

**MEDICAL EMERGENCY PLAN
CHECKLIST FOR PLAN DEVELOPMENT**
(Restricted/Confidential/Exempt pursuant to 119.071(2)(d), F.S.)

Use this checklist as a guide in developing the institutional plan. The checklist is not intended as a prescribed format. While the checklist items provide a comprehensive review of the Medical Emergency Plan, some items will vary according to the Health Services staff, the facilities provided at the institution and the medical grades of inmates at the institution.

I. INTRODUCTION

Emergency Definition

- Identify what constitutes a medical emergency within your facility for each of the following:
 - Natural disaster (hurricane, tornado, flood);
 - Technological (hazardous materials, fire);
 - Health services (epidemic, toxic exposure, see 401.001, *Movement Restrictions During Communicable Disease Outbreaks for definition*);
 - Other
- Specify the relationship between the Medical Emergency Plan and the institutional Emergency Plan.
- Specify the relationship between the Medical Emergency Plan, the departmental Hurricane Plan and 401.001, *Movement Restrictions during Communicable Disease Outbreaks*.

Responsible Authority

- Identify, by titles, one staff person and one alternate responsible on each shift for the following:
 - Declaring that a medical emergency exists within Health Services and communicating that information to on-duty staff, security and the Warden's Office;
 - Serving as the primary contact for receipt of information from the Warden that the institution is under a state of emergency and communicating that information to on-duty medical staff, and on-call command staff.

Communication

- Define the primary means of communicating, under emergency conditions, among and between the following:
- On-duty Health Services staff;
 - On-duty security staff;
 - Warden's Office
- Define the secondary means of communicating, among and between the groups listed in the previous checklist item, within the context of potential loss of off-site power, and loss of conventional telephone lines. Potential alternatives to include:
- Cellular communication,
 - Radio communication systems,
 - Radio/TV broadcasts,
 - Local law enforcement
- Define the primary means of communicating, under emergency conditions, with the following:
- Off-duty Health Services staff;
 - Off-site emergency health care providers;
 - Other DC institutions (Health Services staff);
 - Emergency medical transportation providers

II. IMPLEMENTATION

Command and Coordination

- Identify, by title, the staff person in charge during a medical emergency.
- Identify, by title, an alternate for the staff person in charge during a medical emergency.
- Identify the chain of command structure for response to a medical emergency to ensure continuous leadership in key command positions during all shifts.
- Describe the emergency response and support staffing requirements for medical emergencies based upon emergency conditions lasting up to twenty-four hours.
- Describe the emergency response and support staffing requirements for medical emergencies based upon emergency conditions lasting from two to seven days.
- Identify the length of shifts for each staffing function in order to ensure twenty-four-hour response capability.
- Identify the function and makeup of the medical emergency response command post.

- Describe how the medical emergency command post relates to the overall emergency response command structure for the institution.

Notification

- Describe the process for timely notification, activation and staffing of the Health Services command post, triage area(s) and other emergency facilities within the institution (twenty-four hour basis).
- Identify through Medical Emergency Operating Procedures:
 - A medical Emergency Alert Roster for staffing and notification of all emergency response and support staff;
 - The staff notification and activation procedure, to include:
 - Twenty-four hour contact numbers for all emergency response and support staff;
 - On-call requirements for key command and response staff;
 - Primary and secondary means of contacting response,
 - support and key command staff (telephone, cellular, pager, TV/radio, etc.)
 - Staff procedures and policies for reporting to work under emergency conditions
- Individual staff response and support responsibilities and roles for all Health Services staff in accordance with the response and support staffing requirements for medical emergencies

Outside Support

- Identify the departmental institutions in sufficient geographic proximity to be requested to provide assistance in the event of a medical emergency at your institution.
- Identify the resources and level of support readily available from other departmental institutions
- Define the process for notifying and activating assistance from other departmental facilities.
- Identify alternative departmental sources of assistance assuming those institutions in close geographic proximity are adversely impacted by the emergency.
- Identify a means of feeding and housing Health Services staff brought in to assist during an emergency.
- Identify those primary non-departmental medical facilities which have the resources, and are in sufficient geographic proximity to your institution, to be requested to provide assistance, or to which your institution may transport casualties in the event of a medical emergency.

- Identify alternative off-site medical facilities, not in the immediate geographic area, which have the resources to provide assistance at your institution if your primary medical facilities are adversely impacted by the emergency.
- Describe the resources and level of support available from each outside medical facility for the various types of emergencies to which your institution is vulnerable.
- Identify the process for notification and alert of off-site facilities that a medical emergency exists at your institution and that mobilization of resources should begin.
- Identify the process for notification of off-site facilities that a medical emergency exists and that casualties will be transported.
- Identify the process for activation and movement of the needed resources from outside medical facilities to your institution.
- Identify the process for activation of extraordinary outside medical assistance in the event of a catastrophic event which immediately overwhelms the response capabilities of your institution and other nearby off-site medical facilities.
- Identify the primary off-site facilities which can provide ambulance or other medical transportation assistance (if different from facilities noted in the preceding checklist items).
- Identify the level of support available from each ambulance or transportation service.
- Describe the process for notification and activation of the ambulance or transportation service.
- Identify the circumstances under which public health officials should be notified concerning any medical emergency at the facility.
- Identify the process for notifying and briefing state and local public health officials of events that require their involvement.

