

POLICY

SUBJECT: Emergency Response Drills- Somatic Health and Behavioral Health
NUMBER: HC-333-18
APPLICABLE TO: Somatic Health Staff, Behavior Health Staff and Residential Staff

APPROVED: _____ /s/ signature on original

Sam Abed, Secretary

DATE: _____ 4/4/18

I. POLICY

All Department of Juvenile Services (DJS) facilities shall perform emergency drills to evaluate the facility's level of preparedness for medical emergencies. The staff shall simulate emergency scenarios in order to practice skills, improve response times, maintain equipment, and address any gaps in the infrastructure.

II. AUTHORITY

- A. Md. Code Ann., Human Services, §9-203 and §9-204.
- B. American Correctional Association (ACA) Standard 4-JCF-4C-54

III. DIRECTIVES/POLICIES RESCINDED

None

IV. FAILURE TO COMPLY

Failure to comply with the Department's Policy and Procedures shall be grounds for disciplinary action up to and including termination of employment.

V. STANDARD OPERATING PROCEDURES

Standard operating procedures have been developed.

VI. REVISION HISTORY

DESCRIPTION OF REVISION	DATE OF REVISION
New policy issued.	4/4/18

PROCEDURES

SUBJECT: Emergency Response Drills- Somatic Health and Behavioral Health

NUMBER: HC-333-18

APPLICABLE TO: Somatic Health Staff, Behavior Health Staff and Residential Staff

APPROVED: _____ /s/ signature on original

Linda McWilliams, Deputy Secretary

DATE: _____ 3/15/18

I. PURPOSE

To conduct emergency drills to prepare somatic health, behavioral health and direct care staff to be able to:

- Recognize the signs and symptoms of potential health-related emergencies;
- Respond to health-related emergencies in a DJS facility within four-minutes;
- Administer appropriate care in emergency medical situations;
- Establish and maintain a working relationship with local Emergency Medical Services (EMS); and
- Maintain emergency medical equipment that may be needed at the facility.

II. DEFINITIONS

None

III. PROCEDURES

A. Planning

1. The Nursing Supervisor (drill leader) or designee shall plan the drill in collaboration with the Superintendent. The Nursing Supervisor or designee and Superintendent shall be responsible for overseeing the planning, implementation, and evaluation process for the emergency drills.
2. The Nursing Supervisor shall be familiar with his/her local emergency medical system as a part of the planning process.
3. The nursing staff, behavioral health staff and direct care staff shall participate in the emergency drills.
4. At least two drills shall be performed annually to assure staff readiness. One drill shall follow Format #1, and one drill shall follow Format #2 (See procedures for each format in Section B, Implementation.)
5. All shifts shall be included in the two drills.
6. The scenario for each drill shall be collaboratively planned by the Health Administrator, Medical Director and Director of Behavioral Health. The

health-related emergencies played out in the scenarios include, but are not limited to the following:

- a. Anaphylaxis;
 - b. Mental health emergencies such as suicide attempt, or psychotic or extremely violent behavior;
 - c. Drug overdose and withdrawal;
 - d. Hypoglycemia or diabetic ketoacidosis with hyperglycemia;
 - e. Uncontrolled bleeding from a laceration;
 - f. Head, neck, spine, or other orthopedic trauma;
 - g. Neurologic emergency such as seizure or stroke;
 - h. Severe asthma or other pulmonary emergency; and
 - i. Cardiac emergency from arrhythmia or myocardial infarction.
7. At least one out of the two drills per year must simulate a cardiac emergency and review CPR/AED use for all residential staff.
 8. The Superintendent and the Nursing Supervisor shall meet with local emergency medical services staff annually to assess services and provide an opportunity for a facility tour.

B. Implementation

1. Format #1: Radio Announced Drill (includes all residential staff.)
 - a. The drill leader will call an emergency drill for the facility over the radio, disclosing the location.
 - 1) Example: “An Emergency Drill is being conducted in the cafeteria; all available nursing and direct care staff in the immediate area please respond with the AED and medical emergency bag. Your response time is being recorded”
 - 2) The drill will be announced as “an emergency drill” so that staff is aware that it is not an actual emergency situation.
 - b. When staff arrives, the drill leader shall describe the emergency scenario so that staff may begin to respond by telling the drill leader what they would do or by acting out the response. The drill leader shall call out how the scenario is evolving or changing as the staff responds, and may give direction as needed.
2. Format #2: Unannounced Drill for Medical Staff only
 - a. The nursing supervisor shall organize this type of drill to assess the readiness of the medical staff.
 - b. The nursing supervisor shall arrange to have a third party call the Health Center to request assistance for an emergency using one of the approved scenario’s.
 - c. The time for medical staff to respond shall be recorded.
 - d. Upon arrival to the scene, the drill leader shall describe the scenario, and the nursing staff shall respond by acting out the steps, assessment, and treatment that they would administer. The

drill leader will call out how the scenario is changing as the nursing staff responds and may give direction as needed.

