



# KANSAS DEPARTMENT OF CORRECTIONS

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|    | <b>INTERNAL<br/>MANAGEMENT<br/>POLICY AND<br/>PROCEDURE</b> | <b>SECTION NUMBER</b><br><br><b>10-114D</b>   | <b>PAGE NUMBER</b><br><br><b>1 of 4</b>    |
|   |   | <b>SUBJECT:</b><br><br><b>PROGRAMS AND SERVICES: Availability of Emergency Medical, Dental and Behavioral Health Services</b> |  |
| <b>Approved By:</b><br><br><b>Secretary of Corrections</b> |   | <b>Original Date Issued:</b> <b>10-06-15</b>  | <b>Replaces Version Issued:</b> <b>N/A</b> |
|   |   | <b>CURRENT VERSION EFFECTIVE: 10-06-15</b>  |  |

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| <b>APPLICABILITY:</b> | _ ADULT Operations Only | _ JUVENILE Operations Only | <input checked="" type="checkbox"/> DEPARTMENT-WIDE |
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## POLICY STATEMENT

Each facility shall develop and maintain a written plan that provides 24-hour emergency medical, dental, and behavioral health services for offenders and staff. The plan shall provide for on-site emergency first aid and crisis intervention, emergency evacuations from the facility, use of emergency medical vehicle, use of designated hospital room(s) or appropriate health facilities, emergency on-call physician, dentist and behavioral health professional services when the emergency health facility is not located nearby, and security procedures providing for the immediate transfer of offenders when appropriate. (ACI 4-4388, 4-4389, 4-JCF-4C-12; NCCHC P-E-08; Y-E-08)

Corrections officers and other designated staff shall be trained to respond to health-related situations within a four-minute response time. (ACI 4-4389)

## DEFINITIONS

Departmental Clinical Health Authority: The physician Regional Medical Director of the agency or organization responsible for the provision of health care services for the KDOC. This position has full clinical autonomy and responsibility for clinical health care issues within the KDOC.

Director of Health Care Services: Acts as the administrative health authority for the Department. This position manages health care systems, directs the health care services model, and has final approval on all policies and procedures in the health care system.

Facility Administrative Health Authority: The Health Services Administrator responsible for the provision of health care services at a facility. The Health Services Administrator works under the direction of the Regional Medical Director and the Regional Vice President or designee administratively.

Facility Clinical Health Authority: The physician Site Medical Director responsible to the Regional Medical Director for all clinical matters and to the Health Services Administrator for all administrative matters.

Health Care Staff: Persons who are registered or licensed with a health care regulating agency to include, but not limited to physicians, nurses, psychiatrists, psychologists, and social workers.

Non-Health trained staff: Persons who are not registered or licensed with a health care regulating agency but who have received training in emergency response procedures, such as CPR, etc.

Regional Psychiatric Director: Responsible for the clinical supervision of all facility psychiatrists. The Regional Psychiatrist is supervised clinically by the Regional Medical Director and administratively by the Regional Vice President and or his designee.

## **PROCEDURES**

### **I. Availability of Emergency Services**

- A. The facility health authority shall ensure 24-hour availability of consultation, advice and emergency medical, dental and behavioral health services on site at each facility, or through community health care providers. (ACI 4-4389; P-E-08)
  - 1. The Departmental Health Authority shall secure a written agreement with a licensed general hospital, clinic or physician to provide both routine medical and emergency services to offenders within all KDOC facilities on a 24-hour-a-day basis. (ACI-4-4389)
- B. Facilities without emergency medical, dental, and behavioral health resources in a nearby community may arrange for and utilize an on-call physician, dentist, and psychiatrist. (ACI 4-4389)
- C. All medical, dental, and behavioral health emergencies shall be triaged immediately and any necessary treatment provided.
- D. The facility health authority shall provide a listing by name, address and telephone number, of the medical, dental, and behavioral health hospital and emergency transport resources designated for use by the facility. This listing shall be posted in the clinic and in the control center's Emergency Response bag at each facility. (ACI 4-4389)
  - 1. The listing shall clearly indicate what services are available and shall note the hours and days of availability for each service.
  - 2. This list shall be updated as needed and at a minimum of every six (6) months by the facility health authority.

