



# INTERNAL MANAGEMENT POLICY & PROCEDURE

**Applicability:**  Adult Operation Only  JUVENILE Operations Only  DEPARTMENT-WIDE

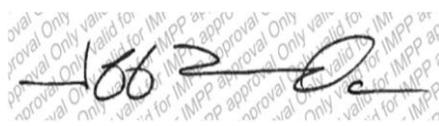
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## HEALTH CARE SERVICES: Availability of Emergency Medical, Dental, and Behavioral Health Services

Original Date Issued: 08-11-23 Replaces IMPP Issued: N/A **CURRENT EFFECTIVE DATE: 08-11-23**

Approved By:  , Secretary Next Scheduled Review: 06/2026

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### POLICY

Each facility shall develop and maintain a written plan that provides for access to 24-hour emergency medical, dental, and behavioral health services for residents and staff. The plan shall provide for on-site emergency first aid and crisis intervention, emergency evacuations from the facility, use of an emergency medical vehicle, use of one or more designated hospital emergency room(s) or other appropriate health facilities, emergency on-call physician, dentist and behavioral health professional services when the emergency health facility is not located nearby, and security procedures providing for the immediate transfer of residents when appropriate, as well as emergency medication, supplies and medical equipment. Plans shall be in compliance with American Correctional Association (ACA) and National Commission on Correctional Health Care (NCCHC) standards.

All staff are to receive training that prepares them to effectively respond during emergencies and the emergency plan for individual and mass disaster emergencies are practiced in order to reduce the risk of adverse patient events and poor clinical outcomes.

### DEFINITIONS

Critiques: Documentation of activities related to drills including response time, names and titles of health staff, and the roles and responses of all participants. The critique contains observations of appropriate and inappropriate staff response to the drill.

Director of Health Care Compliance: Acts as the administrative health authority for the Department. This position manages health care systems, directs the health care services model, and has final approval on all policies and procedures in the health care system.

Emergency Care: Treatment of potential life threatening or health endangering incidents or injuries, or acute illness that cannot be deferred until the next scheduled sick call.

First Aid: Care or treatment given to an ill or injured person in an emergency.

Health Care Staff: Includes all full-time, part-time, and per diem qualified health care professionals as well as administrative and support staff (e.g., medical records clerks, laboratory technicians, nursing).

Health Services Administrator H.S.A.: The individual responsible for ensuring the organization and delivery of all levels of quality accessible health services in the facility. The H.S.A. works under the direction of the Regional Medical Director clinically and the Regional Vice President or designee administratively.

Man Down Drill: A simulated or actual healthcare emergency affecting one individual who requires immediate attention. It involves life-threatening situations commonly experienced in correctional settings.

Mass Disaster Drill: A simulated emergency potentially involving mass disruption and multiple casualties that require triage by the health staff. It frequently involves a natural disaster (e.g., tornado, flood, earthquake), an internal disaster (e.g., riot, arson, kitchen explosion), or an external disaster (e.g., mass arrests, bomb threat, power outage). If there is an actual event, the requirement for mass casualties is not required.

Non-Health Trained Staff: Persons who are not registered or licensed with a health care regulating agency but who have received training in emergency response procedures, such as CPR, etc.

Regional Medical Director: The physician Medical Director of the contracted agency or organization responsible for the provision of health care services for the KDOC resident population. This position has full clinical autonomy and responsibility for the provision of clinical services within the KDOC.

Regional Psychiatric Director: Responsible for the clinical supervision of all facility psychiatrists. The Regional Psychiatrist is supervised clinically by the Regional Medical Director and administratively by the Regional Vice President and or his designee.

Site Medical Director: The physician at each site who serves as the facility clinical health authority and is responsible to the Regional Medical Director for all clinical matters and to the Health Services Administrator for all administrative matters.

## **PROCEDURES**

### **I. Availability of Emergency Services**

- A. The contracted health services provider and the Health Services Administrator at each site arranges for 24-hour emergency services for unexpected or acute medical, behavioral health, and dental needs of the residents. Such services are to be available either through on site or community healthcare providers.
  1. The contracted health services provider shall secure a written agreement with a licensed general hospital, clinic, or physician to provide both routine medical and emergency services to residents within all KDOC facilities on a 24-hour-a-day basis.
  2. On-call clinical consultation services are to be available for medical, behavioral, and dental health emergencies 24 hours per day 7 days per week. On call schedules and contact information for the on-call physician, dental, and psychiatric staff are to be readily available to health services staff, security or other staff as designated by the H.S.A.
- B. All medical, dental, and behavioral health emergencies shall be triaged immediately by healthcare staff members on site, and any necessary treatment will be provided.
  1. Non health care facility staff are to provide emergency first aid until a qualified healthcare professional arrives to direct the emergency care.
- C. In the event that security or other facility staff contact healthcare staff concerning a patient with an acute or unexpected health condition, a face-to-face encounter is to be conducted by the healthcare staff either at the patient's location or in the health services unit depending on the circumstances and information provided.
- D. The contracted health services provider is to make agreements with area hospital emergency rooms to provide emergency off site care for KDOC residents. The names, locations, and phone numbers will be posted and accessible to healthcare and security staff.
- E. Agreements will be available with local emergency medical services or other ambulance services to provide emergency transportation services. The name(s), location(s), and phone number(s) will be posted and readily available to healthcare and security staff.
- F. The contact number for poison control will be posted and readily available to healthcare and security staff.

