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EMS Response to Correctional Facilities
Lisa Pitts
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AN INTRODUCTION

If you are involved in either the criminal justice or EMS field, chances are you will be involved in an EMS call to a correctional facility at some point in your career. One reason, and the most obvious, is due to an individual's use of a variety of substances, ranging from alcohol to cold medicines to methamphetamine. Another common reason, especially for the prisons, is an aging inmate population. Just like people outside the correctional setting, those who are incarcerated have the potential to face the same types of medical problems. However, responding to a correctional facility is not touched on in the basic instruction of EMS personnel.

My purpose for exploring this soon-to-be common occurrence of EMS calls to correctional facilities is to educate responders as well as officers alike, and to provide a starting point for opening the lines of communication between all the agencies involved when a medical emergency occurs within a facility. From experience, a lack of understanding about correctional facilities by EMS responders, as well as communication between officers and responders, are among areas in need of improvement.

There are special considerations to be taken into account when emergency services personnel enter a correctional facility, be it a county jail or state prison, adult or juvenile. Among these are an increased awareness of surroundings. Further, there must be consideration for policies on the scene time of the responders as they will more often than not be over their scene time as per their protocols. In addition, there is the treatment of the individual whom was the reason EMS was called in the first place. Inmates are humans, too. I have observed there to be a forgetting of this in dealing with the ambulance crews. Apathy tends to run very high among medics and officers both when emergency personnel are called to facilities, much like the constant call to C.U. Public's residence because they want a ride to the hospital for every little thing, sometimes having their suitcases packed and ready to go. Sometimes the EMS calls to correctional facilities are on the officers themselves, which adds to the stress of the situation, or a member of the public. The officers on the floor with the inmates are a wealth of information as to the inmate's behavior patterns, history of the current event, and recent past events leading up to the need for EMS to be called.

For purposes of this paper, the following definitions shall apply:

EMS – Emergency Medical Services – any agency that responds to a medical emergency. This includes fire departments who respond alongside ambulance personnel when 911 or other local emergency number is called.

Correctional facility or facility – lockup, detention center, county jail, prison, or other facility where individuals are placed in a restrictive setting. This includes both adult and juvenile facilities.

Correctional staff – any officer who works directly with inmates. This includes commissioned as well as non-commissioned personnel.

Inmate – any individual incarcerated within any type of correctional facility.

There are various areas I will be addressing throughout this writing. Among these are facility security, personal safety, treatment of individual called to facility for, and opening the lines of communication, including training together between agencies. I was a correctional officer for eight years, and have been a licensed EMT for almost ten. Even though I do not have the experience in the back of the truck on EMS calls, I have the experience from within the facilities handling situations prior to EMS arrival when the situation deemed necessary the assistance of the local EMS agency.

THE CORRECTIONAL FACILITY

There are many considerations to keep in mind when discussing correctional facilities. On one hand, they are all generally the same. At the same time, however, they are also very diverse creatures. County jails and local detention centers generally hold inmates who are not convicted. Sometimes these individuals have just entered the facility from the street, or free-world. Prisons, on the other hand, house individuals who have been convicted by the court system. This first segment will discuss correctional facilities in general, as well as security considerations when within the facilities.

Correctional institutions differ in size, type, population, and staffing (AED in Correctional Setting). These reasons alone set the urgency for needing to become familiar with all correctional facilities within the response area for EMS personnel. Officers know their facilities, and can keep up with changes in both inmate population and facility layout due to being within the environment daily. Unless a medic on the local ambulance service happens to work within the facility, chances are very high they will not know the layout of a facility they may have to respond to, much less any changes that occur to the facility itself.

Each facility has their own unique set of procedures for EMS to access their facility. A large part of the procedures have to do with facility security. Individuals are within the facility for some reason. Some are within the facility for things as minor as a worthless check or driving while suspended because their auto insurance was not kept up. Sometimes the inmate is an underage

individual who has been drinking, at times way too much. Others are in the facilities for more serious crimes, such as aggravated battery, kidnapping, rape, and murder. A county jail will have the widest variety of individuals as far as type of crime is concerned. Prisons are generally set up according to inmate classification level. Those inmates who display behavior showing they know how to behave will have a lesser security classification than those who do not. Some inmates in the prison are special management either due to their crime or for the inmate's own safety. This being said, any time a medic enters the facility, they need to keep their personal awareness of their surroundings heightened. Any of the types of individuals I have described can become a threat to both correctional and EMS personnel at any time.

