

OREGON DEPARTMENT OF CORRECTIONS
Operations Division
Health Services Section Policy and Procedure #P-E-08

SUBJECT: EMERGENCY SERVICES

POLICY: Emergency medical services will be available to inmates incarcerated at all Department of Corrections' facilities on a 24-hour basis. To facilitate these services, mandown bags and AED's will be available in designated areas throughout the institution and will be adequately stocked and maintained.

REFERENCE: OAR 291-124-020 and 291-124-035(3)
NCCHC Standard P-E-08
ODOC Emergency Preparedness Plan
ODOC AED Policy 20.xx.xxx

PROCEDURE:

- A. All health care personnel will be trained in cardiopulmonary resuscitation (CPR), the use of automatic external defibrillator (AED), and emergency medical response procedures. All Health Services personnel will have current CPR certification. The level of certification will be appropriate for their job assignment.
- B. All correctional staff will be trained in the recognition of medical emergencies, cardiopulmonary resuscitation, the location of first response emergency equipment, and procedure(s) to obtain emergency assistance.
- C. Each shift, a nurse will have the designated responsibility for emergency medical response. This designation may be combined with other assignments.
- D. The emergency response nurse designated by the HSM or NM will be responsible for checking the Health Services AED(s) on a daily basis, and will complete the daily checklist. (See Attachment 3)
- E. The emergency response nurse will obtain a mandown bag, and if appropriate, the AED and emergency medication box and proceed to the scene immediately upon receiving the request for assistance.
 1. Strategic locations for mandown bags, AED(s) and other emergency equipment are identified in the attachments to policy and procedure P-A-07, Emergency Response Plan, and in the Department of Corrections Emergency Preparedness Plan.

Emergency Services

2. Mandown bags are stocked with various items, which include but are not limited to items on the attached list (See Attachment 1).
 3. AED outer cases are stocked with various items, which include but are not limited to items on the attached list. (See Attachment 2)
- F. After each emergency response, the designated emergency response nurse will assure that all emergency equipment is properly checked and all supplies are replaced and the emergency equipment and supplies are returned to the proper location and are ready for use.
- G. Health status of the inmate(s) for whom emergency assistance was requested will be assessed and the inmate's condition stabilized.
- H. Emergency health conditions may be treated according to directions in specific written nursing protocol by health services and mental health nurses.
- I. The emergency response, assessment and treatment provided are documented in the inmate's health record, timed, dated and signed.
- J. If transport of the inmate is necessary, correctional staff will be notified by the nurse as to mode of required transport.
1. If life threatening or deemed necessary, an ambulance will be designated.
 2. If non-emergency and inmate is ambulatory, designate institution transport.
- K. The institution will be responsible to arrange for the necessary transportation as designated.
- L. When possible, written information will be provided by Oregon Department of Corrections health care personnel to emergency medical technicians to include:
1. History of the emergency condition.
 2. Treatment given.
 3. Present status with most recent vital signs.
 4. Suspected diagnosis.
 5. Other pertinent information.
 6. Allergies.

The hospital emergency room will be provided with information as outlined in Policy and Procedure #P-D-05, Hospital and Specialty Care.

Emergency Services

- M. A hospital located within the same community as each correctional facility has been designated for emergency care as follows:
1. All Salem institutions: Salem Memorial Hospital or Santiam Hospital
 2. CCCF: Meridian Park Hospital
 3. CRCI: Portland Adventist Medical Center
 4. SCCI: Bay Area Hospital and Lower Umpqua Hospital
 5. EOCI: St. Anthony Hospital
 6. PRCF: St. Elizabeth Hospital
 7. SRCI: Holy Rosary Hospital
 8. SFFC: Tillamook Hospital
 9. TRCI: Good Shepherd Community Hospital
 10. WCCF: Lake District Hospital

Once the community emergency response system has been activated, an inmate may be transported to a facility designated by the trauma system as appropriate for treatment of the emergency.

