

NH DEPARTMENT OF CORRECTIONS POLICY AND PROCEDURE DIRECTIVE	CHAPTER <u>Health Services</u> STATEMENT NUMBER <u>6.47</u>
SUBJECT: EMERGENCY MEDICAL RESPONSE PROPONENT: <u>Helen Hanks, Administrative Dir.</u> <small>Name/Title</small> <u>Medical/Forensic Services 271-3707</u> <small>Office Phone #</small>	EFFECTIVE DATE <u>04/01/14</u> REVIEW DATE <u>04/01/15</u> SUPERSEDES PPD# <u>6.47</u> DATED <u>03/30/12</u>
ISSUING OFFICER: <hr/> <i>William Wrenn, Commissioner</i>	DIRECTOR'S INITIALS _____ DATE _____ APPENDIX ATTACHED: YES _____ NO _____
REFERENCE NO: See reference section on last page of PPD.	

I. PURPOSE:

To provide a structured response to medical emergencies.

II. APPLICABILITY:

To all staff

III. POLICY:

It is the policy of Department of Corrections to ensure that medical emergencies are handled in the most expeditious manner consistent with security and safety, when it appears that direct transport to an emergency room is more appropriate than interim transport to the Health Service Center. It is also departmental policy that correctional and health care providers are trained in emergency response techniques in order to respond to health related emergencies within a timely manner.

IV. PROCEDURE:

A. When any staff member encounters a person that requires emergency medical attention, the staff member will:

1. Secure the scene;
2. Contact their Central Control by radio or by telephone and declare a medical emergency at the particular location for the following reason(s):
 - a. Unconscious person
 - b. No breathing;
 - c. Severe bleeding;
 - d. Complaints associated with a heart attack (chest pain with or without nausea, sweating, and pain from chest to jaw or down either or both arms, etc.);
 - e. Seizures that last more than 5 minutes, return or result in injury
3. Initiate First Aid/CPR; continue until assistance arrives;
4. Confirm contact with Central Control Room and give the following information:
 - a. Patient's name, symptoms/condition, approximate age and weight;

- B. Steps for each facility's Central Control Room after receiving initial emergency call:
1. Contact ambulance and relay the following:
 - a. Access point;
 - b. Patient's symptoms/condition, age, and weight, if known.
 2. Contact the Shift Commander and Health Service Center.
- C. Steps for Shift Commander after receiving emergency call:
1. Coordinate an access site for ambulance;
 2. Prepare for transportation of the inmate from site;
 3. Dispatch an officer to ambulance access point for escort;
 4. Contact site OIC to secure area of incident;
 5. Designate transport officers to accompany ambulance with appropriate equipment to retain security.
- D. Steps for Health Service Center after receiving call from the facility's Central Control Room:
1. The nurse in charge will dispatch a nurse with emergency equipment to the site to assess the person, time permitting, or communicate pertinent information to on-site personnel.
 2. The Health Service staff will advise the ambulance staff of any updated information at the scene or as soon as possible.
 3. Nursing assistance at the scene may come from the nursing location that is best able to respond.
 4. Nursing staff will contact the Hospital emergency room with information obtained from the inmate's medical record to include current medications, diagnoses, drug allergies and other pertinent information.
 5. Nursing staff will make appropriate clinical documentation in the inmate's medical record and complete all documents per PPD 5.07 Notifications of Incidents &/or Events.
 6. For situations such as attempted suicides where ligatures have been used around the neck and other areas where injuries cannot be assessed by visual examination, nursing staff will consult with the physician or advanced practice register nurse on site to determine the need to send to the emergency room. These consultations will be documented in the patient's medical record.
- E. Emergency medical response under ideal or normal conditions:
1. Correctional Officer/staff discovers a person with a medical emergency and secures the scene.
 2. Correctional Officer/staff informs the Central Control Room via radio or telephone.
 3. The facility's Central Control Room will notify Fire Dispatch of the medical emergency and request an ambulance, then notify the Health Service Center and Shift Commander.
 4. Prior to the arrival of the ambulance, the nurse responds with emergency equipment and takes over care of the inmate.
 5. The Shift Commander ensures access and security for the ambulance.
 6. The nurse remains with the inmate until the inmate is turned over to the care and responsibility of the ambulance crew.
 7. An incident report will be filled out by Health Services staff and security and sent to the Shift Commander, Quality Assurance at Department Headquarters, and the Director of Medical and Forensic Services.
- F. At sites with no nursing staff on duty, security staff will contact an ambulance and have the inmate taken to the nearest hospital. After the ambulance departs, security staff will notify the on-duty nurse at the Health Service Center located at NH State Prison for Men, who will contact the on-call provider.
- G. In cases of an unexpected/untimely death within the facility (See PPD 6.40):
1. The investigations officer or shift commander, if no investigations officer is present, will assume responsibility for the integrity of the site and body. (Refer to PPD 6.07 End of Life Care for an expected death.)

