MONTANA STATE PRISON
OPERATIONAL PROCEDURE

Procedure:	**MSP HS D-07.1 URGENT AND EMERGENT RESPONSE**
Effective Date:	11/01/2010 Page 1 of 4
Revision Date(s):	10/30/2024; 06/30/2026
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I. PURPOSE

Respond to all medical emergencies and provide inmates prompt access to emergent health care at all times.

II. DEFINITIONS (see Glossary)

III. GUIDELINES

A. Staffing

1. Montana State Prison will have at least one Qualified Health Care Professional (QHCP) available on-site 24 hours a day, 7 days a week, to provide and/or assist in emergency health care.
   a. During those hours when a physician is not on-site, the highest priority duty for the QHCP will be emergency care.
2. A physician will be available to provide on-site emergency care during the regular scheduled workdays, or to provide scheduled on-call consultation 24 hours a day, 7 days a week.

B. Urgent

1. Inmates will request medical attention for urgent/emergent health care needs from the correctional officer on duty, who will in all instances notify health care personnel.
2. Direct contact with the inmate by a QHCP or physician, in person, will be provided for all inmates requesting urgent/emergent medical attention.
3. The QHCP or physician on duty will:
   a. arrange to have the inmate brought to the medical unit for evaluation by health care personnel; or
   b. arrange for health care personnel to go to the housing unit and transport the inmate to the medical unit for evaluation by health care personnel.
4. The health care personnel will document the evaluation in the Electronic Health Record (EHR), utilizing the appropriate nursing protocol and marking the Urgent/Emergent box located at the top of the protocol.

5. Each urgent/emergent request will be documented in the Urgent/Emergent Tracking System log:
   a. The Urgent/Emergent Tracking System log will be maintained in the medical unit for all unscheduled requests for medical care.
   b. The Urgent/Emergent Tracking System log will include:
      1) the name of the inmate;
      2) the inmate's DOC ID number,
      3) the housing unit;
      4) the time and date of the call;
      5) description of the complaint;
      6) final disposition of the inmate (for example, back to housing, emergency room, etc.); and
      7) if a Primary Care Provider was notified.
   c. All encounters must be documented in the Urgent/Emergent Tracking System log and EHR.

6. The QHCP will review the Urgent/Emergent flow sheet to ascertain the following:
   a. indicated follow-up; and
   b. documentation of inmates who have presented with urgent/emergent problems.

7. The QHCP will initial and date the Urgent/Emergent flow sheet.

8. All completed emergent assessment documentation will be captured in the inmate's EHR.

C. Emergency

1. Medical emergency responders will be notified immediately upon discovery of an inmate in acute distress (inmate down).
   a. Notification may be made by two-way radio and/or telephone.

2. Upon notification of a medical emergency within the institution, a QHCP will respond immediately to the scene with an emergency kit.

3. Whenever possible, two medical staff members will respond to an emergency.
   a. Housing unit staff will arrange for emergency responders to have immediate access to the housing unit or area where the emergency has occurred.
   b. If safety and security issues are identified, custody staff will secure the area and allow emergency responders to have immediate access to the ill or injured inmate.
   c. The QHCP will initiate emergency medical care when the area has been controlled by custody staff.
   d. Custody staff may assist with the movement and transportation of ill or injured inmates under the supervision of a licensed health care staff.
   e. Inmates will not provide any direct inmate care and will not have access to any health care information.

4. Health care staff involved in the response will complete an *Incident Report*.
   a. The *Incident Report* is a custody form; therefore, to maximize inmate confidentiality, involved health care staff will document assessment and treatment provided in the inmate's EHR.

5. If there is no QHCP, the Correctional Health Service Technician (CHST) will determine the presence of the inmate's airway, breathing, and circulation (ABC's). CHSTs will not make nursing judgments in connection with an emergency; however, they may take the following immediate actions:
   a. initiate Cardiopulmonary Resuscitation (CPR), if indicated;
   b. control any bleeding; and
   c. obtain vital signs.

6. The CHST will contact the QHCP to report the inmate's condition and receive clinical direction regarding treatment and transportation.

