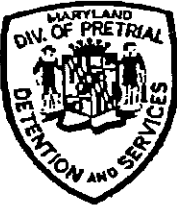



STATE OF MARYLAND
DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES
DIVISION OF PRETRIAL DETENTION AND SERVICES

	PROGRAM: Medical & Dental Services
	PDSD: 130-140
	TITLE: Emergency Medical Services
	ISSUED: July 15, 2001
	APPROVED: LaMont W. Flanagan  COMMISSIONER

- I. Reference: MCCS .02E
- II. Applicable to: The Division of Pretrial Detention and Services
- III. Purpose: To establish policy and procedures to be followed in the event of a medical emergency.
- IV. Definitions: None
- V. Policy: It is the policy of the Division of Pretrial Detention and Services that all inmates requiring emergency health care shall receive timely treatment from appropriately trained personnel in accordance with established procedures.

Services will include: a physician, a psychiatrist, and an administrator on-call 24 hours a day, 7 days a week; access to health care facilities and qualified health care personnel; first aid kits at designated locations with contents inventoried monthly and approved by qualified health care personnel; staff with current certification in basic first aid and cardiopulmonary resuscitation (CPR) available to inmate living and activity areas on each shift.

Employees and visitors shall also be provided with emergency medical services prior to the medically appropriate transfer of care to community medical providers or removal from the institution.

VI. Procedures:

A. Response to a Medical Emergency

1. The Correctional Officer will:
 - a. Render immediate first aid;
 - b. Call for assistance; and
 - c. Relinquish care of the individual to Health Care Providers upon their arrival.
2. The Officer on Control will direct Key Post Officers/ Section Officers to have doors, grilles and elevators open to permit immediate access by identified providers and stretcher bearers.
3. The Health Care Provider, when notified of a medical emergency, will immediately dispatch an emergency medical team to respond to the scene of the emergency.
4. The responding emergency medical team will:
 - a. Carry a first aid bag and oxygen equipment to the emergency scene;
 - b. Administer first aid on the scene;
 - c. Should a physician not be at the facility, contact the on-call medical personnel via phone for further directions. (See VI.C.2.)
 - d. Should the decision be made to transport the individual to a community hospital:
 - i. Direct Shift Commander to call 911 and to specify the entrance for the responding ambulance to use;
 - ii. If CPR is being administered and the individual should require transfer to an outside hospital, advise Control that the ambulance team should meet the individual at the scene; and
 - iii. Closely monitor status and provide care until 911 responds.

- e. If the individual is an inmate and can be stabilized, ensure that a male inmate is transferred to the MTC, or a female inmate is transferred to WDC, and admitted to that infirmary for close observation and evaluation by the next available physician.
- f. Document all treatment rendered during the emergency (according to acceptable medical standards.) Maintain all documentation in the inmate's medical record/ on file, for non-inmates.

B. Training

- 1. The Division of Pretrial Detention and Services will ensure that all Correctional Officers receive First Aid Training at least once every 3 years and annual CPR certification.
- 2. The Health Care Provider will ensure that all medical staff maintain current CPR certification.

C. On-Call Medical Staff

- 1. Schedule

The Contractual Health Care Provider will:

- a. Compile a monthly on-call schedule to include: names of the physicians, psychiatrists and administrators; their discipline; dates/ time of on-call coverage; telephone and beeper numbers;
- b. By the 20th of the proceeding month, submit schedule for approval to the Regional Health Care Administrator (DOC.)
- c. Once approved, ensure that the schedule is posted/distributed and documented per the "On-Call Schedule" Distribution Report, (Appendix A.)

- 2. When to Call - The On-duty Health Care Providers will call:

- a. The on-call physician/psychiatrist/administrator in the event of a medical/psychiatric emergency or when consultation is required. Prior to a response, if the medical assessment is that community hospital intervention will direct the Shift Commander to call 911.

- b. The Contractual Regional Medical Director, should the on-call physician not respond within 30 minutes. Or, the Contractual Director of Mental Health, should the on-call psychiatrist not respond within 30 minutes. When contacted, these directors will follow-up with a written report of the incident submitted to the Regional Health Care Administrator (DOC.)
- c. The Regional Health Care Administrator (DOC), should the Contractual Regional Medical/Mental Health Director not respond within 30 minutes.

3. Responding to a Call

The on-call physician/psychiatrist/administrator will:

- a. Be available to arrive at the facility within 1 hour of receiving a call from the facility;
 - b. Respond to the caller immediately whenever a "911" call is received. A returned call should be made within 15 minutes;
 - c. Advise the caller medically/psychiatrically; and
 - d. Report to the facility should the circumstances warrant.
4. Response monitoring - Upon written notification, VI.C.2.b the Regional Health Care Administrator (DOC) will investigate and take appropriate action if the proper response was not made by on-call personnel.

