



STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS

APPLICABILITY
DEPARTMENT WIDE

REVISION DATE
8/25/14

PAGE NUMBER
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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: 7/1/39 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

SUMMARY OF REVISION/REVIEW:


Policy title change
 Policy statement I. and Directives III.C.3.a. & 5. - Added clarifying language
 II.A.2.i. - Removed ammonia inhalants from first aid kits
 Added II.C.1.a. that AED inspections in health services clinics and inpatient units will be completed by the senior supervising nurse/designee
 Added III.C.2.d. that responders will yield control of medical management to senior medical providers
 III.C.4. - Added form usage
 Added III.D. on use of force situations, including form usage

APPROVED:

Signature on file

BERNARD WARNER, Secretary
 Department of Corrections

7/17/14
 Date Signed

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REFERENCES:


DOC 100.100 is hereby incorporated into this policy; [WAC 296-800](#); [ACA 4-4351](#); [ACA 4-4389](#); [ACA 4-4390](#); [ACA 4C-03](#); [ACA 4C-04](#); [ACA 4C-05](#); DOC 400.100 Incident and Significant Event Reporting; DOC 410.255 Critical Incident Stress Management (CISM) Teams; DOC 410.430 Health Services During an Emergency; [DOC 490.850 Prison Rape Elimination Act \(PREA\) Response](#); [DOC 610.010 Offender Consent for Health Care](#); [DOC 610.025 Medical Management of Offenders in Cases of Alleged Sexual Abuse or Assault](#); [DOC 610.040 Health Screenings, Appraisals, and Status](#); [DOC 610.300 Health Services for Work Release Offenders](#); [DOC 620.200 Death of Offender](#); [DOC 880.100 Corrections Training and Development](#); [Emergency Response Bag Equipment List](#)

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 a homicide or suicide attempt, which results in or could result in death). Each Prison and Work Release will have employees/contract staff trained to provide first aid and emergency health care services to Department employees, contract staff, volunteers, visitors, and offenders in a life threatening emergency.

DIRECTIVE:

- I. General Requirement
 - A. 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.
 - B. [4-4389] All licensed health services employees/contract staff and designated custody employees/contract staff will be trained to respond to all medical emergencies within 4 minutes of 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. [4-4390] Kits will be maintained as appropriate to the setting, the number of personnel and offenders, and the working and living conditions.
 1. [4-4390] Superintendents, in conjunction with the Health Authority, will determine the contents of the first aid kits, the number of kits needed at the facility, and where they will be located.

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2. [4C-05] The Chief Medical Officer has established the following minimum requirements for first aid kits in Work Releases. Each Work Release 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. Forceps and scissors,
- c. Triangular bandage, with pins,
- d. Antiseptic soap, 10 cc with 4 packages of 3" x 3" pads, 3 per package, or antiseptic towelettes, 5 per package,
- e. Gauze compress, 24" x 72",
- f. Bandage compress, 4",
- g. Bandage compress, 2", 4 per package,
- h. Roller bandage, 2" x 6 yards, 2 per package, with adhesive tape, 1/2" x 2 1/2 yards, 2 per package,
- i. Metal or plastic securable box, and
- j. At least one cardiopulmonary resuscitation (CPR) one-way mask.

B. First aid kits will be regularly inspected and kept properly stocked, and 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. [4-4390] [4C-05]

1. AEDs will be inspected periodically per manufacturer's recommendations and maintained in an operational condition with current pads and batteries.


- a. In health services clinics and Inpatient Units, these inspections will be completed by the senior supervising nurse/designee.

III. First Aid and Medical Emergencies in Prisons and Work Releases


A. Employee/Contract Staff Training

1. [4-4389] [4C-04] Training will be conducted per the Department's Training Plan. Training at New Employee Orientation (NEO), Correctional Worker Core (CWC), and the Work Release Academy (WRA) will include instruction on:

- a. Recognizing the signs and symptoms of mental illness, developmental disability, violent behavior, and acute chemical intoxication/withdrawal.

