

 <p style="text-align: center;">DIVISION OF ADULT INSTITUTIONS</p> <p style="text-align: center;">POLICY AND PROCEDURES</p>	DAI Policy #: 300.00.59	Page 1 of 9
	Original Effective Date: 06/20/01; 10/15/01 10/15/02; 10/15/02	New Effective Date: 10/19/20
	Supersedes: 300.00.59	Dated: 10/02/17
	Administrator's Approval: Makda Fessahaye, Administrator	
	Required Posting or Restricted: <input type="checkbox"/> Inmate <input checked="" type="checkbox"/> All Staff <input type="checkbox"/> Restricted	
Chapter: 300 Administrative		
Subject: Emergency Services CPR and AED Use		

POLICY

All Division of Adult Institution facilities shall provide 24-hour emergency medical, dental and mental health services.

REFERENCES

Executive Directive 60 – Response to Emergencies at Wisconsin Correctional Facilities Including Those Requiring Basic Life Support and the Use of Automated External Defibrillators

Standards for Health Services in Prison, National Commission on Correctional Health Care, 2018, P-D-07– Emergency Services and Response Plan

1999 WI Act 7 – Relating to limitations on and requirements for use of semiautomatic defibrillators by individuals other than emergency medical technicians and first responders

Wisconsin Statutes s. - 302.85 Medical Care of Prisoners

Wisconsin Statutes s. - 302.385 Correctional Institution Health Care

Wisconsin Statutes s. - 302.386 Medical and Dental Services for Prisoner and Forensic Patients

DEFINITIONS, ACRONYMS AND FORMS

Automated External Defibrillator (AED) – An electronic device that incorporates a rhythm analysis system, interprets cardiac rhythms, makes a shock or no shock decision, and if appropriate, delivers an electrical shock to restore the heartbeat.

BHS – Bureau of Health Services

BLS – Basic Life Support Training in the early recognition of a cardio-pulmonary/ cardiovascular emergency and attempt to resuscitate the victim by providing an airway, defibrillation, ventilation and circulation to the vital organs

Cardiac Rhythm – The electrical process that produces a heart beat to provide adequate circulation.

Cardiopulmonary Resuscitation (CPR) – The process of attempting to give a person who is in cardiopulmonary arrest an open airway, adequate ventilation and mechanical circulation to vital organs through chest compressions.

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Do Not Resuscitate (DNR) – Orders instructing staff not to perform life saving CPR or other procedures to restart the heart or breathing once they have ceased. This is indicated by the patient wearing a DNR bracelet.

DOC – Department of Corrections

DOC-2120 – Automated External Defibrillator Maintenance Checklist

DOC-2466 – Incident Report

DOC-3502 – Physician’s Orders/Progress Notes – Staff/Visitors

EMS – Emergency Medical System

HSU – Health Services Unit

Medical Emergency – Medical, dental and mental health care for an acute illness or an unexpected health need that cannot be deferred until the next scheduled sick call or clinic.

PSU – Psychological Service Unit

WICS – Wisconsin Integrated Corrections System

PROCEDURE

I. Medical Emergency Plan

- A. All facilities shall have a medical emergency response plan written and prepared in coordination with local emergency medical services in their community.
- B. The facility medical emergency plan shall include the following:
 1. Emergency evacuation of the inmate patient from the facility when required.
 2. How to contact EMS.
 3. Security procedure for the immediate transfer of the inmate patient when necessary.
 4. Identification of one or more designated hospital emergency departments or other appropriate facilities for medical care.
 5. Accessing the on-call nurse.
 6. Accessing the on-call physician.
 7. Accessing the on-call psychologist.
 8. Allowance for guardian or activated power of attorney to be notified for authorization for care and treatment at the designated hospital emergency department.
- C. The Warden/designee shall review the emergency response plan annually.

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- D. All facilities shall have staff trained in CPR/AED on all shifts and days of the week.
- E. HSU personnel, security staff and all other staff who are trained shall respond to an inmate, visitor and staff medical emergency by providing first aid, and providing CPR/AED when necessary.

