

SUBJECT: MEDICAL EMERGENCY PLANS

EFFECTIVE DATE: 11/01/2021

I. PURPOSE:

- A. To provide adequate professional health care support to meet institutional emergency plan requirements.
- B. To establish a uniform approach for Health Services Administrators (HSA) and Chief Health Officers/ Institutional Medical Directors to develop, and update the medical emergency plan to support the institutional emergency plan as required by the departmental Hurricane Plan.
- C. To establish the requirement for Health Services Administrators, Chief Health Officers/ Institutional Medical Directors to plan, coordinate, conduct and evaluate medical emergency plan drills to ensure proficiency.

These standards and responsibilities apply to both Department staff and Comprehensive Health Care Contractor (CHCC) staff.

II. ACTION:

- A. Each HSA and Chief Health Officer/ Institutional Medical Director shall implement a medical emergency plan with updates as indicated.
- B. Health Services support of the overall institutional emergency plans shall be developed by the HSA and the Chief Health Officer/ Institutional Medical Director, working closely with the Warden and all disciplines. The medical emergency plan shall include the following items at the minimum:
 - 1. Communications system;
 - 2. Recall of key staff;
 - 3. Assignment of health care staff;
 - 4. Safety and security of the patient and staff areas;
 - 5. Use of emergency equipment and supplies;
 - 6. Establishment of a triage area;
 - 7. Triage procedures;
 - 8. Medical records availability;
 - 9. Transfer of injured to local hospitals;
 - 10. Evacuation procedures (to be coordinated with security personnel);
 - 11. Practice drills covering each shift at least once per year;
 - 12. Evaluation of medical emergency drills, including a written report of findings and recommendations;

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13. Training and orientation of health services staff to the plan and respective roles;
 13. Coordination with outside agencies;
 14. Report of each actual medical emergency situation within thirty (30) days after the event, including the major-medical activities, staffing, casualties, overall evaluation and recommendations. The report shall be provided to the Warden, Regional Health Services Managers, the Director of Medical Services and Director of Health Services Administration.
- C. A medical emergency plan checklist is attached to this bulletin to assist Chief Health Officers/ Institutional Medical Directors in the development of the institutional medical emergency plan. Each institution will need to adapt the checklist items for each specific location.
- D. Each Regional Health Services Manager shall review institutional medical emergency plans at least annually.

II. RELATED FORMS AND DOCUMENTS:

- A. [HSB 15.03.22](#), Medical Emergency Care Plan and Guidelines
- B. [Appendix 1](#): Medical Emergency Plan Checklist (Restricted/Confidential/Exempt from Public Records Requirements)

Health Services Director

Date

This Health Services Bulletin Supersedes:

HSB 15.03.06 dated 08/09/96,
08/06/10, 06/27/11, 09/24/14, 08/24/2018, AND
10/02/2021

This HSB was reviewed without revisions:

October 2019, October 2021
