

POLICY D-07 EMERGENCY SERVICES AND RESPONSE PLAN

<p align="center">POLICY OF STATE OF DELAWARE DEPARTMENT OF CORRECTION</p>	<p align="center">POLICY NUMBER D-07</p>	<p align="center">TOTAL PAGES 7 with 7 attachments</p>
	<p>RELATED NCCHC / ACA STANDARDS: NCCHC: P-D-07 (essential), J-D-07 (essential), MH-A-07 (essential), O-A-07 ACA: 5-ACI-3B-10 (Mandatory), 5-ACI-6A-08 (Mandatory), 5-ACI-6B-07 (Mandatory), 5-ACI-6B-09 (Mandatory), 4-ALDF-4C-08, 4-ALDF-4D-08 (Mandatory), 4-ACRS-1C-01, 4-ACRS-4C-03</p>	
<p>CHAPTER: 11 BUREAU OF HEALTHCARE, SUBSTANCE ABUSE, AND MENTAL HEALTH SERVICES</p>	<p>SUBJECT: Emergency Services and Response Plan</p>	
<p>APPROVED BY THE BUREAU CHIEF: Bureau Chief, Michael Records (signature on file with BHSAMH)</p>		
<p>APPROVED BY THE COMMISSIONER AND EFFECTIVEDATE Acting Commissioner Terra Taylor August 28, 2023 (signature on file with BHSAMH)</p>		
<p>APPROVED FOR PUBLIC RELEASE</p>		

- I. **AUTHORITY:** 11 *Del. C.* §6536 Medical Care
- II. **PURPOSE:** To ensure that health staff are prepared to effectively implement the health aspects of the facility’s emergency response plan, including identifying the areas of responsibility and appropriate responses of healthcare staff during a facility emergency.
- III. **APPLICABILITY:** All Delaware Department of Correction (DDOC) employees and Contract Provider staff, offenders, and any outside healthcare provider servicing DDOC offenders.
- IV. **DEFINITIONS:** See Glossary
- V. **SUMMARY OF CHANGES:** This policy was updated to include language requiring the emergency response plan to include responsibilities of staff not involved in an emergency. Additionally, there was an update relative to the completion of the Report of Emergency Code 4 or 7 Response Incident/Drill form. Mental health must review these forms for any mental health related incident. Language added regarding the responsible party for replacing/purchasing AED devices. Section K on Naloxone was updated significantly.
- VI. **POLICY:** It is the policy of the DDOC that:
 - A. There is a written plan that outlines how the facility provides 24-hour emergency medical, dental, and behavioral health services. The written plan includes an outline of the following services:
 - 1. On-site emergency first aid and crisis intervention.
 - 2. Emergency evacuation of the patient from the facility.

3. Use of an emergency vehicle.
 4. Use of one or more designated community hospital Emergency Departments (ED) or other appropriate facilities.
 5. Emergency on-call physician, dental, and mental health professional services are available 24 hours per day, when the emergency health care facility is not nearby.
 6. Security procedures to ensure the immediate transfer of patients, when appropriate.
 7. Emergency medications, supplies, and medical equipment.
- B. The health aspects of the written emergency response plan are approved by the Responsible Health Authority (RHA) and facility administrator. The written emergency response plan includes, at a minimum, the following:
1. Responsibilities of all healthcare staff. This shall include the responsibilities of the healthcare staff involved in the emergency response as well as the responsibilities of those healthcare staff not involved in the emergency.
 2. Procedures for triaging multiple casualties.
 3. Predetermination of the site for care, including an evacuation plan.
 4. Emergency transport of the patient(s) from the facility.
 5. Use of an emergency vehicle.
 6. Telephone numbers and procedures for calling healthcare staff and the community emergency response system (hospitals, ambulance service, etc.).
 7. Use of one or more designated community hospital ED or other appropriate facilities.
 8. Emergency on-call provider, dental, and mental health professional services are available 24 hours per day, when the emergency health care facility is not nearby.
 9. Security procedures for the immediate transfer of patients for emergency care.
 10. Procedures for evacuating patients in a mass disaster.
 11. Procedures for sheltering in place in a mass disaster.
 12. Alternate backups for each of the plan's elements.
 13. Time frames for response.
 14. Procedures for continuing healthcare in the event of power failures, loss of connectivity to the Electronic Health Record (the), etc., and the documentation of care in the EHR when it becomes available again.
 15. Notification to the person legally responsible for the facility.
- C. Designated correctional staff and all healthcare staff delivering healthcare in a facility shall receive health-related emergency response training to ensure that they are prepared to effectively respond to emergencies.
1. The training shall be established by the RHA in cooperation with the facility administrator.
 - a. The training must be a part of their initial orientation training.
 - b. The training must be repeated annually.
 2. This training shall include instruction on the following:
 - a. Recognition of signs and symptoms, and knowledge of action that is required in potential emergency situations.
 - b. Administration of basic first aid.
 - c. Certification in Cardiopulmonary Resuscitation (CPR) in accordance with the recommendations of the certifying health organization.

