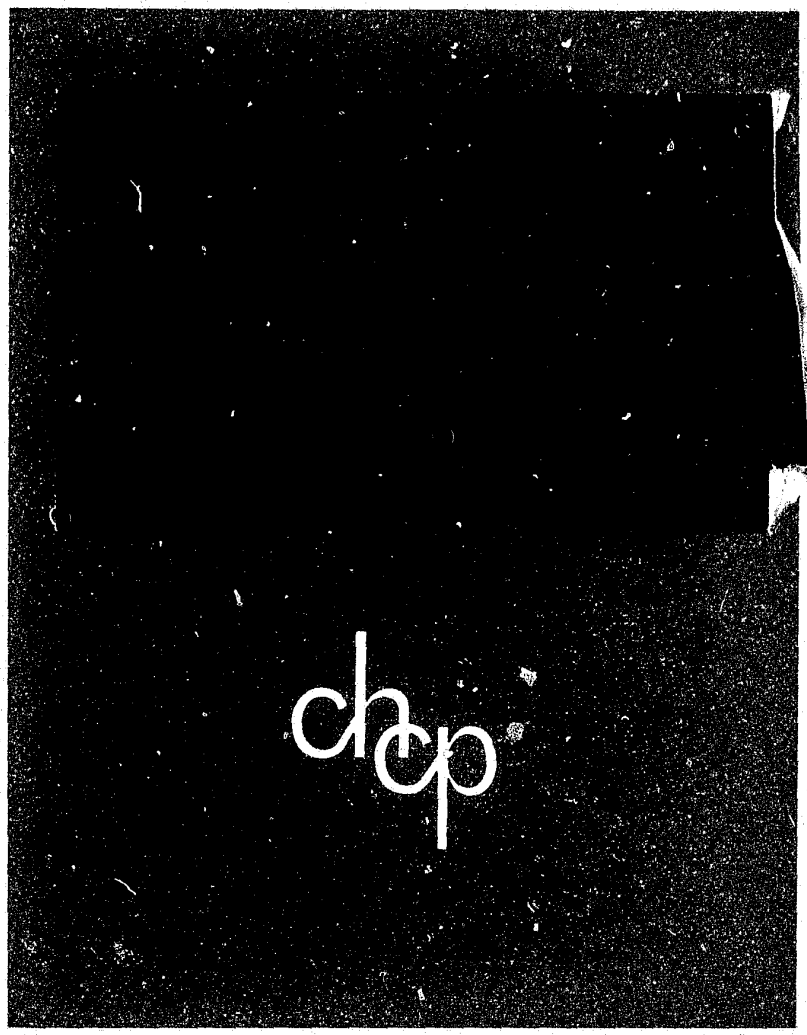

CORRECTIONAL HEALTH CARE PROGRAM

Correctional Health Care Program

RESOURCE MANUAL

FIRST AID AND
EMERGENCY PROCEDURES

MICHIGAN DEPARTMENT OF CORRECTIONS
OFFICE OF HEALTH CARE

LAW ENFORCEMENT ASSISTANCE ADMINISTRATION
UNITED STATES DEPARTMENT OF JUSTICE

Correctional Health Care Program
Michigan Department of Corrections
Office of Health Care

FIRST AID AND EMERGENCY PROCEDURES

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Michigan Department of Corrections
Office of Health Care

University of Michigan
School of Public Health
Department of Medical Care Organization

Michigan State University
Colleges of Human and Osteopathic Medicine
Department of Community Health Science

American Medical Association
Division of Medical Practice
Program to Improve Health Care in Correctional Institutions

University Reserach Corporation

C O N T E N T S

C O N T E N T S (Continued)

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Sample Policy Manual for Correctional Health Care

FOREWORD

The issues of adequacy, accessibility, and quality of health care service delivery in correctional institutions are increasingly receiving well-merited attention. Long plagued by neglect and paucity of resources, most correctional agencies throughout the country have recognized the need for clear direction in addressing these issues. The unique characteristics of prison populations and facilities pose a problem in applying directly the standards and policies which prevail in community health care settings. Once the basic ingredients common to good health care practice have been identified, the challenge remains of their adaptation without essential compromise to the correctional environment. Implementation of a system which meets statutory and professional standards is the responsibility of correctional health care administrators in the 1980's.