The staffing level of the facility entered will have a great deal to do with gaining entry when responding to a call. Within most county jails, there will be a slight delay while an officer opens and closes gates. Officers in smaller staffed are generally not allowed to override doors and gates for wide open access. In responding to the Hutchinson Correctional Facility, however, all gates are opened from the road to the infirmary, and armed personnel are stationed at each gate (Nelson). If a call to the prison requires response to a cell house or outside yard, the same procedure is followed to the infirmary, and then additional correctional personnel are stationed with the parked EMS and fire units while the responders go to the scene (Nelson).

Prisons handle inmates long term. Personnel are held to a higher standard than most non-prison correctional facilities. Personnel have to be even more aware of inmate games as the inmates in the prison, unlike the local facilities, have longer to formulate and attempt to follow through with some of their games or other plans. Personnel within the prison system are able to "specialize" with the classification level of inmates they handle within the facility. Within a jail, the majority of the individuals are not convicted, and even those who have tend to have a wide variety of security classification levels all intermixed with each other due to space and layout considerations. The jail officers, however, must have a higher awareness of games inmates may use as a means to get released or escape. The potential "hot times" for this would be near big court dates, or after sentencing with a large sentence imposed.

"Their (correctional officers) primary goal is security and safety of the community and our (EMS) primary goal is patient care," Brenda Alexander says of the correctional officers. "Sometimes we butt heads, but we try to work it out as best we can." (EMS in the Big House) I would venture to say this stands true for all divisions within a correctional facility. However, at the end of the day it all comes down to this: is the facility, as well as those individuals within, safe and secure, and are all officers, staff, and administration going home safely. If this is the case, then the correctional facility has accomplished its mission for that day.

PERSONAL SAFETY

One issue voiced by EMS personnel who must enter in to correctional facilities is a concern over their safety being guaranteed once inside the facility. Many EMS personnel who are unfamiliar with correctional facilities do not like the uncomfortable situation as they feel more susceptible (Miller). At the Hutchinson Correctional Facility, there are at least four or five officers in the area of an emergency. Officers also work quickly to disperse other inmates from the area. Medical personnel are not allowed into the scene until it is safe to do so (Nelson). Medics just have to wait for the officer in charge of the scene, regardless of the facility, to let them know it is safe for them to enter. Officers agree if a medic does not feel comfortable for some reason they need to say something. If the medic does not say anything, the officers are unable to do anything to alleviate the uncomfortable feelings.

Personal safety is extremely important. One of the first things taught in both EMT school as well as basic correctional officer orientation is personal safety. In a correctional setting, it is even more imperative to be aware of the surroundings. This includes people as well as objects. EMS personnel should remove unneeded equipment. Only take in the bare basics of equipment in to a facility required for the call. An inmate can, and given the chance will, turn anything they can get their hands on into a weapon. Everything taken in must be accounted for when personnel exit a scene. On the free-world side, if something is left at a scene, the individuals at the location many times will return the equipment to the appropriate agency.

Though there have been combative patients and agitated offenders over the years, Edsel West boasts that a medic has never been injured as a result. "Overall the clientele is not hostile toward medical," says Sharon Robinson, central regional manager for the University of Texas Medical Branch (UTMB) Correctional Managed Care EMS. "I have seen them be more hostile toward security. They know we're there to help them." (EMS in the Big House) Even with this being stated, a medic must not let down their guard and awareness of their surroundings. The correctional officers are going to be doing their best to insure the safety of the medical personnel. It is important, however, to not become complacent about personal safety. Deputy Chief Mike Patterson tells his crews to stay together. There is not to be any separation from each other to get equipment, just take in everything in that will be needed at the start. Deputy Chief Patterson also tells his firefighters to keep a close proximity to one another. As Randy Miller states, his medics are told to watch their own back, as

well as each other. Chief Patterson adds the patient should be checked over and supervised by staff.