2. The responding nurse, when it is clear there are no further care responsibilities, will return to Health Service Center and enter a progress note in the health record.
3. In accordance with investigative procedures, the medical examiner will be notified for pronouncement of death and any further directives as deemed necessary.
4. Investigations and/or the State Police Liaison will be granted access to the inmate's medical record to copy it for the medical examiner. The medical record will then be return to the site's Medical Record's Department for processing as a release due to death.

REFERENCES:

Standards for the Administration of Correctional Agencies
Second Edition Standards

Standards for Adult Correctional Institutions
Fourth Edition Standards
4-4351; 4-4389

Standards for Adult Community Residential Services
Fourth Edition Standards
4-ACRS-4C-04

Standards for Adult Probation and Parole Field Services
Third Edition Standards

Standards for Health Services in Prisons
National Commission on Correctional Health Care 2008
P-E-08

Other:

HANKS/clr



STATE OF NEW HAMPSHIRE
DEPARTMENT OF CORRECTIONS
New Hampshire Correctional Facility for Women
317 MAST ROAD
GOFFSTOWN, NH 03046
603-608-6137 FAX: 603-606-7109
TDD Access: 1-800-735-2064

William L. Wrenn
Commissioner
Joanne Fortier
Warden

To: All Staff

From: Captain Plante & Lieutenant Carroll

Date: December 8, 2015

Re: Naloxone Protocol

**Naloxone/Narcan Protocol
Used in Suspected Opiate Overdose Situations**

Staff's actions will coincide with PPD 6.47 *Emergency Medical Response*.

Step 1: Secure the scene

Step 2: Contact Control to declare the medical emergency and location, request medical assistance and an ambulance.

On duty medical staff will assess the individual and determine further care. Security staff will provide support. If medical staff is not present or unavailable, Security Staff will proceed with the following steps:

Step 3: Determine the unresponsiveness/decreased responsiveness of the individual.

Step 4: Check for respiratory depression (i.e. slowed or ineffective breathing)

Step 5: Begin rescue breathing/CPR

Step 6: Administer Naloxone/Narcan

Naloxone/Narcan Atomizer:

1. Assemble atomizer in accordance with Narcan Training (Attachment 1)
2. Administer Narcan in accordance with Narcan Training

References:

RSA 318-B:28-b Immunity From Liability, New Hampshire RSA
PPD 6.47 Emergency Medical Response, NH Dept of Corrections
Naloxone (Narcan) Train-the-Trainer, NH Div. of Fire Standards/Training & Emer. Medical Services



STATE OF NEW HAMPSHIRE
DEPARTMENT OF CORRECTIONS
New Hampshire Correctional Facility for Women
317 MAST ROAD
GOFFSTOWN, NH 03046
603-668-6137 FAX: 603-666-7109
TDD Access: 1-800-735-2964

William L. Wronn
Commissioner
Joanne Fortler
Warden

- A. Control the individual's head with one hand.
- B. Place atomizer in one nostril, press down on opposite nostril to close
- C. Slowly compress syringe to administer 1.0 mg of Narcan (approx. half the syringe).
- D. Repeat the above steps for the other nostril.
- E. Document the time Narcan was administered.