Triage/Treatment

- Define the process for addressing inmate casualties to include:
 - On-site movement of inmate casualties to receiving, triage and treatment areas;
 - Receipt of injured inmates;
 - Triage;
 - Treatment priorities
- Define the role and responsibilities of the Medical Rapid Response Team during the initial stages of a medical emergency.

- Define the makeup of the Medical Rapid Response Team.
- Identify through Medical Emergency Operating Procedures:
 - The makeup of each triage team, or teams, within the context of the emergencies to which your institution is vulnerable;
 - The specific responsibilities of each triage team;
 - Primary and alternate triage areas, keeping in mind the broad range of medical emergency conditions which may be faced (food poisoning, tornado damage to structures, riot, epidemic, etc.);
 - The makeup of inmate casualty treatment teams;
- Primary and alternate treatment areas, keeping in mind the broad range of medical emergencies which may be faced
- Ensure that adequate security is available for all inmate casualty receiving, triage and treatment areas.
- Define the process for transporting inmate casualties to off-site medical facilities.
- Identify the process to ensure that inmates transported off site for medical treatment are accompanied by appropriate security.
- Identify the process for ensuring that casualty inmates transported off site continue to receive medications and prescriptions issued prior to the emergency.
- Define the process for treating staff casualties on site, to include Health Services staff as well as security staff, classification staff and any other staff likely to be inside the compound during an emergency.
- Outline a contingency response to a medical emergency in the event that multiple Health Services staff casualties occur, to include:
 - Command responsibilities;
 - Communication of medical emergency status to security, Warden's Office, off-site Department of Corrections officials;
 - Activation of off-site medical assistance
- Evaluate the availability of emergency medical supplies and equipment to ensure that quantities are sufficient to address a range of disaster conditions.

- Identify alternate sources of medical supplies in the event existing supplies are inadequate or are damaged in the course of the emergency.
- Establish a process for determining the identity of inmate casualties and accessing the current medical record.
- Identify the process for isolation of staff and inmates in the event of an epidemic. (Refer to the *Infection Control Manual*.)
- Identify the process for isolation of triage and treatment areas in the event of an epidemic.

III. EVACUATION

Evacuation addresses the movement of an entire inmate population rather than the movement of mass casualties only. Within Health Services, evacuation should be addressed from two perspectives. The first is a precautionary evacuation, as would occur prior to a major hurricane, which would require the movement of inmates from infirmary, CSU, TCU, and MHTF facilities to other institutions. The second is evacuation following (or during) a major emergency, such as the aftermath of a tornado, or in the midst of a major hazardous materials incident. In such an event, there is the potential for having to treat mass casualties prior to and during the evacuation.

- Identify a Health Services staff person responsible for ensuring implementation of institutional precautionary evacuation procedures.
- Identify individual Health Services staff responsibilities for implementing a precautionary evacuation in accordance with institutional emergency plans, the departmental Hurricane Plan.
- Identify special transportation arrangements required to evacuate inmates.
- Describe any special arrangements required for movement of medical records, medications, or specialty treatment directions.
- In accordance with institutional plans, the departmental Hurricane Plan, identify locations to which inmates are likely to be moved.
- Determine if there are medical reasons requiring Health Services staff to accompany any inmates during the evacuation.
- Develop an estimate of the amount of time it will take to prepare inmates with medical problems for evacuation.
- Utilizing the plan components and procedures related to triage, treatment, and transportation of inmate casualties, and identifying potential extraordinary requirements necessary for evacuation during an on-going emergency.

- Establish a contingency procedure to activate rapid medical assistance from any nearby institutions or outside medical facilities in the event that a facility evacuation occurs in the midst of an on-going emergency.

Assistance To Other Institutions

- Identify the total staff available (all shifts), by discipline (LPN, RN, PA, MD, etc.), to assist another institution experiencing a medical emergency.
- Establish a schedule for notification, activation and transportation of available staff to the affected institution.
- Identify a means of assessing, packing and transporting medical supplies to assist another institution experiencing a medical emergency.
- Identify the number of casualties from another institution which could be accommodated at your institution under normal circumstances.

IV. TRAINING

- Identify how command staff and key medical staff will be instructed and evaluated in their emergency response roles.
- Identify training program and schedule for instructing all medical emergency response and support staff in their roles and responsibilities under the Medical Emergency Plan to include:
 - A process and schedule for providing refresher training for all Health Services staff.
 - A program and schedule for orienting and training new Health Services employees.
 - A program and schedule for cross training staff in the roles played by other response staff.
 - Identify a schedule for exercising the Medical Emergency Plan on a quarterly basis.
 - Identify a process for evaluating all aspects of the exercise of the Medical Emergency Plan.
 - Establish a program and schedule for correcting all deficiencies noted during training exercises.

I. REPORTS

- Establish a process and format to report findings and recommendations following all training exercises or drills involving the Medical Emergency Plan.
- Establish a process and format for an annual report on the status of the Medical Emergency Plan and staff training.

- Establish a format and process for reporting any medical emergency occurring at your facility to include information on staffing casualties, overall evaluation and recommendations for improvement.