When entering a corrections setting, there is an adjustment to how one must handle themselves in relation to the free-world. There is also an adjustment of what you carry on your person as you enter the facility. Engineer Mike O'Toole said the fire crews have to operate differently when dealing with the circumstances at CIM (California Institution for Men). "We all carry knives as part of our regular equipment," O'Toole said. "One day a cardiac patient was trying to reach for my knife, and a guard saw him and 'corrected' the situation." O'Toole decided to give his knife to the guard while he assisted the patient. (DeRobertis). Randy Miller adds all of the medics under his command are told to remove their scissors and other things that could be used against them as a weapon. Further Miller tells his medics to keep a close eye on the drug box they carry with them. The largest concerns in relation to the drug box are needles and tourniquets (Miller).

There are personal safety considerations when leaving the scene to help ensure a continuum of safety so the EMS crew does not have to turn right back around and return to the correctional facility for another patient. Assign one person to pick up everything as the crew gets ready to leave the scene. Officers will be watching for and picking up the area before inmates are allowed back into the scene area. Within the prison, CCS (Correctional Care Services) personnel also watch what and where medical equipment is placed. CCS personnel are aware of safety concerns on the prison grounds, and many times do pick up behind EMS personnel before inmates are allowed in area (Lundry). However, if the EMS crews start to get in the habit of picking up everything, including wrappers on their way out the door, this allows the facility to resume operations sooner following a request for assistance.

PATIENT TREATMENT CONSIDERATIONS

WHO IS IN NEED OF THE EMS SERVICES?

The first and most obvious reason EMS is called to a correctional facility is for inmates. However, inmates are not the only individuals within a correctional facility. There are also officers, administration, and other support staff. In addition, visitors to the facility are also at times in need of help from EMS. I have observed apathy in medics responding to correctional facilities. Keep in mind any person is only one poor decision away from being on the other side of the walls in a correctional facility themselves. At the end of this section, I will also

touch briefly on when EMS needed to respond on the street prior to an individual being taken to a detention center or county jail.

INMATES

Inmates are people just like everyone else. They have many of the same, and sometimes more, medical problems than individuals on the outside. They also are apt to have the same trauma injuries, with the exception of gunshot wounds, just as anyone on the street. In addition, in the non-prison there is a high chance they will be going through severe withdrawal from a specific drug or combination thereof, including alcohol.

Unlike in the free-world, EMS is not called to facilities for everything as would happen on the street. Several jail facilities have at least a nurse on staff or on call. There are times when the incident is not serious, but the inmate still needs medical treatment, the individual is transported by correctional personnel. Each prison facility contains its own mini-emergency room, with a physician, nurses, supplies, etc. There are times, however, when an injury or illness cannot be treated fully at the facility level. The largest difference between the free-world and the correctional facility is within the correctional facility we know who the bad guys are because they're all dressed in white. (EMS in the Big House)

"We don't know about what they've done criminally," says Francis. "We don't care. They're patients." Even still, the job is still about helping people. "You get the same rewards as you would in a free-world environment" says Coronis. "Every now and then a patient will thank you and it makes a big difference. Even though they are criminals, they are still human beings. And that's why we're here – to take care of human beings." (EMS in the Big House)

At this point, I need to clarify on one primary difference in inmates based on the type of correctional facility they are located within. Those in a prison have been found guilty after going through the court process. Within the jail system, most individuals are not convicted, but instead are still working their way through the court system, just unable to bond for various reasons, so they remain in jail. It is not the place of the medic to be judge and jury, or to judge their actions on how they treat and interact the inmate based on charges. That alone is the job of the court system.

There are certain medication not allowed into correctional facilities due to the effects on the body, and thus they are not on the facility's formulary. A formulary is a listing of prescription and non-prescription medications authorized for use by medical staff within a facility. Some, in fact most, facilities do not allow narcotic medications on their formulary. However, when EMS is called, the medics must follow their protocols and administer medication as indicated,

regardless on the class of medication. Just like in the free-world, inmates will complain of whatever it takes in order to receive what they want. For some, it is a strong medicine. Prison clinics work hard to catch trends of individuals who may be "complaining" of problems in a routine manner. Each inmate has a care treatment plan set up for them if they were on medication prior to entry to the facility. If an inmate becomes in need of regular medication while incarcerated, then a treatment plan will be established for them as well. Sometimes inmates are still able to fake symptoms to get the medication they want, while other times they fake symptoms to get some "fresh air" away from the facility (Lundry).

