

ALAMEDA COUNTY SHERIFF'S OFFICE DETENTION AND CORRECTIONS POLICY AND PROCEDURE	NUMBER: 7.13	PAGES: 1 of 2
	RELATED ORDERS: ACA 4-ALDF-4C-08 MJS 1029 (6) P&P 7.06, 7.07, 8.16, 13.11 CALEA 46.1.3	
	ISSUED DATE: July 14, 1989	
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	REVISION DATE: August 20, 2012	
CHAPTER: Safety and Emergency Procedures	SUBJECT: Medical Unit Disaster Response	

- I. **PURPOSE:** To establish medical response protocol which shall be exercised in accordance with the Alameda County Sheriff's Office Jail Disaster Plan.
- II. **POLICY:** The policy shall be to affect relocation, evacuation and/or emergency treatment of inmates and staff if a medical unit disaster response becomes. The medical unit's disaster protocol will be exercised at least annually in accordance with the facility's disaster plan. This will provide familiarization training to staff members, so an appropriate posture can be reached, practiced and maintained if a response is required for an actual internal or external disaster.
- III. **PROCEDURE:** In the event of a disaster requiring evacuation within the jail, the medical unit will respond in the following manner:
 - A. The on-duty nurse will call the Program Administrator or his/her designee immediately.
 - B. After ascertaining the need for additional help, the Health Services Administrator will call in employees from home, including the facility physician.
 - C. The medical unit will be at the disposal of custody staff. The areas planned for triaging and treating injuries will be the multi-purpose rooms on the first, third and sixth floors at Glenn E. Dyer Detention Facility (GEDDF) and the minimum, medium and maximum security yards at Santa Rita Jail (SRJ).
 - D. Under the direction of the facility physician, injuries will be tagged by a nurse according to standard disaster training procedures. Injuries will be categorized in the following areas:
 1. Category I: Injuries requiring immediate attention, e.g., hemorrhage, shock, head injuries.
 2. Category II: Injuries of less severity requiring immediate first aid and later treatment, e.g., simple fracture, lacerations.
 3. Category III: Minor injuries, e.g., small cuts, sprains.
 - E. Documentation of injuries can be accomplished quickly and effectively by placing a piece of two inch (2") adhesive tape across the injured person's chest with vital signs, category of injuries, etc., or by use of a single sheet of paper taped to the injured person's chest.

- F. The Watch Commander or his/her designee is in command at all times during a disaster. A deputy will be assigned to medical personnel. All communications are to be sent to the Watch Commander via the deputy.
- G. All transportation needs are to be transmitted to Central Control (GEDDF) or Control Point-1 (SRJ) by the Program Administrator or his/her designee. He/she will then transmit this information to the Watch Commander, via radio, when calling for ambulances, etc.
- H. All medical personnel should consider themselves on “standby” for disasters within the facility, at all times.
- I. All medical personnel should familiarize themselves with evacuation routes, locations of stairwells, etc., in the facility.