

SECTION - EMERGENCIES  
ADMINISTRATIVE DIRECTIVE NO. 343  
(Replaces A.D. No. 343 dated 4/13/06)

Effective Date: March 8, 2007

**SUBJECT: EMERGENCY SERVICES PLAN – LIFE THREATENING EMERGENCY  
ATTENTION WITHIN THE SECURED AREA FOR INDIVIDUALS**

I. PURPOSE

To furnish specific guidelines to staff for providing emergency attention to seriously ill Individuals and guidelines for related documentation.

II. AUTHORITY

California Code of Regulations, Title 22, Sections 71203, 71549, 73303, 73311, 73313, 73315, and 73547.

III. POLICY

Coalinga State Hospital (CSH) will provide emergency medical services for Individuals. This will include first aid and any additional treatment required to promote the health of the Individuals within the scope of care provided at CSH. Beyond this level, Individuals will be transferred to a community hospital.

IV. METHOD

A. Unit or Area Personnel:

1. One or more employee(s) institute first aid.
2. One employee calls extension 7119, emergency phone notification, for help. They should first activate the red light system.
3. During extension 7119 emergency notification report:
  - a. Exactly who you are.
  - b. Where you are.
4. After calling extension 7119, all action and attention is directed toward life support for the Individual until the arrival of other medical, nursing and fire personnel. Fire personnel will assist medical and nursing personnel in immediate Individual care.

**B. Police Services' Emergency Response and Notification:**

1. Receive incoming 7119 call. Dispatch is the primary responsible party for receiving and requesting emergency information.
2. The Medical Physician on call (MOC) will be notified. If during regular working hours, use the in-house pager system. If after hours, use the beeper system.
3. Maintain radio contact with the officer for additional help or ambulance notification.

**C. Nursing of the Day (NOD):**

1. Receive emergency page from Communications Center.
2. Get all necessary information: Who, what, where, and what time.
3. Get name of MOC and send to Communications Center.
4. Go to emergency area and give direction and assistance as required.
5. Travel with victim in route to the urgent Care Room if transportable.
6. Instruct Communication Center Dispatchers to call ambulance.
7. The NOD will ensure that the proper forms are completed and transmitted by fax to the treating facility; or delivered by Department of Police Services (DPS) if a fax is not available.
8. Notify the treating facility of the existence of an Advance Directive or organ/tissue donor document and fax a copy of the documents.

**C. Fire Department Staff will:**

1. Receive emergency radio dispatch and confirmation through landline.
2. Respond to the area with departmental supplies of oxygen, trauma, and medical support kits. Specialized equipment will be brought on request of on-scene emergency medical personnel.
3. Provide emergency medical evaluation and treatment support on-scene responders.
4. Assist on-scene personnel with preparation, loading and transporting of Individuals to Urgent Care.
5. Assist Urgent Care and ambulance personnel as needed.

6. Communicate with DPS Dispatch.
7. Respond to emergency medical request inside the secured portion of the facility on an assist-basis to medical, nursing, and ambulance personnel.
8. Respond in a delayed response mode when involved in a previous emergency. DPS Dispatch will coordinate second emergency Fire Department calls through phone, pager, radio, etc.; of off-duty callback fire personnel. DPS Dispatch may contact fire personnel on a previous emergency response to assess current availability status or to provide additional emergency response information.
9. During normal business hours (M-F), while on grounds, Fire Services will respond to all medical aids as notified.

D. Physician:

1. Report to the scene of the injury/illness unless specifically directed to attend the emergency at the Urgent Care Room.
2. Evaluate and treat the Individual.
3. Initiate procedures for additional medical assistance or consultations as needed.
4. Make transportation arrangement, if needed.
5. The attending physician will contact the physician at the referred facility to inform them that an Individual requiring emergency services is being transferred. The physician shall also inform the facility of the nature of the emergency, and the expected time of departure. The physician will also inform the receiving physician of the Individual's medical background, problem and treatment given, and if possible, send along a short written abstract on the Transfer Information. The chart is not to accompany the Individual.

E. Follow-Up:

1. Arrangement for return of the Individual to CSH will be made by the treating facility, contacting the physician at CSH who is responsible for the ongoing care of the Individual. Transportation will be by community ambulance or California Department of Corrections and Rehabilitation car or van.
2. Upon discharge from an acute care facility, that facility will provide all pertinent information from the Individual's medical record (discharge summary, copies of all tests done, consents and operative reports. The assigned CSH physician will contact the discharging physician for additional information as needed.

3. The acute care facility shall return the completed consultation form along with their transfer of information form indicating whether any further care must be provided. If continuing care is necessary, staff shall coordinate appropriate arrangements for a follow-up appointment.
4. The attending physician will review information received from the acute care facility. Copies of this information must be reviewed and the reports placed in the Individual's unit record.
5. The returned and completed Consultation Referral and Report Form shall be given to the Unit Physician for signature, and the original placed in the unit record.
6. Upon receipt of information from another facility, the attending Physician will order appropriate follow-up and provide referrals as necessary.

V. GENERAL PRINCIPLES

- A. To furnish the medical care and treatment of Individuals within our allocated resources.
- B. For purposes of this policy, our overall facility is considered to be basically a residential facility with an infirmary.
- C. "Emergency Treatment" is defined as utilization of those measures needed to support and sustain the condition of the Individual, pending a transfer of the Individual as rapidly as possible to an outside community hospital emergency room if needed. CSH provides definitive care for limited minor injuries and illnesses only.
- D. All life threatening emergencies will be referred to a local acute care facility for definitive follow-up care.



W. T. VOSS  
Executive Director

Cross Reference(s):

- A.D. No. 346 Medical Care of Coalinga State Hospital Individuals in Community Facilities
- A.D. No. 550 Medical Officer on Call (MOC) and Psychiatric Medical Officer on Call (PMOC)
- A.D. No. 734 Transportation of Individuals