

HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Public Safety
Prisons

SECTION: Performance Improvement & Risk
Management

POLICY # AD II-13

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SUBJECT: Cardiopulmonary Resuscitation

EFFECTIVE DATE: December 2013
SUPERCEDES DATE: NONE

References:

Related ACA Standards

**4th Edition Standards for Adult Correctional
Institutions 4 - 4389**

PURPOSE

To provide an efficient and organized team approach in response to a medical emergency requiring Cardiopulmonary Resuscitation (CPR) and delineate the responsibilities of Health Services staff in the event of a medical emergency requiring Cardiopulmonary Resuscitation (CPR).

POLICY

A Cardiopulmonary Medical Emergency is a term that designates a cardiopulmonary arrest or an event of instability in a patient's condition that if resuscitative efforts were not immediately performed, the patient would arrest. All Health Services staff members are to respond immediately to the location of a Cardiopulmonary Medical Emergency and institute resuscitative measures based on American Heart Association recommendations. The Cardiopulmonary Medical Emergency event will take priority over routine patient care responsibilities.

All Health Services personnel will be responsible to maintain a current certification in Cardiopulmonary Resuscitation (CPR) including Automated External Defibrillation (AED) according to the American Heart Association (AHA) "Basic Life Support Health Care Provider Course" (BLS – HCP). Failure to recertify and maintain a current CPR certification will result in the disciplinary process being initiated.

Physicians at the Central Prison Healthcare Complex (CPHC) with a current Advanced Cardiac Life Support (ACLS) certification can provide ACLS per American Heart Association guidelines at the scene of the Cardiopulmonary Medical Emergency.

Custody Officers are trained to provide CPR according to guidelines set forth by the American Heart Association "Heartsaver – AED Course".

An Emergency Medical Response Kit (per policy AD VII – 5) is to be maintained in each facility and taken to the cardiopulmonary medical emergency by Health Services staff or Custody staff. All Health Services staff will know the location of the bag and will be familiar with the use and location of the contents.

Each facility Health Services department will conduct a Mock Code on each shift. Mock codes should include Health Services staff and Custody participation. Each Health Services staff member will be required to participate in one Mock Code annually (at a minimum). The Mock Code will be documented on the DC 387C Emergency Response Progress Note. The names, titles and roles during the Mock Code of all staff that participated will be documented on the Emergency Response Progress Note. Mock codes will be critiqued at the facility level for potential Performance Improvement. A copy of the Emergency

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Response Progress Note and facility critique form will be forwarded to the Health Services Risk Manager within 14 days of the mock code.

Cardiopulmonary Resuscitation will be initiated on all patients demonstrating cardiac and/or respiratory arrest (i.e., absence of spontaneous respirations and/or pulseless), with the exception of:

- a. Rigor mortis noted.
- b. Verification of a current Do Not Resuscitate (DNR) order originated or approved by a physician in the employ of N.C. Division of Prisons.
- c. Decapitation.

CPR may be discontinued when:

- a. Spontaneous ventilation and circulation required to sustain life have been restored.
- b. The rescuer is exhausted and physically unable to continue resuscitation, with no other trained CPR provider on scene.
- c. A determination of death is made by a physician or 911-Emergency Squad/EMS.

PROCEDURE

Cardiopulmonary Medical Emergencies will be handled in accordance with the American Heart Association Basic Life Support and Advanced Cardiac Life Support guidelines. Basic Life Support will be instituted by the first responder when indicated while Health Services staff is responding and the Emergency Response Kit and AED are arriving.

1. The **First Responder** (individual finding the person) will assess the inmate/patient, call for assistance and promptly begin Basic Life Support (BLS), as indicated.
2. The **Second Responder** to the scene will alert Master Control/Custody and state location of the Cardiopulmonary Medical Emergency. The person calling the Control Center will request Medical staff be notified to respond to the scene and BLS is being performed. The individual will request EMS be dispatched to the Emergency location and obtain the AED (if in the unit) and return to the scene. The Medical Emergency and the location will be radioed and/or overhead paged throughout the facility.
3. Health Services staff members are to respond immediately to a medical emergency requiring CPR.
4. The Team Leader, Physician/Physician Extender (on duty) or Nurse in Charge will assume responsibility of the Cardiopulmonary Resuscitation medical emergency efforts until relieved by a Medical provider (or ACLS certified at CPHC only) or EMS staff.
5. **Team Member Roles** – Same person may perform multiple roles.
 - a. Team Leader will be the Physician/Physician Extender (on duty) or Nurse in Charge
 - (1) Ensure a Recorder is at the scene documenting the events
 - (2) Direct and monitor CPR to ensure CPR roles are maintained, relief is provided, and staff is using CPR in the appropriate manner according to AHA BLS-HCP

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guidelines

- (2) Assign team member roles, as needed. Send staff not needed back to their posts.
- (3) Ensure AED is applied and utilized as appropriate.
- (4) Continue AHA BLS-HCP guidelines until 911-Emergency Squad/EMS assume care or a determination of death is made by a physician or 911-Emergency Squad/EMS. Facility staff who may be EMTs or paramedics may not make a determination of death while working in their NCDPS capacity.
- (5) Provide a report and hand-over care to 911-Emergency Squad, who will follow their established protocols.
- (6) After the medical emergency, have a debriefing meeting with all participants to identify what went well and opportunities to improve. Review the DC-387C - Emergency Response Progress Note for accuracy.

b. Recorder

- (1) Document events at the scene.
- (2) Complete the DC 387C - Emergency Response Progress Note
 - (a) Document time and detailed sequence of events.
 - (b) Document names of staff at the scene and their roles/tasks during the event.
 - (c) Legible sign and document title.
 - (d) Assure the original is filed in the patient's chart.

c. Nurse in Charge

- (1) Assure physician has been called, if not in house.
- (2) Assure 911 has been called, and the Officer-in-Charge is aware.
- (3) Have EMS respond to the location/scene.
- (4) Assure completion of DC 387C Emergency Response Progress Note and Facility Critique form. Forward a copy of each to the Health Services Risk Manager.
- (5) Assure replacement of supplies in the Emergency Medical Response Kit after the emergency.

The Compliance & Ethics Committee will be responsible for reviewing cardiopulmonary resuscitative events to identify quality indicators in need of monitoring by Health Services to assure the safe and effective implementation of CPR.

Paula Y. Smith, M.D.

12/30/13

Paula Y. Smith, M.D., Director of Health Services Date

SOR: Risk Manager