

County of Sacramento Department of Health Services Division of Primary Health Policy and Procedure

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Title: Man-Down Drill Functional Area: Governance and Administration

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Policy:

This policy is established to enable staff to practice and improve aspects of the emergency response plan by simulating and critiquing life-threatening situations commonly experienced in the Youth Detention Facility (YDF).

A Man-Down drill should be practiced once a year on each shift where health staff is regularly assigned. A Man-Down drill may be accomplished in one of the following manners:

- A) Scheduled Man-Down drills for each shift with completed Man-Down review critique.
- B) Actual Man-Down emergencies are reported utilizing the Emergency Response Log.

Probation staff should participate with health staff in planning and implementing Man-Down drills. Proper coordination must be made between all participants prior and during the drill.

A written critique, Man-Down action log (attachment 1) will be completed after the drill and the results are shared with all health staff. This will enable health staff to benefit from the discussion and make improvements when indicated.

Equipment issues, policy violations and/or any clarifications or changes in the roles or responsibilities may be done during the critique. After-action lessons learned must be incorporated into the Emergency Medical Response plan.

Procedures:

A. Scheduled Man-Down Drills

1. Preparations

- a. It is the responsibility of the Supervising Registered Nurse (SRN) to conduct and coordinate the drill with Probation.
 - 1.Emergency scenarios will be developed by a Supervising Registered Nurse (SRN).
 - 2.A specific scenario will be chosen by the Supervising Registered Nurse (SRN) for each shift.
 - 3.Once a scenario is assigned, the clinic manager will coordinate with the watch commander to schedule date, time and location of the drill.
 - 4. Supervising Registered Nurse (SRN) will discuss the scenario with the deputy probation officer and the voluntary youth participant.

- b. Probation housing unit staff will notify central control of the medical emergency. Central Control will alert the clinic via intercom.
- c. Juvenile Medical Services health staff will respond immediately to the medical emergency per First Aid and Emergency Response Policy (refer to Policy Number 1412a)

2. Documentation

- a. It is the responsibility of the Supervising Registered Nurse (SRN) to observe health staff's response to the simulated medical emergency.
- b. A debrief worksheet (attachment 2) and an emergency response log (attachment 3) must be completed within one hour of the incident by the lead responder. Participating health staff will attend the debriefing. This is the responsibility of the lead responder in the absence of a supervising register nurse.
- c. It is the responsibility of the SRN to schedule and conduct the critique Man-Down drill critique (see attachment)
 - 1.Each participant will complete a Man-Down action log within 24 hours of the drill. Critiques shall document activities including response times, names and titles of staff, and the roles and responses of all participants. These should also include observations of appropriate and inappropriate staff responses to the drill.
 - 2. Equipment issues, policy violations and/or any clarifications or changes in the roles or responsibilities may be done during the critique.
 - 3.It is the responsibility of the Supervising Registered Nurse (SRN) to collect and complete a summary of finding of all written critiques.

3. Evaluation

- a. Staff members who are not present during a drill will have the opportunity to view a summary of findings distributed during the staff meeting.
- b. After action lessons learned must be incorporated into the Emergency Medical Response plan.

References:

Title 15, Article 3 Section 1327; Article 8 Section 1412;

NCCHC Y-A-07

Attachments:

- 1) Man-Down Critique/Skills Competency Form
- 2) JMS Incident Debrief form
- 3) Emergency Response Log

Contact:

N/A

	MAN-DOWN ACTION LOG			_			
	pyee/Title:			Date			
Locat				Tim	e:		
Scena		•					
	ACTION	YES	NO	NA	PROM	PTED/COM	IMENTS
1	Received accurate information regarding patient injury or illness						
2	Responds to notification of "medical alarm" with appropriate equipment						
3	Enters the scene only when declared safe by Probation staff						
4	Dons appropriate Personal Protective Equipment (PPE)		-				
5 6	Assesses unresponsiveness Determines the need to call for help						
7	Begins direction of available personnel						
8	Knows the location and operation of the emergency response equipment						
9	Notifies probation and healthcare staff to assist in transporting to appropriate						
	location						
10	Opens airway while protecting the cervical spine						
11	Assesses breathing						
12	If apneic, begins ventilations with an appropriate device						
13	Demonstrates proper technique in administering ventilations						
14	Demonstrates proper technique in admintering supplemental O2 via tank device						
15	Assesses pulse						
16	If pulseless, begins CPR or directs other available qualified staff to begin CPR						
17	Attaches the AED or monitor/defibrillator device		-				
18 19	Demonstrates proficiency in using the AED or monitor/defibrillator Is able to run a rhythm strip from the monitor						
20	Demonstrates proper techniques to control bleeding						
21	Demonstrates proper techniques to control bleeding Demonstrates proper technique for initiating IV fluids						
	ACTION	YES	NO	NA	PROMI	PTED/COM	IMENTS
22	Demonstrates serial assessments for ABC's						
23	Performs a thorough head-to-toe assessment including vital signs						
24	Evaluate lung sounds						
25	Provides a concise report for EMS personnel						
26	If transport not indicated, continues on-site treatment and stabilization						
27	Notifies the onsite/on-call provider for additional orders						
28	Completes documentation and restocks all equipment						
29	Participates in Critical Incident Debriefing with all staff MENTS:						
LIST A	LL EQUIPMENT/SUPPLIES USED BELOW:						

JCH EMERGENCY MEDICAL RESPONSE INCIDENT DEBRIEF FORM

WHO (List names of Probation/Staff Initiating the call	
WHAT (State the mechanism of injury or emergency)	
WHERE (Indicate SPECIFIC site/location of incident) Housing unit: Cell: Other:	
WHEN (Note PRECISE time when call initiated; synchronize with ca	ller)
RESPONDING STAFF PRESENT (Record all staff)	
PRECIPITATING EVENTS; SIGNS AND SYMPTOMS; COMPLAINTS	
EQUIPMENT (Taken to area, and other equipment used during the	event)
FOLLOW-UP (Disposition of patient; transfer, etc.)	
RESPONDING TEAM REVIEW (Analysis of Emergency Medical Respondence	onse and Interventions
RECOMMENDATIONS	
SIGNATURE OF RESPONDING TEAM LEADER	DATE

EMERGENCY RESPONSE LOG										
Name: Date/Time:										
X_REF:	: Allergies: Unit:							Service services		
CHIEF CO	CHIEF COMPLAINT:									
TIME	TEMP.	PULSE	B/P	PULSE OX	FSBS	LOC	SKIN	OTHER		
							 			
		,					<u> </u>			
							-			
							-			
							1			
Disposition: Taken to Clinic Returned to Unit#				Admitted to RM#			Sent to ER TIME:			
Staff Responding: 1. 2.										
3.				4. 6.						
5.				0.						