MONTANA STATE PRISON
OPERATIONAL PROCEDURE

Procedure:	**MSP HS D-07.0 EMERGENCY MEDICAL SERVICES**
Effective Date:	11/01/2010 Page 1 of 3
Revision Date(s):	10/01/2024; 06/30/2026
Public Safety Chief Signature:	/s/ John Schaffer, Public Safety Chief
Medical Director Signature:	/s/ Dr. Paul Rees, MD
Health Services Bureau Chief Signature:	/s/ Cynthia McGillis-Hiner, RN, MSN

I. PURPOSE

Ensure that emergency medical, dental, and mental health services are available 24 hours a day.

II. DEFINITIONS (see Glossary)

III. GENERAL GUIDELINES

A. Training

1. All health care staff will be trained in CPR and emergency medical response procedures.
2. All correctional staff will be trained in:
   a. CPR;
   b. the recognition of medical emergencies;
   c. the location of first response emergency equipment; and
   d. processes to obtain emergency assistance.
3. First aid supplies will be available in each housing unit and replenished after use.
4. MSP will:
   a. conduct mass disaster drills on each shift over a 3-year period;
   b. conduct man-down drills once a year on each shift; and
   c. document actual drill events or critiques to address response time, staff actions, and recommendations for improvement.

B. AEDs

1. AEDs will be placed in specific areas throughout the institution.
2. Areas with AEDs in place will have signage indicating placement in the building.
3. AEDs will be tested and monitored as per manufacturer recommendation.
4. AEDs in need of maintenance or repair will be reported to warehouse personnel for either repair or replacement.
   a. If possible, a temporary AED will be placed in the unit until the AED is returned from repair. If this is not possible, a sign will be placed on the AED storage locker stating that the AED is temporarily removed for maintenance. Signage indicating there is an AED in the building will also be removed until the unit is repaired and/or replaced.

C. Emergency Response and Services

1. Health care staff will immediately respond to emergencies with appropriate equipment.
2. In response to an emergency, trained personnel must assess the inmate's health status and, when possible, stabilize the inmate's condition.
3. Health care providers must respond to medical emergencies in accordance with specified protocols.
4. Health care staff will have a written plan for accessing emergency services that includes the following:
   a. emergency patient transport from the facility;
   b. use of an emergency medical vehicle;
   c. use of one or more designated hospital emergency departments or other appropriate facilities;
   d. emergency on-call physician, mental health, and dental services when the emergency health care facility is not located nearby;
   e. security processes for the immediate transfer of patients from emergency medical care; and
   f. notification of the facility administrator.
5. Assigned health care staff will routinely check and maintain availability of emergency medications, supplies, and medical equipment using the appropriate check-off log.
6. Assigned health care staff will ensure that restocking of all emergency medications, supplies, and medical equipment is attended to immediately upon use or discovery.

D. Documentation

1. Health care staff will record the date and time of emergency response in the inmate's health record, including assessment and treatment information.

E. Transportation

1. When necessary to transport the inmate to an off-site health care facility, the following guidelines will determine the appropriate mode of transportation:
   a. an ambulance will be used if the emergency is life threatening or deemed necessary by attending staff;
   b. the facility will transport or arrange transportation for ambulatory inmates in non-emergent situations; or
   c. MSP security requirements will be followed for all transported inmates.

F. Printed Information

1. Health care staff will provide, when possible, printed information to emergency medical technicians that includes:
   a. history of the emergency condition;
   b. treatment given;
   c. present status with most recent vital signs;
   d. suspected diagnosis;
   e. allergies; and
   f. other pertinent information.
2. Health care staff will inform by telephone, when possible, the staff at the receiving medical facility with a report on the incoming emergency.

G. Resuscitation

1. If staff initiates resuscitation measures, they will continue to resuscitate until they transfer the inmate's care to emergency personnel, or a physician makes a finding of death.

H. Notification

1. The on-call physician will be notified for direction about emergencies requiring transportation off-site.
   a. If the on-call physician cannot be contacted, the on-call nursing supervisor will be notified and will provide needed direction.

IV. CLOSING

Questions about this procedure should be directed to the Medical Health Services Manager.