- d. Methods of obtaining assistance.
 - e. Signs and symptoms of mental illness, violent behavior, and acute chemical intoxication and withdrawal.
 - f. Procedures for patient transfers to appropriate medical facilities or healthcare providers.
 - g. Suicide prevention and intervention.
- D. Facility staff shall respond and provide emergency services in accordance with their training until qualified healthcare professionals arrive.
- 1. Medical staff are to respond to any health-related emergency in the facility, including, but not limited to the following:
 - a. Code 4 – Medical Emergency.
 - b. Code 7 – Suicide, or Attempted Suicide.
 - c. Code 1 (staff assault) or Code 11 (man down/staff not responding), if requested by security staff.
 - 2. Correctional and medical staff are trained to respond to emergencies within four minutes.
 - 3. The medical staff responding to a medical emergency must bring the emergency response bag, Autopulse device, and an Automatic External Defibrillator (AED) to the emergency. Once security staff have deemed an area safe to enter, medical staff will assess the individual and continue or initiate, CPR if necessary.
 - 4. If necessary, medical staff will direct security staff to notify Emergency Medical Services (EMS).
 - 5. As additional security staff are available, medical staff may request that security staff assist with CPR and First Aid to the level of their training. Medical staff shall direct the resuscitation efforts to ensure CPR and First Aid are being administered correctly.
 - 6. Once care has been completed, or once care is turned over to EMS, all medical staff involved with the response shall document their activities (timeline of event, names, and titles of responding staff, incident details, etc.) in an Incident Report in the Delaware Automated Correctional System (DACS).
 - 7. The medical staff person in charge of the response shall also complete:
 - a. Attachment A – Report of Emergency Code 4 or 7 Response Incident/Drill form and submit to the facility Health Services Administrator (HSA).
 - b. They will also enter a progress note in the EHR detailing the incident.
- E. Medical Emergency Response All-Terrain Vehicle (MATV)
- In facilities that have a Medical Emergency Response All-Terrain Vehicle (MATV) to assist with a rapid response time and safer transport for patients and staff. The MATV's are a four-wheeled, gas-powered vehicle with a cargo area outfitted with a medical grade, powered stretcher.
- 1. When a facility utilizes a MATV, the following shall apply:
 - a. The MATV's are only to be used for healthcare emergencies.
 - b. The keys to the MATV must always be secured to prevent unauthorized use by offenders or others not trained in the use of the MATV.
 - c. The stretcher shall be secured to the cargo area with the use of a locking mechanism to secure the stretcher during transport.