Prison infirmaries are a basic life support facility. For anything over the need of oxygen, IV fluids, administration of medication, or monitoring, the individual is sent out. The monitoring includes care and treatment of individuals who have been injured seriously or recovering from surgery. Some prisons are set up to administer cancer treatment and dialysis on site, thus cutting out the need for EMS to transport the individual as much. Having the prison infirmary does significantly reduce the number of times EMS is requested to come to the facility (Lundry).

OFFICERS

When EMS must be called to a correctional facility for an officer, the stress level of the other officers grows by leaps and bounds. It is, after all, one of their own in need of assistance. Just like any other call, the reason can be medically or due to an injury received. Even the manner of injury will have an effect on the stress of the officers bringing EMS into the facility. Officers, by nature, will be resistive to assistance because "they're fine", it is just someone else making them go. For this reason, it may be necessary to rephrase questions, or redo the initial assessment once the officer is loaded in the ambulance away from their peers. Then, there is no one there to be tough in front of to save face. The officer will be more apt to be open about answering questions, especially about pain.

VISITOR'S AND PUBLIC

Calls to the visitor or public areas will generally have a little easier access than a call in the prisoner area. There will still be some security measures that must be passed through in order to gain access to these patients. A large obstacle to these individuals is obtaining information about the individual's health history and what caused the event needing EMS to be called. This is the same as on the street, witnesses may be difficult to find who know the individual, as well as what medical problems they face.

USE OF RESTRAINTS

“When he’s placed in the ambulance, it’s going to be in full restraints.” (EMS in the Big House) This is one of the most basic rules of safety and security to keep in mind when getting ready to transport an individual from a correctional facility to a local hospital or medical center for treatment. Restraints are there for a reason – to assist in keeping personnel handling an inmate safe. There are considerations, however, when a patient’s care requires restraints be removed. “We have the ability to request those restraints be removed if medically necessity dictates,” says West. “We encourage the staff to not remove the restraints unless it is absolutely necessary. Restraints are restricting, but they are not prohibitive to providing medical care.” (EMS in the Big House)

“One of our goals is to realize there’s no reason to not have restraints,” says Nick Coronis, “and security sees that.” However, the medical staff is granted autonomy when a patient’s condition deems a lessened security level. “Very seldom do we have a challenge of authority because we’re trying to work together for the patient’s condition,” paramedic Matthew Francis says of the correctional officers who ride along on the ambulance. (EMS in the Big House) The medical personnel can still gain access to a patient’s arms and torso when belly chains and leg shackles are in place. CPR can also be administered with these devices properly used on an inmate. The bottom line comes down to this: When an inmate is being moved anywhere for any reason, even medical, and especially out of facility, they will have the required restraints as applies any inmate movement within and between facilities.

ON-SCENE TIME CONSIDERATIONS

Due to security reasons, it can be generally expected to have a longer on-scene time. The correctional officers are going to get the medical personnel in and out as quickly as they safely can. Safety and security are of great importance in these facilities.

Many times, the amount of time required to safely move responders in and out of a facility is longer than the established protocols for that particular service. When the review of the EMS call is performed by the agency, allowances must be given to the crews for their on-scene time. When discussing this issue with Director Randy Miller, his response was this is not something particularly looked at, but there would definitely have to be consideration given for additional on-scene time due to security reasons. Being as Hutchinson Fire Department is a support agency for Reno County EMS, there is no review on patient treatment

time. Deputy Chief Mike Patterson continues, if the crew feels they were on-scene for too long, the crew will call back in to either him or the training division. Patterson also stated there are variances with on-scene time if the individual is combative, or if there is a delay in getting extra security personnel prior to transport.

