NEW YORK STATE Corrections and Community Supervision **DIRECTIVE**	TITLE **Response to Health Care Emergencies**		NO. 4059 DATE 08/27/2019
SUPERSEDES DIR. #4059 Dtd. 11/21/18	DISTRIBUTION A	PAGES PAGE 1 OF 3	DATE LAST REVISED
REFERENCES (Include but are not limited to) See Section IV	APPROVING AUTHORITY John Morley, MD James A. O'Gorman		

I. **PURPOSE**: To provide direction to staff on how to respond to a health care emergency and to establish a training standard to assist staff in meeting this responsibility.

II. **BACKGROUND**: All security and health care staff (Nurse, Physician, Physician Assistant, Nurse Practitioner) have been trained in basic first aid, including Cardiopulmonary Resuscitation (CPR), Narcan administration, and operation of an Automatic External Defibrillator (AED), in order to respond to health care emergencies.

III. **POLICY**: The Department of Corrections and Community Supervision (DOCCS) requires security staff and health care personnel (Nurse, Physician, Physician Assistant, Nurse Practitioner) who encounter health care emergencies on the job to immediately provide necessary first aid, administer Narcan to unresponsive persons, and, in the event of cardiac or respiratory arrest, to immediately initiate CPR, and to use an AED, if indicated.

IV. **REFERENCES**

- Directive #2124, "Automatic External Defibrillators"
- Directive #4010, "Emergency Control Plans"
- Directive #4065, "Reporting Injuries and Occupational Illnesses"
- Directive #4069, "First Aid Kits"
- Directive #4101, "Inmate Suicide Prevention"
- Directive #4058, "Narcan Administration by Uniformed Correctional Staff First Responders"
- Health Services Policy Manual, Item 1.41, "Do Not Resuscitate Policy"
- American Correctional Association Expected Practices 4-4389 and 4-JCF-4C-54

V. **DEFINITION**

A. Health Care Emergency: For purposes of this directive, a "health care emergency" shall mean, but is not limited to, discovery of a person who is unconscious or unresponsive, without pulse, not breathing/having difficulty breathing, bleeding profusely, in a life-threatening position, suffering electrocution, suffering burns, or suffering a life-threatening injury or illness.

B. Response: For purposes of this directive, "response" refers only to the immediate or initial actions taken by security or health care staff (Nurse, Physician, Physician Assistant, Nurse Practitioner) which are intended as life-saving measures.

C. Cardiopulmonary Resuscitation (CPR): For the purposes of this directive, CPR shall mean chest compressions and assisted breathing with the use of a bag mask apparatus.

D. Primary Care Provider (PCP): A primary care provider (PCP) is a Clinical Physician, Nurse Practitioner, or Physician Assistant.

E. Narcan: Narcan is an opioid antagonist administered as a nasal spray by first responders. Narcan is very specific and has essentially no side effects or drug interactions other than reversal of the effects of opioid medications.

VI. PROCEDURE

A. Training: Initial and on-going training for all security and health care personnel (Nurse, Physician, Physician Assistant, Nurse Practitioner) shall include instruction in the following:

1. Recognition of signs and symptoms, and knowledge of actions required in potential emergency situations;
2. Administration of first aid, CPR, and AED. (The Emergency Care & Safety Institute CPR/First-Aid Training Program has been approved as the Department's authorized training program.);
3. Administration of Narcan to unresponsive persons;
4. Methods of obtaining assistance;
5. Recognition of signs and symptoms of mental illness, violent behavior, and acute chemical intoxication and withdrawal;
6. Procedures for patient transfers to appropriate medical facilities or health care providers; and
7. Suicide intervention.

B. Facility Policy & Procedures: The facility Superintendent in collaboration with the facility Health Services Director shall ensure that local procedures are developed, and sufficient resources are provided to fulfill the training responsibilities specified in Section VI-A (above). Response time is a key component of operational readiness. Accordingly, security and health care staff (Nurse, Physician, Physician Assistant, Nurse Practitioner) are trained to respond immediately upon encountering a health care emergency, and all local procedures and resources shall be designed to ensure that an emergency response can be achieved anywhere in a facility **within three minutes**.