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- b. Actions required in potential emergency situations.
 - c. Methods of obtaining assistance.
 - d. Suicide prevention.
 2. Health services employees/contract staff who provide clinical services (i.e., Medical Doctors (MDs), Doctors of Osteopathy (DOs), Advanced Registered Nurse Practitioners (ARNPs), Physician Assistants (PA-Cs), Registered Nurses (RNs), and Licensed Practical Nurses (LPNs)) will be trained in:
 - a. American Heart Association Basic Life Support (BLS) for Healthcare Providers.
 - b. The use of all equipment in the Emergency Response Bag.
 3. [4-4389] The following employees will receive training and refresher training in first aid/CPR, including the AED component:
 - a. Correctional Officers, Sergeants, Lieutenants, and Captains
 - b. Correctional Unit Supervisors
 - c. Correctional Program Managers
 - d. Community Corrections Officers and Supervisors
 - e. All Correctional Industries employees
 4. 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. Class II Offender Worker Training**
1. Class II offenders working on an outside work crew will receive training and may provide first aid upon authorization by the Correctional Industries Director.
 2. Class II offenders working inside a host facility will not provide first aid.
- C. Response to Medical Emergencies**
1. [4-4351] Health Authorities at Prisons and Rap House/Lincoln Park Work Release will develop written plans for 24 hour emergency medical, dental, and mental health services availability per DOC 410.430 Health Services During an Emergency.
 - a. [4C-03] All Work Release Supervisors/designees will establish procedures for on-site emergency first aid and crisis intervention per DOC 610.300 Health Services for Work Release Offenders.

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2. [4-4389] [4C-04] 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.
 - 2) Emergency Response Bags will be maintained per the Emergency Response Bag Equipment List. Health Authorities 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 regarding 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 ARNP, PA-C, or RN may order the discontinuation of first aid/CPR.
 - d. Yield control of medical management to senior medical providers, who will have authority 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.
3. 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.
 - c. Provide first aid and/or CPR until relieved by licensed health services employees/contract staff or EMS responders.



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4. Emergency care provided to:
 - a. Offenders will be documented on DOC 13-440 Emergency Response Record or in the offender health record.
 - b. Non-offenders will be documented on DOC 21-917 Incident Report.
 5. Actions taken in the event of alleged sexual abuse or assault will be consistent with DOC 610.025 Medical Management of Offenders in Cases of Alleged Sexual Abuse or Assault and DOC 490.850 Prison Rape Elimination Act (PREA) Response.
 - a. Actions taken in the event of death will be consistent with DOC 620.200 Death of Offenders.
 6. Events resulting in serious injury or death will be reported per DOC 400.100 Incident and Significant Event Reporting.
- D. 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 offender 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 Immobilization Device (EID) use on DOC 13-473 Medical Risk Evaluation for OC, CS, and EID Use.
 - 3) Document other identified health risk(s) in the offender health record.
 - b. If the offender has or is suspected to have a serious mental illness, the Incident Commander will consult with the on-call mental health employee and consider the offender's likely response to use of force and recommendations and potential risks to the offender, employees, and property.
 - 1) If the on-call mental health employee is on site and the Incident Commander concurs, the mental health employee may communicate with the offender before force is used.

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- 2) The on-call mental health employee will:
 - a) Document the mental health findings and intervention in the Mental Health section of the offender health record.
 - b) Complete and submit DOC 21- 917 Incident Report to the Shift Commander/designee before the end of shift.
- c. Force will not be used to complete offender medical assessments.
 - 1) Any offender refusal of treatment will be handled per DOC 610.010 Offender 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 EID 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 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 employee to a private health care provider of his/her choice.
 - 2) At facilities with no health care provider on duty, the employee may be transported to a private health care provider of his/her choice.
 - c. Assess all involved offenders for injury.



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- 1) Offenders will receive necessary treatment per the Offender Health Plan and DOC 610.040 Health Screenings, Appraisals, and Status.
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 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 offender health record:
 - 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.
5. After the use of OC or CS, health services employees/contract staff will act as a resource regarding decontamination procedures, if requested.
6. Debriefing
 - a. 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 (CISM) Teams.

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7. Segregation Following Use of Force
 - a. Upon notification that an offender will be placed in segregation following a use of force incident, a health services employee/ contract staff will assess the offender using DOC 13-432 Health Services Assessment of a Segregated Offender.
 - 1) The report will specify that the offender 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 Health Services Assessment of a Segregated Offender](#)
- [DOC 13-440 Emergency Response Record](#)
- [DOC 13-473 Medical Risk Evaluation for OC, CS, and EID Use](#)
- [DOC 21-917 Incident Report](#)