



County of Orange  
C a l i f o r n i a

Thomas G. Mauk  
County Executive Officer

July 31, 2007

Mike Penn, Foreperson  
FY 06/07 Grand Jury  
Superior Court of California  
700 Civic Center Drive West  
Santa Ana, CA 92702

Subject: Response to Orange County Grand Jury Report, "An In-Custody Death Review"

Dear Mr. Penn:

Per your request, and in accordance with Penal Code 933, enclosed please find the County of Orange response to the subject report as approved by the Board of Supervisors. If you have any questions, please contact Theresa Stanberry at (714) 834-3727 in the County Executive Office who will either assist you or direct you to the appropriate individual.

Very truly yours,

Thomas G. Mauk  
County Executive Officer

Enclosure

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**2006-2007 Grand Jury Report**  
**“An In-Custody Death Reviewed”**  
**Responses to Findings and Recommendations**

**Response to Findings F1 through F5**

- F-1 **Emergency Medical Skills:** The Health Care Agency has appeared to staff the jail infirmary with nurses lacking adequate emergency medical skills and/or regularly scheduled skills maintenance training.

*Response: Disagree with the finding.*

The unit referred to by the Grand Jury as the jail infirmary is known as the Women’s Observation Unit. On this unit, nursing staff observe inmates for signs of possible acute illnesses. Any inmate exhibiting signs of an acute illness is transferred to an appropriate higher level of care, such as a hospital.

Health Care Agency (HCA) nurses working in Correctional Medical Services (CMS) are required to be certified in Cardiopulmonary Resuscitation (CPR) and must be recertified every two years. As part of the CPR training, nurses are trained on the use of the Automated External Defibrillator (AED). On several occasions since the year 2000, CMS personnel have successfully used AED’s during jail medical emergencies.

All CMS nurses are trained on CMS nursing procedures, including Procedure #113 - Medical Aid/Man-Down. These procedures and associated training are updated on a regular basis to ensure that nurses are aware of and prepared for medical and mental health emergencies that result in a Man-Down response.

Annual in-service training for CMS nurses includes education on and hands-on demonstration of essential emergency response skills including cervical spine stabilization, initial assessment of patients including state of consciousness, CPR/AED review, use of oxygen equipment, and use of the Ambu bag and mask. This specific in-service training was first conducted in October 2006 and will be conducted again in October 2007.

- F-2 **Knowledge of Emergency Medical Equipment:** The nurses appeared to demonstrate an inadequate knowledge of some emergency medical equipment.

*Response: Disagree with the finding.*

CMS medical and administrative representatives have reviewed the documentation and video available from the medical response to this event. Nurses responded promptly to the event, continued to assess the individual’s condition and provided appropriate emergency response measures while paramedics were en-route to transport the individual to a hospital.

- F-3 **Access to Emergency Medical Equipment:** No AED was located in the Women's Outpatient Housing.

*Response: Agree with the response.*

At the time of the event, the closest AED was located in the Dispensary area, about 40 feet away from the Women's Observation Unit. There are no locked doors between the Dispensary and the Unit, and nurses had unimpeded access to the equipment.

- F-4 **Recordkeeping:** There was a deficiency in accurate record keeping, as demonstrated by the discrepancy between the number of shocks given as reported by the AED printout, the nurses and other witnesses.

*Response: Agree with the response.*

There were differences between participant statements and the AED record regarding the number of shocks delivered to the inmate. This did not affect the use and operation of the AED, an automated device that provides recommendations to responders regarding the delivery of additional shocks to the patient.

- F-5 **Planning:** There was insufficient pre-planning for this type of incident.

*Response: Disagree with the finding.*

In the past year, CMS personnel have responded to over 200 medical emergencies in the jails, also known as Man-Down calls. CMS nurse orientation includes review of emergency response procedures, familiarization with equipment, and procedures for transfer of patients to acute care facilities. The CMS Medical Director and Assistant Medical Director review all in-custody deaths, with Registered Nurses, Nurse Practitioners and Staff Physicians participating in the review of in-custody deaths involving a Medical Aid/Man-Down response. This practice has resulted in recommendations for improvements in policies, procedures and training that have saved lives, improved response times, enhanced the quality of response and provided a better working relationship with Orange County emergency response personnel.

#### **Response to Recommendations R-1 through R-5**

- R-1 **Emergency Medical Skill:** HCA Nurses should demonstrate, on a regular basis, their ability to respond to emergency medical situations.

*Response: The recommendation has been implemented.*

CMS personnel have responded to more than 200 medical emergencies in the jails, also known as Man-Down calls, in the past year. All CMS nurses must be American Heart

Association Basic Cardiac Life Support certified and the certification must be renewed every two years. This CPR training includes training in the use of AED's.

- R-2 **Knowledge of Emergency Medical Equipment**: There should be regularly scheduled review and evaluation on use of emergency medical equipment.

*Response: The recommendation has been implemented.*

An annual in-service training implemented in October 2006 includes demonstration of essential skills such as cervical spine stabilization, initial assessment of patients including state of consciousness, CPR/AED review, use of oxygen equipment, and use of the Ambu bag and mask. In 2007, annual competency testing and this in-service training will be conducted in October.

Correctional Medical Services will also be deploying new emergency response bags to improve upon the portable supplies and equipment available for use by nurses and other jail medical staff in responding to medical emergencies.

- R-3 **Access to Emergency Medical Equipment**: The Health Care Agency should consider placing an AED in the Women's Outpatient Housing.

*Response: The recommendation has been implemented.*

Correctional Medical Services has placed an AED in the Women's Observation Unit.

- R-4 **Recordkeeping**: The HCA should institute a process of supervisor and management review to ensure that incident reports are consistent with other incident documentation.

*Response: The recommendation has been implemented.*

In early 2007, Correctional Medical Services implemented a requirement for a debriefing session involving supervisors and nursing staff after each critical Man-Down incident. This will allow staff to review their response to each critical incident, identify successful interventions and identify any areas for improvement.

It has been a long standing practice for the CMS Medical Director and Assistant Medical Director to review all in-custody deaths, with Registered Nurses, Nurse Practitioners and Staff Physicians participating in the review of in-custody deaths involving a Medical Aid/Man-Down response. This practice has resulted in recommendations for improvement that have saved lives, improved response times, enhanced the quality of response and provided a better working relationship with Orange County emergency response personnel.

- R-5 **Planning**: Medical emergency pre-planning and drills with appropriate personnel should occur on a regular basis, especially when new staff is working in the jail.

***Response: The recommendation has not yet been implemented, but will be implemented in the future.***

CMS staff involved in this event had worked for the department since 2001 and had been oriented to responding to emergencies, including the use of emergency equipment.

Correctional Medical Services will be working with the Sheriff's Department to implement medical emergency drills within the county jails. This action must be coordinated with the Sheriff's Department so as to not interfere with jail operations. It is anticipated that drills will be implemented at a minimum of one jail site by October 2007. Lessons learned through this initial implementation will be used to help establish a plan acceptable to the Sheriff's Department for drills at other jail facilities.