5-03/060.00 Response to Inmate Medical Emergencies

In the event of a medical emergency involving an inmate, the following shall apply:

CUSTODY PERSONNEL RESPONSIBILITIES

- Custody personnel shall immediately notify the facility clinic and/or the facility control via handheld radio broadcast. Custody personnel shall describe the nature of the emergency (e.g., seizures, hanging, unresponsive, etc.), provide the location of the inmate, request medical personnel to respond to the location, and request an Automated External Defibrillator (AED) and the emergency response kit, as necessary. If a handheld radio is not available or working, the use of a facility telephone or other means of communication shall be used to relay the information.
- Custody personnel shall ensure there are sufficient personnel present prior to entering any location where an inmate is having a medical emergency. When there are officer safety concerns and/or the scene is not safe, a sergeant shall be notified immediately.
- First aid and cardiopulmonary resuscitation (CPR) shall be immediately administered by personnel whenever necessary and reasonably safe to do so prior to the arrival of medical personnel. CPR shall be conducted for an inmate who is not breathing and has no pulse.
    - Custody personnel shall use personal protective equipment when administering CPR or other medical care whenever feasible.
    - Custody personnel shall continue administering CPR or rescue breaths until the inmate is breathing or until healthcare staff or alternative medical responders arrive and take over.
- Custody personnel shall not make a medical diagnosis, but shall assess inmates.
- In cases where the inmate is found to be unresponsive, custody personnel shall administer Naloxone (Narcan Nasal Spray).
- In cases where the inmate is found to be unresponsive, is not breathing, or lacks a pulse, custody personnel shall employ the AED.
    - Custody personnel should not employ the AED if the inmate is conscious, breathing, or has a detectable pulse or other signs of circulation.
- The first CPR and/or first aid trained personnel on scene shall take over the application of emergency medical attention if untrained persons have started CPR and/or first aid.
- When movement of an inmate is necessary (e.g., from a bunk to the floor or from a single-person cell to the tier), custody personnel shall exercise caution and consider the risk of injuries, including head, neck, and spinal trauma. Inmate movement should only occur when it is reasonably necessary and safe to do so based on the circumstances.
- If an inmate shows any sign of physical trauma or complains of pain/discomfort that could be the result of an assault or use of force, the employee requesting medical assistance shall also request a sergeant.
- Custody personnel shall continuously monitor the inmate and advise the facility control of any changes to their medical condition.

- Custody personnel shall notify the facility control when medical personnel arrive at the location.
- Medical personnel shall assume responsibility for treatment. However, if custody personnel are directed by medical personnel to continue emergency first aid or assist in treatment while medical personnel assess the emergency, they should comply.
- Medical personnel shall be responsible for determining if food or medicine should be administered to an inmate as treatment for a medical condition.
- Custody personnel shall document the inmate's medical emergency in the "Additional Information" section of the electronic-Uniform Daily Activity Log (e-UDAL), which shall include the following:
    - The inmate's name
    - The inmate's booking number
    - Where the inmate was transported to (i.e. clinic, urgent care, hospital, etc.)
    - The time the inmate was transported
    - The nature of the emergency (example: Inmate Smith, Bkg. # 4362432, was transported to the clinic at 1125 hours re: seizures.)
- Any appropriate injury report(s) shall be initiated per CDM section 4-01/020.05, "Inmate Injury Illness Reporting."

FACILITY CONTROL'S RESPONSIBILITIES

The facility control shall coordinate the emergency response between custody personnel and medical personnel. In doing so, facility control shall:

- Repeat the radio broadcast with the information provided by the custody personnel requesting medical assistance.
- Notify custody personnel assigned to the clinic and request for medical personnel to respond to the location (if a medical response has not already been initiated).
- If requested by personnel on-site, notify fire department personnel via telephone.
- Notify the Medical Command Center and provide the following information:
    - Inmate name and booking number
    - Inmate housing location
    - Date and time paramedics notified
    - Engine/rescue number
    - Reason for 911 call
- In addition to the above, the facility control shall also enter the following information into the facility log:
    - The name and booking number of the inmate with the medical emergency

- The time when fire department personnel were requested
- The time when the fire department personnel arrived on scene
- The fire department/paramedic's unit designator and the fire captain’s name
- The time when fire department personnel departed the facility

- Provide escort personnel, suited in full Sam/Sally Browne gun belt to escort the inmate to the outside medical facility (refer to CDM section 5-03/100.00, "Inmate Detentions at Hospitals"). In addition, escort personnel are encouraged to wear a protective vest (refer to Manual of Policy and Procedures section 3-03/350.00, "Protective Vest").
- Notify the watch sergeant when an inmate is transported to an outside medical facility for treatment. The facility control shall provide the watch sergeant with the inmate's name, booking number, the names of the transporting deputies, and the hospital to which the inmate is being transported.

SERGEANT'S RESPONSIBILITIES

- In cases where the inmate is found to be unresponsive, does not appear to be breathing, or lacks a pulse or other signs of circulation, the sergeant shall ensure an AED has been requested and employed.
- In cases where an inmate is injured, the sergeant's responsibility is to assess whether the inmate's injury is the result of an assault by another inmate or an unreported use of force by Department personnel. The sergeant shall interview the inmate (if possible), medical personnel, and any employee, inmate, or third-party witnesses to determine if force was a factor contributing to the inmate's injury. If there is any indication that the inmate's injury is the result of unreported force used by a Department member, the sergeant shall initiate an allegation of force investigation per CDM section 7-06/000.00, "Use of Force Reporting Procedures."
- If the inmate's medical condition is the result of an assault from another inmate(s), the sergeant shall ensure a crime investigation is initiated.
- If a use of force by Department personnel is involved or alleged, the sergeant shall complete the Use of Force-Medical Report (SH-J-212F).
- If no use of force was involved or alleged, the sergeant shall complete appropriate sections of the Inmate Injury/Illness Report (SH-J-212).

WATCH COMMANDER'S RESPONSIBILITIES

- The watch commander shall ensure the sergeant's name and notation are present prior to approving the Inmate Injury Illness Report (SH-J-212) or the Use of Force-Medical Report (SH-J-212F).