

**CALIFORNIA PRISON HEALTH CARE SERVICES
INMATE MEDICAL SERVICES
VOLUME IV**

Policy Procedure Attachment

Title: Emergency Medical Response System	Policy #: Chapter 12-A
	Effective Date:
	Last Review Date:
	Revision Date:
	Approval Date:

This policy applies to the following client population(s):

(X) Adult (16-65 yrs) (X) Geriatric (65 yrs+)

I. POLICY

The California Department of Corrections and Rehabilitation (CDCR) shall ensure that medically necessary emergency response, treatment, and medical transportation is available, and provided twenty-four-hours-per-day to inmates, employees, contract staff, volunteers, and visitors.

- A. It is the responsibility of the California Prison Health Care Services (CPHCS) to plan, implement, and evaluate the Emergency Medical Response System.
- B. Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS) treatment will be provided consistent with the American Heart Association (AHA) Guidelines for Cardiopulmonary Resuscitation (CPR) and Emergency Cardiovascular Care (ECC) and standards of the California Emergency Medical Services Authority (EMSA), and according to each individual’s training, certification, and authorized scope of practice.
- C. The CDCR adopts the California EMSA System Standards and Guidelines definition and recommended guidelines for first-responder response times. CDCR staff or contractors will perform the functions of First Aid, BLS, and ACLS, and response times will meet the EMSA-recommended guidelines for metropolitan/urban areas.
- D. “Response Time” is defined as the time interval starting at the placement of the first call for an emergency medical response and ending with the arrival of treating personnel at the scene of the incident.
- E. For 90 percent of emergency responses:
 - a. The response time for BLS and CPR-capable personnel shall not exceed four (4) minutes.
 - b. The response time for ACLS-capable health care personnel shall not exceed eight (8) minutes.

II. PURPOSE

The purpose of this policy is to standardize: 1) the structure and organization of the CDCR Emergency Medical Response System, 2) facilities, equipment, and personnel

certification and training, 3) procedures for emergency response, and 4) mechanisms for documentation, data management, medical oversight, and quality improvement activities.

III. DEFINITIONS

- A. Clinical Staff: Physicians, Registered Nurses (RNs), Physician Assistants (PAs), Nurse Practitioners, Licensed Vocational Nurses (LVNs), Certified Nursing Assistants (CNAs), Psychiatric Technicians (PTs), and Dentists.
- B. Ancillary Health Care Staff: Respiratory Therapists, Physical Therapists, Radiology, and Laboratory.
- C. Mental Health Staff: Psychiatrists, Psychologists, Licensed Clinical Social Workers
- D. First Aid: Emergency care administered to an injured or sick patient before health care staff is available.
- E. Basic Life Support (BLS): Emergency care performed to sustain life that include cardiopulmonary resuscitation, automated external defibrillation, control of bleeding, treatment of shock, and stabilization of injuries and wounds.
- F. Advanced Cardiac Life Support (ACLS): Emergency care consisting of basic life support procedures and definitive therapy including the use of invasive procedures, medications and manual defibrillation.
- G. Emergency Medical Services (EMS): The community response system organized by the local EMS Agency pursuant to Health and Safety Code Division 2.5.
- H. CDCR Emergency Medical Response System (EMRS): The organized pattern of readiness and response services within the CDCR as set forth in this policy.

IV. GENERAL REQUIREMENTS

A. System Organization and Management

- 1. Wardens and Chief Medical Officers (CMO) are responsible for cooperatively developing and maintaining the institution's capacity to respond to medical emergencies as specified in this Policy.
- 2. Responsibilities of Wardens and CMO are to ensure that:
 - a. Triage and Treatment Areas (TTA) and all clinical areas are properly staffed and equipped.
 - b. All Clinical Staff, other Health Care Staff and Mental Health Staff working in the TTA meet the educational requirements outlined in this Policy, and have demonstrated competency in emergency patient care.

- c. Local Operating Procedures approved by the Statewide Medical Director, Statewide Director of Nursing (or designees), and Warden are in place for communications, response, evaluation, treatment, and transportation of inmates, staff, and visitors.
- d. Community EMS responders have ready entry and ready exit into and out of the institution through the vehicle Sallyport and throughout the facility in order to access the patient.