- d. Operators must operate the MATV in a safe manner in accordance with the motor vehicle code of Delaware (i.e., must have a valid driver's license, occupants must properly use the seatbelt, etc.).
 - e. Anyone operating or riding in the MATV must be secured in a seat with a seatbelt) or secured on a stretcher.
 - i. Whenever the MATV is used to transport an offender, a security staff member must ride on the MATV with the patient.
 - f. Only authorized staff with a valid driver's license and who have completed the approved MATV training are authorized to drive the MATV. This training shall be documented, and list of all staff trained to use the MATV shall be maintained by the HSA, or designee. The training shall include, but is not limited to the following:
 - i. Conducting the daily inspection of the MATV utilizing the Medical Emergency Response All-Terrain Vehicle (MATV) Inspection Checklist (Attachment E).
 - a) How to properly operate the MATV, including but not limited to:
 - 1) Turning on and off,
 - 2) Parking,
 - 3) Lights,
 - 4) Wipers,
 - 5) Seat belts,
 - 6) Awareness of surroundings, and
 - 7) Operating the MATV safely within the facility,
 - ii. How to properly secure and unsecure the stretcher from the bed of the MATV
 - iii. How to properly secure the patient to the stretcher
 - iv. How to properly raise and lower the stretcher.
 - v. Properly securing the MATV when not in use
 - vi. How to report problems with the MATV
- 2.A log shall be maintained for each MATV that will document the use of the unit. The log shall be shared with the facility warden and BHSAMH monthly. This log shall contain the following, at a minimum:
- a. Date used.
 - b. Time used.
 - c. Location of emergency (building/unit).
 - d. Nature of emergency.
 - e. Staff person operating MATV.
 - f. Name and SBI of patient transported.
 - g. Where they were transported to (building/unit).
 - h. Disposition of patient (transported to hospital, admitted to infirmary, or treated and released back to general population).
 - i. If transported to hospital, the time an ambulance or DOC van was requested, and time departed facility for hospital.
- 3.The MATV's must be stored in a secure, dry location out of the elements in a location that permits quick access to healthcare staff in an emergency.

F. Mass Disasters

1. In the event of a mass disaster, the facility Health Services Administrator (HSA), facility Medical Director, Bureau of Healthcare, Substance Abuse, and Mental Health Services (BHSAMH) Medical Director, and the BHSAMH Bureau Chief shall be notified to assist with healthcare coordination efforts through the DDOC Emergency Operations Center (EOC).
 - a. The facility HSA shall maintain a staff recall list for all healthcare staff in the event the facility administrator or the EOC requests additional healthcare staff to respond.
 - b. In coordination with the EOC, the HSA, facility Medical Director, BHSAMH Medical Director, and/or the BHSAMH Bureau Chief (or their designee) will assist with securing areas for triaging and treating casualties.
 - c. Any need for evacuation shall be directed by security staff and the senior medical person shall coordinate plans with healthcare staff to implement evacuation procedures.
 - d. Medical staff shall triage victims and direct healthcare based on skill levels and training until the arrival of local EMS.
 - e. The HSA or designee, in collaboration with security staff and/or the EOC, shall maintain lists of victims, and movement particularly to local hospitals.
 - f. A written report of the mass disaster response shall be submitted to the BHSAMH within fifteen (15) days of the event.
2. A mass disaster drill shall be conducted so that each shift (0000-0800, 0800-1600, and 1600-2400) has participated at least once within a three-year period.
 - a. A mass disaster drill should involve coordination and collaboration with facility healthcare staff including, but not limited to medical, mental health, substance use disorder treatment (including Medication Assisted Treatment (MAT)), facility security staff, and community-based emergency services.
 - b. At least one drill should occur during MAT dosing.
3. A health emergency man-down drill is practiced once each year on each shift (0000-0800, 0800-1600, and 1600-2400).
4. The mass disaster drills, and the health emergency man-down drills will be critiqued and evaluated after each drill. The results will be shared with all healthcare staff and any recommendations for improvement will be acted upon.
 - a. This critique/evaluation shall include the following:
 - i. Names and titles of all staff involved.
 - ii. The roles and responsibilities of all participants.
 - iii. Evaluation of response time.
 - iv. Observations of appropriate and inappropriate staff response to the drill.
 - v. Areas for improvement.
 - b. An actual emergency man-down response may substitute for a drill if it is reviewed and critiqued/evaluated.
 - c. Table-top exercises shall not be considered sufficient for meeting the exercise requirement.

