William D. Gore Sheriff Detention Services Bureau, In-Service Training Unit Telephone:

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# TRAINING BULLETIN

Page 1 of 2

## PROFESSIONAL COMMUNICATION & COLLABORATION

The professional communication and collaboration between sworn and medical staff when addressing inmate medical needs and emergent medical situations is vital to providing quality correctional health care to the inmates in our custody. (Reference Detention Policy and Procedures <u>M.5</u> "Medical Emergencies")

Below are some key points to improving collaborative response to inmate medical needs.

## Responding with Urgency

Urgency is defined by Websters as, "calling for immediate action." Detentions Policy M.5 requires, "In any situation requiring medical response, emergency medical care shall be provided with efficiency and speed without compromising security."

Sworn and Medical staff are responsible for taking appropriate action in recognizing, reporting, and/or responding to an inmate's emergency medical needs.

The Scene Manager and medical staff will respond to all emergent medical situations with appropriate medical equipment ("Crash Cart"). The Scene Manager is the charge nurse or designee tasked with the overall medical response and on scene immediate medical treatment.

# Communication Exchange

Sworn staff will provide the Scene Manager and responding medical staff with as much relevant information as possible (regardless of the scale/size of the medical emergency). Sworn staff should utilize the acronym O.B.S (Observation, Behavior/Bystander account, Subjective/Say).

#### Observation:

- o What did the deputy observe?
- o Inmate's ability to ambulate, talk, answer questions, alertness. etc.?
- Observations of the inmate's condition improving/declining during the shift?

## Behavior/Bystander account:

- o What was the inmate's general demeanor during the interaction?
- O How was staff alerted to the inmate's need for a medical/nurse assessment?

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## Subjective/Say:

- o Nature of the emergency?
- o What did the inmate say?
- Questions asked to inmate? Inmate's response?
- o Re-occurrence or need for medical re-assessment?

After medical treatment and prior to returning the inmate to his/her housing assignment, medical staff will inform sworn staff with risk factors to observe.

## **Examples:**

- o Change in behavior
- Worsening of condition or symptoms
- o Failure to improve
- o Need to be re-evaluated by Medical

The Scene Manager will be responsible for communicating with responding EMT/Paramedic personnel regarding incident response.

Sworn and medical supervisors shall be involved during incidents when collaborative exchanges regarding inmate care needs are not agreed upon.

### Documentation

Sworn staff will accurately document the incident through the Jail Information Management System (JIMS) under Inmate Status Report (ISR) regardless of the scale/size of the medical emergency. The ISR shall include only factual and pertinent information regarding the medical emergency and include the information covered in the acronym O.B.S. The ISR shall also state if treatment (first aid, CPR, etc.) was provided to the inmate on scene, in the facility medical area, and/or Emergency Department (ED) (formerly Emergency Room).

Nursing staff will complete the Emergency Man-Down Template and document the incident in JIMS accordingly.