Through a grant from the Law Enforcement Assistance Administration, the Michigan Department of Corrections has provided technical assistance to ten states with a view to improving their health care system for residents of correctional institutions. This manual is one of a series published under auspices of the grant. Together, the manuals will support and extend the training sessions and technical assistance efforts of the past two years. Their purpose is to define concisely the major elements which must constitute a comprehensive health care program for a correctional agency.

There is no substitute for proper planning, adequate resources and good management. These manuals can assist in the planning effort to identify the kind of resources which will comprise an adequate program. In addition, they address the alternatives which must be considered, the integration of various components, and establish a foundation for the decisions which must be made by each agency.

The manuals have been compiled by persons who are experts in their professional field and by persons active in the delivery of health services to correctional residents. There are too many divergencies among correctional agencies to permit a single approach to be universally applicable. For this reason, the manuals are intentionally broad in scope and will require careful analysis and specification by each user.

A health care system does not stand alone and isolated from its environment. It can succeed only through a cooperative and carefully planned effort which involves health care personnel, staff of the correctional system, community health resources, and residents as interested consumers of the services. Where multiple institutions exist within a state correctional agency, appropriate central direction and coordination are essential for coherent and consistent form and quality of the services provided. It is at this level, in particular, that the overall planning, resource development, and management of policy should occur.

These manuals are written in a simple "how-to" format and are intended to be self-explanatory. Local regulatory agencies and other community and professional health resources can be helpful in their interpretation and application.

The goal which has prompted development and issuance of this manual and of others in the series has been attainment of professional quality health care for residents of correctional institutions comparable to that available in the community. The sponsors will consider their efforts well rewarded if, as a result, changes are implemented which improve access and cost-efficient delivery of needed health services.

Jay K. Harness, M.D.
Director
Correctional Health Care Program

INTRODUCTION

The ability to take appropriate action in the event of an accident or medical emergency can prevent serious injury, disability or even death. A correctional institution assumes the responsibility for the safety and well-being of its residents, and it is, therefore, particularly important for staff to be properly trained in first aid and emergency procedures. Most state correctional systems have orientation training programs for custody staff which include some first aid training. In addition, local chapters of such organizations as the Red Cross, the Heart Association and the YMCA offer more sophisticated courses to which institutional staff may be sent.

As with most acquired skills, an individual must use or practice the first aid techniques he has learned in order to keep proficient. Under normal circumstances, custody staff do not have the opportunity to use first aid on a regular basis. Refresher courses help to keep skills current, but it is unlikely a correctional institution can free staff routinely to attend such courses. One alternative to routine refresher courses is to supply staff with a reference manual in which they can quickly verify procedures at the scene of the emergency or accident. This manual reproduces a handbook currently in use which attempts to meet this need.

The information contained in this manual was developed by the health care staff at Muskegon Correctional Facility in Muskegon, Michigan. It contains brief explanations of the proper steps to take in the event of a number of common emergency and accident situations. The information was organized into a "flip-up" handbook with reference tabs (see next page for illustration) and includes additional information such as clinic phone numbers and hours. This handbook was then distributed to custody staff for use as needs arise.

A reference manual such as this cannot and should not take the place of proper first aid training. But it can help to assure that a trained person follows the appropriate steps in responding to an emergency or accident. Before using any of the information contained in this manual, it should be reviewed by health care staff at the correctional facility in which it will be used to assure consistency with the philosophy and availability of health care services in that institution.