II. Emergency Medical Equipment

- A. Basic emergency equipment and supplies shall be available at each facility.
- B. All equipment and supplies shall be checked after use and monthly, at a minimum, to ensure:
 1. Equipment is operable.
 2. Manufacturer's recommendations for maintenance, calibration and quality control procedures are followed.
 3. Supplies are not outdated.
 4. Quantities of supplies are adequate.
 5. AED checks are documented on DOC-2120.
- C. HSU shall maintain supplies and medical equipment that is transportable for response separate from the facility supplies and equipment.
- D. The mandatory supplies shall include:
 1. Blood pressure cuff.
 2. Stethoscope.
 3. Pulse oximeter.
 4. Portable oxygen, oxy mask
 5. Portable suction device.
 6. CPR mask/barrier.
 7. Basic dressing supplies to control bleeding.
 8. Blood sugar monitor device {replace after use}
 9. Disposable oral and nasal airways of various sizes.
 10. Gloves.
 11. Emergency medication based on protocols.
 12. AED – If only one is located in the facility, it shall be located outside the HSU in an area accessible to all staff.
- E. The HSU Manager shall determine if additional emergency equipment and supplies are needed.

III. Emergency Medical Response Standards For Life-Threatening Condition

- A. Staff coming upon an unresponsive individual shall:
 1. Assess scene safety and contact security staff, including the Control Center and/or Shift Supervisor and HSU, if available.
 2. Activate EMS.
 3. Request an AED be brought to the scene.
 4. Evaluate medical situation.

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5. Treat to level of training.
 6. Begin CPR.
- B. If the staff member in charge of the scene believes a delay of even a few minutes could increase the chance of an individual's death, an ambulance shall be called.
 - C. Non-health care providers who are trained in CPR/AED shall provide CPR and utilize the AED unless the victim has a DNR bracelet on the wrist or is decapitated.
 - D. Staff shall continue CPR and utilize the AED per training until medical personnel advises otherwise.
 - E. All non-health care staff involved in the incident shall complete a DOC-2466. Health care staff shall document the incident in the health care record.
 - F. Arrange for a debriefing within 24 hours for staff involved.
 - G. A quality improvement review shall be performed by a team consisting of a physician, HSU manager/designee, Deputy Warden/designee and staff who responded to an emergency which required CPR/AED use. The review shall:
 1. Evaluate staff performance and response.
 2. Prepare recommendations for improvement to the Warden/Superintendent within seven days of the original event.
- IV. Emergency Medical Response for Non-Life Threatening Medical Condition**
- A. Administer first aid to stabilize the individual in medical distress, to the level of their training.
 - B. Contact HSU and Shift Supervisor/Control Center.
 - C. Complete a DOC-2466.
- V. Emergency Care of Visitors and Staff**
- A. HSU staff, when present, shall provide first aid and/or utilize CPR/AED to treat staff and visitors in an emergency.
 - B. HSU staff must perform within the scope of State of Wisconsin practice act.
 - C. Health Service Nursing Protocols are only written for use with inmates.
 - D. Assessments, care provided and physician's orders shall be documented on DOC-3502.
 - E. Documentation shall include:
 1. Employee or visitor name.

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2. Employee position.
 3. Employing facility.
 4. Facility where need for emergency health care occurred.
 5. Visitor's name, address and telephone number, if available.
- F. If the visitor or staff member refuses care, this shall be documented on DOC-3502 and on a DOC-2466. Documentation about the incident on the DOC-2466 shall be basic information about the situation and any refusal of care and shall not include confidential health information.
- G. If the visitor or staff member refuses transportation to the hospital via ambulance any refusals of care shall be handled by the ambulance company.
- H. The DOC is not responsible for the cost of stabilization, transport or local emergency care other than supplies used on site by facility staff.
- I. DOC-3502 is confidential and shall not be copied or kept at the facility.
1. When completed for staff, submit to BHS Employee Health, P.O. Box 7925, Madison, WI 53707-7925.
 2. When completed for visitors, submit to the BHS Director.

VI. Automated External Defibrillators

- A. BHS shall be contacted prior to the purchase of AEDs to provide approval of the model and proposed use.
- B. The AED models used in each facility shall be the same.
- C. Each institution shall have a minimum of two AEDs.
- D. Each center shall have a minimum of one AED.
- E. Facilities shall determine the location of the AEDs.
- F. Supplies to be kept with each AED include:
1. Two packages of defibrillator pads (one for spare).
 2. CPR mask/barrier.
 3. Examination gloves.
 4. Disposable razor.
 5. Absorbent gauze or hand towel.
- G. Facilities shall designate a staff member to perform and document monthly equipment checks of each AED such as an open case or signs of damage and document and correct problems.
- H. After AED use the facility shall retrieve the rescue data printout from the internal memory of the AED. This is done by downloading according to manufacturer instructions onto a personal computer and printing.

