

<b>POLICY OF STATE OF DELAWARE DEPARTMENT OF CORRECTION</b>	<b>POLICY NUMBER</b> A-7.1	<b>PAGE NUMBER</b> 1 of 7
	<b>RELATED NCCHC/ACA STANDARDS:</b> P-A-07; P-C-03 (Essential) 1-H-2A-13; 1-HC-2A-14 (Mandatory)	
<b>CHAPTER: 11 BUREAU OF CORRECTIONAL HEALTHCARE SERVICES</b>	<b>SUBJECT:</b> <b>EMERGENCY CODE 1, 4, 7, 11 RESPONSE</b>	
<b>EFFECTIVE DATE: 11/14/2007</b>	<b>REVISED: 4/13/09; 7/16/10; 10/25/2015</b>	

- I. AUTHORITY: Bureau of Correctional Healthcare Services (BCHS)
- II. PURPOSE: To ensure that the health staff is prepared to implement the basic resuscitation efforts of the facility's response plan until the local EMS personnel respond.
- III. APPLICABILITY: All Delaware Department of Correction (DDOC) employees at Level 4 & 5 facilities, contractor medical staff and any outside healthcare providers servicing DDOC offenders.
- IV. DEFINITIONS: See Glossary
- V. SUMMARY OF CHANGES: This revision includes updates to the reporting form to be used during a real-life Emergency Response
- VI. POLICY:
- A. It is the policy of DDOC that medical and nursing staff with direct patient care responsibilities shall respond to health-related situations within a four minute response time and provide Basic Life Support (BLS) and/or First Aid until the local Emergency Medical System (EMS) personnel arrive to assume providing care.
  - B. The Medical Vendor shall develop within 30 days of the effective date of this policy, a site-specific procedure for each Level 4 and Level 5 facility implementing this policy and coordinating the procedure with BCHS.
- VI. PROCEDURES:
- A. MEDICAL RESPONSE
- 1. The medical and nursing staff responding to the Emergency Code 1 (Assault on Personnel), 4 (Medical Emergency), 7 (Attempted Suicide), or 11 (Person is/may be down) call must respond with the Emergency Response Bag and Automatic

<b>STATE OF DELAWARE</b> <b>DEPARTMENT OF CORRECTION</b>	<b>POLICY NUMBER</b> <b>A-7.1</b>	<b>PAGE NUMBER</b> <b>2 of 7</b>
<b>SUBJECT: EMERGENCY CODE 1, 4, 7, 11 RESPONSE</b>		

External Defibrillator (AED). The content of the Emergency Response Bag is outlined in Policy A-7.3 Emergency Response Bag and Automatic External Defibrillators (AEDs).

2. The first medical or nursing person arriving at the situation shall assess the individual and initiate Cardiopulmonary Resuscitation (CPR)/First Aid, if necessary and direct Security to notify the EMS, if appropriate.
  - a. As additional Correction Officers are available, the medical person may request the Officers to assist with First Aid and performing CPR to the level of their training. The medical person shall direct the resuscitation effort ensuring proper First Aid and CPR is being administered correctly and make preparations to turn over the resuscitation effort when the EMS personnel arrive.
3. The resuscitative events shall be recorded by the medical staff with the times documented. When the care has been transferred to the EMS personnel, the medical or nursing person directing the resuscitation effort shall write a summary of the events to be part of the Evaluation (Attachment 1), annotate the Form 404 as required by security and annotate an Encounter/Progress note in the offender's iCHRT electronic health record.
4. A review shall be through the Adverse Clinical or Near-miss Event Review BCHS Policy 11-A-10.2.

#### B. TRAINING

1. The Vendor's medical and nursing staff training program shall be conducted during initial orientation and on an annual basis as part of the Professional Development Program and shall include training in the following areas;
  - a. Recognition of potential emergency situations and knowledge of actions required in potential emergency situations,
  - b. Certification in the American Heart Association (AHA) Basic Life Support (BLS) for Healthcare Providers, or the American Red Cross

<b>STATE OF DELAWARE</b> <b>DEPARTMENT OF CORRECTION</b>	<b>POLICY NUMBER</b> <b>A-7.1</b>	<b>PAGE NUMBER</b> <b>3 of 7</b>
<b>SUBJECT: EMERGENCY CODE 1, 4, 7, 11 RESPONSE</b>		

CPR/AED for Professional Rescuers and Health Care Providers. The certification must be renewed every two years,

- c. Administration of basic first aid for a life-threatening situation commonly experienced in correctional settings,
- d. Signs and symptoms of mental illness, violent behavior, and acute chemical intoxication and withdrawal,
- e. Suicide intervention,
- f. Methods of obtaining assistance, notifying the local EMS, coordinating the care and transfer of care to the local EMS personnel and to appropriate higher level of care medical facilities or healthcare providers, and
- g. All healthcare staff shall be trained in the implementation of the facility's emergency plans.