FIRST AID AND EMERGENCY PROCEDURES

MUSKEGON CORRECTIONAL FACILITY
2400 South Sheridan Avenue
Muskegon, MI 49442

HEALTH SERVICES NUMBERS:

Physician and Nursing Supervisor: 261

Medical Secretary: 257

Receptionist: 256

ALLERGIC CONDITIONS

HIVES:

1. White, slightly raised areas, various in shape and size, surrounded by red areas, which tend to come and depart within minutes or hours, and may itch severely, mildly, or not at all.

2. Most residents need no treatment for hives except reassurance.

3. If hives are itching sufficiently or are so conspicuous as to interfere with the resident's assignment, inform Health Services and send resident to Health Services to receive medical treatment.

ALLERGIC DERMATITIS (including Poison Ivy):

1. Reaction starts with small, itchy blisters. Some never progress beyond this; the blisters dry and peel off.

2. If blisters ooze, or itching is intense, contact Health Services and send resident to Health Services to receive medical treatment.

HAY FEVER:

1. Intense bouts of sneezing, with red, itchy eyes, in spring, summer or fall, are probably due to hay fever. A cold usually gives a continuously running nose with soreness in nose and throat, rather than an itchy sensation. When in doubt, isolate resident, contact Health Services, and send resident to the infirmary.

2. An extra supply of facial tissues is the only first aid given.

3. If resident is unable to do work due to hay fever, contact Health Services and send resident to Health Services to receive medical treatment.

ASTHMA:

1. Asthmatic residents should be known to all their unit officers and noted on resident card in red when they arrive at Muskegon Correctional Facility.

2. If resident wheezes and breathes in quickly, talk with him to reassure him. Try to make him comfortable, sitting or reclining.

3. Give no medications.

4. Health Services should be consulted.

ARTIFICIAL RESPIRATION, RESCUE BREATHING TECHNIQUE

To be used for a resident who has ceased breathing due to drowning, choking, electric shock or other cause.

1. Clear the throat, wipe out any fluid, vomitus, mucous or object with fingers or with cloth around fingers.

2. Place resident on his back, place hand or soft object under neck, and keep the head tilted back as far as possible.

3. Grasp the angle of the jaw and lift the jaw so that it juts forward. This will pull the tongue away from the back of the throat so that air can get in.

4. Pinch resident's nose and blow into mouth with smooth, steady action until the chest is felt or seen to rise.

5. Remove your mouth and allow lungs to empty.

6. Continue with breaths proportionate to the size of the resident, every 3 to 4 seconds.

7. Have someone contact Health Services.

8. Keep resident warm while giving Rescue Breathing.

NOTE: If the chest does not rise, quickly recheck position of head and jaw. If air is still blocked, try to dislodge material from airway as described under "Choking". Sweep fingers through resident's mouth again to remove foreign matter. DO NOT STOP until resident breaths for himself or until seen by a physician. If one can observe the chest to rise and fall, all within reason is being done.

BITES

ANIMAL:

1. Wash area of bite with soap and water.
2. Hold under running water for two or three minutes if not bleeding profusely.
3. Apply clean dressing if bleeding.
4. Contact Health Services.
5. With caution and protection, try to catch and confine the animal. If necessary, kill the animal. Do not shoot in head so that head can be sent for laboratory examination.
6. Report bite to police or sheriff's department, and local health department.
7. Contact animal's owner, if possible, to find out if animal was immunized against rabies, and report to doctor.
8. Animal should be confined to owner or police for 10 days under veterinary observation.

HUMAN:

1. Treat as any animal bite (1 to 3 above).
2. Contact Health Services.

SNAKE (NON-POISONOUS):

1. No fang marks, only a semi-circle of tooth marks, are present.
2. Calm the resident, and treat as any other animal bite (1 to 4 above).

SNAKE (POISONOUS):

1. The Massasauge rattlesnake may be encountered in the lower peninsula of Michigan. If the snake is not available for identification, look for fang marks (two, or sometimes one, are surrounded by white areas in first few minutes, later turning reddish with bleeding into the tissues).
2. Intense pain is present; pain and swelling increase steadily.
3. Contact Health Services and they will call a doctor or the hospital so that snake antivenom can be located and made ready.