C. Annual Drill Requirement: To ensure that staff are able to respond to a health care emergency anywhere in a facility **within three minutes** of being notified, each facility shall conduct an annual emergency response drill on each tour. These annual emergency response drills should include facility areas such as Housing Units, Mess Halls, Programs, Restrictive Housing, etc. The facility Fire/Safety Officer and the Deputy Superintendent for Administration/Deputy Superintendent for Health will conduct the drill and shall document all activities related to the conduct of the drill, including response time, on Form #4059A, "Annual Emergency Response Drill." For facilities that do not have health services staff (Nurse, Physician, Physician Assistant, Nurse Practitioner) on duty for all shifts, the drills should be conducted with the staff available at the time.

The facility Superintendent and facility Health Services Director will schedule the drills and critique the results. Personnel conducting the drill shall record training credits on Form #RTF-SLMS, "Report of Training Form."

D. Cardiopulmonary Resuscitation (CPR)

1. Initiation of CPR: Every person living in, working at, or visiting a Correctional Facility shall be presumed to consent to the administration of CPR in the event of cardiac or respiratory arrest, unless there is an applicable and written Do Not Resuscitate (DNR) order.

   Absent a DNR order, CPR is indicated and will be initiated in all cases of arrest (i.e., absence of a pulse in wrist or neck, no apparent heart beat from the chest, and/or absence or minimal breathing). The only exception is in cases of decapitation or other traumatic injuries that are so extensive that they are incompatible with life.

2. Continuation of CPR: CPR, once initiated, is to be continuous through the care of the patient except when any ONE of the following criteria is met:

   a. Successful resuscitation with restoration of pulse and spontaneous respiration;
   b. AED analysis of the patient's heart rhythm requires a brief "hands-off" interval;
   c. An applicable (i.e., valid non-hospital) DNR is made available;
   d. Transfer of care to an appropriately trained individual in order to continue CPR (i.e., paramedic, ambulance personnel, back up health care staff [Nurse, Physician, Physician Assistant, Nurse Practitioner], etc.);
   e. Care of the patient is transferred to hospital staff;
   f. Personnel performing CPR are not physically able to continue; or
   g. Physician, Physician Assistant, or Nurse Practitioner assumes responsibility for the care of patient and gives an order to discontinue CPR. While a Physician Assistant or Nurse Practitioner must do this in person, a Physician can issue such an order by radio, telephone, or telemed.

   NOTE: If there is any likelihood of successful resuscitation, the presumption is for continuing CPR until advanced cardiac life support can be provided.

E. Treatment of Loss of Consciousness Nursing Algorithm: Nurses will follow the Unresponsiveness and/or Respiratory Depression Possibly Caused by Opioid Overdose Algorithm and the "Non-Patient Specific Standing Order for Unresponsiveness and/or Respiratory Depression Possibly Caused by Opioid Overdose," when encountering unconscious inmates.

F. Uniformed correctional staff will follow Form #4058A, "Protocol for Narcan Administration by Uniformed Correctional Staff First Responders," outlined in Directive #4058, "Narcan Administration by Uniformed Correctional Staff First Responders."

Protocol for Narcan Administration by Uniformed Correctional Staff First Responders

Unresponsive Inmate / Staff / Visitor

Check for Breathing and Pulse

Initiate Medical Emergency

No Breathing / No Pulse

Move Subject to Hard Surface and Initiate CPR (Chest Compressions and Rescue Breathing with Bag Valve Mask)
Give a Dose of Narcan by Nose

Continue CPR and Follow AED Instructions
Repeat Narcan in 2 to 3 Minutes

Subject Breathing

Perform Sternal Rub to Stimulate Subject

If Subject Remains Unresponsive, Give Dose of Narcan by Nose
Continue to Monitor Breathing and Pulse