G. Health Emergency Man-Down Events or Drills

1. All health emergency man-down events or drills shall be documented on Attachment A – Report of Emergency Code 4 or 7 Response Incident/Drill form and submitted to BHSAMH within 24 hours of the event.
 - a. The HSA shall review each event to determine if the response was appropriate. That review shall also include the following actions:
 - i. The HSA will sign and date the form and indicate if any corrective action was taken or is needed.
 - ii. If the event was of a mental health nature, the form shall be forwarded to the facility Mental Health Director for input and review. The mental health director will sign and date the form and indicate if any corrective action was taken or is needed.
 - iii. Upon completion of this review the form shall be forwarded to BHSAMH.
 - b. A Sentinel or Adverse Clinical Review may be initiated by the HSA or BHSAMH if determined as needing further review. The Adverse Clinical Review shall be in accordance with DDOC Policy *B-08 Patient Safety*.
 - c. A copy of the Report of Emergency Code 4 or 7 Response Incident/Drill form shall be maintained on file by the facility HSA.
 - d. All code 4 and 7 incidents must be reported to the Healthcare Advisory Committee (HAC).

H. Incidents Involving the Salem Nuclear Power Plant

1. In the event of an incident involving the Salem Nuclear Power Plant in New Jersey, Potassium Iodide is available for James T Vaughn Correctional Center (JTVCC) and the Community Corrections Treatment Center (CCTC).
 - a. A supply of potassium iodide tablets shall be readily available on-site for distribution to offenders and staff when directed by the State of Delaware Division of Public Health (DPH) Office of Radiation Control.
 - b. The standard dose for potassium iodide tablets is:
 - i. adults over 18 years of age - two (2) 65mg tablets per day.
 - ii. children 12-18 years of age weighing at least 150 lbs. – two (2) 65mg tablets per day.
 - c. A one-time dose is protective, however, DPH may direct a continued daily dosage for several days.
 - d. Offenders have the right to refuse the potassium iodide tablets and the refusal must be documented on the standard refusal Form and scanned into the EHR.
2. When distribution is directed by DPH, each offender shall be given a copy of the Consumer Package Insert. Each facility must document the distribution and submit to BHSAMH after the event.

I. Emergency Response Bags

1. Emergency Response Bags are available at designated locations approved by the facility administrators. These bags are for use in single patient emergencies.
 - a. Level 4 and Level 5 Emergency Response Bags
 - i. The bags will be inspected weekly using Attachment D to ensure the bags are clean and sealed.

- a) Any time a seal is missing or broken the entire bag must be opened and inventoried and new seals placed on the bag.
 - ii. The bags shall be opened and inventoried at least once per month using Attachment B. This is to ensure the bags are complete and that there are no expired items in the bag.
 - iii. The contract provider will be responsible for replacing items in the emergency bags for all Level 4 and Level 5 facilities.
 - iv. Copies of the weekly and monthly inspections must be forwarded to BHSAMH within 3 business days of completion.
- J. Automatic External Defibrillators (AEDs)
1. Automatic External Defibrillators (AEDs) are available at designated locations approved by the facility administrators. The AEDs shall be inspected monthly by the HSA or designee. This inspection shall be completed in person and then reported in the LifeREADY Portal.
 2. BHSAMH will be responsible for costs of the AED monitoring program.
 3. The Contracted Medical Provider shall be responsible for standardized procurement and replacement of the AEDs.
 - a. AED's must be the same make and model as is currently in use.
 - b. Any AED that is determined to not be serviceable must be documented in a DACS incident report along with details on how it became unserviceable. The incident report must be forwarded to BHSAMH once completed and approved.
 4. In the event of deployment of an AED, local EMS notification must be initiated.
 - a. The data recording will automatically begin and shall not be terminated until the patient is disconnected by EMS or hospital personnel.
 - b. A DDOC incident report shall be completed in DACS by the medical staff person in charge of the event where an AED is utilized. A copy of this incident report shall be forwarded to BHSAMH Medical Treatment Services Director and The BHSAMH RN who will maintain a copy on file.
 5. If the Autopulse Device is utilized, local EMS notification must be initiated.
 - a. A DDOC incident report shall be completed in DACS by the medical staff person in charge of the event where an AED is utilized. A copy of this incident report shall be forwarded to BHSAMH Medical Treatment Services Director and The BHSAMH RN who will maintain a copy on file.
 - b. The contracted provider will be responsible for purchasing and/or replacing the Autopulse device, Lifebands, and/or replacement batteries for the Autopulse device.
 6. BHSAMH must be notified following deployment of an AED.
 - a. The HSA, or designee, shall download the event information from the designated USB that is located within each AED.
 - b. The downloaded information shall then be sent to the BHSAMH Medical Treatment Services Director and the BHSAMH Registered Nurse (RN).
 - c. The downloaded event information shall be converted to a pdf form