4. Keep the resident as quiet as reasonably possible while transporting him quickly to the doctor or hospital per Health Services instructions.

NOTE: DO NOT apply cuts, suction or cold to the bite. (These are harmful, not helpful).

*BLISTERS (from Friction)

1. Cover with bandage to prevent further rubbing.
2. If blister is infected, contact Health Services.

*NOTE: TETANUS IMMUNIZATION AND ANTISEPTICS. Protection against tetanus should be considered whenever the skin is broken or there are burns, even if skin appears intact. Make every effort to find out if resident has had tetanus immunizations so that he will not need to be given tetanus antitoxin (horse serum), to which he may be sensitive. Do not use iodine or antiseptics. Those strong enough to kill bacteria are also harmful and retard healing; mild, ineffective antiseptics give a false sense of security.

BRUISES

1. Rest injured body part.
2. Apply cold compresses or icebag to injured body part for half hour.
3. If skin is broken, treat as a cut.
4. If the bruise is deep in the muscle, or there is rapid swelling or great pain, contact Health Services.

BURNS AND SCALDS

LIMITED EXTENT:

1. Allow cold tap water to run gently over the area until pain is relieved.
2. Cover with gauze and bandage to prevent friction.
3. Inform Health Services.

EXTENSIVE:

1. If possible, run cold water over burned areas immediately after burn. (This decreases damage to tissues.)
2. Keep resident in flat position.
3. Cover burned areas with sterile dressing or clean cloth (NOT absorbent cotton) after removing clothing.
4. If clothing is adherent, do not disturb; leave alone.
5. Keep resident warm, but not hot.
6. If resident is not nauseated, he may have sips of water.
7. Contact Health Services and arrange for immediate medical care.

NOTE: DO NOT USE OINTMENTS, GREASES, OR PASTES OR POWDERS ON BURNED AREAS.

CHEMICAL BURNS:

1. Run water over area for 20 minutes. If the chemical is in the eye, run water over eye (see Eyes).
2. Contact Health Services and arrange for medical care.

SUNBURN:

1. Avoid further sun exposure.
2. If burn is extensive, inform Health Services and have resident taken to Health Services.

CHOKING

1. If a resident chokes on food or other object and stops breathing, turn him face downward over your knees, and forcefully hit his back between shoulder blades in an effort to propel the object from the windpipe.

2. If he can breath readily even though coughing, this maneuver is unnecessary.

3. If he does not breath after attempting to dislodge the object, apply Rescue Breathing. CALL FOR EMERGENCY HELP AND TAKE DIRECTLY TO HOSPITAL OR HEALTH SERVICES AS DIRECTED BY DOCTOR OR NURSE SUPERVISOR.

4. Get someone else to contact Health Services. Continue Rescue Breathing on trip to hospital or Health Services.

CONVULSIONS

1. AN EPILEPTIC RESIDENT SHOULD BE KNOWN TO ALL UNIT OFFICERS AND HEALTH SERVICES PERSONNEL. ALSO, IT SHOULD BE NOTED IN RED ON RESIDENT CARD.
2. During convulsions, lay resident on the floor in an open area. Remove objects close to resident. Do not restrain movements.
3. Turn him gently on his side, so that if he vomits he will not choke.
4. Loosen garments at neck and waist.
5. GIVE PATIENT NOTHING BY MOUTH.
6. DO NOT TRY TO PLACE ANYTHING BETWEEN THE TEETH.
7. Allow resident to rest after seizure. Do not let him walk alone.
8. For known epileptics, report seizures to Health Services.
9. If the resident is not known to have epilepsy, or if the seizure continues without stopping, contact Health Services and seek emergency medical help.
10. Observe details of seizure and report to physician or nurse.

