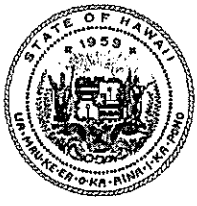


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|  | <b>DEPARTMENT OF CORRECTIONS<br/>AND REHABILITATION</b><br><b>CORRECTIONS ADMINISTRATION</b><br><b>POLICY AND PROCEDURES</b> | <b>EFFECTIVE DATE:</b><br>January 01, 2024  | <b>POLICY NO.:</b><br>COR.10.D.07 |
|   |  | <b>SUPERSEDES (Policy No. &amp; Date):</b><br>COR.10.1A.07 (10/20/15);<br>COR.10.1E.08 (10/09/07) |                                   |
|   | <b>SUBJECT:</b><br><b>EMERGENCY SERVICES AND RESPONSE PLAN</b>   |   | Page 1 of 7                       |

## 1.0 PURPOSE

The purpose of this policy is to ensure that all staff are prepared to effectively respond during emergencies.

## 2.0 SCOPE

This policy and procedure shall apply to all correctional facilities, their assigned personnel, and contract staff within the Department of Corrections and Rehabilitation (DCR).

## 3.0 REFERENCES, DEFINITIONS & FORMS

### .1 References

- a. Department of Corrections and Rehabilitation, Policy and Procedures, ADM.08.01, Emergency Response Manual.
- b. Department of Corrections and Rehabilitation, Policy and Procedures, ADM.08.02, Department Fire Safety Program.
- c. Department of Corrections and Rehabilitation, Policy and Procedures, ADM.08.04, Bomb and Bomb Threat Action Plan.
- d. Department of Corrections and Rehabilitation, Policy and Procedures, ADM.08.05, Emergency Release of Employees.
- e. Department of Corrections and Rehabilitation, Policy and Procedures, ERC.10.01, Emergency Evacuation Plan – Natural Disasters.
- f. Department of Corrections and Rehabilitation, Policy and Procedures, ERC.10.02, Civil Defense Emergency Coordination Plan.
- g. Hawaii Revised Statutes §127A, Emergency Management.
- h. Inter-Office Memorandum, No. PSD #2020-1314, Incident Reporting and Notification, Nolan P. Espinda, Director, (4/15/2020).
- i. O'Brien's Response Management Inc., Department of Corrections and Rehabilitation: Continuity of Operations Plan, (April 2023).

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- j. Standards for Health Services in Prisons. National Commission on Correctional Health Care, (2018).
- k. Standards for Health Services in Jails. National Commission on Correctional Health Care, (2018).
- l. Standards for Mental Health Services in Correctional Facilities. National Commission on Correctional Health Care, (2015).
- m. Performance-based Standards and Expected Practices for Adult Correctional Institutions. The American Correctional Association. Standards: 5-ACI-6A-08, (2021).

.2 Definitions

- a. Critiques of Emergency Drills or Actual Events: The documentation and observations of appropriate and inappropriate staff response to mass disaster and man-down drills or actual events including response time, names and titles of health staff, and the roles and responses of all participants.
- b. Emergency: Any significant disruption of normal facility or agency procedure, policy, or activity caused by riot, escape, fire, natural disaster, employee action, or other serious incident.
- c. Emergency Care: Medical, dental, and mental health care for an acute illness or an unexpected health need that cannot be deferred until the next scheduled sick call or clinic.
- d. Man-Down Drill: A simulated or actual health care emergency affecting one individual who requires immediate attention and involves life-threatening situations commonly experienced in correctional settings (e.g., suicide attempts, seizures, diabetic emergencies, drug overdoses).
- e. Mass Disaster Drill: A simulated emergency potentially involving mass disruption and multiple casualties that require triage by health staff. It frequently involves a natural disaster (e.g., hurricane, tsunami, volcanic eruption, tornado, flood, earthquake), and/or internal disaster (e.g., riot, arson, kitchen explosion), and/or an external disaster (e.g., mass arrests, bomb threat, power outage).

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- f. Responsible Health Authority: The Clinical Services Administrator is the designated individual tasked with ensuring the organization and delivery of all medical and clinical services care in the facility.
- g. Responsible Mental Health Authority: The Mental Health Administrator is the designated individual tasked with ensuring the organization and delivery of all mental health care in the facility.

#### **4.0 POLICY**

- .1 Facilities shall provide twenty-four (24) hour emergency medical, dental, and mental health services.
- .2 The department shall maintain emergency response manuals for correctional facility operations in accordance with ADM.08.01. The emergency response manuals shall contain emergency plans which can be utilized as resource material by command personnel during emergency situations.
- .3 Two types of emergency response drills (including actual events) shall be conducted and critiqued: mass disaster and man-down.