### **II. Training of Facility Personnel in First Aid/Emergency Care**

- A. Per IMPP 03-104D, the facility health authority, in cooperation with the warden/superintendent and training officer/coordinator, shall establish a program for training all health care staff corrections officers, unit team and other personnel as specified by the warden/superintendent to respond to health related emergencies within a four (4) minute response time. (ACI 3-4351)
  - 1. The training program for all personnel designated for the emergency response shall include at least the following:
    - a. Recognition of signs and symptoms in potential emergency situations and knowledge of action required for each;
    - b. Administration of first aid and CPR; (ACI 4-4390)
    - c. Signs and symptoms of mental illness, retardation and chemical dependency;
    - d. Methods of obtaining assistance;
    - e. Availability and use of emergency medical services (EMS) transport units;
    - f. Security procedures for transfer of offenders to appropriate medical facilities or other health care providers; and, (ACI 4-4389)
    - g. Proper procedures for the location, application, operation, and maintenance of Automated External Defibrillators (AEDs).

- B. Training for health care staff shall include the provision for on-site emergency first aid and crisis intervention. (ACI-4-4389)

**III. Plans for Provision of Emergency Health Care (ACI-4-4389; NCCHC P-E-08)**

- A. Each facility shall establish a written plan for the provision of emergency health care. All facility staff shall be trained in the implementation of this written emergency plan in accordance with IMPP 19-101 and relevant Chapter 19 IMPPs. Such plans shall specify:
  - 1. Types of portable medical emergency equipment and medication available in the facility. (NCCHC P-E-08)
  - 2. Specific numbers and location(s) of each item;
  - 3. Staff designated to use the emergency equipment and medications;
  - 4. Method and route of transporting and evacuating ill or injured persons to either the infirmary or local acute care facility;
  - 5. Use of emergency on-call physicians and dentists when the emergency health care facility is not located nearby; and,
  - 6. Arrangements and security procedures for transport by a licensed emergency medical services vehicle on a 24-hour basis. (NCCHC P-A-07)
- B. Each facility shall establish a procedure, which specifies the number and location of first aid kits, their contents, a system for inventory, a schedule for periodic inspections, and replenishment procedures. All first aid equipment and supplies shall be approved by the facility health authority and available at designated areas of the facility based on need. (ACI 4-4390)
- C. The emergency plans for each facility shall have a health component that has been approved by the facility health authority and the warden/superintendent, in accordance with IMPP 19-101 and relevant Chapter 19 IMPPs.
- D. The plan shall be evaluated and drills performed at least annually as outlined in (NCCHC P-A-07)

**IV. Plans for the Provision of Emergency Behavioral Health Services**

- A. The facility health authority shall maintain a written plan for the provision of emergency behavioral health services.
- B. Offenders who present acute symptoms of mental illness, significant emotional distress, and/or other symptoms indicative of risk for self-harm or harm to others shall be referred to the behavioral health professional for assessment.
- C. Members of the facility health authority's crisis intervention team shall conduct a preliminary evaluation of the offender and follow the provisions of the plan in making referrals to on-site or on-call mental health professionals, as appropriate. (NCCHC-P-G-05)
- D. Depending on the assessment by the behavioral health professional(s), the offender may be placed in the clinic or restrictive housing to facilitate monitoring of the offender's behavior by facility health care staff.

**NOTE:** The policy and procedures set forth herein are intended to establish directives and guidelines for staff and offenders and those entities that are contractually bound to adhere to them. They are not intended to establish State created liberty interests for employees or offenders, or an independent duty owed by the Department of Corrections to employees, offenders, or third parties. Similarly, those references to the standards of various accrediting entities as may be contained within this document are included solely to manifest the commonality of purpose and direction as shared by the content of the document and the content of the referenced standards.

Any such references within this document neither imply accredited status by a Departmental facility or organizational unit, nor indicate compliance with the standards so cited. The policy and procedures contained within this document are intended to be compliant with all applicable statutes and/or regulatory requirements of the Federal Government and the state of Kansas. This policy and procedure is not intended to establish or create new constitutional rights or to enlarge or expand upon existing constitutional rights or duties.

**REPORTS REQUIRED**

None.

**REFERENCES**

IMPP 03-104D, 19-101  
ACI 4-4388, 4-4389, 4-4390, 4-351  
JCF 4-JCF-4C-12  
NCCHC P-G-05, P-A-07, P-E-08, Y-E-08

**ATTACHMENTS**

None.