*CUTS, SCRATCHES AND SCRAPES
(Including Rope and Floor "Burns")

1. If area is dirty, use wet gauze to wash gently with clean water and soap around the wound.

2. Rinse under running water.

3. Pat dry with clean gauze or paper towel.

4. Apply clean gauze dressing (non-adhering type for scrapes), and bandage.

5. Inform Health Services of accident.

NOTE: If resident comes with wound that occurred in unit, render only urgent first aid, then contact Health Services. If bandage applied in unit comes loose, reinforce it, but do not change it.

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DIABETES

INSULIN REACTION:

1. Early symptoms are irritability and listlessness, followed by hunger, confusion, and loss of consciousness.

2. A DIABETIC RESIDENT SHOULD BE KNOWN TO ALL UNIT OFFICERS AND NOTED ON FILE CARD.

3. Inform Health Services.

DIABETIC COMA:

1. When diabetes first develops, or when diabetic resident has some other illness, drowsiness may develop. This can be confused with insulin reaction.

2. Inform Health Services for medical care.

EARS

PUS RUNNING FROM EAR:

1. Do not try to clean pus out of the ear.
2. Contact Health Services for medical care.

EARACHE:

1. Warm hot water bottle or heating pad (not HOT) against the ear will give comfort while waiting for medical care.
2. Contact Health Services for medical care.

LIVE INSECT IN EAR CANAL:

1. Run warm water into ear to quiet insect.
2. Contact Health Services for medical care.

OBJECT IN EAR CANAL:

1. If object cannot be easily grasped and removed, contact Health Services for medical care.

ELECTRIC SHOCK

1. Remove from contact with electric source using nonconductive articles like a dry broom handle or dry rope. DO NOT TOUCH PATIENT DIRECTLY OR WITH AN OBJECT THAT WILL CONDUCT ELECTRICITY.

2. Give Rescue Breathing if patient is not breathing. Give Cardiac Resuscitation if heart has stopped.

3. Call Health Services and arrange emergency medical care.

EMERGENCY PROCEDURES FOR SERIOUS ACCIDENT OR ILLNESS

1. Stay at the scene and give help until person designated to handle emergencies arrives.

2. Send word to Health Services and person designated to handle emergencies. Have this person take charge of the emergency and render any further first aid needed.

3. Do not give aspirin or other medications.

4. Do not move a severely injured or ill person unless absolutely necessary for his immediate safety. If it is necessary to move an injured person, carry him on a stretcher with his back and neck supported in a straight position, not doubled over forward or bent to the side. If pulling is necessary, pull in direction of long axis of body, not sideways.

5. Doctor or his designated employee (nurse) should agree on course of action to take.

6. Arrange for transportation of the injured resident by ambulance or other emergency vehicle if necessary after notifying the doctor and following his directions or those of the nurse.

7. A responsible person should stay with the resident until medical help arrives.

8. Fill out a report for all accidents requiring above procedure.

EYES

PARTICLE IN EYE:

1. Prevent resident from rubbing eye.
2. To remove particle pull upper lid down over lower lid and release several times.
3. If necessary, lay resident down, tip head toward affected side, and gently pour warm water over the eyeball.
4. If particle or pain remains, notify Health Services for medical attention.

CHEMICALS IN EYE:

1. Wash the eye immediately with large amounts of plain water for 20 to 30 minutes. Dip face in water, or let water from fountain or faucet run over eye with head tipped so that water does not strike eye directly.
2. Contact Health Services and arrange medical care.

BLOW TO EYE:

1. If blow was severe, or there is loss of vision, cover eye with a clean folded cloth or gauze.
2. Contact Health Services and arrange medical care.

FAINTING AND UNCONSCIOUSNESS

1. Keep in flat position.
2. Loosen clothing around neck and waist (belt, etc.)
3. Keep resident warm but not hot.
4. Keep head turned to the side and mouth clear.
5. Give patient nothing by mouth, and nothing to inhale.
6. Contact Health Services.
7. If resident stops breathing, apply Rescue Breathing.