B. Facilities and Equipment

1. Emergency equipment and supplies, emergency medical bags, oxygen and automated external defibrillators (AEDs) shall be maintained according to manufacturer's specifications and are readily accessible to health care staff in the TTA, all clinic areas, emergency medical response vehicles, and all other areas deemed appropriate by the CMO, Health Care Manager (HCM), Director of Nursing (DON) and Warden in the institution.
2. The location of the equipment shall be clearly identified by signage.
3. The equipment will be maintained, appropriately secured and inventoried each shift.

C. Personnel: Staffing and Training

1. All correctional peace officers (custody) shall, within the previous two years, have successfully completed a course in CPR that is consistent with AHA guidelines. Custody staff shall maintain a system to manage and track correctional peace officers CPR requirements.
2. All Clinical Staff, Ancillary Health Care Staff, and Psychiatrists staff shall, within the previous two years, have successfully completed a Health Care Provider level course in BLS that is consistent with the AHA guidelines as a condition of employment. The California Prison Health Care Services, Professional Education Unit staff shall maintain a system to manage and track clinical and healthcare staff CPR requirements.
3. The primary care physicians, nurse practitioners and physician assistants are required to obtain and maintain Advanced Cardiac Life Support (ACLS) certification.
4. The Director of Nurses (DON), Supervising Registered Nurse (SRN) over TTA, TTA RNs, and other RNs that are required to work in the TTA, will obtain and maintain ACLS certification.
5. All nursing staff ACLS certified shall follow the AHA- ACLS algorithms and guidelines under the direction of a physician.

D. Institutions will Conduct Emergency Response Training Drills

1. See Policy 12-A1

REFERENCES

- American Heart Association - Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care
- California Emergency Medical Services Authority #101: EMS System Standards and Guidelines, June 1993.
- California Department of Corrections and Rehabilitation, Inmate Medical Services Policy and Procedure Manual; Volume 12, Mental Health Services Delivery System, Chapter 10, Suicide Prevention and Response.
- California Department of Corrections and Rehabilitation, Emergency Alarm Response Plan

**CALIFORNIA PRISON HEALTH CARE SERVICES
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Policy

Procedure

Attachment

Title: Emergency Medical Response System	Chapter #: 12-A
	Effective Date:
	Last Review Date:
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	Approval Date:

PERFORMED BY: PCP: RN: LVN:

**GENERAL
INSTRUCTIONS:**

- All staff has the authority to initiate a 9-1-1 call for Emergency Medical Services (EMS).
- Any facility staff that encounters a medical emergency including staff and visitor is responsible for immediately summoning assistance by the most expeditious means available (e.g., personal alarm device, two-way radio, whistle, shouting, or telephone).
- To efficiently activate a community EMS response and notify appropriate facility staff of a medical emergency, Local Operating Procedures, approved by the Statewide Medical Director, Statewide Director of Nursing or designees, and Warden will: a) identify the single point of contact for reporting medical emergencies, which will be either the Triage and Treatment Area (TTA) Registered Nurse (RN), Watch Commander or the Watch Sergeant; and b) establish the mechanism for the TTA RN or Watch Commander to contact the appropriate parties.
- Activation of the institution Emergency Medical Response System (EMRS) and the community EMS system shall occur as necessary to ensure the highest level of emergency medical care is available in the shortest time interval.
- Preservation of a crime scene shall not preclude or interfere with the delivery of emergency medical care. Preservation of life shall take precedence over the preservation of a crime scene.
- Custody requirements shall not unreasonably delay medical care in a life-threatening situation unless the safety of staff, inmates, or the general public is compromised.

- If an inmate/patient is unable to be resuscitated, the decision to terminate cardiopulmonary resuscitation (CPR) shall be made by a physician or community emergency medical service personnel. Pronouncement of death shall only be determined and made by a physician.