and saved in the designated folder on the BHSAMH shared drive.

- i. The DACS incident report associated with the use of the AED shall be saved in the BHSAMH shared drive along with the downloaded event PDF document.

7. Pursuant to [Delaware Regulations: Administrative Code: Title 16: Section 4303](#) the BHSAMH Medical Director or designee will forward a copy of the downloaded AED event information to the AED State Program Manager at the Delaware State Office of Emergency Medical Services (OEMS) at OEMS@delaware.gov. A copy of the download the report shall be forwarded to the facility HSA to be placed in the patient's EHR.

K. Opioid Reversal Management

1. It is the policy of the DDOC that the Naloxone Coordinator (NC), or designee, within BHSAMH will coordinate the Opioid Reversal Management program regarding the monitoring and distribution of opioid reversal agents.

- a. All Probation and Parole Officers will be issued Naloxone for opioid reversal management.
- b. All medical staff at DDOC Level 4 and Level 5 facilities must be trained in the use of Naloxone for opioid reversal management.
- c. Provide naloxone to select authorized correctional staff members who successfully complete the appropriate training.

2. The Naloxone Coordinator, or designee, is required to:

- a. Provide naloxone to each select authorized correctional staff members who successfully completes the appropriate training.
- b. Ensure the medication that is assigned to each select authorized correctional staff member is in good condition and is not damaged, expired, unusable or deployed.
- c. Replace any medication that has been deployed, damaged, expired, or unusable as determined by the Naloxone Coordinator.
 - i. Probation and Parole officers will take used, damaged, or expired Naloxone to their nearest Level 4 facility to obtain a replacement.
- d. Maintain an accurate log of each medication assigned to the officer.
- e. Work in conjunction with state agencies, such as the Office of Emergency Medical Services (OEMS) within the Division of Health and Social Services (DHSS).
- f. Upon deployment of the medication by a DDOC staff member, the following must occur:
 - i. The staff member utilizing Naloxone must complete an incident report within 24 hours detailing the nature of the incident, the care received, and that naloxone was deployed.
 - ii. DDOC staff (L4, L5, and Probation and Parole) must complete the Delaware Peace Officer Naloxone Administration Form (attachment F) within 24 hours.
 - iii. This form will be sent to the BHSAMH Naloxone Coordinator. These records must be completed for statistical value and tracking of the nasal naloxone deployments.
 - iv. The Naloxone Coordinator will track information and forward the forms to the appropriate state agency within 24 hours.

POLICY D-07 EMERGENCY SERVICES AND RESPONSE PLAN

- v. The Naloxone Coordinator will ensure that the officer receives replacement naloxone supplies once paperwork is received.
- g. Upon deployment of the medication by a contract provider staff member, the following must occur:
 - i. Complete an incident report in DACS within 24 hours detailing the nature of the incident, the care received, and that naloxone was deployed.
 - ii. Complete the Report of Emergency Code 4 or 7 report.
 - iii. Complete the BHSAMH Naloxone Administration Form (attachment G) within 24 hours and scan into the EHR and send to the Naloxone Coordinator.
 - iv. The Naloxone Coordinator will track information for statistical purposes.
- L. The Contracted Medical Provider shall develop within 30 days of the effective date of this policy, a facility-specific procedure for each Level 4 and Level 5 facility implementing this policy and coordinating the procedure with the BHSAMH.

