GEORGIA DEPARTMENT OF CORRECTIONS

Standard Operating Procedures

Policy Name: Urgent and Emergent Care Services		
Policy Number: 507.04.37	**Effective Date:** 11/29/2023	**Page Number:** 1 of 10
Authority: Commissioner	**Originating Division:** Health Services Division (Physical Health)	**Access Listing:** Level I: All Access

I. Introduction and Summary:

Emergency services will be made available twenty-four (24) hours a day, seven (7) days a week at all facilities for medical, dental, and mental health conditions. This policy is applicable to all facilities that house Georgia Department of Corrections (GDC) offenders to include private and county prisons.

II. Authority:

A. Ga. Comp. R. & Regs. 125-4-4.01.

B. GDC Standard Operating Procedures (SOPs): 208.03 Death of an Offender, 225.02 Emergency Plans, 507.03.04 On-Call Duties, 507.03.10 Continuing Education for Qualified Health Services Personnel, 507.03.11 Health Related Training for Correctional Officers, 507.04.04 Patient Tracking System, 507.04.09 Hospital and Specialized Ambulatory Care, 507.04.20 Orientation of Offenders for Access to Health Services, 507.04.39 Evaluation Services for Urgent or Emergent Health Care Requests, 507.04.41 Urgent and Emergent Care Automated External Defibrillation, 507.04.67 Offender Death and Mortality Reviews, and 508.19 Mental Health Referral and Triage;

C. NCCHC Adult Standards: P-D-07 and P-E-07; and

D. ACA Standards: 5-ACI-3B-11 (Mandatory), 5-ACI-6B-03 (Mandatory), 5-ACI-6A-19, 5-ACI-6A-05, 5-ACI-6A-21 (Mandatory), 5-ACI-6A-08 (Mandatory), 5-ACI-6A-06, 5-ACI-6B-08 (Mandatory), 4-ALDF-4C-05, 4-ALDF-4C-06, 4-ALDF-4C-08, 4-ALDF-4D-08 (Mandatory), 4-ACRS-4C-03 (Mandatory), 4-ACRS-4C-04 (Mandatory) and 4-ACRS-1C-04 (Mandatory).

III. Definitions:

A. **ACLS** - Advanced Cardiac Life Support.

B. **BLS** - Basic Life Support (i.e., Cardiopulmonary Resuscitation).

C. **Cardiopulmonary Resuscitation (CPR) -** Only those measures used to restore or support cardiac or respiratory function in the event of a cardiac or respiratory arrest.

D. **AED** - Automated External Defibrillator.

E. **Urgent/Emergent Health Care** - Care for an acute illness or unexpected health need that cannot be deferred until the next scheduled sick call or clinic.

F. **Local Emergency Medical Services (EMS)** - Community emergency response services such as 911 or private ambulance services.

G. **Mock Code** - A simulated cardiac arrest or another life-threatening medical emergency.

H. **Responsible Health Authority** - A qualified health care professional who may or may not be a Physician that is designated to ensure the provision of appropriate health care for all offenders. When this authority is other than a Physician, medical judgments rest with a designated licensed Physician.

I. **Physician** - A clinician who is licensed as a Medical Doctor (MD) or Osteopathic Physician (DO).

IV. Statement of Policy and Applicable Procedures:

A. Local Operating Procedures (LOP) For Medical Emergency Response:

1. The Responsible Health Authority and facility administrator in each facility will develop Local Operating Procedures (LOP) for management of all unscheduled medical visits and emergencies. The LOP will address the following areas:

a. Initial response of correctional personnel to an urgent/emergent medical situation including the use of first aid, CPR and AED when indicated and the immediate notification of health care personnel.

b. The availability of on-call providers when health care personnel (including physical, mental, and dental health) are not present in the facility. This includes the development of an on-call schedule with names and telephone numbers of providers to be notified in case of an emergency, in accordance with SOP 507.03.04, On-Call Duties.

c. Location and use of emergency equipment and the crash cart.

d. The use and location of ACLS protocols for facilities with ACLS capability.