Naloxone/Narcan EVZIO Auto Injector:

1. Remove the EVZIO auto injector from the outer case.
2. Remove the RED safety guard by pulling it firmly.
3. Administer Narcan in accordance with Narcan Training
 - A. Place the black end of EVZIO firmly against the individual's outer thigh and hold it in place for 5 seconds (through clothing, if needed).
 - B. After 5 seconds confirm the red LED light is lit indicating the process is complete.
 - C. Remove the EVZIO and discard.
 - D. Document the time Narcan was administered

Step 7: Continue rescue breathing, if necessary.

Step 8: If the individual is breathing normal, roll them onto their side and place in appropriate restraints.

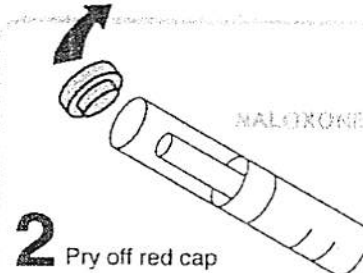
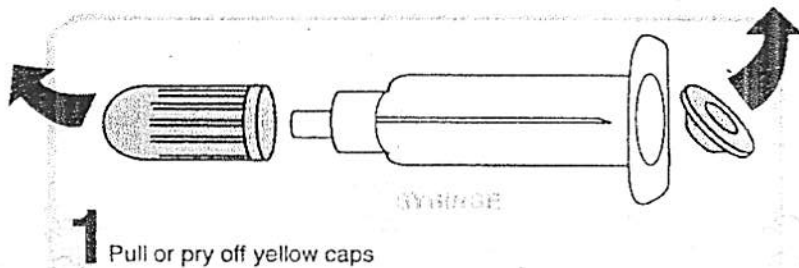
Step 9: Observe the individual approximately 2-3 minutes. If no reaction (i.e. no signs of increased respiratory rate or responsiveness), administer a second dose of Naloxone/Narcan (Step 6).

Security Staff will surrender all medical care to Emergency Medical Services Personnel upon their arrival at the scene.

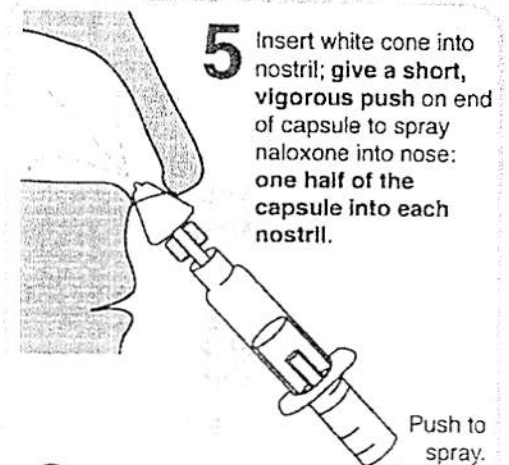
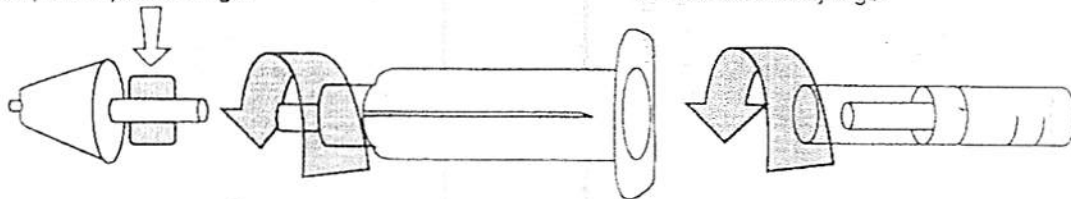
References:

RSA 318-B:28-b Immunity From Liability, New Hampshire RSA
PPD 6.47 Emergency Medical Response, NH Dept of Corrections
Naloxone (Narcan) Train-the-Trainer, NH Div. of Fire Standards/Training & Emer. Medical Services

How to Give Nasal Spray Naloxone



3 Grip clear plastic wings.



6 If no reaction in 2-5 minutes, give the second dose.



Photo courtesy of www.harmreduction.org

This document is intended to serve as a general resource for training. Those who are administering Narcan are advised to talk with their physician for additional information.