D. Emergency Supplies, Medication

1. First Aid Kits

- a. The Facility Warden will designate specific locations for the placement of First Aid Kits within the institution, (Appendix B-1 and B-2);
- b. The Health Care Provider will:
 - i. Annually review the First Aid Kit Stock List, (Appendix C);
 - ii. Ensure that a First Aid Kit Stock List is in each kit;

- iii. Conduct an inventory/inspection of each kit, monthly and whenever notified by the facility that supplies have been used. Insure that any used contents are replaced within 2 working days. Document the inventory/ inspection/ restocking on "First Aid Kit Report", (Appendix D) and
- iv. Forward completed forms to the DPDS Compliance Office monthly.

2. Emergency Crash Carts

The Health Care Provider will:

- a. Approve contents monthly and document approval on the Crash Cart Drug List. (Appendix E) for submission to DPDS Compliance;
- b. Ensure that the emergency crash cart is sealed without compromising emergency access. Seals will be checked for breakage every shift by nursing staff;
- c. Replace contents as necessary. Contents will be inventories whenever the cart is utilized and at least weekly to ensure that the stock is maintained and that expires medications are replaced; and
- d. Document the weekly inspection of emergency equipment on the Emergency Equipment Check List (Appendix F,) and forward to the DPDS Compliance Office monthly.

- VII. Attachments: Appendix A - On-Call Schedule Distribution Report
Appendix B - Location of First Aid Kits
Appendix C - First Aid Kit Stock List
Appendix D - First Aid Kit Monthly Inventory/ Inspection Form
Appendix E - Crash Cart Drug List
Appendix F - Emergency Equipment Check List
- VIII. Rescissions: PDSD# 130-140, Emergency Medical Services (4-15-00)
- Distribution: B

CRASH CART DRUG LIST

<u>QUANTITY</u>	<u>ITEM</u>	<u>EXPIRATION DATE</u>
2	Dextrose 50% 50mg Syringe	_____
2	Narcan 0.4mg/ml-10ml vial	_____
2	Lasix 40 mg/ml	_____
2	Solu-Medrol 40mg	_____
3	Valium 10mg/2ml	_____
2	Sodium Chloride 10ml	_____
3	Benadryl 50mg/ml	_____
1	Nitroglycerine 0.4mg sl	_____
1	Nitropaste Ointment	_____
4	Cogentin 1mg/ml	_____
1	Activated Charcoal	_____
1	Glucagon	_____
2	Ipecac Syrup 30ml	_____
5	Ammonia Inhalant	_____
5	Proventil Solution	_____
4	Epinephrine 1:1000 1ml/amp	_____
2	Droperidol 2ml	_____
2	Sodium Bicarbonate 50mg Syringe	_____
2	Atropine 0.5mg/5cc	_____
2	Heparin Flush 10cc vial	_____

<u>EMERGENCY EQUIPMENT</u>	<u>AMOUNT</u>	<u>EMERGENCY EQUIPMENT</u>	<u>AMOUNT</u>
Adult Airway	1	CPR Microshield	1
1000cc D5.45 NS	5	4X4 Sponge Gauze	5
2X2 Sponge Gauze	2	8X7 1/2 Comb. Dressing	2
Intra Cath #16	3	Intra Cath #18	3
Intra Cath #20	3	Intra Cath #22	3
I.V. Start Kit	3	I.V. Set (15gtt) Tubing	3
Red Top Tube	3	Lavender Top Tube	3
Tourniquet	1	Tape 1"	1
Alcohol Prep Pad	15	Povidone Iodine Prep	3
3cc Syringe w/needle	3	12cc Syringe	3
21g Needle	4	Non-sterile Gloves	8 pr

Precautions for Body Fluids: Face Shields, Gowns

The above items have been approved / inventoried for the week of _____ (year)_____

by _____ / _____ for the
 (print name) (signature)

_____/building , on this _____ day of _____ (year)_____
 (location)

Forward completed form to DPDS Court Compliance by the 5th of the month.

Division of Pretrial Detention and Services

FIRST-AID KIT STOCK LIST

(Source: DCD# 130-100, S. 140/21-195)

CPR Microshield Kit

Disposable Gloves (4 pair)

Band Aids (25)

4 X 4 Sterile Pads (4)

2 x 2 Sterile Pads (4)

2" Gauze Roll (2)

4" Gauze Roll (2)

Triangular Bandage (1)

First Aid Tape (1)

Antiseptic Wipes (10)

Eye Wash (1)

Oval Eye Pads (2)

Signature, Approving Medical Authority

Date

PARRIS N. GLENDENING
GOVERNOR
KATHLEEN KENNEDY TOWNSEND
LT. GOVERNOR
STUART O. SIMMS
SECRETARY



LaMONT FLANAGAN
COMMISSIONER

DEPUTY COMMISSIONER

STATE OF MARYLAND
DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES
DIVISION OF PRETRIAL DETENTION AND SERVICES
400 East Madison Street
Baltimore, Maryland 21202