e. At the Augusta State Medical Prison (ASMP) and the facility that houses the Mobile Surgical Unit, the HSA and Medical Director will be responsible for designating the staff that will require ACLS certification based on job assignment and responsibility/description.

f. Emergency evacuation of an offender, all employees, or visitor from within the facility when required.

g. Use of an emergency medical vehicle (including 911 or other local EMS utilized by the facility).

    i. Emergency transport of the patient from the facility.

    ii. Security procedures for the immediate transfer of patients for emergency medical care.

    iii. Notification to the Warden/Superintendent or designee.

h. Use of one or more designated hospital emergency departments or other appropriate facilities, including the telephone number of a Poison Control Center.

i. Security procedures providing for the immediate transfer of offenders, when appropriate.

j. Procedures to be followed in the event of an offender death, please refer to 507.04.67, Offender Death and Mortality Reviews and 208.03, Death of an Offender.

2. The Responsible Health Authority will be involved in and is responsible for the medical aspects of the facility's disaster plan and associated disaster drills, as well as all medical emergency drills, in accordance with 225.02, Emergency Plans.

B. Training for Medical Emergencies:

1. Designated correctional staff and all health care staff are trained to respond to health-related situations with a four-minute response time. All correctional officers will receive training as a part of Basic Correctional Officer Training (BCOT). The training program is conducted on an annual basis and is established by the Responsible Health Authority in cooperation with the facility or program administrator and includes instruction on the following:

a. Recognition of signs and symptoms, and knowledge of action required in potential emergency situations.

b. Administration of basic first aid and lifesaving measures.

c. Cardiopulmonary Resuscitation (CPR).

d. Methods of obtaining assistance.

e. Signs and symptoms of mental illness, violent behavior, and acute chemical intoxication and withdrawal.

f. Procedure for patient transfers to appropriate medical facilities or health care providers; and

g. Suicide intervention.

2. Health care services are provided by qualified health care staff whose duties and responsibilities are governed by written job descriptions, contracts, or written agreements approved by the health authority. Verification of current credentials and job descriptions are on file at the facility.

3. The Responsible Health Authority will participate in correctional officer orientation. The correctional officers receive training regarding the local operating procedure for emergency and disaster response during orientation to the facility. This training will include notification of health care personnel and the facility chain of command in the event of an emergency, accessing local emergency services, and other associated duties such as accurate documentation of emergency events and response.

4. Correctional officers will receive training during orientation regarding the location and contents of first aid kits, AED's and procedures for re-supplying kits following use.

5. The Medical Director or Responsible Health Authority will advise the Warden/Superintendent of changes regarding emergency response procedures as indicated.

C. Emergency Response Drills:

1. On a quarterly basis, each facility will conduct an unannounced emergency drill with complete documentation including a critique. These drills are for the purpose of evaluating the timeliness of response, appropriateness of care, proper use of equipment and efficiency of the response by the correctional and health care personnel. The facility's annual disaster drill will not be a substitute for the emergency medical drill for that quarter, unless there is a mock medical

component included in the facility drill. During the course of the year, all shifts will be involved in a Mock Code or emergency drill. Each drill will vary in the type of medical emergency presented. One of the four drills should be a cardiac arrest. The following types of drills are recommended: cardiac arrest, hanging, uncontrolled bleeding, and unconsciousness.

2. Drills will be coordinated with the Warden/Superintendent or designee but will be unannounced to most correctional and health care personnel.

3. Immediately following each emergency drill, the participating staff will be verbally debriefed regarding the strengths and weaknesses of the response and measures for improving the quality of the emergency response. Health care personnel will be encouraged to identify opportunities for improvement as well as to identify their own training needs. The debriefing will include a brief in-service regarding major physiologic principles in order to improve knowledge regarding the specific medical emergency.

4. The emergency scenario and response of each drill will be documented. The assessment will include the response of correctional staff, facility health care personnel and local emergency services if used. Training needs will be identified and a plan for implementation of training developed. Results of emergency drills will be included in Quality Improvement meetings and shared with the Warden/Superintendent, medical personnel, and local emergency services as appropriate.