I have worked within a facility where the responding EMS agency had strict protocols for on-scene time for any call. It did not matter if the jail supervisor sent a letter to the EMS agency head, the crew would still get written and docked on the evaluation of the call due to the on-scene time being too long. Protocols must be adjusted for special situations. With the increase in calls to correctional facilities, this is a special situation in which special protocols can be written and applied on a soon-to-be regular basis.

Getting out of the prison also is a challenge because of the security procedures that trucks and firefighters must go through. The process can take up to 20 minutes if the engine is deep inside the prison grounds, Cragg said of the California Institution for Men (DeRobertis). At the Hutchinson Correctional Facility, however, there is generally not as long of a time on-scene. Of course, there is a variance of scene time dependent on the location of the patient. If the patient is within the infirmary, the time on-scene is less than ten minutes from the time the medical crews enter the door until they are pulling out of the drive and going to the hospital. If the patient is further inside the facility, the time to get the patient and leave the facility may be as much as twenty minutes (Lundry).

The bottom line with on-scene time is this: Officers will be working to move emergency personnel in and out of the facility as quickly as can safely and securely be done. Communication is extremely important throughout this process. I will be touching more on communication shortly.

INITIATING THE CALL TO EMS

Every facility has a varying procedure for initiating the call for EMS to respond to their facility. In one facility I have worked, only the supervisor, or if there was a nurse on duty, could authorize for EMS to be called. The officer who was observing the need for EMS to be called, if they called EMS themselves, had to notify a supervisor almost simultaneously of EMS being called to the facility. Within the Kansas Department of Corrections, any officer or medical staff can initiate the call for EMS. Unique to the Kansas Department of Corrections from other agencies I have seen, once a member of CCS arrives on scene, if they deem the situation is of such that can be handled without an ambulance

transport, then the CCS person may request the ambulance be turned around rather than brought into the facility (Nelson & Lundry).

WHY IS EMS BEING CALLED TO THE CORRECTIONAL FACILITY?

Just like on the street, there are many reasons for EMS to be called to a correctional facility. These primary reasons do vary with the type of facility. One constant among facilities is for cardiac reasons. People of all ages enter into or are already in correctional facilities daily. Another reason common across the board for facilities is due to trauma, such as after a fight or other action causing injury to the individual. Reasons a little more unique to jails and detention centers is due to substance use. This ranges from the underage individual who has had too much to drink and starting to have major problems, possibly from alcohol poisoning, to the individual who has used methamphetamine and is now bordering on excited delirium.

Within the prison system, there is definitely an increase in the need for EMS to respond. Older inmates have more health issues, just like older individuals in the free-world. Among the issues where EMS is requested on an increasing basis by prisons include: cardiac, increased doctor appointments where the patient can not handle a ride on a bus or regular van, chronic care issues such as high blood pressure, seizures, GI tract problems, and diabetes. The numbers of inmates with these types of problems increase daily. These inmates are closely monitored by prison medical staff to help ensure they stay stabilized. It is when a problem occurs that EMS will be called to the facility (Lundry).

WHAT IS GOING ON PRIOR TO EMS COMING THROUGH THE GATE?

As soon as the call is made for EMS to respond to a correctional facility, additional security personnel are immediately assigned to assist in the immediate area. These personnel provide security to the entrance EMS will be using. Further, they provide the escort from the entry to the location where EMS assistance is needed. In addition, officers are making arrangements and readying for security of the individual who is about to be transported from their facility. Dependent on the nature of the call and the inmate's charges, at times local facilities will call the judge for the court the individual has charges through to see about releasing the individual on their own recognizance to report at a later date.

While all of the above is occurring, someone is administering first aid to the individual in need of assistance. Most of the literature I have come across has to do with handling of cardiac events within the facility involving inmates. For this reason, much of this section will be related to cardiac events. It is important to

keep in mind cardiac events are not the only reason EMS is called to correctional facilities.

