

Emergency Response Team

SOP: 032

DETAINEE HOSPITAL GUANTANAMO BAY, CUBA	SOP NO: 032
Title: Standard Operating Procedures for Emergency Response Teams (ERT)	Page 1 of 5 Effective Date: 23 Jan 2004 Reviewed 8 Mar 2004
SCOPE: Detention Hospital	

Background: The Detention Hospital (DH) is responsible for emergency response 24/7 at Camp Delta, Camp Echo and Camp V. This requires a skilled and coordinated effort by all medical staff.

[REDACTED] The personnel making up the ERT teams will come from the staff assigned to the Delta Medical Clinic. The ERT team exists to provide immediate response to any medical emergency that takes place in Camp Delta. The ERT is also utilized to provide standby medical support in the event of mobilization of the JDOG Force Cell Extraction Team. On the occasion of a detainee needing to be engaged by the IRF teams, Delta Medical Clinic will dispatch an ERT team to the incident. Ongoing training for all Delta Medical Clinic staff regarding emergency response is essential to ensure readiness.

General Procedures:

- At the beginning of each shift the Shift Leader shall assign [REDACTED] to both ERT teams with one team responding to any emergency (Code Blue) that could happen at the Detention Hospital. Any time the assigned personnel are out of the clinic they shall ensure they have a radio and an ERT medical jump bag with them.
- ERT team members shall inventory the ERT medical jump bags and restock any missing supplies at the beginning of each shift.
- **Responding to IRF**
 - Once the IRF is activated, the ERT member will immediately respond to the scene notifying Delta Medical Clinic that they are enroute. A Gator vehicle may be utilized for travel.
 - Upon arrival, the ERT will make contact with the Guard Commander and notify Delta Medical Clinic that the ERT has arrived on station.
 - The ERT shall assess the scene and provide appropriate treatment on scene to both guards and detainees. If in their assessment they determine additional medical assets (i.e. personnel, supplies or emergency vehicles) are necessary, they shall send all requests through the Delta Medical Clinic.

005078

NOV00236

Emergency Response Team

SOP: 032

Page 2 of 5

- The ERT shall remain on scene until secured by the Guard Commander. Once properly secured the ERT shall notify the Delta Medical Clinic that the IRF has been secured and report back to Delta Medical Clinic for debrief, to restock any used supplies, and to write a note in the Medical Record regarding any interventions.

- **Responding to Medical Emergency/Self Harm**
 - The ERT team will respond to any and all medical emergencies at Camp Delta. When a call is received in the Delta Medical Clinic, phone or mobile radio, an ERT team will respond with an ERT medical jump bag and be ready to provide emergency medicine and, if necessary, transport to the Delta Medical Clinic.

 - In the event of a Self Harm (Snowball), or attempted Self Harm, an ERT team will respond. Spine boards and cervical immobilization devices are located in the Emergency Response locker located in each causeway. C-spine precautions must be maintained with any handles or devices found unresponsive and until cleared by supervising medical personnel.
[REDACTED] b2

 - Personal safety is paramount. [REDACTED] b2

- **Assignment to ERT:**
 - All personnel working in the Delta Medical Clinic will require orientation to the ERT. Everyone will receive a PQS to ensure understanding of the requirements and procedures for this assignment.

 - Only upon completion of PQS and signature of Delta Clinic LCPO will any Corpsman be assigned to such duty.

- **Training:**
 - The Section Leader shall conduct ERT PQS training at the start of their first shift of the 2-day rotation. The scheduled training shall focus on the above outlined procedures; communication procedures, C-spine precautions, and nature of injuries expected to be encountered i.e.: human bites, pepper spray, trauma, unresponsiveness, and self-harm.

 - All training will be recorded on standard in-service documents and forwarded to the admin office to be filed in member's training record.

 - All completed PQS forms will be kept filed with training record in admin office.

005079

NOV00237

Emergency Response Team

SOP: 032

Emergency Response Bag Check-Off Sheet

- BVM (1) _____
- Adult Mask (1) _____
- Pocket Face Shield (1) _____
- BP Cuff (1) _____
- Clean Gloves (6 pr) _____
- Stethoscope (1) _____
- C-Collar (1) _____
- Surgisite (1 tube) _____
- Oral Airway - sizes 9,10,11 (1 ea.) _____
- Nasal Airway (1) _____
- Sec Syringe (2) _____
- 10cc Syringe (2) _____
- Epi-Pen Exp / _____
- Sharps Container (1) _____
- Trauma Scissors (1) _____
- Kerlex (2) _____
- 4 x 4 Gauze (4) _____
- Cravat (3) _____
- IV NS (2) Exp / _____
- IV Tubing (2) _____
- 18ga IV Catheter (2) _____
- 16ga IV Catheter (2) _____
- Alcohol Pads (10) _____
- Tourniquets (2) _____
- 1" Tape (1) _____
- 2 x 2 Gauze (4) _____
- Tegaderm (4) _____
- O₂ Tank PSI _____
- Adult Nasal Cannula (1) _____
- O₂ Tubing (1) _____
- Adult Mask (1) _____

Print Name: _____
Signature: _____

Discrepancies: _____

005081

NOV00239

Emergency Response Team

SOP: 032

STANDARD OPERATING PROCEDURES
Detention Hospital
Guantanamo Bay, Cuba

Page 5 of 5

REVIEWED AND APPROVED BY:	
Officer In Charge _____	Date _____
IMPLEMENTED BY:	
Medical Officer of Delta Clinic _____	Date _____
Senior Enlisted Advisor _____	Date _____
ANNUAL REVIEW LOG:	
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005082

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