Attachments:

- Attachment A: Report of Emergency Code 4 or 7 Response Incident/Drill
- Attachment B: Emergency Response Bags for Level 4 and Level 5 - Contents
- Attachment C: Weekly Report of Emergency Response Bag Inspection
- Attachment D: Medical Emergency Response ATV (MATV) Inspection Checklist
- Attachment E: Delaware Peace Officer Naloxone Administration Form
- Attachment F: BHSAMH Naloxone Administration Form

Emergency Response Bag Inventory L5 and L4

Must be utilized to verify contents of Emergency Bags anytime bag is opened and inspected then resealed.

Location: _____ Bag Number: _____

LEFT SIDE POCKET	Minimum Requirement	Quantity Present	Expiration Date	Initials
Nasal Cannula	1			
Non-Rebreather Mask & Tubing	1			
Oxygen Bottle Key	1			
Oxygen Bottle Access	1			
RIGHT SIDE POCKET	Minimum Requirement	Quantity Present	Expiration Date	Initials
I.V. Start Kit	1			
Administration Set/ IV Tubing	1			
Lactated Ringers IVS (500 mL)	1 bag			
20g Angiocath	5			
10 mL 0.9% NS Flush	3			
RIGHT FRONT POCKET	Minimum Requirement	Quantity Present	Expiration Date	Initials
Narcan	1 box (2 doses)			
Glucose gel	2			
Epi-Pen (adult)	1 dose			
Nitroglycerin 0.4 mg	1 bottle (min 3 tablets)			
Glucagon injectable	1			
Aspirin	1 bottle (min 4 tablets)			
LEFT FRONT POCKET	Minimum Requirement	Quantity Present	Expiration Date	Initials
Gauze 2x2 non-sterile	5			
Gauze 4x4 non-sterile	5			
10 mL 0.9% NS Flush	4			
Band Aids	5			
ABD Pads	5			
BACK POCKET	Minimum Requirement	Quantity Present	Expiration Date	Initials
Stethoscope	1			
Blood Pressure Cuff Regular	1			
Blood Pressure Cuff Large	1			
Pulse Oximeter	1			
Glucometer	1			
Glucometer test strips	1 bottle (min 3 strips)			
Lancets	10			
Sponges 2x2 non-sterile	5			
Alcohol pads	5			
Ammonia inhalant	1 box			
Penlight	1			
Pen	1			
Paper	1			
NL Gloves Small	1 bag			
NL Gloves Medium	1 bag			

Emergency Response Bag Inventory L5 and L4

Must be utilized to verify contents of Emergency Bags anytime bag is opened and inspected then resealed.

NL Gloves Large	1 bag			
TOP POCKET (LID)	Minimum Requirement	Quantity Present	Expiration Date	Initials
Face mask with attached protective eye wear	5			
Biohazard bags	2 small			
TOP POCKET (UPPER LEVEL)	Minimum Requirement	Quantity Present	Expiration Date	Initials
Ambu Bag	1			
Sharps Container	1 small			
10 mL 0.9% NS Flush	3			
Cling Wrap	2			
Adhesive Tape	1 roll			
Eye Pads	2			
Ace Wrap	2			
Trauma Shears	1			
Splint Small	1			
Splint Large	1			
Sling	1			
Cervical Collar, adult	1			
Disposable Protective Gown	1			
Cold compresses (disposable)	1			
TOP POCKET (LOWER LEVEL)	Minimum Requirement	Quantity Present	Expiration Date	Initials
O2 Bottle with regulator	1			