130-140

Appendix B-1

TO: Anthony Swetz, Ph.D. Director of Inmate Health Services
FROM: William Jednorski, Warden BCBIC *wj*
DATE: May 1, 2001
RE: BCBIC First Aid Kits / Boxes

Please, be advised that one FIRST AID KIT / BOX has been approved for each of the following areas:

South Tower	3rd Floor Lobby 4th Floor Lobby 5th Floor Lobby
Center Tower	3rd Floor Lobby 4th Floor Lobby 5th Floor Gym
North Tower	3rd Floor Lobby 4th Floor Lobby 5th Floor Lobby Segregation
First Floor	Central Control Transportation Kitchen Office 1 North Control
Second Floor	Warden's Area Visiting Control 2S26 Booking Supervisor's Office Pretrial Services Area Intake/Release
Vehicles	Plate # SG09292 SG09285 SG09282 SG11516

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400 East Madison Street
Baltimore, Maryland 21202

130-140

Appendix B

TO: Anthony Swetz, Ph.D. Director of Inmate Health Services
FROM: Ralph Logan, Warden Baltimore City Detention Center
DATE: May 1, 2001
RE: BCDC First Aid Kits/ Boxes

Please be advised that one FIRST AID KIT / BOX has been approved for each of the following areas:

JAIL INDUSTRIES BLDG	MEN'S DETENTION C.	TRANSPORTATION	VARIOUS VEHICLES
4TH FLOOR 900	BACK GATE	PLATE # SG 09260	COMMISSIONER: PLATE # SG 13633 & 13419
3RD FLOOR KITCHEN	POST 46	09261	
HEALTH & SAFETY	GYM	09262	COMMISSARY: PLATE # SG 09264 & 09265
STORE ROOM	J SECTION	09271	
PERSONNEL	P SECTION	09272	HEALTH & SAFETY: PLATE # SG 09252 & 09254
POST 200	F SECTION	09285	
POST 201	ACUPUNCTURE TRAILER #1	09292	SUPPLY ROOM: PLATE # SG 09263 & 09289
CARPENTRY SHOP	SCHOOL TRAILER	10836	
MAINTENANCE SHOP	REPAIR SHOP	11514	MAINTENANCE : PLATE # SG 09269 & 13850
LAUNDRY	RECEIVING	11516	
TRAINING	OPERATIONS	11517	PRETRIAL RELEASE: PLATE #SG 09267 & 13557 & 13558
WOMEN'S DETENTION C.	VISITING AREA/ POST 3	1 3550	
ADM. OFFICES	ANNEX 1ST FLOOR	13551	TRAINING: PLATE # SG 09286 & 13555 & 13559
POST 80	ANNEX 3RD FLOOR	13552	
82	L SECTION	13553	WARDEN: PLATE # SG 13418
83	N SECTION	13554	LAUNDRY: PLATE # SG 12911
86	R SECTION	13556	GRAVES STREET VEHICLES
88	COMMISSARY	14965	PLATE # SG O6781
89	KITCHEN	14966	6782
90	LIBRARY	14967	9266
94	COMMISSIONER'S BLDG	SATELLITE BLDGS	9273
95	KITCHEN	GRAVES STREET	9282
97	COMPLIANCE OFFICE	FRONT DESK	9287
98	ADMINISTRATIVE OFFICE	O'BRIEN HOUSE	9291
100		FRONT DESK	9294
GYM		WYATT BUILDING	9297



ON-CALL SCHEDULE DISTRIBUTION REPORT

On-Call Physician/On-Call Psychiatrist/ and On-Duty Schedules which have been approved by the Regional Health Care Administrator for _____ (month) of _____ (year) have been posted at:

(Indicate posting date on each line.)

- | | |
|------------------------------|-------------------------------------|
| _____ Nurse's Station MDC | _____ Pharmacy MDC |
| _____ Nurse's Station WDC | _____ Dispensary BCBIC |
| _____ Dispensary/Clinic MDC | _____ JI Bldg., Supervisor's Office |
| _____ Dispensary/ Clinic WDC | _____ RLP, Supervisor's Office |
| _____ Med Admin Rm MDC | _____ O'B House Supervisor's Office |
| _____ Med Admin Rm WDC | |

and have been delivered to:

(Indicate delivery date on each line.)

- | | |
|-------------------------------|------------------------------|
| _____ Central Control BCBIC | _____ Warden BCBIC |
| _____ Control Center BCDC | _____ Warden BCDC |
| _____ Chief Psychologist DPDS | _____ Duty Capt. Office BCDC |
| _____ Compliance Office | |

(SIGNATURE)

(FORWARD THIS REPORT TO COMPLIANCE BY THE 5TH OF THE CURRENT MONTH. RETAIN A COPY ON FILE.)