- G. Mass disaster drills are to be conducted so that each shift has participated over a three-year period, including satellites.
- H. A health emergency man-down drill is to be practiced once each year on each shift where healthcare staff are regularly assigned, including satellites.
  - 1. Man down (individual emergencies) address on site access to care, timeliness of response, appropriate interventions, including calling EMS, and notifying the local emergency room. The availability of emergency equipment and its readiness for use is also to be assessed.
- I. The mass disaster and man-down drills are to be critiqued and the results shared with all healthcare staff. Recommendations for healthcare staff are to be acted upon.
  - 1. Healthcare staff not present for man down or disaster drills are to review and sign the critiques.
  - 2. Mass disaster planning requires coordination with emergency services, predetermined sites for triage and intervention, triage skills, and notification and activation of ancillary staff.

## **II. Training of Facility Personnel in First Aid/Emergency Care**

- A. The Health Services Administrator, in cooperation with the warden/superintendent and training officer/coordinator, shall establish a program for training health care staff, corrections officers, unit team and other personnel as specified by the warden/superintendent to respond to health-related emergencies within a four (4) minute response time. 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:
  - 1. The training program for all personnel designated for the emergency response shall include at least the following:
    - a. Recognition of signs and symptoms in potential emergency situations and knowledge of action required for each;
    - b. Administration of basic first aid;
    - c. Certification in CPR in accordance with the recommendations of the certifying health organization;
    - d. Methods of obtaining assistance;
    - e. Signs and symptoms of mental illness, acute chemical intoxication and withdrawal, to include indications for administration and use of Narcan;
    - f. Procedures for patient transfers to appropriate medical facilities or health care providers;
    - g. Suicide prevention, intervention, and self-harm reduction strategies;
    - h. Availability and use of emergency medical services (EMS) transport units; and
    - i. Proper procedures for the location, application, operation, and maintenance of Automated External Defibrillators (AEDs).
- B. Training for health care staff shall include the provision for on-site emergency first aid and crisis intervention as well as use of emergency nursing clinical guidelines.
- C. Correctional and healthcare staff will be trained in proper emergency transfer procedures to facilitate EMS access, evacuation, and transfer of the patient.

### **III. Plans for Provision of Emergency Health Care**

- A. Each facility shall establish a written plan for the provision of emergency health care. All facility staff shall be trained in the implementation of this plan in accordance with IMPP 19-101D and relevant Chapter 19 IMPPs. The health aspects of the emergency response plan are to be approved by the Health Services Administrator and Warden/Superintendent and shall include the following components:
1. Responsibilities of healthcare staff;
  2. Triage procedures for multiple casualties;
  3. Predetermination of the site for care;
  4. Types of portable medical emergency equipment, medications, and first aid kits available in the facility, specific numbers and location(s) of each item, their contents, a system for inventory, a schedule for periodic inspections and replenishment procedures;
  5. Staff designated to use the emergency equipment and medications;
  6. Method and route of emergency transport and evacuation of ill or injured persons to either the infirmary or local acute care facility;
  7. Arrangements and security procedures for transport by a licensed emergency medical services vehicle on a 24-hour basis;
  8. Telephone numbers and procedures for calling healthcare staff and the community emergency response system (e.g., hospitals, ambulances);
  9. Use of one or more designated hospital emergency departments or other appropriate facilities;
  10. Emergency on-call physician, dental, and behavioral health services when the emergency health care facility is not nearby;
  11. Security procedures for the immediate transfer of patients for emergency care;
  12. Procedures for evacuating patients in a mass disaster;
  13. Alternate backups for each of the plan's elements;
  14. Time frames for response; and
  15. Notification to the person legally responsible for the facility.
- B. The plan shall be evaluated, and drills performed at least annually.

### **IV. Plans for the Provision of Emergency Behavioral Health Services**

- A. The Health Services Administrator shall maintain a written plan for the provision of emergency behavioral health services.
- B. Residents who present acute symptoms of mental illness, significant emotional distress, altered mental status/acute intoxication or withdrawal, and/or other symptoms indicative of risk for self-harm or harm to others shall be referred to the behavioral health professional for assessment.
- C. Health care staff responding to a behavioral health emergency or crisis situation shall conduct a preliminary evaluation of the resident and follow the site's emergency plan and make referrals to on-site or on-call behavioral health professionals, as appropriate.

- D. Depending on the assessment by the psychiatrist/behavioral health professional(s), the resident may be placed in the clinic or restrictive housing to facilitate monitoring of the resident's behavior by facility health care staff.

**V. This IMPP must serve as final policy in all departmental facilities, and no General Orders shall be developed or implemented on this subject.**

**NOTE:** The policy and procedures set forth herein are intended to establish directives and guidelines for staff, residents, and offenders and those entities that are contractually bound to adhere to them. They are not intended to establish State created liberty interests for employees, residents, or offenders, or an independent duty owed by the Department of Corrections to employees, residents, offenders, or third parties. Similarly, those references to the standards of various accrediting entities as may be contained within this document are included solely to manifest the commonality of purpose and direction as shared by the content of the document and the content of the referenced standards. Any such references within this document neither imply accredited status by a Departmental facility or organizational unit, nor indicate compliance with the standards so cited. The policy and procedures contained within this document are intended to be compliant with all applicable statutes and/or regulatory requirements of the Federal Government and the state of Kansas. This policy and procedure is not intended to establish or create new constitutional rights or to enlarge or expand upon existing constitutional rights or duties.

**REPORTS**

None.

**REFERENCES**

IMPP 03-104D, 19-101D  
ACA 5-ACI-6B-07, 5-ACI-6B-08, 6-ACI-6B-09, 6-ACI-6A-08  
JCF 4-JCF-4C-12  
NCCHC P-D-07, P-D-01, P-E-08, Y-A-07, Y-E-08

**HISTORY**

08-11-23 Original

**ATTACHMENTS**

None.