

 <p style="text-align: center;"><b>WISCONSIN</b> <b>DEPARTMENT OF CORRECTIONS</b> <b>Division of Juvenile Corrections</b></p> <p style="text-align: center;"><b>Policy and Procedure</b></p>	EFFECTIVE DATE <i>[Status]</i>	PAGE NUMBER 1 of 2
	DJC POLICY # 300.08.09	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revision Original Date: 1/22/2018
	ORIGINATED BY Ron E. Hermes, Administrator	Date Signed:
DISSEMINATION	<input checked="" type="checkbox"/> Guidance Document	<input type="checkbox"/> Additional Competency Required
<input type="checkbox"/> All Staff <input type="checkbox"/> Restricted from Printing <input checked="" type="checkbox"/> Facilities <input type="checkbox"/> Field Offices <input type="checkbox"/> Health Services	<b>REPLACES POLICY</b>	
<b>SUBJECT: Emergency Services CPR and AED Use</b>		

**Purpose**

The purpose of this policy is to have sufficient emergency health planning for the use of CPR and AED use, along with effective use of CPR and AED when necessary.

**Policy**

All Division of Juvenile Correction (DJC) 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 Juvenile Detention and Confinement Facilities, National Commission on Correctional Health Care, 2015, Y-E-08 – Emergency Services

Wisconsin Statutes s. 146.50 (8g) - Special use of semiautomatic defibrillators

Wisconsin Statutes s. 895.48 - Civil liability exemption; emergency medical care

**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 heartbeat 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.

DJC – Division of Juvenile Corrections

DOC – Department of Corrections

DSU – Dental Services Unit

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 individual or patient wearing a DNR bracelet.

EKG – Electrocardiogram

HSU – Health Services Unit

J-Tracker – Juvenile Management Information System

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 Services Unit

DOC-2120 – Automated External Defibrillator Maintenance Checklist

DOC-2120A – General AED Maintenance Checklist

DOC-3502 – Documentation of Medical Care Provided to Employee/Visitor

DOC-3708 – Health Services Unit- Supply/Equipment Check Log

## **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 individual or youth patient from the facility when required.
    2. How to contact Emergency Medical Services (EMS).
    3. Security procedure for the immediate transfer of the youth 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 parent, legal guardian, or activated power of attorney to be notified for authorization for care and treatment at the designated hospital emergency department.
  - C. The Superintendent or designee shall review the emergency response plan annually.
  - D. All facilities shall have staff trained in CPR/AED on all shifts and days of the week.

E. HSU personnel, safety staff and all other staff who are trained shall respond to a youth, visitor, and staff medical emergency by providing first aid and providing CPR/AED to the level of training when necessary.

## II. Emergency Medical Equipment

A. Basic emergency equipment and supplies shall be available at each facility.

B. The supplies shall include, at a minimum:

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 (single use only- replace after use).
9. Disposable oral and nasal airways of various sizes.
10. Gloves.
11. Emergency medication based on established 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.
13. EKG (available in the HSU)

C. All equipment and supplies shall be checked after each use and at least monthly 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.

D. Staff shall use the DOC-2120A and DOC-3708 to document equipment checks.

E. HSU shall maintain supplies and medical equipment that is transportable for response and distinct from use for daily facility operational needs

F. The HSU Manager may determine additional emergency equipment and supplies for the facility.

## III. Emergency Medical Response Standards For Life-Threatening Condition

A. Staff coming upon an unresponsive individual shall:

1. Assess scene carefully and contact safety staff, including the Control Center and/or Shift Supervisor, and HSU, if available.
2. Activate EMS as determined
3. Request an AED be brought to the scene.
4. Evaluate medical situation.
5. Treat to level of training.