PROCEDURE:

A. Response, Treatment, and Transportation

1. First Responder (FR)

- a. The first staff member (custody, medical etc.) at the scene of an apparent medical emergency is the FR.
- b. The FR shall briefly evaluate the patient and situation, then immediately notify health care staff of a possible medical emergency, and summon the appropriate level of assistance.
- c. The FR will then immediately initiate CPR if appropriate.
- d. If possible, the FR shall inform the health care staff whether the nature of the possible medical emergency is medical, traumatic, obstetric, or mental health.
- e. The FR shall initiate community EMS activation if necessary.
- f. If CPR can not be initiated due to the condition of the patient the reason(s) must be clearly documented on a CDCR Form 837-C, Crime/Incident Report Supplement.

2. Registered Nurse (RN)/ Licensed Vocational Nurse (LVN)

- a. The RN or LVN shall respond promptly to the scene of the medical emergency with a medical emergency response bag, oxygen, and an Automated External Defibrillator (AED) and initiate and/or assist with CPR.
- b. The RN is responsible for making an initial assessment of the inmate/patient and deciding whether a medical emergency is present.
- c. The RN shall notify the TTA clinical staff with relevant clinical information on impending admit and estimated time of arrival (ETA).
- d. The RN shall initiate community EMS activation if needed and if not already completed by the FR.

B. Patient Evaluation and Initial Treatment

1. First Responder

The FR shall initiate appropriate First Aid and/or BLS measures, including establish airway, breathing, and circulation, control bleeding and CPR per their training and certification.

2. Custody Protocol

- a. In medical emergencies, the primary objective is to preserve life. All peace officers who respond to a medical emergency are mandated, pursuant to court order, to provide immediate life support, if trained to do so, until medical staff arrives to continue life support measures. All peace officers must carry a personal CPR mouth shield at all times.
- b. The peace officer must evaluate and ensure it is reasonably safe to perform life support by effecting the following actions:
 - i. Sound an alarm (a personal alarm or, if one is not issued, an alarm based on local procedures must be used) to summon necessary personnel and/or additional custody personnel.
 - ii. Determine and respond appropriately to any exposed bloodborne pathogens.
 - iii. Determine, isolate, contain, and control the emergency and significant security threats to self or others including any circumstances causing harm to the involved inmate.
 - iv. Initiate life saving measures consistent with training.
- c. The responding peace officer will be required to complete a written report describing the decisions made regarding immediate life support and actions taken or not taken, including cases where life support is not initiated consistent with training and/or situations which pose a significant threat to the officer or others.

3. RN

- a. The RN shall begin appropriate medical treatment and assume responsibility for directing any medical care already in progress.

- b. The clinical FR or RN shall begin CPR unless one or more of the following signs of death are present. If one or more sign is present the patient will be determined to be deceased by the physician.
 - i. Rigor mortis/ Dependent lividity
 - ii. Tissue decomposition.
 - iii. Decapitation
 - iv. Incineration
- c. Once started, CPR shall be continued until:
 - i. Resuscitative efforts are transferred to a rescuer of equal or higher level of training;
 - ii. The patient is determined to be deceased by a Physician;
 - iii. Effective spontaneous circulation and ventilation have been restored;
 - iv. Emergency responders are unable to continue because of exhaustion or safety and security of the rescuer or others is jeopardized;
 - v. A written, valid Do Not Resuscitate (DNR) order is presented.

C. Patient Transportation and Definitive Care

- 1. The RN and Primary Care Provider, based on the patient clinical condition and emergency situation, shall:
 - a. Continue medical treatment until community EMS responders arrive and assume care and transport the patient.
 - b. Transport the patient to the TTA; or nearest site equipped, staffed, and identified as an area for performance of Advanced Cardiac Life Support.
 - c. If clinically appropriate, continue treatment on location and direct EMS personnel to the scene.
- 2. Inmates shall only assist with transportation if they are part of the fire crew.
- 3. CDCR Form 7252, Request for Authorization of Temporary Removal for Medical Treatment, will be initiated by healthcare staff and given to the designated custody representative i.e. Associate Warden of Healthcare, Watch Commander etc. staff for final completion. After the

form is completed it is then forwarded to the custody transportation team.

