I. PURPOSE

To provide an efficient organized team approach in response to a medical emergency, mass casualty/disaster, or Emergency drill. Delineate the responsibilities of correctional staff as well as Comprehensive Health Services staff in the event of any health-related emergency or medical emergency requiring Cardiopulmonary Resuscitation (CPR).

II. POLICY

A. ***North Carolina Department of Adult Correction (DAC) staff shall be trained to respond to all medical emergencies within 4 minutes (5-ACI-6B-08)***.

B. A Cardiopulmonary Medical Emergency is a term that designates a cardiopulmonary arrest or an event of instability in a patient's condition that, if resuscitative efforts were not immediately performed, the patient would arrest. Comprehensive Health Services staff members are to respond immediately to the location of a Cardiopulmonary Medical Emergency and institute resuscitative measures based on American Heart Association recommendations. The Cardiopulmonary Medical Emergency event will take priority over routine patient care responsibilities.

C. All Comprehensive Health Services personnel will be responsible to maintain a current certification in Cardiopulmonary Resuscitation (CPR), including Automated External Defibrillation (AED), according to the American Heart Association (AHA) "Basic Life Support Health Care Provider Course" (BLS-HCP). Failure to recertify and maintain a current CPR certification will result in the disciplinary process being initiated and could lead to dismissal.

D. ***All healthcare staff will receive training at their facility related to use of Emergency bag and emergency equipment and appropriate clinical documentation in the electronic health record, using the Emergency Code Encounter entry. Healthcare staff shall be included in the facility's emergency drills, as applicable (5-ACI-6B-07).***

E. Providers assigned at the Central Prison Healthcare Complex (CPHC) and/or the North Carolina Correctional Institution for Women (NCCIW) who have current Advanced Cardiac Life Support (ACLS) certification can provide ACLS per American Heart Association guidelines at the scene of Cardiopulmonary Medical Emergency.

F. All correctional workers (Correctional Officers through Captains, Certified Programs Staff, Associate Wardens, Wardens, and Comprehensive Health Services staff), as well as contract staff who work in Division of Institutions (DOI) facilities, are required to become certified and maintain certification in BLS CPR.

G. An Emergency Medical Response Kit, AED and Oxygen is to be maintained in each facility and taken to the cardiopulmonary medical emergency by Comprehensive Health Services or Custody staff. All staff will know the location of the "emergency equipment" and will be familiar with the use and location of the contents. The contents will be labeled and located in a specific place within the bag. The Nurse Manager/designee will perform a monthly inventory/inspection of emergency bags/equipment. Expired and used contents shall be replaced as warranted. In addition, the emergency bags/equipment will be inspected after each use. For selected facilities in which emergency medical responses occur more frequently, a more frequent inventory by staff is advised.

H. Emergency Drills – In an effort to ensure staff are prepared and ready to respond to an emergency, the Health Authority at each facility will coordinate with facility leadership to have an emergency drill conducted on each shift. Facility leadership will also ensure:

1. At least one medical man-down drill per shift AND one mass medical (mass casualty) drill will be conducted each year. Each Comprehensive Health Services staff member is required to participate in a minimum of one emergency drill annually. Each drill shall be documented/evaluated, and an incident report completed by custody staff.

2. Debriefing and discussion with all involved staff shall be conducted after each incident.

3. The Mock Code/Drill will be documented on the DC 387C Emergency Response Progress Note. The names, titles, and roles during the Mock Code of all staff that participated will be documented on the Emergency Response Progress Note.

4. Mock codes/drill will be critiqued at the facility level for Performance Improvement purposes. A copy of the Emergency Response Progress Note and facility critique form will be forwarded to the facility Health Authority and kept on file in the medical department. Mock code/drill documents will be reviewed by Regional Comprehensive Health Services.

5. Any issues identified in the response to the mock code/drill that require corrective action will be discussed at the facility CQI Committee meeting; a corrective action plan will be developed, implemented, and documented within 30 days of initial discussion at the CQI Committee meeting or within 60 days of the mock exercise, whichever comes first.

6. An actual facility medical code may be used in lieu of mock codes providing the designated above criteria and evaluations are met.

I. Mass Casualties/Disaster

1. In the rare event of a non-emergent accident, fire or natural occurrence, every offender involved will be assessed for injuries by a licensed nurse as soon as possible. If there is no licensed nurse onsite the OIC/designee will call the triage nurse to report the incident.

2. If no licensed nurse is on duty, the Telephone Triage Nurse will be contacted as per Telephone Triage policy. The triage nurse will assess and treat according to nursing protocols, refer the offender to the local Emergency Department, or advise to implement the calling tree.

3. Nurse Managers in facilities with less than 24 hour/7 day a week RN coverage will develop a calling tree that includes all nurses employed at the facility, the Regional Nurse Supervisor (NS-III), and the Assistant Director of Nursing or DON (at NCCIW and CPHC).