6. Begin CPR as indicated.
  - B. Non-health care staff who are trained in CPR/AED shall provide CPR and use the AED unless the victim has a DNR bracelet on the wrist or is decapitated.
  - C. Staff shall continue CPR and use the AED until medical personnel advises otherwise.
  - D. All staff involved in the incident shall complete an incident report using J-Tracker.
  - E. Arrange for a debriefing within 24 hours for staff involved.
  - F. As soon as possible after a situation occurs that requires CPR/AED use, a quality improvement review shall be performed by a team, at minimum, consisting of an advanced care practitioner, HSU manager/designee, Superintendent/designee. The review shall:
    1. Evaluate staff performance and response.
    2. Prepare any applicable recommendations for improvement to the Superintendent within seven days of the CPR/AED use.
- 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 staff training.
  - B. Contact HSU and Shift Supervisor/Control Center.
  - C. Complete an incident report using J-Tracker.
- 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 shall perform within their scope of professional practice for the State of Wisconsin.
  - C. Health Service Nursing Protocols are written for use with youth.
  - D. Assessments, care provided, and any applicable physician's orders shall be documented on DOC-3502. Documentation shall include:
    1. Employee or visitor name.
    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.
  - E. If the visitor or staff member refuses care, this shall be documented on DOC-3502 and on an incident report using J-Tracker. Documentation about the incident in J-Tracker shall include basic information about the situation and any refusal of care, but shall not include confidential health information.
  - F. If the visitor or staff member refuses transportation to the hospital via ambulance any refusals of care shall be handled by the responding Emergency Medical Services (EMS) personnel.
  - G. The DOC is not responsible for the cost of stabilization, transport or local emergency care other than supplies used on-site by facility staff.
  - H. DOC-3502 is confidential and shall not be copied or kept at the facility. Submit completed form to:  
  
BHS Employee Health  
P.O. Box 7925

Madison WI 53707-7925

- VI. Automated External Defibrillators
- A. The DJC Health Services Nursing Coordinator shall collaborate with BHS 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 facility shall have a minimum of two AEDs.
  - D. Facilities shall determine the location of the AEDs.
  - E. Supplies to be kept with each AED include:
    - 1. Two packages of defibrillator pads (one for spare).
    - 2. CPR mask.
    - 3. Examination gloves.
    - 4. Disposable razor.
    - 5. Absorbent gauze or hand towel.
  - F. All AEDs shall be checked monthly utilizing DOC-2120 to verify that each AED is ready to use. Facilities shall designate a staff member to perform and document monthly equipment checks of each AED and timely resolve any applicable concerns.
  - G. 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.
    - 1. For youth patients, file in his or her health record.
    - 2. For staff or visitors, forward to the DJC Nursing Coordinator to review with the BHS Medical Director.
- VII. CPR/AED Staff Training
- A. Only authorized training programs approved by the DOC shall be used.
  - B. All HSU, DSU, and PSU staff shall be trained and certified in the BLS for Healthcare Provider program. Recertification is required every two years. An annual refresher shall be completed on the non-certification year.
  - C. Safety staff shall be trained in First Aid, CPR and AED during the correctional pre-service training program and complete annual training thereafter.
  - D. Safety staff, HSU, DSU, and PSU staff may not opt out of First Aid, CPR and AED training and are required to participate in annual training or re-certification.

cc: Office of the Secretary  
DJC Leadership Team

<b>Division of Juvenile Corrections Facility/Region Implementation Procedure</b>		
Facility/Region:	<input type="checkbox"/> Guidance Document	<input type="checkbox"/> Competency Required
DJC Policy Number: 300.08.09		
Subject: Emergency Services CPR and AED Use		
Original Policy Effective Date: 1/22/2018	New Policy Effective Date:	
Original Procedure Effective Date:	New Procedure Effective Date:	
Will Implement: <input type="checkbox"/> As Written	<input type="checkbox"/> With following procedures for facility implementation	
Replaces Policy:		
Superintendent's/Regional Chief's Approval:		

## REFERENCES

## DEFINITIONS, ACRONYMS, AND FORMS

## FACILITY PROCEDURE

- I.
  - A.
  - B.
    - 1.
    - 2.
      - a.
      - b.
      - c.
    - 3.
  - C.

II.

III.

## RESPONSIBILITY

I. Staff

II. Youth

III. Other

<b>Emergency Services CPR and AED Use</b>	EFFECTIVE DATE	PAGE NUMBER 7 of 7
---	----------------	-----------------------