

HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Correction
Division Of Prisons

SECTION: Administrative – Facilities
POLICY # AD VII-5

SUBJECT: Emergency Medical Response Plans

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EFFECTIVE DATE: June 2012
SUPERCEDES DATE: July 2011

References:

Related ACA, NCCHC Standard

**4th Edition Standards for Adult Correctional Institutions 4-4216, 4-4388, 4-4389, 4-4351, 4-4218
2008 Edition Standards for Health Services in Prison, P-A-07**

PURPOSE

To provide guidelines to staff for appropriate response to an emergency situation at the facility.

POLICY

The health care facility must be able to respond to a health emergency within (4) four minutes. The custody officer should be designated as the first responder. This shall be included in the facility standard operating procedure manual wherein entire response plan is noted. This plan is to be reviewed every two (2) years. The facility must document training of competency of all healthcare staff so as to assure appropriate emergency response.

PROCEDURE

Role of Staff

1. All designated healthcare staff are to respond to medical emergencies.
2. If the medical provider (physician and/or physician extender) is onsite at the time of an emergency he/she must respond to emergency by going to site of emergency.
3. All healthcare staff at the facility will have current American Heart Association CPR Certification.
4. All healthcare staff will receive training at their facility related to:
 - a. Competency in dealing with emergency.
 - b. Use of emergency kits/equipment.
 - c. Documentation of emergency on emergency response progress note (DC -387 C).
5. Nurse Manager/designee will perform monthly inspection of emergency kits/equipment and include this as part of the monthly Quality Control Monitor Report. Expired and used contents should be replaced as needed. In addition, the Emergency Response Kits/equipment will be inspected after each use.

Disaster Drill

In an effort to assure that healthcare staff are ready and respond to an emergency the facility will:

1. Conduct at least one mass medical disaster drill annually
2. Conduct at least one medical mandown drill annually
3. Include Healthcare and custody staff in drills

The drills will be:

1. Documented on the Emergency Response progress note (DC-387 C).
2. Critiqued at the facility level as part of the facility Performance Improvement Plan.
3. Used to determine necessary changes for improved response.

A completed copy of the Emergency Response Progress Note (DC-387 C) is to be sent to the Regional ADON or Health Services DON or designee following a drill. In the event of a real emergency the completed emergency Response Progress Note becomes a part of the patient's chart. If a death occurs during an emergency, a copy of the DC 387 C is forwarded to Health Services as part of the initial Report of Death.

Contents of Medical Emergency Response Kits

All Emergency Medical Response Kits will contain the following for rapid response to an emergency:

- a. Adult airways
- b. CPR masks
- c. manual resuscitator (aka ambu bag)
- d. kling bandage

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- e. Latex gloves
- f. stethoscope
- g. BP cuff – adult size
- h. Dressing pads (6x8)
- i. 4x4's
- j. Alcohol gel for handwashing
- k. Adhesive Tape
- l. 30 minute supply O2/nasal canula with attached tubing
- m. pulse oximeter with extra batteries
- n. penlight
- o. eyewash solution
- p. gluometer, test strips and lancets
- q. AED (razor kit available)
- r. Emergency medications:
 - o Benadryl 50 mgm IM/syringe
 - o Nitroglycerin 0.4 mg sl
 - o ASA 325 mgm
 - o Glucagon Gel
 - o Glucose tabs
 - o Glucagon injectable
 - o Albuterol inhaler (MIDI)
 - o Epinephrine 1:1000 vial/syringe
- s. copy of Emergency Nurse Protocols (chest pain, respiratory difficulty, head injury, allergic reaction, pepper spray)
- t. clip board with pen, Emergency Response Progress Note (DC- 387C) and notepad.

Additional Items may also be included as deemed necessary by the nurse manager

- a. Biohazard bags
- b. tourniquet, forceps and scissors kit
- c. triangle bandage
- d. splint kit (inflatable)
- e. box bandaids
- f. pr. Sterile gloves
- g. BP cuff – large adult size
- h. Betadine swabs
- i. Q Tips
- j. Goggles
- k. PPE kit
- l. Alcohol pads
- m. 2x2's
- n. O2 tubing
- o. activated charcoal (use only after instructed by Poison Control or Provider)
- p. steri strips
- q. ace bandage
- r. eye dressing
- s. cold pack
- t. sodium chloride for irrigation
- u. sterile burn sheet
- v. tongue blades

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Please Note that Chronic Disease facilities, infirmaries and inpatient medical facilities may require additional equipment needs as noted. At a minimum must include:

- a. IV equipment/solutions
- b. Intracath needles for IV insertion



6/15/12

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Date

SOR: Risk Manager, Chief of Health Services