7. The first responder to a medical emergency will take immediate action to preserve life.
   a. When responding to the aid of a person who appears to be choking or is unconscious and not breathing, the first priority is to restore an open airway.

8. CPR will be initiated in all cases of cardiac and/or respiratory arrest, except when the following signs of death are present:
   a. rigor mortis;
   b. dependent lividity as evidenced by venous congestion (for example, bruising or reddish discoloration on dependent parts of the body);
   c. tissue decomposition; and
   d. obvious fatal trauma including, but not limited to, decapitation and incineration.

9. Health care providers will utilize the above criteria when deciding whether to initiate CPR.
   a. When there is a questionable or borderline case, health care staff will proceed with the initiation of CPR.

10. While preservation of a crime scene is a valuable investigatory tool, this will not preclude or interfere with the delivery of health care.
    a. Preservation of life takes precedence over preservation of the crime scene.

11. Emergency responders who initiate CPR will continue resuscitation efforts until one of the following occurs:
    a. effective spontaneous circulation and ventilation have been restored;
    b. resuscitation efforts have been transferred to other trained personnel who continue Basic Life Support;
    c. care is transferred to a physician who determines that resuscitation should be discontinued;
    d. the emergency responders are unable to continue resuscitation because of exhaustion or safety and security issues that could jeopardize the lives of others; and/or
    e. a valid Do-Not-Resuscitate order is presented to the emergency responders.

12. If the inmate is unable to be resuscitated, the decision to terminate CPR will be made by a physician.
    a. Pronouncement of death will be made by a physician, according to acceptable medical standards.

13. If a physician is present, the physician will determine whether:
    a. medical treatment will be continued at the facility; or
    b. the inmate's condition warrants transport to an acute care facility outside of the institution.

14. Upon arrival at the Emergency Treatment Area, the QHCP will perform an assessment of the inmate's condition and determine whether or not the inmate's care can be continued in the Emergency Treatment Area.
    a. This assessment must be documented in the EHR.
    b. The QHCP will continue emergency care until the physician on call is contacted for further instructions, or until a physician arrives at the scene to provide for the inmate's care.

15. If a physician is not immediately available, the RN on duty assumes responsibility for the emergency evaluation.

16. When it is determined that the inmate has a condition requiring services outside the scope of those available at the institution and requires emergency transfer, the inmate will be transported to an acute care facility.
    a. When transfer to an acute facility is required, the RN/LPN will notify Prison Base.
    b. When an ambulance is required, Prison Base staff will be notified of the level of emergency.
        1) The Shift Commander will coordinate transportation and custody requirements.
        2) Under no circumstances will custody requirements delay medical care in a life-threatening situation.
    c. When the inmate is to be transported utilizing an MSP vehicle, the Prison Base will be notified in order to coordinate custody requirements and a transport vehicle.
        1) This will be done within a time frame determined by the physician.
    d. The QHCP on duty will notify the nursing staff at the receiving acute care facility of the inmate's medical status at the time of departure from the institution.
    e. The facility physician will give a report to the emergency room physician, when possible, to ensure continuity of care.
    f. When the decision to transport an inmate is made by the QHCP in the absence of an on-site physician, the on-call physician will be notified by telephone as soon as possible.
    g. The QHCP or designee will send a copy of the *Emergent Flow Sheet* to the receiving facility.
    h. All inmates seen in the Emergency Department will be followed up by a QHCP within a timely manner to ensure appropriate implementation of the discharge orders and to arrange appropriate follow-up.

17. The MSP Health Services Manager will review the Urgent/Emergent Tracking System log Monday through Friday to determine if any specific medical records should be reviewed.

18. The logbook and subsequent documentation will be used by the nursing supervisor to perform at least quarterly training for the nurses to upgrade their skills.
    a. Records of inmates with a specific presenting complaint should be reviewed and utilized for this training, being sure to identify both strengths and opportunities for improvement in the current performance.
    b. A different incident should be reviewed through this process each quarter.

19. Monthly statistics will be gathered and reviewed regularly at CQI meetings.

IV. CLOSING

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