** if any item is close to expiring, notify DON**

Nurse Signature: _____

Date: _____

STATE OF DELAWARE, DEPARTMENT OF CORRECTION
 BUREAU OF CORRECTIONAL HEALTHCARE SERVICES
 Monthly Report of Emergency Response Bag Weekly Inspection

Month _____ Facility _____

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

Content Tags attached to each pocket? Yes No

Inspection Date	Initials	Top Pocket #	Side Pockets		Front Pockets		Back Pocket #	If tag number changed, why?
			Right Pocket #	Left Pocket #	Right Pocket #	Left Pocket #		

Printed name of medical staff member submitting report _____

Signature _____

Date _____

Delaware Peace Officer Naloxone Administration Form

Please return completed forms to the Delaware Office of EMS (OEMS)

AGENCY NAME		CASE NUMBER		DATE OF OVERDOSE	TIME OF OVERDOSE <input type="radio"/> AM <input type="radio"/> PM
OVERDOSE OCCURRED - City	County	Zip Code	LOCATION TYPE Residence	Sidewalk Hotel/Motel	Other (specify): _____
GENDER OF THE SUBJECT Male Female Unk.	AGE	RACE/ETHNICITY OF THE SUBJECT White Black Hispanic Other: _____ Unknown			

Signs of Overdose Present *(Check all that apply.)*

Weak/Slow Pulse	Shallow/Slow Breathing	Blue Lips	Unresponsive
No Pulse	Not Breathing	Other (specify) _____	

Suspected Overdose on What Drugs? *(Check all that apply.)*

Heroin	Benzos/Barbituates	Cocaine/Crack	Don't Know
Alcohol	Methadone	Suboxone	Other (specify) _____

Evidence

Evidence Secured :	Drugs	Paraphernalia
Heroin	Stamp (Text/Color): _____	Desc. Image: _____
Opiate Pills	Pill Type: _____	Dr.'s Name: _____

Details of Naloxone Administration

TOTAL DOSES YOU USED:	1 Dose = 1/2 syringe or 1 auto-injector		DELIVERY METHOD:	Nasal syringe/atomizer	Auto-injector	
RESPONSE TO NALOXONE	Combative	Responsive and Angry	HOW LONG DID IT TAKE TO WORK?	<1 Min.	3-5 Min.	Don't Know
Responsive and Alert	Responsive but Sedated	No Response		1-3 Min.	>5 Min.	Did Not Work
POST-NALOXONE SYMPTOMS <i>(Check all that apply.)</i>						
None	Seizure	Dope Sick (e.g., nauseated, muscle aches, runny nose, and/or watery eyes)				
Vomiting	Respiratory Distress	Other (specify) _____				
OTHER ACTIONS TAKEN <i>(Check all that apply.)</i>						
Sternal Rub	Yelled	Shook the Person				
Automatic Defibrillator	Rescue Breathing	Chest Compressions	Recovery Position			
Other (specify) _____						
WAS NALOXONE ADMINISTERED BY ANYONE ELSE	IF YES, BY WHOM? <i>(Check all that apply.)</i>					
Yes No	EMS (Agency: _____)		Bystander	Other: _____		

Event Summary and Additional Comments

Send completed form to DE Office of EMS: Peace Officer Naloxone Program
Fax: 302-223-1330 Email: OEMS@delaware.gov



BHSAMH Narcan Administration Form

Delaware Department of Correction
Bureau of Healthcare, Substance Abuse, and Mental Health Services
245 McKee Road
Dover, DE 19904

Please return completed form to BHSAMH – Naloxone Coordinator Fax (302) 857-5496. Completed? Yes No

I/M Name:		SBI#:	DOB:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown/Other		Race/Ethnicity: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Indian <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other	
Date of incident:		Time of incident:	
Location: Level 5: <input type="checkbox"/> HRYCI <input type="checkbox"/> BWCI <input type="checkbox"/> JTVCC <input type="checkbox"/> SCI Level 4: <input type="checkbox"/> PCCC <input type="checkbox"/> HD Plant <input type="checkbox"/> CVOP <input type="checkbox"/> MCCC <input type="checkbox"/> SWRC <input type="checkbox"/> SVOP			Housing Location:

Signs of Overdose Present (Check all that apply.)

