

GEORGIA DEPARTMENT OF JUVENILE JUSTICE	Transmittal # 17-16	Policy # 11.44
Applicability: <input type="checkbox"/> All DJJ Staff <input checked="" type="checkbox"/> Administration <input type="checkbox"/> Community Services <input checked="" type="checkbox"/> Secure Facilities (RYDCs and YDCs)	Related Standards & References: NCCHC Juvenile Health Standards, 2011: Y-A-07, Y-A-08, Y-C-03, Y-C-04, Y-E-08, Y-E-11 NCCHC "Use of Automated External Defibrillators in Correctional Settings" (2002) ACA Standards: 3-JDF-4C-27, 3-JDF-4C-28, 4-JCF-4C-59 DJJ 4.2, 4.5, 8.5	
Chapter 11: HEALTH AND MEDICAL SERVICES	Effective Date: 6/10/16 Scheduled Review Date: 6/10/17	
Subject: AUTOMATED EXTERNAL DEFIBRILLATORS	Replaces: 3/15/13 Division of Support Services, Office of Health Services	
Attachments: None	APPROVED:  <hr/> Avery D. Niles, Commissioner	

I. POLICY:

The Department of Juvenile Justice shall provide emergency response to the sudden cardiac arrest of youth in secure facilities. Secure facilities, DJJ Training Academy, and Central Office may use automated external defibrillators for other individuals who collapse from sudden cardiac arrest.

II. DEFINITIONS:

Automated External Defibrillator (AED): A United States Food and Drug Administration (FDA) approved electronic device that is programmed to analyze the heart's rhythm for any abnormalities and, if necessary, directs the rescuer to deliver an electrical shock (defibrillation) to assist the heart in reestablishing a normal rhythm.

Cardiac Arrest: A malfunction in the heart's electrical system (ventricular fibrillation or rapid ventricular tachycardia) that may cause the heart to stop suddenly.

Cardiopulmonary Resuscitation (CPR): Is an emergency medical procedure for a victim of cardiac arrest or, in some circumstances, respiratory arrest.

Designated Health Authority (DHA): The individual responsible for the facility's health care services, including arrangements for all levels of health care and the ensuring of quality and accessibility of all health services provided to juveniles. The Designated Health Authority will be a Registered Nurse.

Regional Health Services Administrator (RHSA): Licensed health service staff that provides support to facility health staff and oversight to ensure the quality and accessibility of all health services provided in the facility.

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III. PROCEDURES:

A. General Guidelines:

1. The DJJ Medical Director oversees the Automated External Defibrillator (AED) program by providing medical direction for the use of AEDs, reviewing and approving guidelines for emergency procedures related to the use of AEDs and CPR.
2. All direct care staff and health care staff are required to comply with DJJ 4.2, New Employee on the Job Training, and DJJ 4.5, Staff Training Requirements, to receive annual training in CPR and the use of the AED.
3. Only staff trained in the use of the AED by the DJJ Office of Training will use the AED. Other staff may provide assistance to victims in medical emergencies appropriate to their training.

B. Equipment:

1. The facility Director and facility's Designated Health Authority will jointly determine the location of the AEDs, taking into account the staffing and design of the facility. All AEDs will be stored in a secure location easily accessible in case of an emergency. All staff trained in the use of the AED will be aware of the storage location and how to gain access to the AED.
2. At no time will a youth have access to the AED.
3. The facility Designated Health Authority or designee will check the AED monthly to ensure that it is operable and ready for use. These checks will be documented on the tag/sticker attached to the AED. If the AED is not operable, the staff member making the check will notify the facility Director and the Regional Health Services Administrator immediately.
4. The Director of Medical Services or designee will ensure that the Central Office AED is checked monthly to ensure that it is operable and ready for use. These checks will be documented on the Central Office check sheet.
5. The Director of the DJJ Academy will ensure that the DJJ Academy AED is checked monthly to ensure that it is operable and ready for use. These checks will be documented on the tag/sticker attached to the AED.
6. Following use, the AED will be returned to health care staff to be cleaned and/or decontaminated as indicated by the manufacturer. Supplies utilized as a result of the AED use will be immediately replenished. The manufacturer's instructional manual will be stored alongside the AED.

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C. Emergency Response:

1. Emergency care will be provided to youth. Emergency care may be provided to staff, volunteers/interns, contractors, and visitors. Care will be rendered for stabilization only until transport to the nearest medical facility can occur. (General medical care will not be provided to staff, volunteers/interns, contractors or visitors.)
2. The emergency responder will immediately notify the appropriate personnel to call “911” based on the location of the emergency and facility emergency plans:
 - a) Control room, if at a secure facility;
 - b) Front desk personnel, if at Central Office; or
 - c) Any available Training staff, if at the DJJ Academy.
3. The AED will only be used if the individual is unresponsive, is not breathing, and has no pulse.
4. The AED will only be used on individuals over 8 years old.
5. The emergency responder will provide CPR and use the AED as guided by the voice prompts. If the voice prompts fail to operate, the AED will not be utilized because it may malfunction.

D. Documentation:

1. Any and all medical information generated during the emergency must be collected. For youth and staff, this information will be placed in the health record. For others, this information will be attached to the Special Incident Report.
2. The staff with first-hand knowledge of the incident will complete a Special Incident Report in accordance with DJJ 8.5, Special Incident Reporting. All witnesses and responders will write a witness statement.
3. A copy of the Special Incident Report, witness statements, and any recorded data from the AED will be forwarded to the DJJ Medical Director or designee for review.

IV. LOCAL OPERATING PROCEDURES REQUIRED: NO