4. The transport of a patient via code 3 ambulance shall not be unnecessarily delayed in order to complete the CDCR Form 7252.
5. EMS personnel will transport the patient to a community emergency facility according to local EMS Agency Policies and Procedures
6. During business hours the TTA RN shall notify the Chief Medical Officer (CMO) or designee or supervising RN (SRN) on duty of the medical emergency transport and the circumstances of the transport as soon as possible. The Chief of Mental Health shall be notified of all suicides, suicide attempts, possible overdoses, and inmates included in the Mental Health Services Delivery System who require medical emergency transport.
7. During non-business hours the TTA RN shall notify the institution Physician On Call or TTA Physician by telephone as soon as possible to inform him or her of the patient status and transport decision. The SRN shall notify the CMO or designee.
8. For patients transferred to a community emergency facility, the TTA physician or RN shall contact the receiving facility and provide a report on the patient, including medical history, medication, allergies, the history of the incident and treatment rendered. The initial report should not be delayed because other information (medical history, medications, or historical information) is not available. This additional information shall be provided by a second phone call as soon as it becomes available.

D. Documentation

1. First Responder/RN Documentation Requirements.
 - a. All non-clinical staff members who respond to or witness a medical emergency must document their observations and actions on a CDCR Form 837-C, Crime/Incident Report Supplement.
 - b. If the medical emergency does not meet the criteria for an CDC 837 Crime/Incident Report, the information will be transferred / completed on a 128-B Informational Chrono.
 - c. The RN will complete CDCR Form 7219, Medical Report of Injury or Unusual Occurrences and a progress note describing assessment, treatment and outcomes.

- d. If CPR is not initiated, staff will document the reason(s) why on CDCR Form 128-B Informational Chrono or CDCR 837-C, Crime/Incident Report Supplement.
- e. The use of an AED will be documented by a health care staff member. The electronic information record shall be downloaded, printed and added to the inmates' Unit Health Record (UHR).
- f. Medical Emergency Response Documentation shall be completed by the First Responder RN.
- g. The RN shall be responsible for completing the Clinical Observations and Interventions Form(s). Additional documentation shall be completed on a CDCR Form 7230, Interdisciplinary Progress Note,
- h. The Medical Emergency Response Documentation shall be signed by the RN with the date and time the forms were completed. The forms, with additional documentation, are to be delivered to TTA personnel before the end of the watch worked by the RN.
- i. The RN shall refer inmate/patient via CDCR Form #128-MH5 or by personal contact for an inmate that present with self-inflicted injuries to Mental Health Staff for evaluation and suicide risk assessment.
 - Evaluation by Mental Health Staff shall be completed prior to re-housing in an outpatient setting.

2. TTA Documentation Requirements

- a. Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS) BLS and ACLS on the TTA CDCR Form 7403, Emergency Care Flow Sheet.
- b. Care delivered according to RN protocols on the appropriate RN protocol forms.
- c. CDCR Form 7230, Interdisciplinary Progress Note, shall be completed when space on the CDCR Form 7403, Emergency Care Flow Sheet, or the RN protocol forms is insufficient.
- d. On arrival at the TTA, the RN shall remain with the patient and continue recording until efforts are terminated, or until EMS personnel assume patient care. During this time, the RN shall record the following:

- i. Patient identification data (CDCR number, or, if unavailable, other identifying data).
 - ii. Description of initial events and patient presentation (patient location, position, and witness description of events).
 - iii. Times various treatments and procedures are rendered.
 - iv. The name and title of the RN, name and title of the person to whom the form is transferred, the date and time of the transfer, and the RNs signature.
- e. TTA staff shall attach the documentation to the CDCR Form 7403, Emergency Care Flow Sheet, for inclusion in the patient's UHR.
- a. 3. Transport Documentation Requirements
- a. The CDCR Form 7403, Emergency Care Flow Sheet, and all attachments, or a copy thereof, shall be provided to the EMS transport staff if the patient is sent out of the institution.
 - b. The CDCR Form 7252, Request for Authorization of Temporary Removal for Medical Treatment.
 - c. Licensed health care personnel are responsible for reviewing, authenticating, and signing the Medical Response Documentation.
 - d. Sallyport officers are to maintain a standardized log of all emergency vehicle traffic entrances and exits, including times.

