

**OREGON DEPARTMENT OF CORRECTIONS**  
**Operations Division**  
**Health Services Section Policy and Procedure #P-A-07.2**

**SUBJECT:** MEDICAL SERVICES EMERGENCY RESPONSE PLAN

**POLICY:** This plan provides direction to Oregon Department of Corrections Health Service employees in the event of an institution emergency. The Medical Services Manager at each facility is responsible for the implementation of this plan. If an institution emergency is declared by the Officer in Charge, Health Services is primarily responsible for identifying and establishing a triage and treatment staging area. Health Services personnel are not to enter a disaster site until the Commander has verified that the area is safe and secure. General duties and methods for obtaining additional health care personnel and necessary medical equipment and supplies are described.

**REFERENCE:** NCCHC Standard P-A-07, Emergency Response Plan

**PROCEDURE:**

A. The following are brief descriptions of the critical roles in a facility emergency:

1. Medical Services Coordinator (MSC) – is responsible for directing the medical responses during the facility emergency. They communicate with the Commander, the Assistant Administrator of Clinical Operations, and the Site Coordinator.
2. Site Coordinator – assists in establishing the location of the treatment staging site with the MSC and Commander, assigns staff to specific roles, coordinates resources for care, maintains communication with the MSC, and collaborates with the community Emergency Medical System Resource Site Coordinator.
3. Triage Nurse – is responsible for triaging the victims and placing them into appropriate triage categories. This is accomplished using triage principles and the met – tag system.
4. Treatment Team Leaders – assigned by the Site Coordinator. Practitioners, if available, should be given priority for assignments to the Treatment Team Leader roles. Staff in these roles are responsible for triage site preparation, communication with the Site Coordinator regarding resource needs, and the evaluation, stabilization and treatment of victims. Collaboration with other team leaders will also occur as needed.

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5. Recorder – responsible for recording the events at the treatment site under the direction of the Site Coordinator.
6. Runner – as directed by the Site Coordinator will relay messages, and, will obtain additional resources, supplies and equipment as needed.

Any of the above roles could be combined depending on the number and skill levels of the available staff.

7. HS Operations Coordinator (Assistant Administrator of Clinical Operations) – responsible for coordinating backup personnel.
8. Resource Coordinator (Assistant Administrator of Pharmacy and Medical Stores) – responsible for coordinating additional equipment and supplies to the affected facility as coordinated with the Medical Services Administrator.
9. Logistics Coordinator (Assistant Administrator for Business Operations) – responsible for coordinating support needs and services at the affected facility.
10. Health Services ESS Coordinator (Assistant Administrator of Behavioral Health Services) – responsible for coordinating emergency support services and functions as a liaison with the facility's ESS team.
11. Health Services Administrator – responsible for being the liaison between the MSC and the appropriate ODOC Administrative staff.

B. Guidelines – the Medical Services Response Plan is based on the following:

1. Communication between the Commander and the Medical Services Coordinator must be established.
2. Medical personnel from the facility with the emergency will be the primary providers of emergency medical care until community resources assume these duties. A clear medical chain of command must be established. Medical personnel may enlist the assistance of other staff members and inmate helpers to meet the needs of the medical emergency.
3. Medical personnel from other facilities will respond when directed by the HS Operations Coordinator, or designee, after communication has been made by the MSC for the need for additional staff resources.

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### C. Medical support during a facility emergency:

1. The Medical Services Manager (MSM) will perform the role of the Medical Services Coordinator (MSC). If the MSM is unavailable, the most senior nurse on duty will designate who will perform the role of the MSC. The MSC shall notify the HS Operations Coordinator, or designee, of the emergency.
  - a. The MSC is responsible for directing the medical response during the facility emergency. In facilities without 24 hour nursing coverage, the first licensed health services staff on site will fill this role until relieved. Once designated, the MSC's responsibilities include the following:
    - If the roles of the MSC and Site Coordinator are separate, it is recommended that the MSC be located in the Command center with the Commander. This location requires radio contact with the Site Coordinator. The MSC will act as a liaison between the Site Coordinator, the Commander, and Health Services Administration.
    - The MSC will brief with the Commander and Health Services Administration on the potential number and seriousness of victims and whether a triage site needs established or if the clinic area can be used to treat the victims.
    - If and when the MSC assigns a site coordinator, a briefing needs to occur to share information regarding an estimation of victims, the disaster site, triage site, etc.
    - The MSC, with the assistance of the site coordinator, will determine the number of personnel required to adequately provide emergency medical care. They will also determine what supplies and equipment are available, what additional items will be necessary, and how soon these items will need to be received. Notification will then be made to the HS Operations Coordinator to brief him/her on personnel and supplies/equipment needs.
    - The MSC will also confirm that emergency transport vehicles are available and on standby. In the event of a death, the MSC will notify the Commander.
    - The Site Coordinator will be assigned by the MSC to direct information and resources at the treatment staging site. If the Medical Services Coordinator and Site Coordinator roles are separated, communication between each party is key for coordination of resources. The Site Coordinator will give

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assignments, via post orders, to staff as they arrive. Initial key assignments include the Triage Nurse and Treatment Team Leader. Vests identifying role assignments are located in the disaster bags and are to be worn by each corresponding staff member.

