NEVADA DEPARTMENT OF CORRECTIONS
ADMINISTRATIVE REGULATION
630

EMERGENCY MEDICAL RESPONSE PROCEDURE (TEMPORARY)

Supersedes: AR 630 (Temporary, 07/20/03)
Effective date: 02/28/11

AUTHORITY: NRS 209.131; NRS 209.381

RESPONSIBILITY

Medical Division staff has the responsibility to have knowledge of and comply with this regulation.

630.01 EMERGENCY MEDICAL RESPONSE PROCEDURE

1. During a medical emergency, the medical staff will manage the medical aspects of the emergency once they are notified, including orders for transfer via ground or air transportation.

   A. Medical Division staff responding to medical emergencies is to provide medical care only to the degree of their training and certification.

   B. If medical staff is unavailable, correctional and other personnel that are trained to respond to health-related situations within a four-minute response time should manage the emergency.

   C. Certified correctional staff or inmates may begin basic life support (BLS) prior to medical staff arrival or if medical staff members are unavailable.

2. Correctional staff will manage the security for the medical emergency, including security and protection of medical staff, the injured or ill patient, and any non-department medical staff (i.e., EMT, paramedic, ambulance staff, or air ambulance crew).

   A. Correctional staff must secure the area where the medical emergency exists and any route of medical transfer as quickly as possible after the medical emergency is identified.

3. Practice (mock) emergency medical responses should be scheduled, and take place at each institution and facility, under the direction of the Chief of Nursing Services, on a regular basis.

4. Medical equipment available for resuscitation should be periodically checked and maintained.

A. The Director of Nursing Services or medical officer is responsible for the documentation of equipment maintenance at the institutions.

B. The Medical Officer is responsible in camps or areas without Medical Division staff.

5. All Medical Division staff should maintain current certification in Basic Life Support (BLS).

6. Emergency medical supplies should be provided to areas where needed at each institution and facility.

A. The availability and placement of first aid kits are determined by the designated health authority in conjunction with the facility manager.

B. The DONS (Director of Nursing Services) approves the contents, number, location, and procedures for monthly inspection of the kit(s) and develops written procedures for the use of the kits by non-medical staff.

630.02 REPORTS

1. Emergency medical incidents should be reported in NOTIS in the manner of any unusual incident.

2. The Medical Response Personnel are to submit a written report to the Warden concerning the degree of injury or illness sustained, medical treatment rendered, and Medical Response time.

630.03 EMERGENCY RESPONSE PRACTICE DRILLS

1. Emergency response practices should be held in conjunction with correctional staff of the institution and must be approved ahead of time, in writing, by the Warden.

A. Correctional staff should be involved in the practice.

B. No inmates will participate.

C. Analysis of the Emergency Response should be completed and forwarded to the Chief of Nursing Services, to the Medical Director and the Warden.

D. The practices may be combined with practice of outside emergency care provider's contingent upon approval from the Warden and Medical Administration.

E. At least once each year a major medical disaster drill should be accomplished.

F. Both Medical and Custody staff should make a critical analysis of the practice response, and deficiencies will be addressed promptly.

630.04 EMERGENCY MEDICAL PLAN FOR INSTITUTIONS

1. Specific instructions, plans, and emergency response duties should be developed at each institution and facility.

A. Plans should vary depending on the environment and staffing of the facility.

2. Institutions should provide for 24-hour emergency medical, dental, and mental health care availability in a written plan. The plan should include arrangements for the following:

A. On-site emergency first aid and crisis intervention;

B. Emergency evacuation of the inmate from the facility;

C. Use of an emergency medical vehicle;

D. Use of one or more designated hospital emergency rooms or other appropriate health facilities;

E. Emergency on-call practitioners (physician, advanced practitioner of nursing, physician assistant) dentist, and mental health professional services when the emergency health facility is not located in a nearby community; and

F. Security procedures providing for the immediate transfer of inmate when appropriate.

3. The Medical Staff Development Coordinator/designee should coordinate the various medical training and employee development activities, to carry out the plans.

A. Upon completion, the Medical Staff Development Coordinator should develop training documentation and forward a copy to the Department's Employee Development Manager.

APPLICABILITY

1. This regulation requires a medical directive for Medical Emergency Response at the institutions and facilities.

2. This regulation requires an audit.

R. Bruce Bannister, D.O., Medical Director

2-14-2011
Date

James G. Cox, Director

2/16/11
Date