E. System Evaluation and Quality Improvement

1. Emergency Medical Response Review

- a. All medical emergency responses resulting in the transfer of a patient to an outside health care provider or a death shall be reviewed by the CMO, the Director of Nurses (DON) and Emergency Medical Response Review Committee (EMRRC). Documentation of that review, including but not limited to observations, relevant clinical information, recommendations, and corrective actions to be taken, if any, will be forwarded to the respective Regional Director of Nursing (RDON), Regional Medical Director (RMD) and the assigned Associate Director, Division of Adult Institutions, within 10 days following the institution EMRRC meeting.
- b. The CMO and DON shall take appropriate action on clinical practice issues that are identified, which may include, but are not

limited to, gathering additional information, employee counseling, and referral of the incident to Clinical Support Unit (CSU). The RMD and or the RDON will be notified of clinical practice issues and actions as appropriate by CMO or DON.

- c. All deaths in which the manner of death is suicide or suspected suicide shall be referred for review by the Suicide Prevention and Response Focused Improvement Team (SPRFIT) with appropriate documentation.

2. Quality Assurance and Monitoring

- a. Equipment malfunctions and inadequately stocked Emergency Medical Bags or other supplies shall be reported to the DON and CMO immediately following the emergency medical incident.
- b. All institutions are required to conduct routine audits on all emergency medical incidents, review the results, develop and implement corrective actions, and monitor performance.
- c. The CMO and Warden are responsible for ensuring auditing and improvement activities are undertaken and documented on a systematic and continuous basis.

**CALIFORNIA PRISON HEALTH CARE SERVICES
INMATE MEDICAL SERVICES
VOLUME IV**

Policy

Procedure

Attachment

Title: Emergency Medical Response
Training Drill

Chapter #: 12-A1

Effective Date:

Last Review Date:

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Approval Date:

I. POLICY

The California Department of Corrections and Rehabilitation (CDCR) shall establish a procedure for Emergency Medical Response Training Drills. The Medical emergency response training drills shall be conducted at least quarterly, and on each shift.

II. PURPOSE

To ensure institutional staffs are properly trained in management of medical emergencies and to develop a plan of action to correct deficiencies related to coordination of emergency response activities.

III. DEFINITIONS

- **Emergency:** An emergency as determined by staff includes any medical or dental condition for which evaluation and treatment are necessary to prevent death, severe or permanent disability, or to alleviate disabling pain. [California Code of Regulations, Title 15 Section 3354 (f) (1)]..... An emergency exists when there is a sudden marked change in an inmate's condition so that action is immediately necessary for the preservation of life or the prevention of serious bodily harm to the inmate or others. [California Code of Regulations, Title 15 Section 3351 (a)]
- **Emergency Medical Response Review Committee (EMRRC):** The institution's Emergency Medical Response Review Committee (EMRRC) shall meet at least once a month and be comprised of the following members:
 - Warden or designee (Associate Warden or higher)
 - HCM /CMO or physician designee
 - Director of Nursing or designee
 - Correctional Captain
 - Chief Psychiatrist/Psychologist, as appropriate
 - Physician and Surgeon, when physician issues are on the agenda
 - Nurse Instructor
 - EMRRC Coordinator
 - Other personnel (e.g., EMS responders) as deemed necessary

- **Institution Emergency Medical Response Review Process:** The institution's EMRRC shall review each incident in the following categories:
 - Deaths (e.g., homicides, suicides, accidental or unexpected)
 - Suicide attempts (witnessed)
 - Use of a Code 2 and 3 ambulance
 - Emergency Medical Response training drills
 - Other cases as deemed appropriate

- **First Responder:** A first responder is the first CDCR staff member on scene of a medical emergency within the institution.

IV. FREQUENCY OF DRILLS

Medical emergency response training drills shall be conducted at least quarterly and on each shift.