- N. If resuscitation measures are initiated, they are to be continued until the inmate's care has been transferred to emergency personnel or a physician ends emergency care.
- O. Emergency response incidents are reviewed within one week of the incident by the Health Services Manager and Chief Medical Officer. If an AED is used during the response, the internal data that is stored within the AED may be downloaded and analyzed as part of the review.
- P. The Health Services Manager will confer with local ambulance if necessary.
- Q. The Health Services Manager, acting as the AED Coordinator for the Health Services area, or designee, is responsible for monthly inspections and replenishment of emergency supplies and this documented on a monthly flow sheet according to Policy and Procedure #P-A-07, Emergency Response Plan and the Monthly and Annual checklist for the Health Services AED(s). (See Attachment 4)

Effective Date: _____

Revision date: April 2007

Supersedes P&P dated: March 2006

MANDOWN KIT

OUTSIDE POCKET

- BURN SHEET STERILE 1 EA
- UNDERPADS BLUE 2 EA

INSIDE POCKET

COMPARTMENT 1

- SPLINTS AIR FULL ARM 1 EA
- SPLINTS AIR FULL LEG 1 EA

COMPARTMENT 2

- *XEROFORM BURN DRESSING 5X9 2 PG
- COMBINE DRESSING 8X10 2 PG
- DRESSING 4X4 PADS STERILE 10 PG
- KERLIX LRG. DRESSING GAUZE 4" 2 EA
- GAUZE ROLL 4" STERILE 1 EA

COMPARTMENT 3

- *ALCOHOL PREP PADS 6 EA
- *GLUCOSTIX (BLOOD GLUCO TEST) 5 EA
- *BETADINE SWAB STICKS 2 EA
- COBAN ADHESIVE ROLL 3" 1 RL
- TAPE CLOTH 1" & 2" ROLL 1 RL
- TRIANGULAR BANDAGE 1 EA
- ACE WRAP 3" ROLL 1 RL
- COTTON APPLICATORS 6" ST. 4 EA
- LANCETS 5 EA
- COLD PACK 1 EA
- RESCUE BLANKET 1 EA

ATTACHED TO OUTSIDE OF BAG

- DISPOSABLE AMBU BAG 1 EA
- BLACK NOTEBOOK AND PEN 1 EA

*THESE ITEMS HAVE EXPIRATION DATES.

COMPARTMENT 4

- HIBISTAT WIPES 10 EA
- DIGITAL (THERMO) 1 EA
- UTILITY SCISSORS 1 PR
- AIRWAY SMALL 1 EA
- AIRWAY MED. 1 EA
- AIRWAY LARGE 1 EA
- FLASHLIGHT W/BATTERY 1 EA
- PENLIGHT W/BATTERY 1 EA
- FACE MASKS EAR LOOP 2 EA
- CPR MICROSHIELD MASKS 2 EA
- TONGUE BLADES 3 EA

COMPARTMENT 5

YELLOW ZIPPER BAG

- *IRR. SOL. NACL 500ML 1 EA
- *EYE WASH SOLUTION 4oz. 1 EA
- GOGGLES PLASTIC CLEAR 1 PR
- EYE PADS COTTON ST. 10 EA

ORANGE ZIPPER BAG

- EXAM GLOVES N/S SMALL 5 PR
- EXAM GLOVES N/S MEDIUM 5 PR
- EXAM GLOVES N/S LARGE 5 PR

BLUE ZIPPER BAG

- BLOOD PRESSURE CUFF 1 EA
- STETHOSCOPE 1 EA
- BIO-HAZARD BAG RED 2 EA

AED SUPPLIES

OUTSIDE POCKET

AED ELECTRODE PACKET (replacement)	1 EA
RAZOR	1 EA
TOWEL OR	1 EA
MULTI-TRAUMA DRESSING (to dry the patient)	1 EA
DOWNLOAD CABLE	1 EA.

Oregon Department of Corrections Daily AED Checklist

Facility _____

Unit _____

Readiness-for-Use Checklist: AED

Date: _____ Covering Period: _____ to _____

(This checklist covers one month of daily checks)

Institution Name/Identifier: _____ Mfr/Model No: _____ Serial/ID No. _____

At each scheduled time, inspect the AED, using the checklist below. Note any inconsistencies, deficiencies, and corrective action taken. If the device is not ready for use or out of service, write OOS on the "day of month" line and note deficiencies in the corrective action log.