C. Evaluation

1. Following the drill, the nursing supervisor shall conduct a post-drill debriefing, using the **Emergency Drill Documentation Form (Appendix 1)** as a guide. This form shall document the following:
 - a. Staff response time;
 - b. Staff participation;
 - c. Critical thinking skills for selected medical emergencies;
 - d. Equipment maintenance and availability; and
 - e. Potential areas for improvement in emergency response.
2. All participants must be present at the debriefing.
3. Once the drill and debriefing are completed, the nursing supervisor shall complete the **Emergency Drill Documentation Form (Appendix 1)**. The nursing supervisor shall send a copy to the Health Administrator, Medical Director, Director of Behavioral Health and Superintendent.
4. The Continuous Quality Improvement portion of the debriefing should focus on what measures need to be implemented to make improvements in the emergency response. The entire drill team shall develop a plan to address gaps that were discovered during the drill.
5. The results of the post-drill debriefing should be used to plan future drills.
6. The response time for all drills shall be four minutes or less.

D. Training

Designated direct care staff and all health care staff shall be trained to respond to health-related emergency situations within a four-minute response time. The training program, established by the Professional Training Education Unit, Health Administrator, Medical Doctor and Director of Behavioral Health in cooperation with the Superintendent shall be conducted on an annual basis to assure staff readiness and shall include, at a minimum, the following:

1. Recognition of signs and symptoms, and knowledge of action that is required in potential emergency situations;
2. Recognition of signs and symptoms of mental illness, violent behavior, and acute chemical intoxication and withdrawal;
3. Methods of obtaining assistance;
4. Administration of basic first aid and certification in performing cardio-pulmonary resuscitation (CPR) in accordance with the recommendations of the certifying health organization;
5. Suicide intervention; and
6. Procedures for patient transfers to appropriate medical facilities or community health service providers.

IV. RESPONSIBILITY

Superintendents, Health Administrator, Medical Director and Director of Behavioral Health are responsible for implementation and compliance with this procedure.

V. INTERPRETATION

The Deputy Secretary for Operations shall be responsible for interpreting and granting any exceptions to these procedures.

VI. LOCAL OPERATING PROCEDURES REQUIRED

Yes

VII. DIRECTIVES/POLICIES REFERENCED

No policies referenced.

VIII. APPENDICES

1. Emergency Drill Documentation Form



DJS POLICY AND STANDARD OPERATING PROCEDURES

Statement of Receipt and Acknowledgment of Review and Understanding

POLICY: Emergency Response Drills- Somatic Health and Behavioral Health
NUMBER: HC-333-18
APPLICABLE TO: Somatic Health Staff, Behavior Health Staff and Residential Staff

I have received and reviewed a copy (electronic or paper) of the above titled policy and procedures. I understand the contents of the policy and procedures.

I understand that failure to sign this acknowledgment form within five working days of receipt of the policy shall be grounds for disciplinary action up to and including termination of employment.

I understand that I will be held accountable for implementing this policy even if I fail to sign this acknowledgment form.

SIGNATURE

PRINT FULL NAME

DATE

WORK LOCATION

SEND THE ORIGINAL, SIGNED COPY TO THE DIRECTOR OF THE DJS OFFICE OF HUMAN RESOURCES FOR PLACEMENT IN YOUR PERSONNEL FILE.

FACILITY: _____

Health Services: Emergency Drill Documentation

Date of Drill: _____ Location of Drill: _____ Drill Time: Start _____ Stop _____

SCENARIO: _____

SUMMARY OF EVENT: Please list each simulated intervention in order, and the subsequent responses to each intervention

INTERVENTION		RESPONSE
1.	➔	1.
2.	➔	2.
3.	➔	3.
4.	➔	4.
5.	➔	5.

PARTICIPANTS (*Drill Leader)

HEALTH CARE STAFF

RESIDENTIAL STAFF

<i>Arrival time of first participant</i> _____	<i>Arrival time of first participant</i> _____
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

EVALUATION

Were participants notified of the drill in advance? Yes___ No___

Was emergency equipment readily available? Yes___ No___

Were all emergency equipment items functional and properly checked? Yes___ No___ (explain)_____

How was the drill announced? Telephone___ Radio___ Other (explain)_____

Was a post-drill debriefing held? Yes___ No (explain)_____

Were all staff members present at the post-drill debriefing? Yes___ No(explain)_____

Based on your debriefing, which aspects of the drill went well? _____

Which aspects of the drill could be improved? _____

CONTINUOUS QUALITY IMPROVEMENT

Based on this drill, what quality improvement measures should be implemented at your facility? _____

Signature of Nurse Supervisor

Date