4. The OIC/designee will continue implementation of the calling tree until a licensed nurse is reached. Once a licensed nurse is identified who can report for duty, they will do so as soon as possible, but no later than two hours following the original notification.

5. The licensed nurse will document the assessment in each offender's health record. The licensed nurse also will complete an HSE report on the event itself, summarizing the number of offenders evaluated. The facility nurse manager will review the event report on the next medical business day.

J. Cardiopulmonary Resuscitation will be initiated on all patients demonstrating cardiac and/or respiratory arrest (i.e., absence of spontaneous respirations and/or pulselessness), except when:

1. Rigor mortis (obvious stiffening of the limbs and joints) is noted, or as determined by qualified healthcare staff.

2. There is verification of a current Do Not Resuscitate (DNR) order that was originated or approved by a provider in the employ of DAC.

3. Or decapitation has occurred.

K. CPR may be discontinued when:

1. Spontaneous ventilation and circulation required to sustain life have been restored;

2. The rescuer is exhausted and physically unable to continue resuscitation, and no other trained CPR provider is on scene; or

3. A determination of death is made by Medical Examiner or Emergency Responders/EMS personnel.

In the event of an emergency that results in offender death, refer to DOI policy F .4100, Offender Death Procedures.

III. PROCEDURES

A. Cardiopulmonary Medical Emergencies will be handled in accordance with the American Heart Association (AHA) Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS) guidelines. If CPR is needed, BLS will be initiated by the first responder, regardless of discipline, while healthcare staff are responding, and the Emergency Response Kit and AED are arriving.

B. The First Responder (individual finding the person) will assess the offender/patient, call for assistance and promptly begin BLS/CPR, as indicated.

C. The Second Responder to the scene will alert Master Control/Custody and state the location of the Cardiopulmonary Medical Emergency. The person calling the Control Center will request healthcare staff be notified to respond to the scene and state that CPR is being performed. The individual will request EMS be dispatched to the Emergency location (code in place) and obtain the AED (if in the unit) and return to the scene. The Medical Emergency and the location will be radioed and/or announced overhead throughout the facility.

D. Healthcare staff are to respond immediately to a medical emergency requiring CPR.

E. The Team Leader, i.e., Provider (on duty), lead nurse, or nurse in charge (if no healthcare staff are present at the facility, the highest-ranking Custody staff member, or designee, will serve as team leader), will assume responsibility for the Cardiopulmonary Resuscitation medical emergency efforts until relieved by a medical provider (or ACLS certified at CPHC or NCCIW only) or EMS staff.

F. Team Member Roles – Same person may perform multiple roles.

1. Team Leader

a) Ensure a Recorder is at the scene documenting the events.

b) Direct and monitor CPR to ensure CPR roles are maintained, relief is provided, and staff are implementing CPR in the appropriate manner of which they are trained according to AHA BLS/CPR.

c) Assign team member roles, as needed. Send staff who are not needed back to their respective posts.

d) Ensure AED and/or oxygen is applied and utilized as appropriate.

e) Continue AHA BLS/CPR guidelines until Emergency Responders/EMS assume care or a determination of death is made by Medical Examiner or Emergency Responders/EMS. Facility staff who may be EMTs or paramedics may not, while working in their DAC capacity, pronounce the death of an offender.

f) Provide a report and hand over the care of the offender to the Emergency Responders/EMS who will follow their established protocols.

g) Following resolution of the medical emergency, conduct a debriefing with all participants to identify what went well and what opportunities emerged for future performance improvement.

2. Recorder (if no healthcare staff are present, the recorder will ensure information is shared directly with healthcare staff as soon as healthcare staff arrive at the facility; (the lead nurse, or nurse in charge, will determine which healthcare staff member will enter the information into the electronic health record)

a) Document events at the scene.

b) Enter an HSE report into the HSE reporting system.

3. Lead Nurse (Nurse in Charge)

a) Ensure provider has been called, if not on-site.

b) Ensure 911 has been called, and the Officer-in-Charge (OIC) is aware.

c) Ensure Central Control/Operations contacts EMS to have them respond to the location/scene.

d) Ensure proper notifications regarding the event are made.

e) Ensure an Emergency Code Encounter and HSE event have been entered. (If no healthcare staff were present during the emergency, the lead nurse, or nurse in charge, will determine which healthcare staff member will document the information into the Electronic Health Record once information is received.)

f) Ensure replacement of supplies in the Emergency Medical Response Kit following the emergency.

G. The facility CQI Committee will be responsible for reviewing cardiopulmonary resuscitative events to identify quality indicators in need of on-site monitoring to ensure the safe and effective implementation of CPR. The facility CQI Committee will report their findings, as well as any corrective actions taken to address them, to the statewide CQI Committee.

IV. REFERENCES

5th Edition Standards for Adult Correctional Institutions

5-ACI-6A-08, 5-ACI-6B-07, 5-ACI-6B-08

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