

POLICY OF STATE OF DELAWARE DEPARTMENT OF CORRECTION	POLICY NUMBER A-7.3	PAGE NUMBER 1 of 6 with attachments
	RELATED NCCHC and ACA STANDARDS: P-E-08 (NCCHC) and 4-4390 (ACA)	
CHAPTER: 11 BUREAU OF CORRECTIONAL HEALTHCARE SERVICES	SUBJECT: EMERGENCY RESPONSE BAG AND AUTOMATIC EXTERNAL DEFIBRILLATORS (AEDs)	
APPROVED BY THE COMMISSIONER:		
EFFECTIVE DATE: 11/14/2007	REVISED: 2/15/2014	

- I. AUTHORITY:** Bureau of Correctional Healthcare Services (BCHS)
- II. PURPOSE:** To ensure that the health staff is equipped 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, contractor medical staff and any outside healthcare providers servicing DDOC offenders.
- IV. DEFINITIONS:** See Glossary
- V. SUMMARY OF CHANGES:** This policy contains significant updates and must be reviewed in its entirety.
- VI. POLICY:**
- A. It is the policy of the DDOC that Emergency Response Bags and Automatic External Defibrillators (AEDs) will be available at designated locations approved by individual facility administrations. The content of the Emergency Response Bags will be approved by the National Commission on Correctional Health Care (NCCHC) Health Authority.
 - B. Locations of the Emergency Response Bags and AEDs will be at the discretion of the Warden or their designee.
 - C. Each Level 4 and Level 5 medical unit will develop a site-specific procedure for implementing this policy and coordinating the procedure with BCHS.
- VII. PROCEDURES:**
- A. CONTENT AND PROCUREMENT**
- 1. Attachment 1 outlines the contents of the Emergency Response Bags.
 - 2. Equipment items costing less than \$500 will be maintained by the Facility Health Unit. Items costing more than \$500 will be centrally procured by BCHS. Pharmaceuticals will be purchased by BCHS through the Pharmacy vendor.

STATE OF DELAWARE DEPARTMENT OF CORRECTION	POLICY NUMBER A-7.3	PAGE NUMBER 2 of 6 with attachments
SUBJECT: SUBJECT: EMERGENCY RESPONSE BAG AND AUTOMATIC EXTERNAL DEFIBRILLATORS (AEDs)	RELATED NCCHC and ACA STANDARDS: N/A	

- Attachment 2 is a Trifold that is attached to the Emergency Response Bag to readily identify where the emergency equipment is located in the bag and to record the expiration dates of medication inside so that the bags do not need to be opened just to inspect the contents.

B. EMERGENCY RESPONSE BAG INSPECTIONS

- Emergency Response Bags will be inspected weekly by the Health Unit personnel for completeness, cleanliness, expiration dates of medications using Attachments 2 and 3.

C. AUTOMATIC EXTERNAL DEFIBRILLATORS

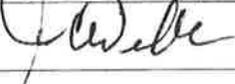
- The Health Unit personnel at the Level 4 and Level 5 facilities are responsible for inspecting each of the AEDs in their facility monthly using Attachment 4 and for notifying BCHS when any of the AEDs in their facility need replacement or servicing.
- BCHS will be responsible for standardized procurement, inspection and replacement of the LifePak Express AEDs. Any questions concerning whether a LifePak Express is serviceable will be directed to BCHS as soon as the problem is identified.
- In the event of any deployment of an AED, the local 911/EMS notification must be initiated. The data recording will automatically begin and may not be terminated until the patient is disconnected by paramedics or hospital personnel.
- After every deployment of an AED, BCHS must be notified and the AED sent to the DDOC Medical Director for downloading of the treatment information stored on the AED. The Medical Director will forward a copy of the downloaded information to the Delaware State AED Project Manager of the Emergency Medical Services and Preparedness Section of the Division of Public Health and place a copy in the offender's medical record.

References:

National Commission on Correctional Health Care; Standards for Health Services in Prisons, N/A

American Correctional Association Commission on Accreditation for Corrections, 2008 Standards Supplement 4-4390, dropped from the 2012 Standards Supplement N/A

Approval:

BCHS Bureau Chief, James Welch, RN, HNB-BC	Date	Robert Coupe Commissioner	Date
	3/10/2014		3/11/14

Contents of Emergency Response Bags

Personal Protective Equipment

Disposable non-latex gloves (10 pair M/L/XL)	Biohazard Bags (2)
Protective eye wear (10)	Sharps Container (1)

Medicine with Expiration Dates on Outside

Angiocath 20G (5)	3cc syringe with 25G needle (5)
Fingerstick Glucometer with lancets & test strips	Bandage Scissors (1)
Naloxone 0.4mg/ml (1)	0.9% saline flush 10cc (10)
Glucose Gel 15 gm tube (1)	Epi-pen – adult (2)
Alcohol swabs (20)	Betadine scrub solution 4 oz bottle
Eye Wash 4 ounce (2)	Hydrogen peroxide 8 oz bottle
500cc bag Lactated Ringers Solution (1)	500cc bag Normal Saline Solution (1)
Nitroglycerin 0.4mg (1 bottle)	Glucagon (1)

Bandages

Band aids (20)	Sponges 2x2s and 4x4s (20 each size)
Conforming Gauze 2 inch bandages (4)	Adhesive Tape 1 inch (2)
Eye Pads (2 sets)	Disposable Cold Compresses (3)

Medical Equipment

Ambu Bag	D size Oxygen bottle with regulator and key
Nasal Cannula and Re-breather Mask (1 each)	Peak Flow meter
Pulse oximeter	Cervical collar (adult, adjustable)
Blood pressure cuff	Stethoscope
Penlight	Air splint for upper and lower extremity



STATE OF DELAWARE
DEPARTMENT OF CORRECTION
BUREAU OF CORRECTIONAL HEALTHCARE SERVICES

Weekly Report of Emergency Response Bag Inspection

Date _____ Facility _____

Location of E-Bag _____ E-Bag Inventory Number _____

Contents Trifold is secured to the E-Bag Yes No
Security Tags intact Yes No

Inspection Date	Top Tag #	Front Tag #	Left Tag #	Right Tag #	Back Tag #

Medical person Submitting report _____ Signature _____

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STATE OF DELAWARE
DEPARTMENT OF CORRECTION
BUREAU OF CORRECTIONAL HEALTHCARE SERVICES

Monthly Report of LifePak Express AED Inspection

Date _____ Facility _____

Location of AED _____ AED Inventory Number _____

Unit Serial Number _____

Instruction on AED	Corrective Action		Initials
Readiness Display			
OK Indicator	None	Initial which indicator shown	
Charge-Pak Indicator	Contact BCHS		
Attention Indicator	Contact BCHS		
Wrench	Contact BCHS		
Damaged/Cracked/Foreign Substance/Water on Case	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes contact BCHS	
Electrode Packet Use by Date	Sealed Yes <input type="checkbox"/> No <input type="checkbox"/>	Use by Date	
Electrode Packet Use by Date	Sealed Yes <input type="checkbox"/> No <input type="checkbox"/>	Use by Date	

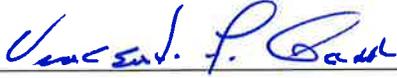
Medical person Submitting report _____

Signature _____

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STATE OF DELAWARE DEPARTMENT OF CORRECTION	POLICY NUMBER A-07.3	PAGE NUMBER Review Addendum
SUBJECT: First Aid Kits		

I have reviewed this policy and it is currently being revised.



Acting BCHS Bureau Chief
Vincent F. Carr, DO, FACP



Date