- The drills shall address responses to medical emergencies in all areas of the institution and include participation of health care and custody staff.
- The drills may or may not be pre-announced and shall be conducted under varied conditions.
- Each form required for medical emergency drills shall be completed utilizing the standardized Emergency Medical Response Drill Checklist (Attachment #1)

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<input type="checkbox"/> Policy	<input checked="" type="checkbox"/> Procedure	<input checked="" type="checkbox"/> Attachment
Title: Emergency Medical Response Training Drill	Chapter #: 12-A1	
	Effective Date:	
	Last Review Date:	
	Revised Date:	
	Approval Date:	

PERFORMED BY: PCP: RN: LVN:

GENERAL

INSTRUCTIONS: Medical Emergency Response Training Drills

- The Chief Medical Officer (CMO), or designee, the Director of Nurses (DON), or designee, the Health Care Manager (HCM), the Health Care Associate Warden, and Warden or designee shall determine the location, time, and scenario of the drill.
- The CMO, or designee, is responsible for advising and coordinating with the Warden, Chief Dentist, and Chief Psychologist or Psychiatrist in advance of the scheduled drill.
- The Chief Psychologist or designee is responsible to advise the Mental Health staff of the impending drill and to ensure their participation.
- The Chief Dentist or designee is responsible to advise the Dental staff of the impending drill and to ensure their participation.
- The DON or designee, is responsible for setting up the proper Cardio Pulmonary Resuscitation (CPR) manikins and/or other necessary medical emergency response equipment at the designated drill location.
- Institutional staff are required to respond immediately to all medical emergency response drills within their designated area while on duty.
- The DON or designee, once the drill is initiated and staff are gathered, will read the drill scenario to the staff participants. The participants will respond to the scenario as if they are responding to an actual emergency situation.
- The custody and nursing designee shall ensure that the designated supervisor in charge of monitoring the drill utilizes and submits an Emergency Medical

Response Drill Checklist (Attachment #1). All Checklists will be distributed to the designated personnel according to Local Operating Procedure.

- All forms required in an actual medical emergency will be completed in the drill. The following forms may be included but are not limited to:
 - Medical Report of Injury or Unusual Occurrence, CDC 7219, (Attachment #2)
 - Emergency Care Flow Sheet, CDC 7403 (Attachment #3)
 - Crime/Incident reports 837-C (Attachment #4)
 - Informational Chrono. 128-C (Attachment #5)
- Immediately following the drill, the Watch Commander/Watch Sergeant or designee, CMO, DON, and designees, shall review the drill and conduct a post-drill debriefing allowing the participants to evaluate the performance, incorporate new information learned, discuss any additional steps or components necessary to remedy any identified deficiencies.
- The DON or designee will evaluate the exercise and provide a summary report to the HCM within 14 days of the date of the drill prior to the monthly Emergency Medical Response Review Committee (EMRRC) meeting. (Attachment #6). The report will include but is not limited to the following:
 - Synopsis of the event
 - Date and time of the drill
 - Drill location
 - Participants involved
 - Time frames of all elements i.e. response time medical/custody etc.
 - Areas identified as positive or appropriate interventions
 - Recommendations on areas needing improvement or training
- The EMRRC will review the DON's summary report and develop a corrective action plan, if appropriate, based upon the report findings.

**CALIFORNIA PRISON HEALTH CARE SERVICES
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Policy

Procedure

Attachment

Title: Emergency Medical Response Bag
Inventory/ Audit

Chapter #: 12-A2

Effective Date:

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I. POLICY

The California Department of Corrections and Rehabilitation (CDCR) shall establish a procedure for auditing and refilling the Emergency Response Bags.

II. PURPOSE

To ensure institutional staffs are properly trained in the location approved contents, use, refill, and documentation of Emergency Response bag.

III. PROCEDURE

A. Emergency Medical Response Bag Inventory/Audit.

1. The emergency response bag must be stored in a secured area with no inmate access.
2. Contents of the Medical Emergency Response Bag shall be audited each watch by the designated health care staff to ensure that the seals are intact.
3. Documentation of the Medical Emergency Response Bag inventory/audit will be documented on the Emergency Response Bag Inventory List (Attachment #1).
4. Designated zippered compartments of each Medical Emergency Response Bag will be sealed (compartment zippers together) with a numbered plastic seal.
 - a. When the seal is broken a complete inventory of the contents is required and items are to be refilled/replaced according to the Emergency Response Bag content / quantity list (Attachment #2).
 - i. The bag will be inventoried for designated supplies and equipment
 - ii. Items with expiration dates will be checked to ensure all items within the bag are within expiration dates.