FROSTBITE

1. Exposed hands, face or ears that become numb and pale should be warmed as quickly as possible by body heat or by warm water (NOT HOT WATER).
2. Do not rub or overheat.
3. If blisters or pain develop, cover with gauze and bandage lightly.
4. Contact Health Services for medical care.
5. Warm resident with blankets or extra clothing and give him a warm drink.

*HEAD INJURIES

1. Complete rest is necessary, lie flat with head elevated.
2. Control any bleeding by pressure over wound with clean dressing.
3. Even if resident was only briefly unconscious and seems fully recovered, contact Health Services and urge that resident see a doctor. DO NOT ALLOW HIM TO RESUME PLAY IN ANY ACTIVE GAME OR SPORT ON THE SAME DAY.
4. If resident remains unconscious, turn head to side and give nothing by mouth. Arrange for immediate medical care.

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HEADACHE

1. Have resident lie down in the unit.
2. Give no medications*.
3. If headache persists, is severe, or other symptoms are present, Health Services should be notified.
4. Urge medical care if headaches occur frequently, even if mild.

*NOTE: Tylenol is considered a medication.

HEART-LUNG RESUSCITATION

NOTE: It is strongly recommended that MCF staff members receive training in this technique from the Michigan Heart Association or other qualified instructors. Nevertheless, the following instructions are furnished for use in extreme emergencies by persons without previous training.

1. If pulse cannot be felt, listen for heart with ear against chest. If no heartbeat is heard, start Heart-Lung Resuscitation as follows:

2. Place resident on his back on a firm surface. Extend his head backwards so his chin points straight upward.

3. Place the heel of one hand in the center of the chest over the lower one-half of the breastbone and place the heel of the other hand on top of it. The fingers must be lifted so they do not touch the ribs. Pressure on ribs may break them.

4. Rock forward and use the weight of your body to press the breastbone vertically downward 1½ to 2 inches. This compresses the heart between breastbone and backbone and propels blood out of the heart into the lungs and body.

5. Release the pressure for just as long as you pressed. The chest will expand and the heart will fill with blood.

6. Repeat this pressure once every second.

7. A SECOND PERSON SHOULD GIVE RESCUE BREATHING, blowing a breath in once between each 5 to 8 compressions of the heart, with the least possible pause in heart compressions.

8. If only one rescuer is present, he should inflate the lungs with two or three quick breaths after every 10 to 15 heart compressions.

HEAT EXHAUSTION

1. During sports in hot weather, residents lacking fluid may show weakness and fatigue, followed by headache, cool and clammy hands, perspiration, nausea and sometimes vomiting.

2. Give fluids frequently, in small amounts (1 glass every 15 minutes), preferably with some sugar and 1 teaspoon of salt in each glass.

3. Keep resident lying flat, and cover only enough to prevent chilling.

4. Contact Health Services.

HEAT STROKE

1. During summer or early fall athletics or in other hot situations, the heat regulating mechanism of the brain may stop functioning so that the person stops sweating, is very red and hot, and has a rapidly rising temperature. The person may lose consciousness.

2. Get person into shade and cool him rapidly by completely wetting his clothing or removing the clothing and wetting him thoroughly.

3. Give fluids to drink if he is conscious.

4. Contact Health Services and take resident to Health Services.

MOUTH

CUTS:

1. Bleeding from tongue, lip or cheek cuts can be reduced by giving resident an ice cube (if available) to suck and hold against cut.

2. If cut is extensive or bleeding is severe, contact Health Services.

TEETH

TOOTHACHE OR GUM BOIL:

1. These conditions are direct threats to a resident's general health, not just local tooth problems.

2. Contact dentist or Health Services without delay to urge dental care.

3. No first aid measure in the unit is of any significant benefit. Relief of pain in the unit often postpones needed dental care.

