

**CCEMS  
OPERATIONS POLICY 100-50  
COUNTY JAIL RESPONSES**


**I. PURPOSE**

- 1.1 To establish procedures when responding and treating inmates at the Coshocton County Jail.
- 1.2 To outline the code of conduct and personal safety when providing medical care inside the correction facility.
- 1.3 To outline transport procedures and provide guidelines when ambulance transport is found not necessary.

**II. POLICY/ PROCEDURE**

- 2.1 EMS responses to the correction facility will be handled in the same manner as any other 911 call. Refer to SOP 100-28 (Speed Limit –Lights and Siren)
- 2.2 EMS will enter the facility through the Sally Port entrance (garage door at rear of building), unless directed to another area as determined by dispatch.
- 2.3 EMS crews will limit the amount of equipment taken inside the facility. Crews should only take the equipment necessary to perform an accurate and quick exam. All patients complaining of chest pain will have a LP 12 cardiac strip assessment completed.
- 2.4 All inmates requesting medical attention will be given a complete assessment, including vital signs. Cardiac rhythm interpretation will be completed, if indicated.
- 2.5 Once assessment has been completed the correction officer should be notified to contact the on call facility physician, typically Dr. Goff. **If Dr. Goff is unavailable the corrections officer should have another back-up physician listed, if not, contact the CCMH ER physician for direction.**
  - 2.5.1 The facility physician will be given a brief summary of the patient's symptoms along with your assessment.
  - 2.5.2 You may provide the physician with your impression as far as the need to transport to the hospital, however the physician will have the final say in whether transport is necessary or not.
  - 2.5.3 In the event the patient's condition warrants immediate transport and a delay in transport would cause serious deterioration of the patient's condition or health, crews may proceed to transport without physician notification, however the physician must be notified immediately after the patient was transported to the ER with an assessment and reason for immediate transport.
- 2.6 If the physician decides transport by ambulance is not necessary then EMS crews must chart the complete details of the decision in the patient care report.
  - 2.6.1 Inmates are considered the ward of the county and cannot demand or refuse transport to the hospital. Therefore, obtaining a patient signature as a refusal is not necessary and should not be offered.
- 2.7 Special safety consideration should be given when having to administer medications inside the correctional facility.

- 2.7.1 If immediate ALS interventions are needed notify the correction officer and have them keep the area around the patient secure. Make sure to dispose of all sharps immediately and at any time do not leave medical waste unattended inside the facility.
- 2.7.2 All inmates that need to leave the facility for medical treatment should be shackled and handcuffed according to correction facility rules. The only time restraints should be deemed inappropriate is during a cardiac arrest situation.
- 2.7.3 Corrections officers will sometimes request a furlough from the judge in cases of some inmates seeking medical treatment, in which the inmate can be transported unrestrained and unsupervised. This is the sole discretion of the corrections officer.
- 2.7.4 EMS crews should never request restraints be taken off during transport, unless a deputy is present and willing to accompany the patient, in the ambulance, to the hospital.
- 2.7.5 EMS crews should never request the removal of restraints simply for the purpose of establishing an IV, unless IV therapy is being established for the purpose of fluid bolus or medication administration.
- 2.8 For the patient's safety, EMS crews should never transport restrained inmates without a deputy's presence.
- 2.9 EMS crews should never leave restrained patients at the ER without a deputy's presence.

Director: 

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

Reviewed: \_\_\_\_\_

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