5. Actual emergencies may be substituted for a planned drill once in a twelve (12) month period.

D. Emergency Equipment:

1. Emergency equipment and supplies will be maintained in accordance with SOP 507.04.40, Urgent and Emergent Care Equipment and Supplies.

E. Health Care Personnel Response to Urgent/Emergent Situations:

1. Medical Emergencies Occurring in the Medical Unit:

a. When a medical emergency occurs in the medical unit, health care personnel will provide immediate BLS measures (e.g., CPR, AED) at all facilities. Resuscitation efforts will be documented on the resuscitation record or similar approved tracking with the same information. The Responsible Health Authority and local EMS will be notified as appropriate.

b. If possible, the precise timing of vital signs, medications and treatments administered during the emergency will be recorded by a member of the health care team and entered on the GDC Resuscitation Record or approved similar tracking with the same information.

c. If this is not possible, documentation will be completed as soon as possible, after the emergency has been resolved. This documentation will be in the progress note section of the health record.

d. If a medical emergency results in transport of the patient to a local hospital, the health record is not to accompany the patient. A consultation sheet will be completed with pertinent medical history and sent with the patient to the emergency room.

e. Medical emergencies will be recorded in the urgent/emergent log or other approved similar tracking that has the same information. The time of notification and time of arrival (time of face-to-face contact) of the patient should be documented in the appropriate columns.

f. The most clinically appropriate method of transporting an offender to the local hospital, i.e., EMS or state van will be determined by a Nurse Practitioner, Physician Assistant or Physician. A verbal or telephone order

documenting the mode of transportation will be obtained and co-signed within five (5) working days.

g. Any patient requiring resuscitation (e.g., CPR or assisted ventilation) will be transported to a local hospital via EMS for stabilization.

h. If the AED is utilized, the Office of Health Services will be notified by the next working day.

2. Medical Emergencies Occurring Outside of the Medical Unit:

a. When a medical emergency occurs outside of the medical unit, the correctional officer will immediately notify health care personnel. See SOP 507.04.39, Evaluation Services for Urgent and Emergent Health Care Requests.

b. The first responder will provide immediate first aid measures. Health care personnel will respond to the emergency immediately with the emergency response bag, portable oxygen, an AED, and other necessary equipment (e.g., transportation).

c. The goal is to reach the patient within four (4) minutes. Delays in response or access to the patient should be documented on the rear of the Urgent/Emergent Log or similar approved tracking with same information.

d. If available, the implementation of Advanced Cardiac Life Support procedures should take place as soon as possible, prior to the arrival of EMS.

e. If possible, the precise timing of vital signs, and treatments administered during the emergency will be recorded on the Resuscitation Record or other approved similar record with same information. If this is not possible, documentation will be completed as soon as possible after the emergency has been resolved.

F. Mental Health emergencies will be managed in accordance with SOP 508.19, Mental Health Referral and Triage.

G. Dental emergencies will be managed in accordance with SOP 507.05.03 and 507.05.07.

H. Documentation of Urgent/Emergent Events:

1. The use of the urgent/emergent log or other approved similar tracking with same information is mandatory. See SOP 507.04.04, Patient Tracking System.

2. Emergencies that occur in the medical unit will be recorded on the urgent/emergent tracking or other approved similar tracking with the same information.

3. The Director of Nursing or designee will review the urgent/emergent encounters the next working day to ensure continuity of care. The log should be dated and initialed by the reviewer.

4. The Urgent/Emergent Care Log is to be reviewed on a weekly basis by the Responsible Health Authority or designee to determine the nature and numbers of urgent/emergent events and the quality of the response by the various staff involved. Opportunities for improvement will be identified and appropriate training will be provided to the staff involved.

I. Follow-up After Urgent/Emergent Events:

1. The nursing staff or on-call duty officer will notify the Responsible Health Authority or designee regarding the transport of an offender for an urgent/emergent event. When the offender returns to the facility following transportation for an urgent/emergent event, a nurse practitioner, Physician's assistant, or Physician will evaluate them the next working day for follow-up care. The follow-up encounter will be documented on a progress note in the health record.

V. <u>Attachments</u>: None.

VI. <u>Record Retention of Forms Relevant to this Policy</u>: None.