If Subject Remains Unresponsive, Repeat Narcan in 2 to 3 Minutes
Continue to Monitor Breathing and Pulse

Assist Health Services Staff Upon Their Arrival

If Narcan was Administered, Report to Watch Commander as an Unusual Incident

Have Narcan Kit Brought to the Health Unit to Replace the Narcan

Form 4059 A (10/17)
Photocopy Locally As Needed

STATE OF NEW YORK DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERIVSION

ANNUAL EMERGENCY RESPONSE DRILL

_____ Correctional Facility

Date: _____ Shift: _____ Location/Building:_____

Time drill began: _____ Arrival time of responders: _____ Time drill ended: _____

All Employees Involved by Name and Title (use additional sheets if necessary):

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

Annual Drill Requirement: In accordance with Directive #4059, "Response to Heath Care Emergencies," this annual drill is being conducted to ensure that staff are able to respond to a health care emergency anywhere in a facility within **three minutes of being notified.** Each facility shall conduct an annual emergency response drill on **each tour**. Assigned personnel shall document all activities related to the conduct of the drill, including response time, and the results shall be critiqued by the facility Superintendent and Facility Health Services Director. Personnel conducting the drill shall record training credits on Form #RTF-SLMS.

Check box to indicate RTF- SLMS form was completed ☐

Comments/Problems: _____

_____

_____

_____

_____

_____

_____ _____

Fire/Safety Officer - Nurse Administrator Date

_____ _____

Facility Health Services Director Signature Date

_____ _____

Superintendent Signature Date

CC: Superintendent
Accreditation Office (Standard 4-4389 file)
Deputy Commissioner for Correctional Facilities
Deputy Commissioner/Chief Medical Officer

Unresponsiveness and/or Respiratory Depression Possibly Caused by Opioid Overdose Algorithm

Assess patient, check ABCs, vital signs (Utilize Emergency Response Form)

If indicated CPR/AED/ call Emergency Response

Note: For suspected Trauma, including Neck, Head, Face, Hanging, Place Hard Cervical Collar for Spinal Motion Restrictions. (Refer to 'Suspected Spinal Injury Algorithm')

Assess breathing and support respirations as needed with rescue breaths /BVM

Refer to Non-Patient Specific Standing Order for Unresponsiveness and/or Respiratory Depression Possibly Caused by Opioid Overdose

Activate EMS

Administer

Naloxone 2mg/2ml intramuscular up to 5 doses total

(**MAX dose:** 10 mg)

OR Intranasal 2mg/2ml (1mg/1ml each nostril)

OR Intranasal 4mg/0.1mL

Reassess patient including vital signs, responsiveness, and respiratory rate (RR) after every dose

Repeat every 2-3 minutes as needed

(This should happen while administering Naloxone)

Call provider to obtain order for IV, finger stick and possible EKG AND activate telemed if available

If breathing, administer O2 @ 15L via nonrebreather mask

If not breathing, Initiate CPR with BVM

Start IV: Infuse .9% Sodium Chloride @ 15 ml per minute (per provider order)

Did the patient respond?

If patient responding to treatment

Possible Signs and Symptoms of Opioid Overdose:

- Constricted/ pinpoint pupils
- Unresponsive: Minimal or complete lack of response to stimuli
- Respiratory Depression: Slow (RR less than 8), shallow or absent breaths
- Pulse: Slow, erratic or absent
- Altered mental status or advanced sedation

If patient not responding to treatment

Check finger stick (per provider order)

FS<100

Administer Glucagon IM as per provider order

(usual dose: Glucagon 1mg IM) may repeat X1

Feed as soon as possible after awakening (per Diabetes Guideline)

FS >100

Consider other causes for unconsciousness

Continue to support ABCs and CPR if indicated until EMS arrives

Transport via Ambulance to an Acute Care Emergency Department

Notify clinician of event

11-27-2018