Within many facilities, personnel have at least some first aid training. This does not necessarily hold true in smaller jail facilities. Some facilities have personnel with advanced first aid training, such as first responder up through paramedic. The Kansas Department of Corrections, as part of the basic training, gives their personnel basic first aid and CPR instruction, as well as knowledge on how to operate and Automatic External Defibrillator (AED). Although there are personnel who do have advanced training in first aid, they are not supposed to use this training on the facility grounds when treating an inmate. One primary reason for this is due to Correctional Care Services (CCS) staff being on the prison grounds twenty-four hours a day. The CCS personnel are required to respond to an emergency call within four minutes. My experience in being able to use my EMT training has varied with supervisors. Some supervisors I have had would have me initiate any first aid needed, especially if there was not a nurse on duty. Other supervisors, however, would not use any of my knowledge or skills, but rather have me stay in an area away from where the problem was occurring, even though there was not a nurse on duty to handle the situation and the supervisor had minimal first aid training at best. Bottom line, just because someone is in the immediate area does not mean they will be utilized in an emergency. I will touch more on this in the section on communication.

CARDIAC EMERGENCIES

The primary issue I was able to find information on in relation to EMS entry to a correctional facility had to do with cardiac emergencies. Cardiac emergencies must be handled quickly in order to save the life of the individual. In the following I will present information in relation to use of Automatic External Defibrillators (AEDs) in the correctional setting. Dependent on proximity to EMS response, there may not be time to properly set up and use an AED. If response is 2 to 3 minutes and officer on scene feels may not be able to get AED hooked up and used, the correctional staff may not get it on there, but only be able to administer CPR to the inmate. Regardless if there is an AED present or not, CPR must be started.

With recent medical technological advances, the availability of automatic external defibrillators (AEDs) within the general community has expanded. The use of AEDs does not require training (Florida DC). An AED can be applied by non-physician medical personnel and lay persons with minimal training. Safeguards in the equipment prevent accidental defibrillating shocks (AED in Correctional Setting).

AEDs used in the institution can provide the early defibrillation needed prior to ACLS arrival. The following recommendations provide guidelines for instituting AEDs in a correctional setting:

1. The use of AEDs should be approved, planned, and implemented under the direction of the responsible physician in collaboration with the facility authority.
2. An early defibrillation program includes a training program to designated staff that would be authorized to use AEDs. This includes both initial and periodic in-services as appropriate.
3. The location of AEDs should be approved by facility administrators and the responsible physician, taking into account the staffing and design of the facility. (AED in Correctional Setting)

In those institutions where an AED is available, and a fully equipped crash cart is not, BLS trained staff would respond to an emergent cardiac event with equipment to help assure a patent airway, provide supplemental oxygen, start a keep open IV, and suction the patent as needed until the arrival of EMS. ACLS certification is not required to use this equipment. (Florida DC)

Texas Department of Criminal Justice and their EMS system

The Texas Department of Criminal Justice has actually established their own EMS service within the prison system. The EMS system primarily handles the non-emergency transfers of inmates between facilities and the prison hospital in Galveston. However, there is still a need for outside EMS agencies to handle some of the emergency calls due to a closer proximity to the individual prison. Texas is a large state with prison facilities in all areas of the state.

University of Texas Medical Branch (UTMB) has contracted with TDCJ to provide health care services for the approximately 110,000 offenders housed in more than 100 TDCJ facilities. And, any system of health care that expansive needs a solid emergency medical program to support it. Welcome to Correctional Managed Care EMS. (EMS in the Big House)

The Texas correctional EMS program began in 1988 under only TDCJ supervision. Prior to EMS involvement, prison facility-based paramedics were assigned. (EMS in the Big House)

A correctional EMS program has a unique responsibility to its patients, and a diverse, distinct patient population as well. This operation provides both emergency and non-emergency transportation for thousands of Texas offenders. (EMS in the Big House)

As Brenda Alexander states, "They (offenders) have different problems that the free-world population tends to have. The fights, different illnesses. A lot of illnesses come up that I've never heard of. They must be out there, but I think we get more exposed to different things because of the prison population." (EMS in the Big House) Even from experience of being in the midst of the jail population, there is the feeling of a higher concentration of a variety of medical problems. Also, due to the personal history of some inmates, there is a variety of combinations of medical problems arising from prior poor choices made before entry to the correctional facility.