<input type="checkbox"/> Weak Pulse	<input type="checkbox"/> Shallow Breathing	<input type="checkbox"/> Blue Lips	<input type="checkbox"/> Unresponsive
<input type="checkbox"/> Slow Pulse	<input type="checkbox"/> Breathing Slowly	<input type="checkbox"/> Other (specify) _____	

Suspected Overdose on What Drugs? (Check all that apply)

<input type="checkbox"/> Heroin	<input type="checkbox"/> Benzos/Barbiturates	<input type="checkbox"/> Cocaine/Crack	<input type="checkbox"/> Don't Know
<input type="checkbox"/> Alcohol	<input type="checkbox"/> Methadone	<input type="checkbox"/> Suboxone	<input type="checkbox"/> Other (specify) _____

Evidence

<input type="checkbox"/> Evidence	<input type="checkbox"/> No Evidence
<input type="checkbox"/> Heroin	Stamp (Text/Color): _____ Desc. Image: _____
	Stamp (Text/Color): _____ Desc. Image: _____
<input type="checkbox"/> Opiate Pills	Pill Type: _____ Dr.'s Name: _____

Details of Narcan/Naloxone Administration

What was administered? <input type="checkbox"/> Narcan <input type="checkbox"/> Naloxone	By whom?
Number Doses Used	How long did it take for the Narcan/Naloxone to Work? <input type="checkbox"/> < 1 Min. <input type="checkbox"/> 1-3 Min. <input type="checkbox"/> 3-5 Min. <input type="checkbox"/> > 5 Min. <input type="checkbox"/> Unknown <input type="checkbox"/> Did Not Work
Offenders response to Narcan/Naloxone <input type="checkbox"/> Combative <input type="checkbox"/> Responsive and Angry <input type="checkbox"/> Responsive and Alert <input type="checkbox"/> Responsive but Sedated <input type="checkbox"/> No response to Narcan/Naloxone	Did the Offender Survive? <input type="checkbox"/> Yes <input type="checkbox"/> No
Post-Narcan/Post-Naloxone Symptoms (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Seizure <input type="checkbox"/> Dope Sick (e.g., nauseated, muscle aches, runny nose, and/or watery eyes) <input type="checkbox"/> Vomiting <input type="checkbox"/> Respiratory Distress <input type="checkbox"/> Other (specify) _____	
Other actions taken (check all that apply) <input type="checkbox"/> Sternal Rub <input type="checkbox"/> Recovery Position <input type="checkbox"/> Rescue Breathing <input type="checkbox"/> Chest Compressions <input type="checkbox"/> AED <input type="checkbox"/> Yelled <input type="checkbox"/> Shook the offender <input type="checkbox"/> Oxygen <input type="checkbox"/> Other (specify) _____	
Narcan/Naloxone Lot # BHSAMH Control #	Expiration Date
Was a code initiated? <input type="checkbox"/> Yes <input type="checkbox"/> No	DACS IR Number: _____ Scanned into Electronic Health Record <input type="checkbox"/> Yes <input type="checkbox"/> No

For further information contact BHSAMH

Narrative:

Signature of person completing form: _____

Printed name, title, and date: _____

Medical All-Terrain Vehicle (MATV) Usage Report

Facility:		Month:	
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#	Patient Last name	Patient first name	Patient SBI#	Emergency Response Information					
				Date of emergency	time of emergency	location of emergency	nature of emergency	medical staff responding on MATV	time arrived to patient
1									
2									
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11									
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I have reviewed this document and by signing below acknowledge that the information contained is accurate.

Signature of Health Service Administrator: _____ Date: _____

Once signed, this form shall be forwarded to the facility Warden and BHSAMH by the 10th of each month for the prior month.