BROKEN OR DISPLACED TOOTH:

1. Save tooth or tooth fragments in clean tissue to take to dentist immediately.

2. Contact dentist or Health Services for emergency dental care.

NOSE

NOSEBLEED:

1. Have resident sit comfortably or lie on side with head raised on pillow.

2. Encourage mouth breathing and discourage blowing, repeated wiping or rubbing of the nose.

3. If bleeding is profuse, press the nostrils together and push in against the face firmly for about 15 minutes.

4. A cool, wet cloth placed across the upper face is soothing and encourages the resident to sit or lie quietly.

5. If bleeding continues for more than 20 minutes, contact Health Services.

OBJECT IN NOSE:

1. If object cannot be easily removed, contact Health Services.

POISONING

1. If poisoning occurs accidentally or through unwise self-medication by a resident, vomiting should be induced at once.

   NOTE: Do NOT induce vomiting if resident has swallowed:

   a. kerosene or other petroleum products, furniture polish, insecticides, or paint thinner (these do more harm if any gets in lungs)

   b. strong acid or lye (esophagus may already be severely damaged)

   c. if resident is unconscious or convulsing (may inhale vomited material)

2. Contact Health Services.

3. Health Services will call nearest Poison Control Center for instructions if necessary.

4. Take sample of vomited material and of poison (if available) to Health Services with resident.

TO INDUCE VOMITING:

1. Give glass of water or milk.

2. Tickle back of throat with finger, until resident vomits.

3. Help resident lean over basin while vomiting to avoid choking.

*PUNCTURE WOUNDS

1. DO NOT TRY TO PROBE OR SQUEEZE.
2. Wash around wound with water and soap.
3. Cover with clean bandage.
4. If wound is deep or bleeding freely, treat as a large cut.
5. Contact Health Services.

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SEVERE BLEEDING

1. Apply clean dressing. Press firmly to stop bleeding.
2. Bandage wound firmly.
3. Contact Health Services and arrange for emergency medical care,
4. If fingeror other part has been severed, wrap it in a bandage and send it with the resident.

SHOCK

1. If resident feels weak and anxious, and is pale, cold and sweaty with rapid, weak pulse, lay resident flat.

2. Cover resident just enough to keep him cool, but not chilled. Do NOT overheat.

3. If resident is fully conscious, is not nauseated or vomiting, and has no abdominal wound or abdominal pain, give small sips of water.

4. Control bleeding, if present, by pressure with clean dressing.

5. Contact Health Services and arrange for emergency medical care.

*SPLINTERS OR IMBEDDED PENCIL LEAD

1. Wash areas with clean water and soap.
2. Remove with tweezers, IF PROTRUDING ABOVE THE SURFACE. Do not probe under skin.
3. Wash again.
4. Apply clean dressing.
5. If large or deep, leave in place and contact Health Services.

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STINGS

1. Remove stinger if present.

2. Apply cold compresses.

3. If resident has history of allergy to stings, or develops difficulty in breathing, TAKE HIM TO HEALTH SERVICES IMMEDIATELY.

4. If allergic resident carries medication with him to take when stung, help him to take it.

5. Get someone else to notify Health Services.

*SUSPECTED FRACTURES, DISOLATIONS, SPRAINS OR STRAINS

1. Do not move person if fracture of neck or back is suspected, unless he is in immediate danger where he lies.

   NOTE: If person MUST be moved out of danger IMMEDIATELY, support head and pull him in the direction of the long axis of his body without bending spine forward. Do not drag him sideways.

2. For other injuries, support injured part carefully while moving resident to Health Services on a STRETCHER.

3. Elevate injured part gently, if practical.

4. Apply cold, moist towels to injured part for a half hour.

5. Do not allow resident to put body weight on suspected fracture or sprain.

6. Notify Health Services to inspect injury and supervise further care and moving.

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VOMITING AND ABDOMINAL PAIN

1. Have resident lie down in the unit until Health Services personnel arrive.

2. Give no food or medications*, and only small sips of water if the resident complains of thirst.

3. Keep resident lying down until he either feels better, or receives medical care.

*NOTE: Tylenol is considered a medication.

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