DATE:	NOVEMBER 18, 2019
NUMBER:	M.6
SUBJECT:	LIFE THREATENING EMERGENCIES: CODE BLUE
RELATED SECTIONS:	M.5, MSD.C.2, SDSD P&P 6.128

PURPOSE

To provide procedures when responding to a life threatening "code blue" medical emergency for inmates, staff, and/or visitors within the detention facilities.

POLICY

Any life-threatening medical emergency shall trigger a 911 request for a paramedic emergency response team.

PROCEDURE

I. CODE BLUE

A code blue is generally used to indicate the need for resuscitation or immediate medical attention. This includes, but is not limited to cardiac arrest, respiratory arrest and trauma emergencies.

Personnel responding to a code blue incident shall:

A. Sworn Staff:

1. Assess the victim's condition.

2. Without leaving the victim, immediately call for help via radio or any other means of communication to notify medical staff and/or request the activation of emergency medical services (911). Provide the location, victim status (e.g., breathing, pulse) and nature of any injury if known.

3. If opioid overdose is suspected, initiate naloxone administration as outlined in Section II.

4. Start cardiopulmonary resuscitation (CPR) as needed using a barrier device (e.g. PAM mask, pocket mask). Additional resuscitative equipment will be provided by the Medical Services Division (MSD) staff. MSD staff will determine the appropriateness of utilizing additional emergency equipment including, but not limited to, the Automated External Defibrillator (AED).

5. Switch to two-person CPR if additional help has arrived after the above notifications have been made. Continue CPR until relieved by MSD staff or the paramedic emergency response team.

6. Provide the watch commander with a brief description of the incident.

B. MSD Staff:

1. Respond to the scene with the appropriate emergency equipment.

2. Assess the situation immediately.

3. Manage the emergency response and monitor the victim's status continuously.

4. Delegate as necessary. In addition to sworn staff, medical staff including any physician (MD), registered nurse practitioner (RNP), registered nurse (RN) or licensed vocational nurse (LVN) shall have the authority to call 911 or other medical transport for any medical condition they deem necessary. If medical staff calls 911, notification shall be made to the watch commander or designee.

5. Document sequence of events.

6. If there is a MD or mid-level provider (e.g., RNP) in the facility, they shall be called to the scene.

7. When the paramedic emergency response team arrives, the MSD staff member will provide information regarding the scene, emergency medical care provided and any medical history obtained. The MSD staff member will then relinquish care to the paramedic emergency response team.

NOTE: The paramedic emergency response team is required by law to transport to the nearest acute care emergency department.

II. SUSPECTED OPIOID OVERDOSE AND NALOXONE

A. An opioid overdose requires immediate medical attention. The most common signs of overdose include the following:

1. Extreme sleepiness or unresponsiveness.

2. Breathing problems that can range from slow to absent breathing.

3. Fingernails and/or lips turning blue/purple.

4. Extremely small "pinpoint" pupils.

5. Slow heartbeat and/or low blood pressure.

B. Naloxone should be administered to any inmate who presents with signs of opioid overdose or when opioid overdose is suspected. When administering naloxone, staff shall:

1. Maintain universal precautions against blood borne pathogens.

2. Inform responding medical personnel that naloxone was administered and the number of doses used.

3. Appropriately dispose of the naloxone applicator.

4. Notify the naloxone coordinator of the naloxone administration.

C. Naloxone is a controlled substance and as such must be monitored. Deputies shall account for the naloxone kits at the beginning of each shift and make an entry in the Jail Information Management System (JIMS). Deputies will select NLX-Naloxone from the drop-down menu of the Area Activity in JIMS. At the beginning of each shift, the watch commander will make an entry in the Watch Commander's Log indicating all naloxone kits were accounted for. Missing or damaged naloxone kits will be reported to the naloxone coordinator.

D. Each facility/unit will outline, via a green sheet, the naloxone coordinator for their facility/unit and the location of each naloxone kit. The naloxone coordinator will be responsible for tracking, ordering and replacing naloxone products. All naloxone products have an expiration date. The naloxone coordinator will conduct a monthly inspection of all naloxone kits to check the expiration date and obtain replacement naloxone as needed.

III. DOCUMENTATION

A. Naloxone administration by either sworn or medical staff will be documented by a sworn staff member on a JIMS Inmate Status Report (ISR) using NLX-Naloxone as the Incident Type Code. The narrative will contain a synopsis of the incident, indicate the staff who administered the naloxone, the number of doses administered and the NetRMS case number (if applicable).

B. Naloxone administration by sworn staff will also require the completion of a Naloxone Usage Report (SO-195) form and a NetRMS case report to track law enforcement's use of naloxone. The SO-195 form will be included as an attachment to a miscellaneous NetRMS report (unless a specific crime/incident report is warranted). The NetRMS report should include the Special Studies drop-down, "NRI – Naloxone Related Event."

C. Sworn staff involved in the naloxone administration should coordinate with the Detentions Investigation Unit (DIU) to follow-up on any possible investigations and/or crime/incident reports related to the suspected drug overdose that prompted the use of naloxone.