD Use.
 - 3) Document other identified health risk(s) in the health record.
 - b. If the individual has or is suspected to have a condition that may impact their response to the use of force (e.g., traumatic brain injury, serious mental illness, neurocognitive disorder, intellectual/developmental disability), the Incident Commander will consult with the on-call mental health employee and consider the individual's

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likely response, recommendations, and potential risks to the individual's self, others, and property.

- 1) If the on-call mental health employee is onsite and the Incident Commander concurs, the mental health employee will attempt to communicate with the individual before force is used.
 - 2) The on-call mental health employee will:
 - a) Document the mental health findings and intervention in the Mental Health section of the health record.
 - b) Complete and submit DOC 21- 917 Incident Report to the Shift Commander/designee before the end of shift.
 - 3) Force will not be used to complete medical assessments. Refusal of treatment will be handled per DOC 610.010 Patient Consent for Health Care.
2. At the incident site, health services employees/contract staff will be present if:
 - a. The Incident Commander, in consultation with the Facility Medical Director or on-call mental health employee, requests their presence.
 - b. Possible medical complications with OC or CS gas were previously identified on DOC 13-473 Medical Risk Evaluation for OC, CS, and ECD Use.
 3. Following a determination that the situation is safe, health services employees/contract staff will:
 - a. Provide emergency first aid for all individuals involved.
 - b. Assess all involved employees/contract staff for injury, if requested to do so by the Incident Commander.
 - 1) If treatment beyond first aid care is required, the health services employee/contract staff will refer and ensure transport of the person to a private health care provider of the person's choice.



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- 2) At facilities with no health care provider on duty, the person may be directly transported to a private health care provider of the person’s choice.
- c. Assess all involved individuals under the Department’s jurisdiction for injury.
 - 1) Necessary treatment will be provided per the Washington DOC Health Plan and DOC 610.040 Health Screenings and Assessments.
- 4. Health services employees/contract staff involved in the use of force incident will:
 - a. Complete and submit DOC 21-917 Incident Report to the Shift Commander/designee before the end of shift. The report will include, as applicable:
 - 1) Health risks identified in the planning stage and a summary of the mental health review,
 - 2) Observations during the incident,
 - 3) A summary of the post-incident physical evaluation, including any injuries and first aid or other treatment provided, and
 - 4) In the event an employee/contract staff was injured during the response:
 - a) Employee’s name,
 - b) Nature of the injury,
 - c) First aid treatment provided, and
 - d) Follow-up care recommended.
 - b. Document in the Outpatient Care section of the health record before the end of shift:
 - 1) Any health risks identified during the planning stage.
 - 2) Health information obtained by observation, evaluation, or examination during or after the incident, including any injuries and first aid or other treatment provided.

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5. After the use of OC or CS, health services employees/contract staff will act as a resource regarding decontamination procedures, if requested.
6. As appropriate, employees/contract staff involved in the incident may be provided critical incident stress management services consistent with DOC 410.255 Critical Incident Stress Management (RESTRICTED).
7. Upon notification that an individual will be placed in segregation following a use of force incident, a health services employee/contract staff will conduct an assessment using DOC 13-432 Nursing Assessment of Patient Placed in Restrictive Housing.
 - a. The report will specify that the individual appears to be medically suitable for segregation or list concerns that require additional action, as applicable.

DEFINITIONS:

Words/terms appearing in this policy may be defined in the glossary section of the Policy Manual.

ATTACHMENTS:

None

FORMS:

DOC 13-432 Nursing Assessment of Patient Placed in Restrictive Housing
DOC 13-440 Emergency Response Record
DOC 13-473 Medical Risk Evaluation for OC, CS, and ECD Use
DOC 21-917 Incident Report