

DATE:	MAY 27, 2022
NUMBER:	M.5
SUBJECT:	MEDICAL EMERGENCIES
RELATED SECTIONS:	I.45 , M.6 , MSD M.1 , SDSD 3.16

PURPOSE

To provide guidelines for response to medical emergencies.

POLICY

All facility staff shall be responsible for taking appropriate action in recognizing, reporting or responding to an incarcerated person's emergency medical needs. In any situation requiring medical response, emergency medical care shall be provided with efficiency and speed without compromising security.

If the incarcerated person's condition is believed to be life threatening, sworn staff shall immediately notify on-duty health staff and provide basic life support (BLS) and/or first aid care.

An incarcerated person may not refuse to be transported to an emergency department (ED) if deemed necessary by health and/or sworn staff. Refusal of treatment against medical advice (AMA) must take place at the ED.

Individuals identified as being a victim of sexual assault while incarcerated will receive timely access to emergency medical and crisis intervention services.

PROCEDURE

I. INMATE OCCURRENCE

- A. Proper safety and security measures shall be taken prior to entry into a housing unit or holding area by the health staff and/or responding deputies (i.e., locking down individuals, sufficient number of sworn staff standing by, etc.).
- B. When the severity of the medical emergency requires it, and as soon as it is safe to do so (unless death is obvious, such as decapitation, obvious rigor mortis, etc.), deputies acting as first responders will provide basic life support and first aid. Upon arrival, facility health staff will assess the severity of the person's injury/distress, provide first-aid, and may assist or take over cardiopulmonary resuscitation (CPR) responsibilities, until relieved by 911 personnel (paramedic emergency response team).
- C. When possible, the deputy shall provide the person's name, booking number and observable conditions/symptoms when notifying health staff of a medical emergency.
- D. After responding to the scene of a medical emergency, health staff may request the individual be transported to the dispensary if it would not breach security. Sworn staff will provide security during transport to the dispensary.

- E. Any sworn staff, medical doctor, registered nurse, or licensed vocational nurse shall have the authority to call 911 or other medical transportation for any medical condition they deem necessary.

II. TRANSPORTATION

- A. Health staff shall complete the required documentation for medical transportation of individuals to the ED, medical sick call in another facility or other locations as recommended (e.g., San Diego County Psychiatric Hospital, Emergency Psychiatric Unit, etc.).
- B. Individuals with minor injuries who require medical intervention at an ED may be transported via department vehicle if the individual does not require medical observation during transport.
- C. Individuals in need of medical attention or monitoring who are housed in a detention facility that does not have 24-hour nursing services may be transported via department vehicle to a detention facility where 24-hour nursing services are available. Sworn staff must first consult with the receiving facility's health staff to obtain authorization or further direction.
- D. The emergency transport team [e.g., paramedic team (911), emergency medical technicians (EMT), etc.] shall transport individuals to a county contracted ED whenever possible. The emergency transport team will assess the person's condition and determine if the individual is to be transported to the closest ED. A deputy shall accompany the person to the appropriate ED by riding inside the emergency vehicle.
- E. If the person is to be admitted as an inpatient to the hospital, the deputy shall notify the watch commander, who shall in turn notify the health staff (refer to Detention Services Bureau Policies and Procedures section I.45 for inmate hospitalization procedures). In the event the person is admitted to a non-contracted hospital, Medical Services Division (MSD) staff will facilitate transfer to the contracted hospital when the person's condition is rendered stable by the treating physician.
- F. If the person is admitted, health staff shall notify MSD administration and the MSD supervising case manager/designee.
- G. When the individual has not returned to the facility by the end of the shift, the charge nurse/designee shall contact the hospital to determine if the individual was or shall be admitted and relay information to the appropriate health staff.
- H. When person is admitted to a hospital for treatment of a serious illness or injury, the watch commander shall:
 - 1. Obtain the name, relation, address, and phone number of the emergency contact person from the detention facility booking and property record.
 - 2. Determine, if possible, whether the individual wishes notification to the emergency contact person of their illness or injury.

3. If desired by the individual, notify the emergency contact person of the individual's illness or injury.
 4. In situations where the wishes of the person cannot be determined due to the severity of the illness or injury, contact shall be made.
- I. If the individual's death is imminent or likely, the watch commander or designee shall notify the Communication Center (CC) watch commander and request that the CC notify the on-call homicide team supervisor to contact the facility. The homicide team supervisor will be given a brief on the incident and extent of injuries to the individual. The homicide team supervisor will determine if a response is warranted or waive at that time.
 - J. All incarcerated persons transported for medical evaluation to an ED must stay until a medical decision is made regarding their care and treatment unless they refuse treatment. In these instances, ED personnel will require the individual to sign forms noting they are refusing treatment and leaving AMA.
 - K. If the individual returns to the facility from the ED, a copy of the Discharge Summary indicating treatment provided and treatment recommendations shall accompany the individual.
 - L. The transporting deputy shall notify the intake/screening nurse or charge/desk nurse when the individual has returned to the facility. The nurse shall complete an assessment and determine the appropriate medical classification for the individual. If there is a medical doctor in the facility, they shall be notified.

III. DOCUMENTATION

- A. Sworn staff shall document all apparent or confirmed medical emergencies in the Jail Information Management System (JIMS) with an Area Activity Log entry. The log entry shall include the following information related to the emergency:
 1. Actual date and time of the emergency.
 2. Location (e.g., intake, sobering cell, specific housing area).
 3. General description (e.g., person down, injury/illness complaint, inmate death).
 4. Applicable notes (e.g., individual taken to medical, medical responded to scene).
- B. Sworn staff shall also document all apparent or confirmed medical emergencies in JIMS using an Incident Status Report (ISR). The following shall be included in the ISR:
 1. Individual (s) involved.
 2. Title/Name(s) and ARJIS of sworn staff involved (i.e., Deputy Jones #1234).
 3. Title and ARJIS of health staff notified (i.e., Detentions Nurse #9876).
 4. Narrative of the incident.

5. Timeline for the incident.

IV. NON-INMATE OCCURRENCE

- A. Health staff may provide only emergency first aid care or BLS to persons other than incarcerated persons (e.g., visitors, volunteers, etc.).
- B. Upon notification, health staff shall respond to all medical emergencies occurring within the facility, to include areas accessed by the public.
- C. Sworn and professional staff have the authority to call 911 or other medical transportation for any medical situations they deem necessary.
- D. Employees experiencing an occupational injury or illness shall report it to their immediate supervisor (refer to Department Policies and Procedures section 3.16).
- E. Visitors not requiring 911 intervention shall be referred to their private medical doctor. Health staff shall not render non-emergency medical services to non-incarcerated persons.
- F. Health staff shall give a verbal report to the on-duty watch commander and facility supervising nurse summarizing the incident and actions rendered, followed with a notation in the end of shift report.