Cooperation has helped in allowing Texas to have an EMS agency within the Texas Department of Criminal Justice (TDCJ). A large part of the ambulance staff's responsibility is to transport offenders to and from the TDCJ Hospital in Galveston. If patients are unable to ride a bus to the hospital, for reasons of age, inability to sit for long periods, or any other critical condition, an ambulance is scheduled to transport them. Eighty to 85 percent of the EMS requests are of the non-emergency kind and scheduled. "We're what is known in the EMS business as a taxi service," says Edsel West, manager for Medical Transport Services, Texas Department of Criminal Justice. (EMS in the Big House) Even so, this "taxi service" ends up saving the state a great deal of money when it comes to handling inmates with medical problems in need of non-emergency transport. Further, the security and safety of the inmate is not compromised as much, either.

Interagency communication

The most important part of EMS responding to correctional facilities has to do with communication. Communication is vital to ensure not only safety and security, but adequate treatment of the patient. Communication is a two-way street that must be worked on to constantly improve. When situations come out good, then the evaluation needs to be on what went right with communication, and what can be done to repeat in the future.

One way for personnel who will be responding to an emergency call to a correctional facility to be on the same page is to train together. Without this interagency training, the potential for a breakdown in communication is great. This in turn can affect the treatment the patient will receive. Mock drills should occur at each institution. In addition, institutions, particularly those at remote sites, should communicate with their local EMS to assure timely response to calls from the institution. If possible, prison medical personnel and EMS should jointly participate in mock drills. (Florida DC) Especially in the aftermath of 9/11,

interagency training mock drills are already taking place on a large scale. The mock training drills with correctional facilities do not have to be on near the large scale as the other disaster drills. A basic mock drill even once a year helps all involved to keep in mind what needs to happen in an emergency requiring outside help from EMS.

"I think it's necessary for us to continue to meet on a regular basis and evaluate responses to the institution and see if they could have been handled at the institution level as opposed to a community level," Hargrove said. (DeRobertis) These meetings provide opportunities for correctional medical staff to discuss what types of issues are showing up in the correctional facility, and what is being done to handle them. By making the EMS crews aware of what is being done on the facility level, there is opportunity for a better understanding of EMS is called when needed because the emergency cannot be adequately handled by those within the facility with available resources.

Communicate with officers on the scene. Quite often, the officer on the scene will be the best source of information relating to the inmate needing assistance. Some information they will be able to provide includes:

- Will many times know what is "normal" behavior for the inmate
- Usually one who has initiated the process for EMS to respond
- Sometimes the officer is a medic themselves and has started treatment while awaiting arrival of EMS, thus able to give information for a transfer of care
- Listen to the officers on scene, as they can be a very good source of the medical history, current event requiring the call of EMS, and other events leading to, as well as a general time frame
- For inmates experiencing DTs due to substance withdrawal, a history of how long and the observations, as well as severity of symptoms

All sides in a call to a correctional facility would also benefit from finding out who within the facilities has a higher training above basic first aid. By incorporating these officers into their own trainings, there is a win-win situation. The officer is able to keep their skills sharper, and by training together is able to better communicate with the medics, which will be important when an emergency situation arises.

Deputy Chief Patterson states one of the weakest links in response to the county jail is not always getting enough information. The jail officers need to give dispatch more information so the proper equipment can be brought in to the facility. He goes further to say educating the officers who make the call to dispatch for EMS assistance to give more information would be a great help. Having more information initially helps all those who will be responding to a correctional facility. As previously discussed, the safest situation for medics is to

bring in only needed equipment. If there is not any information given to the dispatch as to the nature of assistance needed, then there is the possibility not all of the equipment needed will be brought in to the facility at the beginning of the call. Dispatchers also have protocols when handling calls for medical emergencies. Officers who call the dispatch and state an ambulance is needed at facility B and what entrance to use then hang up actually hinder the entire system coming to their assistance.

EMS PERSONNEL WITHIN THE JAIL – WASHINGTON COUNTY, TEXAS

Some county jails utilize EMS trained personnel to assist with many basic medical functions in the correctional facility. One example of this is Washington County, Texas. The use of EMS trained personnel is one component of an overhaul of the facility's medical care of inmates.