- The treatment staging area for both employees and inmates will be the same location.
- b. The Triage Nurse will identify the category of the victim using the “met-tag” system to assure rapid processing of patients to the appropriate treatment category. The categories are as follows:
  1. Category 1 – emergent transport as soon as emergency vehicle is available.
  2. Category 2 – transport is 2 – 4 hours or when all of category 1 victims have been transported.
  3. Category 3 – these include the “walking wounded” and transport is not required.
  4. Category 0 – the dead or those that are not considered to be salvageable. These victims can be reassessed after the victims in the other categories have been cared for. A decision will have to be made by the Commander and the MSC about a possible on-site mortuary.
- c. The Treatment Team Leader(s) will coordinate medical treatment in each treatment category using triage principles and emergency treatment protocols.
- d. The Recorder will maintain the disaster report form and emergency log both of which are found in the post orders. The log of injured persons and injuries sustained will be maintained at the triage site. These logs will be submitted to the facility Site Coordinator during the deactivation phase for delivery to the MSM.
- e. The Runner is responsible for relaying messages, and obtaining additional supplies and equipment.

### D. Resources

1. Additional personnel, equipment, and supplies necessary to meet the health care needs of the facility emergency may be obtained from other Department of Corrections (DOC) facilities, state agencies, or the local

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emergency medical response network. Medical equipment and supplies may also be obtained from DOC Pharmacies, other DOC Health Services Programs, and/or the local community. All requests will be made after conferring with the chain of command. A minimum inventory list of DOC emergency medical supplies and equipment with locations are attached to this plan.

2. The Medical Services Emergency Response Plan must rely on external resources to meet the emergency medical needs of the facility. The resources include.
  - a. Local emergency medical response network which includes paramedics, ambulances, hospitals and local community clinics.
  - b. DOC HS Programs that are not involved with the emergency. The order for utilization will be based upon geographic location and the extent of the emergency. HS institution response is grouped as follows:

<b>Affected Facility</b>	<b>General Order of Non-Involved Facility Responses</b>
CRCI/SFFC	Salem Facilities, SCCI, TRCI, Others
CCCF	CRCI, Salem Facilities, Others
DRCI	Salem Facilities, CCCF, TRCI, EOCI, Others
EOCI	PRCF, TRCI, SRCI, Salem Facilities, Others
OSCI	SCI, OSP, CCCF, CRCI, Others
OSP	OSCI, SCI, CCCF, Others
PRCF	SRCI, EOCI, Others
SCCI	SCI, OSCI, OSP, Others
SCI/MCCF	OSCI, OSP, Others
SRCI	PRCF, EOCI, TRCI, Others
TRCI	EOCI, CRCI, SRCI, Others
WCCF	SRCI, PRCF, Others

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- c. Nearby state and/or county agencies with health care personnel, equipment, and supplies not involved with the emergency. These resources include but are not limited to:

Ontario/Baker City – Malheur County Jail, Union County Jail

Pendleton/Umatilla – Eastern Oregon Psychiatric Center, Umatilla County Jail

Portland/Wilsonville – Multnomah County Jail, Clackamas County Jail, Washington County Jail

Salem – Oregon State Hospital, OYA (MacLaren Youth Correctional Facility & Hillcrest Youth Correctional Facility), Marion County Jail, Polk County Jail, Yamhill County Jail

North Bend – Coos County Jail

Madras – Jefferson County Jail, Deschutes County Jail, Crook County Jail

Lakeview – Lake County Jail

- d. Local vendors of medical supplies and equipment – resources in the immediate geographic area to include retail pharmacies, medical supply and equipment retailers.

- E. Training – all medical personnel shall receive training on the facility Emergency Preparedness Manuals (volumes I, II and III).

- 1. Training shall be completed by each HS employee in the following manner:
  - a. The Emergency Preparedness Manuals from the facility will be reviewed annually or as frequently as necessary to maintain a working knowledge of emergency procedures.
  - b. Each manual will be reviewed with specific emphasis to the Emergency Medical sites designated for the respective institution (Vol. 1, Section II); Medical Services Plan (Vol. 2, Section 12); and the Medical Coordinator's Post Orders (Vol. 3, 2A, Number 15).
- 2. HS employees will receive annual emergency response training from the HS Training Section.

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3. HS training specific to Emergency Preparedness is to be reviewed annually by the HS Training Advisory Committee.

### F. Maintenance

1. HS personnel recall lists are to be updated as necessary by the Medical Services Manager/designee, and a copy provided to the institution Emergency Preparedness Coordinator for placement into the manuals.
2. The medical equipment and supplies inventory lists kept in both the disaster packs and mandown bags are to be reviewed and updated annually by the Health Services Medical Director.
3. The equipment and its location is to be verified every 30 days for each disaster pack, mandown bag, OB pack, medication box, stretcher, oxygen and wheelchair as outlined in HS Policy and Procedure P-A-07, Emergency Response Plan.

Effective Date: \_\_\_\_\_

Review date: October 2008

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