2. The BCHS Health Authority (BCHS Bureau Chief) shall review the training programs offered to healthcare and correctional personnel to assure applicable topics are included.

#### C. EXERCISES

1. Man-down drills (Emergency Code 4, or 11 Response) shall be conducted annually on each shift where health staff is regularly assigned and evaluated with written critique.
2. Real situations may be used in place of a drill; however, an evaluation and critique must be documented.
3. Emergency Exercise Planning requires coordination among the security personnel, healthcare professionals and outside agencies as appropriate.

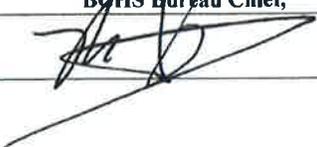
#### D. INCIDENT EVALUATION and CRITIQUE

1. Every Emergency Code 1, 4, 7, or 11 drill and incident shall undergo an evaluation and critique based upon a record review of the patient, if available the 404 reports, and Attachment 1 information.

STATE OF DELAWARE DEPARTMENT OF CORRECTION	POLICY NUMBER A-7.1	PAGE NUMBER 4 of 7
SUBJECT: EMERGENCY CODE 1, 4, 7, 11 RESPONSE		

2. Exercises shall be documented using Attachment 1, Section A. Table-top exercises shall not be considered sufficient to meet the exercise requirement. "Real-Life" responses used in place of an exercise shall be documented using Attachment 1, Section B, in addition to any Incident Report form and the Progress Note summarizing the incident.
3. The critique shall include an evaluation of the response times, names, titles, roles and response of all staff involved. The Mortality and Morbidity Review Committee is not to be considered a critique of the Real-Life Emergency Code 1, 4, 7, or 11 resuscitation efforts. A separate critique of the CPR/First Aid, organization of the effort must be accomplished and documented by the site personnel and forwarded to BCHS.
4. After each Emergency Code 1, 4, 7, or 11 drill or "Real-Life Emergency Code 1, 4, 7, or 11" resuscitation effort a copy of Attachment A shall be maintained by the HAS for documentation during the accreditation re-audits and reported at the Medical Advisory Committee (MAC) meetings.

**Approval:**

Marc D. Roffman, Ph.D. BCHS Bureau Chief,	Date	Robert Coupe Commissioner	Date
	10/21/15		10/25/15



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DEPARTMENT OF CORRECTION  
BUREAU OF CORRECTIONAL HEALTHCARE SERVICES  
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DOVER, DELAWARE 19904  
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Date \_\_\_\_\_ Facility \_\_\_\_\_

Part A – Report of Emergency Code 1, 4, 7, 11 Response Drill

Time exercise (Code declared) \_\_\_\_\_

Time Medical Team Arrived \_\_\_\_\_

Team arrived with Emergency Response Bag  Yes  No & AED  Yes  No

First Aid/CPR initiated?  Yes  No First Aid/CPR performed correctly?  Yes  No

Names of staff participating & Title	Role

Time EMS notified \_\_\_\_\_

Medical person Submitting report \_\_\_\_\_  
Signature

Report of the exercise drill must be maintained by the HSA.

updated 11/5/2015

Report of the Emergency Code 1, 4, 7, 11 response must be submitted to the Bureau of Correctional Healthcare Services within 7 calendar days with copies of the 404 reports of the incident

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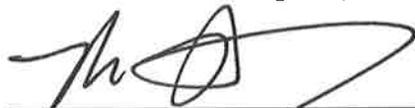
## Part B – Report of Real-life Emergency Code 1, 4, 7, 11 Response Incident