Daily Check:

1. Visually inspect the AED:

- a. In proper location.
- b. Clean, no spills.
- c. No signs of damage.
- d. All readiness-for-use status indicators light, indicates "ready" (green).
- e. If problem identified contact AED Coordinator.

AED Coordinator _____

With clinical uses also check:

1. Open AED lid

- a. Listen for voice prompt.
- b. Replace used Electrode pads.
- c. Close AED lid.

2. Indicator light

- a. All readiness-for-use status indicators light, Indicates "ready" (green).

3. AED cables and connectors

- a. Observe the expiration date on the electrodes.
- b. Electrodes (ready for use) expiration date is visible.

4. Supplies available

- a. 2 sets of unexpired electrode pads in sealed package.
- b. Personal protective equipment (gloves, barrier device).
- c. Razor.
- d. Hand towel or 4x4 to dry patient.

5. AED returned to ready-for-use status.

6. Check battery expiration date

- a. Date ([a] if previously used). _____
- b. Date ([b] if never used). _____

7. Number of times used _____

8. Number of Shocks delivered _____

Day of Month/Print Name and Initial

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____
- 10. _____
- 11. _____
- 12. _____
- 13. _____
- 14. _____
- 15. _____
- 16. _____
- 17. _____
- 18. _____
- 19. _____
- 20. _____
- 21. _____
- 22. _____
- 23. _____
- 24. _____
- 25. _____
- 26. _____
- 27. _____
- 28. _____
- 29. _____
- 30. _____
- 31. _____

Example: 5. October 5, John Jones J J. Note if used that day and Number of Shocks delivered.

Corrective Action Log

Oregon Department of Corrections Monthly / Annual AED Checklist

Facility _____

Unit _____

Readiness-for-Use Checklist: AED

Date: _____ Covering Period: _____ to _____

(This checklist covers one year of monthly checks and includes the annual review and comments)

Institution Name/Identifier: _____ Mfr/Model No: _____ Serial/ID No. _____

At each scheduled time, inspect the AED, using the checklist below. Note any inconsistencies, deficiencies, and corrective action taken. If the device is not ready for use or out of service, write OOS and note deficiencies in the corrective action log.

Monthly Checks:

1. Were all Daily checks Completed:

2. Visually inspect the AED:

- a. In proper location.
- b. Clean, no spills.
- c. No signs of damage.
- d. All readiness-for-use status indicators light, indicates "ready" (green).
- e. If problem identified contact AED Coordinator.

3. Open AED lid

- a. Listen for voice prompts.
- b. Close lid and confirm that status indicator light remains green.

4. AED cables and connectors

- a. Observe the expiration date on the electrodes.
- b. Electrodes (ready for use) expiration date is visible.

5. Indicator light

- a. All readiness-for-use status indicators light, indicates "ready" (green).

6. Supplies available

- a. 2 sets of unexpired electrode pads in sealed package.
- b. Personal protective equipment (gloves, barrier device).
- c. Razor.
- d. Hand towel or 4x4 to dry patient.

7. AED returned to ready-for-use status.

8. Check battery expiration date

- a. Date ([a] if previously used). _____
- b. Date ([b] if never used). _____

Annual Check:

In addition to the information completed on the monthly checks, also check:

1. Were all monthly checks completed?

2. AED cables and connectors.

- a. Remove electrodes, close lid, confirm status indicator turns red.
- b. Open lid and confirm the electrode indicator is lit, reconnect the electrodes and close lid.
- c. Observe the expiration date on the electrodes.
- d. Electrodes (ready for use) expiration date is visible.

3. Number of times used during the year _____

4. Number of Shocks delivered during year _____

Monthly Checks/Number of times used and number of shocks delivered/and Corrective Action Log

January _____

February _____

March _____

April _____

May _____

June _____

July _____

August _____

September _____

October _____

November _____

December _____

ANNUAL _____

Date/Print Name/Initial and describe problems noted:

Example: October 5, 2000 John Jones J J. AED electrode pads expired.

