Chapter 4.5: **Detention Facility Health Care**	Subject: **Emergency Medical Care**	Policy #: **4.507**	Number of Pages: **3**
Initial Effective Date: **January 1, 2013**	Revision Date: **January 1, 2013**	Approved by: **Jack V. Duncan, Sheriff**	

GENERAL STATEMENT:

This policy is to provide for adequate emergency services on a 24-hour basis for acute medical and psychiatric conditions. To ensure that the health care needs of inmates housed in the Buncombe County Detention Facility are met, the Facility will provide health care services through contracts with a Responsible Health Entity and local hospitals. Detention officers will be certified in Cardiopulmonary Resuscitation and Automated External Defibrillators (AED). Detention Officers will receive annual in-service training in emergency first aid techniques and in detection of signs and symptoms that may suggest a medical emergency.

REFERENCES:

10A NCAC 14J .1001; NCGS 153A-225; NCCHC J-E-08; ACA 4-ALDF-4C-08

INFORMATION:

The Responsible Health Entity, in consultation with the Facility Director will generate procedures to assure that emergency medical and psychiatric services are provided by the Facility with efficiency and expediency on a 24-hour basis. No inmate will be denied "emergency medical care".

PROCEDURE:

I. EMERGENCIES

A. First Aid during Emergency

1. Detention officers will administer first aid and notify their Shift Supervisor and/or Medical Staff if an inmate has an emergency medical situation, which includes, but is not limited to:

a) Unconsciousness or semi-consciousness

b) Serious alcohol or drug-induced intoxication (chemical dependency)

c) Severe bleeding

d) Breathing problems

e) Head injury

f) Severe burns

g) Severe pain

h) Labor or other complications due to pregnancy

i) Dental emergencies

j) Mental health emergencies

k) Other symptoms or complaints which indicate that an inmate might need immediate medical attention.

B. Arranging for Emergency Care.

1. Detention Officers will contact their Shift Supervisor, who in turn will notify the Medical Staff for an evaluation of the inmate.
2. If Medical Staff are not available and the emergency is obvious and a time delay might result in further harm to the inmate, the Shift Supervisor will arrange for immediate emergency treatment.
3. The operation and staffing of the Facility in coordination with the Responsible Health Entity will maintain qualified health care providers on site on a 24-hour basis.
4. Physician or physician extender on call coverage available on a 24-hour basis.
5. Immediate accessibility of emergency phone numbers of all health care personnel and community resources are available.

C. Treatment Outside of the Detention Facility

1. Inmates who must leave the Facility for medical treatment will be transported according to Detention Division Policy #508.
2. Emergency transportation is available for an inmate from the Facility when a condition exists that exceeds the medical capabilities of the Facility.
3. Use of a community emergency medical vehicle for the transfer of the inmate to Mission Hospital Emergency Room or other local hospital is available.
4. Security procedures are in place to provide for the immediate transfer of the inmate when appropriate.
5. The transporting officer accompanying the inmate outside the Facility for emergency treatment will obtain written instructions concerning any treatment instructions.
6. All verbal instructions received by the transporting officer from a medical provider will be documented. The transporting officer shall request that the medical provider supply written instructions for the inmate's care and shall deliver these instructions to the Facility medical Staff.

Comment: *Gender Reference in Buncombe County Sheriff's Office 'Policy Manual', such as "he,"*

"his," "she," "hers" etc., may refer equally to either the male or female gender.

This policy and procedure is for internal use only, and does not enlarge a deputy's civil or criminal liability in any way. It should not be construed as the creation of a higher standard of safety or care in an evidentiary sense, with respect to third party claims.

Violations of this directive, if proven, can only form the basis of a complaint by this agency, and then only in a non-judicial administrative setting.