- b. Gloves and safety shears must be stored in the end zippered pocket of the emergency response bag.
 - iii. The end zippered pocket will be left unsealed
 - iv. Visual inspection of the safety shears must be completed as part of the audit/inventory performed every shift.
- 5. All Emergency Medical Response Bag Inventory/Audit List(s) shall be submitted to the Director of Nursing (DON) or designee and tracked monthly.
- 6. An inventory of a sealed compartments is required monthly if the seal on a bag has not been broken and an inventory of that compartment has not been completed in the previous 30 days.

**CALIFORNIA PRISON HEALTH CARE SERVICES
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Attachment

Title: Emergency Medical Response Skills
Lab

Chapter #: 12-A3

Effective Date:

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I. POLICY

The California Department of Corrections and Rehabilitation (CDCR) shall establish a clinical skills laboratory and provide access to clinical training to the institution staff on a minimum of a quarterly basis.

II. PURPOSE

To ensure institutional staff are properly trained in handling medical procedures, and to evaluate medical staff(s) clinical skills performance and to address components necessary to remedy any identified deficiencies.

III. PROCEDURE

A. Emergency Medical Response Skills Lab

1. The Nurse Instructor shall ensure that medical emergency response skill labs are scheduled on the education calendar, and all appropriate healthcare staff has the opportunity to participate in the skills training.
2. A lab facilitator will be available during designated lab hours.
3. Documentation of the Skills Lab training and or remedial training provided will be completed on the In-service Training Form.

Skills lab examples:

- Airway management
- C-Spine Stabilization
- Scene Survey/Scene Safety
- Mechanism of injury and injury patterns
- Splinting

- Mega Code
 - Mass casualty incident
 - Other training(s) as identified by Headquarters/Institution
4. All Skills Lab Training Forms shall be submitted and tracked monthly to the designated institutional responsible party.

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Title: Cardiopulmonary Resuscitation Record	Policy #: Chapter 12-A4
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This policy applies to the following client population (s):
(X) Adult (16-65 yrs) **(X) Geriatric** (65 yrs+)

I. POLICY

The California Department of Corrections and Rehabilitation (CDCR) shall establish a procedure for medical staff to document Cardiopulmonary Resuscitation efforts and actions taken by staff to resuscitate patients in respiratory and/or cardiac arrest.

II. PURPOSE

To utilize standardized form(s) to ensure institutional staff are properly trained in management of medical emergencies and to utilize standardized forms ensure compliance with documentation of all code events involving respiratory and/or cardiac arrest.

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Procedure

Attachment

Title: Cardiopulmonary Resuscitation
Record Procedure

Policy #: Chapter 12-A4

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This policy applies to the following client population (s):

Adult (16-65 yrs)

Geriatric (65 yrs+)

PERFORMED BY: PCP:

RN:

LVN:

GENERAL

INSTRUCTIONS: Cardiopulmonary Resuscitation Record

- The Cardiopulmonary Resuscitation Record shall become a permanent part of the Unit Health Record (UHR) and be accepted as sufficient documentation for nursing progress notes, medication records, and physician orders when fully completed
- The CDCR Form XXXX, Cardiopulmonary Resuscitation Record shall be maintained on the emergency/crash cart for immediate access, and be completed by a Registered Nurse or designee during a code event.
- The date and time of the incident, initial and ongoing patient observations such as vital signs, cardiac rhythm, neurologic status, and final patient disposition shall be documented in the spaces provided on the Cardiopulmonary Resuscitation Record.
- All drugs administered during the code shall be read back and documented by the recorder, in the spaces provided on the Cardiopulmonary Resuscitation Record at the time of administration.
- All other resuscitative measures shall be read back and documented in the spaces provided on the Cardiopulmonary Resuscitation Record as they occur.
- Names of the team members involved in the code shall be documented in the space provided. Sections of the Cardiopulmonary Resuscitation Record that are not applicable to a specific patient shall be marked "N/A."

- All team members involved in the code shall, i.e. Physician, Registered Nurse, Licensed Vocational Nurse, etc. must sign the Cardiopulmonary Resuscitation Record next to their name under the TEAM Member column.
- The completed Cardiopulmonary Resuscitation Record shall be placed in the patient's UHR, with copies forwarded to the Chief Medical Officer and the Director of Nurses (DON).
- The DON shall review the code documentation and follow-up as necessary to ensure documentation is complete.