

HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department of Public Safety
Prisons

SECTION: Care and Treatment of Patient

POLICY # TX I-11

PAGE 1 of 2

SUBJECT: Mass Casualties

EFFECTIVE DATE: September 2016

SUPERCEDES DATE: July 2007

Reference:

ACA Standard 4th Edition
4-4389

PURPOSE

To provide guidelines in the event of non-emergent trauma related to an accident, fire or natural occurrence involving two or more offenders. This policy is not to negate the established sick call policy.

POLICY

In the rare event of a non-emergent accident, fire or natural occurrence, every offender involved will be assessed for injuries by a registered nurse as soon as possible. Nurses are not to go to the accident/incident site to conduct the assessment. Offenders are to be taken to the medical department for evaluation.

DEFINITIONS

(Non-emergent trauma) – an event that did not necessitate the calling of Emergency Medical Services. Examples of a non-emergent trauma – minor van crash, waste paper receptacle fire that smoked up the dorm, a tree falling through the roof of a dorm, etc.

(Casualties) – victims or persons present at the event. Being a casualty does not constitute sustaining an injury.

(Natural Occurrence) – an event brought on by nature but would not rate as a natural disaster, such as a wind storm that caused a tree to fall through the roof of a dorm.

PROCEDURE

1. In the event of major accident of persons injury offender will be transferred to local hospital. The onsite, or triage nurse work with OIC will determine if emergency services should be activated.
2. In the event of a minor MVA or an accident at a DOC worksite such as an Enterprise Operation (or farm, on-site industrial class such as welding,) the officers will bring the offenders to the facility's medical department for assessment by a registered nurse. If no registered nurse is on duty, the LPN/CHA II or OIC will call the Telephone Triage Nurse as per Telephone Triage policy TX I-8. The triage nurse will treat according to protocols, refer to the emergency room or advise to implement the calling tree.

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3. In the event of a fire or natural occurrence, each offender present in the effected structure will be assessed by a registered nurse. The OIC will call the Telephone Triage Nurse to report the incident.
4. Nurse Managers of facilities with less than 24 hour/7 day a week RN coverage will develop a calling tree of facility registered nurses, the Regional Nurse Supervisor and Assistant Director of Nursing.
5.
 - a. The triage nurse will treat injured offenders according to protocols or refer to the emergency room. The triage nurse will also advise the OIC to implement the calling tree so all offenders who deny injury will be assessed.
 - b. The OIC will implement the calling tree until a registered nurse is reached.
 - c. If circumstances prevent the nurse from reporting for duty, the OIC will continue the calling tree.
 - d. Once a registered nurse is identified who can report for duty, they will do so as soon as possible but time between notifications and reporting to work should not to exceed 8 hours.
6. If an offender, who previously denied injuries, now complains of an injury but before the RN arrives at the facility, the OIC will call the triage nurse. The triage nurse will treat the injured offenders according to protocols, refer to the emergency room or may advise to wait until the RN arrives.
7. The Registered Nurse will document the assessment in each offender's health record. The Registered Nurse will complete an online event report on the event itself, summarizing the number of offenders evaluated. In addition, an electronic event report will be completed on each offender who required treatment. The facility nurse manager will review the event reports on the next medical business day

Paula Y. Smith, M.D.

9/21/2016

Paula Y. Smith, MD, Chief of Health Services Date

SOR: Director of Nursing