A component of the Washington County (Texas) Jail Program is an extended provider program in which local EMS providers screen after-hours and weekend medical problems. To increase their diagnostic skills and comfort level within the jail environment, the EMS providers in Washington County began by visiting patients at the jail with the Medical Director. With a little time, energy, and education EMS providers did and continue to do a wonderful job. In addition, a guideline book that complemented the EMS protocols was established for the jail medical routine care program. An emergency kit that contained routine medications was also developed and kept in one location that was always available at the jail for EMS usage. Needless to say, the Medical Director or an associate physician in a program like this should always be on backup call so that EMS personnel are never left without an appropriate level of consultation. (Yoffee) The utilization of EMS personnel aids both sides of the emergency response equation. EMS personnel become familiar with the layout and operation of the county jail. This aids in relieving some of the stressors involved in entering a secured facility, as well as an understanding of the security procedures delaying access to a patient. In addition, when an emergency occurs requiring transport, there are already personnel on-scene to begin handling the emergency within the facility until the ambulance arrives.

Also important in this situation, is drug abuse, a condition unfortunately all too common in the jail population. Once a drug abuse is identified, the facility must have a medical plan for withdrawal in place to make the individual as risk free as possible. For this to occur, the jail staff must be educated in regard to withdrawal symptoms and have the appropriate medications for treatment available. (Yoffee) This is another reason EMS may be called to a correctional facility. This is true for alcoholics, as well as those who are users of a wide variety

of substances, both prescription medications and illicit drugs. These are other tasks which EMS trained personnel can handle under the direction of the medical director for the facility. The knowledge gained from handling these individuals in the relatively controlled setting of the jail translates to handling of these individuals in the free-world.

CONSIDERATION FOR EMS CALLS PRIOR TO AN INDIVIDUAL ENTERING THE CORRECTIONAL FACILITY

Any time a law enforcement officer takes a person in to custody, there is the possibility the individual will be in need of medical assistance prior to transport to the local correctional facility. Law enforcement officers may request EMS to come to their location due to an individual being injured or for some reason not acting in a coherent manner. Other times, EMS will be requested to go to a scene with a law enforcement officer by request of the individual being detained as a means of delaying or avoiding entry to the correctional facility. Sometimes, individual who are just entering into a correctional facility will be in need of EMS assistance they did not receive prior to entry to the facility.

Another, and more serious reason for EMS assistance, is for individuals who appear to be suffering from excited delirium. This can be on the street, or individuals who have just entered the correctional facility. This is a serious condition I expand more on in my paper titled *Excited Delirium*. In a nutshell, excited delirium is the condition where an individual is out of their mind due to extensive drug use, acting bizarre and violent, and requires many officers to contain and gain control of them. Treatment must be sought immediately if there is an opportunity to help these individuals before they reach death.

CLOSING THOUGHTS

In the above, I have attempted to educate both the EMS responder and correctional officer on what will soon be the common occurrence of EMS response to correctional facilities. There are special considerations to keep in mind when entering a facility, especially the safety and security of individuals and the facility as a whole. In addition, communication is very important for all individuals involved.

Facilities do not remain the same. Major Mary Nelson encourages those who may have to respond to the facility to take a tour. Most administrators of correctional facilities share the same thoughts. It is better to get a look at a facility in a time of calm than in the midst of an emergency. Familiarity with the

layout of a facility can help in improving the efficiency with which emergency services are delivered to individuals in all parts of the correctional facility.

With an increase in use of illicit drugs, as well as misuse of over the counter and prescription drugs, there will no doubt be an increase in the need for EMS to go to not only the correctional facilities, but be on scene with officers on the street with individuals prior to them entering correctional facilities. In addition, people do not get younger. As the inmate population ages in prison facilities, there will be a natural increase in need for EMS assistance due to health problems, much like for individuals outside of the correctional facilities. The bottom line comes down to this: Inmates are humans. Do not let apathy get in the way to where they are not treated as such. Be even more aware of the surroundings when entering a correctional setting and communicate with the officers on scene. They are there to help safely get the individual the assistance they need.

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