#### **5.0 PROCEDURES**

- .1 Emergency Services
  - Correctional facilities shall provide access to twenty-four (24) hour emergency medical, dental, and mental health services.
    - a. Health Emergency that Requires Urgent Response
      - 1. Urgent Medical or Dental Need.
        - a) When an incarcerated individual presents with an urgent medical or dental need, facility staff shall respond to the emergency, notify the medical unit, and immediately transport the incarcerated individual to the medical unit.
        - b) If health care staff are not on-site, facility staff shall provide emergency notification to the on-call provider (i.e., refer to monthly Provider Consultative Call sheet).
      - 2. Urgent Mental Health Need

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- a) When an incarcerated individual presents with an urgent mental health need, facility staff shall respond to the emergency, secure the incarcerated individual, and notify mental health staff.
  - b) A qualified mental health professional shall either order the immediate transport of the incarcerated individual to the health care unit for examination, or respond to the site of the emergency.
  - c) If a qualified mental health professional is not on-site, facility staff shall notify the medical unit and immediately transport the incarcerated individual to the medical unit.
  - d) If health care staff are not on-site, facility staff shall provide emergency notification to the on-call provider (i.e., refer to monthly Provider Consultative Call sheet).
- b. Health Emergency that Requires Immediate Response
- 1. In the event of a medical, dental, or mental health emergency, facility staff shall respond to the emergency, secure the scene, call for assistance, and provide emergency services until qualified health care professionals arrive to the scene of the emergency.
  - 2. In the event of a medical, dental, or mental health emergency when health care staff are not on-site, facility staff shall respond to the emergency, secure the scene, call for assistance, provide emergency notification to the on-call provider (i.e., refer to monthly Provider Consultative Call sheet), and provide emergency services until community-based emergency personnel arrive to the scene of the emergency, or the incarcerated individual is transported to the local hospital emergency department.
- c. Off-Site Urgent and Emergency Health Need
- 1. When an incarcerated individual presents with an urgent medical, dental, or mental health need that occurs outside the boundaries of the correctional facility, the employee providing supervision of the incarcerated individual shall notify the facility and the medical unit, and immediately transport the incarcerated individual to the medical unit.

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2. When an incarcerated individual presents with an emergency medical, dental, or mental health need that occurs outside the boundaries of the correctional facility, the employee providing supervision of the incarcerated individual shall respond to the emergency, secure the scene, call the facility for backup assistance, call 911, and provide emergency services until community-based emergency personnel arrive on the scene of the emergency.

.2 Emergency Response Plan

The Responsible Health Authority, Responsible Mental Health Authority, and Facility Warden shall approve the health components of the documented emergency response plan, which includes, at a minimum:

- a. Responsibilities of health staff.
- b. Procedures for triage in the event of multiple casualties.
- c. Predetermination of the site for care.
- d. Emergency transport of incarcerated individuals, who require emergency medical services, from the facility.
- e. Use of an emergency vehicle.
- f. Telephone numbers and procedures for calling health staff and the community emergency response system (e.g., hospitals, ambulances).
- g. Use of one or more designated hospital emergency departments or other appropriate facilities.
- h. Emergency on-call provider for medical, dental, and mental health services when the emergency health care facility is not nearby.
- i. Security procedures for the immediate transfer of patients for emergency care.
- j. Procedures for evacuating incarcerated individuals in a mass disaster.
- k. Alternate backups for each element of the emergency response plan.

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- l. Appropriate timeframes for response.
- m. Notification to the person legally responsible for the facility in accordance with directive #2020-1314.

**.3 Emergency Response Drills**

In coordination with the Facility Warden or designee, the Responsible Health Authority and the Responsible Mental Health Authority shall plan and implement emergency response drills.

**a. Mass Disaster Drills**

- 1. Mass disaster drills shall be conducted so that each shift has participated over a three (3) year period.
- 2. If a facility has a satellite facility, mass disaster drills shall include the satellite location as well.
- 3. Actual mass disaster emergencies, whether or not they involve injuries, may be substituted for mass disaster drills.

**b. Man-Down Drills**

- 1. A health emergency man-down drill shall be practiced once a year on each shift where health staff are regularly assigned.
- 2. If a facility has a satellite facility, man-down drills shall include the satellite location as well.
- 3. Actual man-down health emergencies, whether or not they involve injuries, may be substituted for man-down drills.

**c. Critique of Mass Disaster and Man-Down Drills or Actual Events**

- 1. The health care components of the mass disaster and man-down drills or actual events shall be critiqued by the Facility Warden, Chief of Security, Responsible Health Authority, Responsible Mental Health Authority, and/or other appropriate personnel.
- 2. The Responsible Health Authority and the Responsible Mental Health Authority shall share the results of emergency drills or actual events


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and the recommendations to be acted upon with all health care staff during the facility health care staff meeting.

3. Health care staff who are not present during a mass disaster or man-down drill shall review and initial the written critiques or provide documentation that acknowledges their review of the event, the critique, and the recommendations.
4. The Responsible Health Authority shall submit documented critiques of mass disaster drills, man-down drills, and/or actual events to the Quality Assurance Committee.

APPROVAL RECOMMENDED:

  
\_\_\_\_\_  
Deputy Director for Corrections                      Date

JAN 0 1 2024

APPROVED:

  
\_\_\_\_\_  
DIRECTOR    Date

JAN 0 1 2024

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