Name	SBI#	DOB	Date
<b>Chief</b> <input type="checkbox"/> Medical <input type="checkbox"/> Trauma <input type="checkbox"/> Mental Health <b>Complaint:</b> _____ _____ <b>History/Signs/Symptoms:</b> _____ _____ Allergies: _____ Medications: _____ Past Medical History: _____ _____ Last Meal: _____ Last Medication taken: _____ Time: _____ Age: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Team arrived with Emergency Response Bag? <input type="checkbox"/> Yes <input type="checkbox"/> No Team arrived with Automatic Defibrillator (AED)? <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Disposition:</b> Date: _____ Location: _____ Time Code Called: _____ Time Health Care Arrived: _____ Time EMS notified: _____ <input type="checkbox"/> Physician Notified <input type="checkbox"/> Pt. to Clinic <input type="checkbox"/> Ambulance <input type="checkbox"/> Hospital <input type="checkbox"/> Assessed/Release to Security <b>Glasgow Coma Scale</b> <input type="checkbox"/> Not Done <b>Eyes Open</b> Spontaneous _____ (4) To Speech _____ (3) To Pain _____ (2) Absent _____ (1) <b>Verbal</b> Oriented _____ (5) Disoriented _____ (4) Inappropriate _____ (3) Incomprehensible _____ (2) Absent _____ (1) <b>Motor</b> Obeys _____ (6) Localizes Pain _____ (5) Withdraws (flexion) _____ (4) Decorticate (flexion) Rigidity _____ (3) Decerebrate (extension) _____ (2) Absent _____ (1) <b>Total</b> (3-15) _____ <b>Baseline Vital Signs:</b> Time: _____ BP: _____ Pulse: _____ Resp: _____ Temp: _____ °F O <sub>2</sub> Sat: _____ % RA Blood Glucose: _____	
<b>ABCs</b> <input type="checkbox"/> CPR Required <b>Airway:</b> <input type="checkbox"/> Open <input type="checkbox"/> Other <b>Breathing:</b> <input type="checkbox"/> Spontaneous <input type="checkbox"/> Absent <input type="checkbox"/> Shallow <input type="checkbox"/> Labored <input type="checkbox"/> Restriction <input type="checkbox"/> Symmetrical <input type="checkbox"/> Asymmetrical <b>Circulation:</b> <input type="checkbox"/> Carotid UR <input type="checkbox"/> Femoral UR <input type="checkbox"/> Radial L/R <input type="checkbox"/> Dorsalis Pedal L/R			
<b>ASSESSMENT</b> <b>Neurological:</b> Orientation <input type="checkbox"/> Person <input type="checkbox"/> Place <input type="checkbox"/> Time <input type="checkbox"/> Event <input type="checkbox"/> Not Done <b>Skin:</b> <input type="checkbox"/> Pink <input type="checkbox"/> Pale <input type="checkbox"/> Flushed <input type="checkbox"/> Cyanotic <input type="checkbox"/> Mottled <input type="checkbox"/> Not Done <input type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Hot <input type="checkbox"/> Dry <input type="checkbox"/> Moist <input type="checkbox"/> Diaphoretic <b>Pupils:</b> <input type="checkbox"/> PERRLA <input type="checkbox"/> Sluggish <input type="checkbox"/> Non-Reactive <input type="checkbox"/> Un-Equal <input type="checkbox"/> Not Done <input type="checkbox"/> Constricted <input type="checkbox"/> Dilated Size _____ mm <b>Trachea:</b> <input type="checkbox"/> Midline <input type="checkbox"/> Deviated L/R      Neck Veins: <input type="checkbox"/> Distended <input type="checkbox"/> Flat <input type="checkbox"/> Not Done <b>Chest:</b> <input type="checkbox"/> BBS <input type="checkbox"/> Clear L/R <input type="checkbox"/> Wheezing UR <input type="checkbox"/> Decreased L/R <input type="checkbox"/> Not Done <input type="checkbox"/> Course L/R <input type="checkbox"/> Absent L/R <input type="checkbox"/> Crepitus L/R <b>ABD:</b> <input type="checkbox"/> Soft <input type="checkbox"/> Rigid <input type="checkbox"/> Flat <input type="checkbox"/> Distended <input type="checkbox"/> Not Done <input type="checkbox"/> Pregnant      Last Menstrual Cycle _____ <b>Extremities:</b> <input type="checkbox"/> Moves all Extremities Well <input type="checkbox"/> Ambulatory <input type="checkbox"/> Not Done <b>Lacks:</b> <input type="checkbox"/> Circulation in <input type="checkbox"/> Motor in <input type="checkbox"/> Sensory in			
<b>TREATMENT</b> <input type="checkbox"/> O <sub>2</sub> @ L/min via <input type="checkbox"/> O <sub>2</sub> Mask <input type="checkbox"/> Nasal Cannula <input type="checkbox"/> Oral Airway <input type="checkbox"/> Nasal Airway <input type="checkbox"/> BVM <input type="checkbox"/> Chest Compressions <input type="checkbox"/> AED Used <input type="checkbox"/> Bandaging Other: _____ _____ <b>Medications Given:</b> _____ _____			
<p><b>Report of the Emergency Code 1, 4, 7, 11 response must be maintained by the HSA</b>  <b>This is a Quality Assurance document protected from release by Title 10 U.S.C., Section 1102.</b>            Page 2 of 3</p>			



<b>STATE OF DELAWARE</b> <b>DEPARTMENT OF CORRECTION</b>	<b>POLICY NUMBER</b> <b>11-A-7.1</b>	<b>PAGE NUMBER</b> Review Addendum
<b>SUBJECT: EMERGENCY CODE 1, 4, 7, 11</b>		

I have reviewed this policy and found it to be current.



BCHS Bureau Chief  
Marc D. Richman, Ph.D.



Date