

State of Iowa Department of Corrections

Policy and Procedures

Policy Number: HSP-602

Applicability: Institutions

Policy Code: Public Access

Iowa Code Reference: 144A

Chapter 6: Health Services

Sub Chapter: Acute/Specialty Services

Related DOC Policies: AD-GA-06, HSP-620

Administrative Code Reference: N/A

Subject: Emergency Services

PREA Standards: N/A

ACA Standards: 5-ACI-6A-08, 5-ACI-6B-07, 5-ACI-6B-09

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Authority:

1. PURPOSE

To ensure 24-hour emergency medical and dental service is available to patients within the Iowa Department of Corrections (IDOC).

2. POLICY

It is the policy of the Iowa Department of Corrections (IDOC) to provide efficient and expedient 24-hour emergency medical, mental health and dental services.

3. DEFINITIONS – As used in this document:

Emergency – Medical conditions that are of an immediate, acute or emergent nature, which without care, would cause rapid deterioration of the patient's health, significant irreversible loss of function, or may be life threatening.

4. PROCEDURES

A. Emergency Health Services

1. Each institution shall have procedures in place for emergency health services. Issues to be addressed include equipment, medication, personnel, and transport. First aid kits are to be available in designated areas.
2. An Automatic External Defibrillator (AED) will be available for all emergency events. Each institution will ensure proper training and response with an AED.
3. Once resuscitative measures have been initiated by IDOC staff, they must continue until one of the following occurs:
 - a. A valid Iowa Physician Orders for Scope of Treatment (IPOST) form indicating Do Not Resuscitate (DNR), pursuant to **Iowa Code Chapter 144D**, is presented and verified by medical staff, at which point resuscitative measures shall cease.
 - b. A valid Out-of-Hospital DNR (OOH-DNR), pursuant to **Iowa Code Chapter 144A**, is presented and verified by medical staff, at which point resuscitative measures shall cease unless the cardiac arrest results from a sudden accident or injury outside the scope of the patient's terminal condition (**Iowa Code 144A.7A(6)**), in which case resuscitative measures may be continued in accordance with standard emergency response protocols.
 - c. Emergency medical services (EMS) personnel arrive and assume responsibility for the patient's care.
 - d. A licensed medical provider determines and pronounces death.
 - e. The patient achieves return of spontaneous circulation (ROSC).
4. Institutional emergency health services policy and procedures must address relevant security functions, and the plan should name a specific

coordinating security staff person, who will work closely with the institution emergency health services program.

5. The institutional emergency medical services program is to be coordinated with all other institutional programs which have the potential for needing emergency medical assistance. Included emergency events are disasters, both natural and manmade.

B. Training

1. There will be an annual review of all departmental and institutional health services policy pertaining to emergency health services.
2. Designated staff must also be trained in the administration of first aid, cardiopulmonary resuscitation (CPR), and the use of a semi-automatic external defibrillator (AED).
3. Additional training issues include methods of obtaining assistance when addressing urgent or emergent health events; signs and symptoms of mental illness; significant risk for self-injurious or suicidal behavior; mental retardation, chemical dependency; and, procedures for patient transfer to appropriate medical facilities or healthcare providers.

C. Documentation

1. Complete and accurate documentation is a critical component of an emergency health services program.
2. A good record facilitates review and evaluation of the services provided.
3. Where indicated, recommendations can then be made to maintain an effective emergency response program or resolve identified problems.
4. Appropriate documentation must be entered in the patient's electronic medical record.

5. Key information, (i.e., *Medical Referral*, **HSF-301D**), must accompany all emergencies referred for additional off-site care and treatment. In most circumstances, receiving providers of emergency services should also be contacted via telephone by the referring health staff.
6. Key emergency event information must be obtained and documented as outlined in **AD-GA-06** *Reporting of Critical Incidents*