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1. For inmate patients, scan in the Health Care Record.
2. For staff or visitors, forward to the Central Office BHS Program Assistant.

VII. CPR/AED Staff Training

- A. Only authorized training programs approved by the DOC shall be utilized.
- B. All HSU and PSU staff shall be trained and certified in the BLS for Healthcare Provider program. Certification is required every two years, however, an annual refresher shall be completed on the non-certification year.
- C. Security staff are trained in hands only CPR and AED and basic first aid during the correctional officer pre-service training program and complete annual training thereafter.
- D. Security staff, HSU and PSU staff cannot opt out of training and are required to participate in annual training.

Administrator's Approval: _____ **Date Signed:** _____
Makda Fessahaye, Administrator

DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES

Facility: Oshkosh Correctional Institution		
Original Effective Date: 6/20/01	DAI Policy Number: 300.00.59	Page 7 of 9
New Effective Date: 1/4/21	Supersedes Number: 300.00.59	Dated: 5/25/18
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Subject: Emergency Services CPR and AED Use		
Will Implement <input type="checkbox"/> As written <input checked="" type="checkbox"/> With below procedures for facility implementation		
Warden's/Center Superintendent's Approval: Sarah Cooper, Warden		

REFERENCES

DAI 500.00.04 - Reporting Inmate Health Concerns to On-Call Nursing Staff

DAI 500.10.08 – Access to Care

OSCI Medical Emergency Plan

DEFINITIONS, ACRONYMS, AND FORMSMOS – Movement Officers StationOSCI – Oshkosh Correctional InstitutionUnresponsive - medical assessment which has determined the person is pulseless and non-breathing**PROCEDURE**

- I. Responding to an emergency:
 - A. Initiate emergency response by contacting HSU, Control, and Security Supervisors via state radio.
 - B. Provide following information
 1. Location of medical emergency
 2. Name of individual involved and DOC number, if inmate
 3. Individual's reported symptoms and staff observations related to symptoms
 - C. First responders are to include but not limited to
 1. Security Supervisor
 2. Security Staff
 3. Appropriate HSU staff escorted by security staff
 - D. If the staff member in charge of the scene believes if a delay of even a few minutes could increase the chance of an individual's death, an ambulance shall be called.
 - E. Responding HSU Staff:
 1. Report to scene immediately with emergency equipment.
 2. Determine if emergency is life threatening or non-life threatening to determine appropriate level of care. If emergency medical services are needed, call or direct staff to call Control Center to initiate 911.
 3. Determine if additional staff and medical equipment is needed.
 4. Coordinate the delivery of medical services with emergency medical personnel.
 5. Replenish supplies and equipment used after each emergency.
 - F. Charge Nurse
 1. Delegate emergency response nurse at the start of each shift.
 2. Ensure emergency nurse checks supplies and equipment each shift
 3. Facilitate retrieval of medical record if available.

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II. USE OF THE AED

1. HSU medical staff will be informed of the medical emergency and report to the scene with emergency equipment.
2. The AED will be retrieved by responding security staff from the nearest location and brought to the scene.
3. One AED will be located in the following areas:
 1. Health Services Unit
 2. Visiting Room
 3. MOS
 4. K/E Officers Station
 5. C/N Officers Station
 6. D Officers Station
 7. E Officers Station
 8. F Building hallway outside of the gymnasium
 9. Food Service at Security Station
 10. Maintenance building
 11. X Officers Station
 12. U Officers Station
 13. V Officers Station
 14. W Officers Station
 15. Restrictive Housing Unit Officers Station
 16. R Officers Station
 17. Q Officers Station
 18. P Officers Station
 19. Armory Building
 20. Warehouse
 21. Lobby

II. AED Maintenance

- A. Security Staff:
 1. Check AED battery is functional and seals are intact once per shift and document in the unit log book
 2. Inspect AED monthly and document on DOC-2120 by security designee
 3. Notify Security Supervisor of any AED deficiencies.
 4. Return completed DOC-2120 to Security Director/designee at the end of each month.
- B. Security Supervisor:
 1. Coordinate with HSU staff to rectify any AED deficiencies.
 2. Ensure documentation is completed by staff involved in emergency response and forward as appropriate.
 3. Send AED to the Armory after use for the purpose of downloading data
 4. Replace used AED with Armory AED immediately
- C. HSU Manager/Designee:
 1. Ensure monthly HSU AED checks are completed and documented on DOC-2120. Forward to Security Director/designee to file.

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2. Ensure that health service staff have been trained and currently certified in the use of AED equipment.