



MEDICAL EMERGENCY PREPAREDNESS PROCEDURE

Board Bylaw:

Policy Number: 2.3010

Subject Area: General College Policies/Administration

Adopted: 02/26/2018

Revised: 09/13/2023

Policy Statement

Kaskaskia College is committed to ensuring the safety and well-being of all individuals on campus. This policy establishes guidelines and procedures for responding to medical emergencies effectively, including the administration of cardiopulmonary resuscitation (CPR), the use of automated external defibrillators (AEDs), and the administration of Naloxone (Narcan). The objective is to provide prompt and appropriate assistance to individuals experiencing a medical emergency.

Definitions

Cardiopulmonary Resuscitation (CPR) – A medical procedure involving repeated compression of a patient's chest to restore the blood circulation and breathing of a person who has suffered cardiac arrest.

Automated External Defibrillator (AED) – A medical device that can analyze the heart's rhythm and, if necessary, deliver an electrical shock, or defibrillation, to help the heart re-establish an effective rhythm.

Opioid - A sedative/depressant narcotic used primarily in medicine for pain relief.

Narcan (Naloxone Hydrochloride) - A medication that is an opioid antagonist and is used to counter the effects of an opioid overdose by replacing opioids from opiate receptors in the brain.

AED & Narcan Locations

Main Campus:

- Health and Business Building at the Department of Public Safety (Main Desk) and outside the Bookstore on the west wall.
- Science and Technology and Administration Building on the first floor-southeast corner where wings meet (outside women's restroom) and on the second floor in AD 204
- Gym/Fitness Center at the west entrance of the Gymnasium and the west doors of the Fitness Center
- Vocational Annex in room 128
- Sports Complex at the west side of campus near the main entrance to the concession area
- Lifelong Learning Center located outside Wedekemper Board Room
- Health and Professional Careers Building in the main hallway near restrooms
- Nursing Building in the hallway outside of conference room 145
- Agricultural Education Center in the main hallway of the east entrance on the east wall
- Child Care Hallway (note: location is locked down)

Off-Site Locations:

- Crisp Technology Center at the west entrance/vending area• Greenville Education Center in room 122
- Nashville Education Center at the main reception desk• Salem Education Center across from 101
- Trenton Education Center in the hallway next to 119
- Vandalia Education Center in the hallway by 118

Storage

All AEDs, Narcan, and related equipment are stored in unlocked cabinets in easily accessible locations. The automated external defibrillator (AED) symbol is prominently displayed on the cabinet doors. In addition, a sign is located above each cabinet identifying the AED location.

Public Safety Department Responsibilities

- All Police Officers and Safety & Security will carry Narcan while on duty.
- Restock Narcan, gloves, electrode pads, batteries, and razors. • Inspect all supplies for damage, expiration dates, and required replacement.
- Clean the AED, including inspecting the exterior and connector for dirt or contamination.
- Notify staff when AED is back in service.

- Once each calendar month, Public Safety will conduct and document a system check and maintain records of all system checks. The Public Safety Department retains these records.
 - This check will include a review of the following:
 - Emergency Kit Supplies
 - AED Battery Life
 - AED Operation and Status
 - AED Pad Expiration Date
 - Narcan Expiration Date

Authorization to Perform CPR and Use AED

One trained in CPR and using AEDs from a recognized training agency is authorized to perform CPR and use the AED in cardiac emergencies.

Authorization to Use Narcan

The Illinois Good Samaritan Law PA-096-0361 took effect January 1, 2010, making it legal in Illinois for non-medical persons to administer the drug overdose medication Naloxone to another individual to prevent an opioid/heroin overdose from becoming fatal.

Kaskaskia College employees may administer Narcan (Naloxone Hydrochloride) in accordance with the mandated training guidelines determined and provided by the College and pursuant to Statute 20 ILCS 301/5-23.

Medical Emergency Plan for an Unresponsive Individual

- Ensure your safety and the safety of others at the scene
- Call 911 immediately for Emergency Medical Services (EMS) assistance
 - If possible, simultaneously contact Campus Public Safety for additional assistance and crowd control.
 - Main Campus – ext. 3199
 - Education Center – On-Site Director or Safety & Security Officer
 - Crisp Technology Center – On-Site Faculty or Staff
- Retrieve the AED and Narcan, if available, from the designated locations and follow the below procedures for using CPR, AED, and/or Narcan.
- Cooperate with EMS upon their arrival and provide them with any relevant information

Procedure for the Use of CPR/AED

- Check the scene for safety.
- Verify cardiac arrest - verify unconsciousness by tapping the patient firmly and shouting, "Are you ok? Are you ok?"
- If there is no response, call 911, or if bystanders are available, designate an individual to call 911, obtain the automated external defibrillator AED, and turn it on from a designated location.
 - Put on appropriate protective equipment and begin cardiopulmonary resuscitation until the automated external defibrillator arrives, then follow the procedures below for automated external defibrillator use

Cardiopulmonary Resuscitation

- Verify lack of breathing by looking and listening for breath sounds and watching for the chest to rise and fall.
- Perform cardiopulmonary resuscitation by
 - Exposing the patient's chest, and
 - Providing 30 chest compressions followed by 2 rescue breaths.
- Continue compressions and breaths on a ratio of 30:2 for approximately two minutes. Count aloud: 1, 2, 3, etc.
- Continue to watch for the return of breathing, coughing, and movement. If circulation is absent, continue cardiopulmonary resuscitation. After two minutes, check for signs of Return of Spontaneous Circulation (ROSC) including breathing, coughing, movement, or a palpable pulse.
- If circulation is absent, continue CPR.

Automated External Defibrillator

- Prepare the patient.
- Cut or tear away clothing from the patient's chest
- If excessive chest hair, shave area or use an extra set of pads to rip hair from the chest area
- If a medication patch is affixed where pads are to be placed, remove it with a gloved hand, wipe off the remaining medication, and discard
- Dry the chest if wet, or move the patient to a dry area if lying in water
- If the patient is lying on a metal surface, move them. Pads should be attached at least one inch away from an implanted pacemaker/ or defibrillator (small round hard device felt just under the skin)
- Apply defibrillation pads as per the diagram on the machine
- Clear the patient as the automated external defibrillator AED analyzes heart rhythm by shouting, "ALL CLEAR."
- If a shock is advised, ensure the patient is clear and no responders are touching the patient by again shouting, "ALL CLEAR."
- Deliver shock when prompted by pushing the 'shock' button
- After the shock is delivered, check for signs of the return of spontaneous circulation ROSC. If absent, immediately resume cardiopulmonary resuscitation CPR.
- Continue cardiopulmonary resuscitation CPR pausing for automated external defibrillator AED analysis when prompted by the automated external defibrillator AED to do so (approximately every 2 minutes). Be certain to clear the patient each time the automated external defibrillator AED analyzes the patient.
- If, at any time, the automated external defibrillator instructs that no shock is advised, observe for signs of the return of spontaneous circulation. If signs of return of spontaneous circulation are not observed, continue with cardiopulmonary resuscitation alone.
- Continue the cycle of cardiopulmonary resuscitation CPR and automated external defibrillator AED analysis and /or shock until spontaneous circulation ROSC returns or EMS Emergency Medical Services arrives.
- If the return of spontaneous circulation ROSC returns, place the patient in a recovery position (lying on a side-lying). Do not remove automated external defibrillator AED pads from the patient's chest or disconnect pads from the automated external defibrillator.

- When Emergency Medical Services EMS arrives, the rescuer will continue the cardiopulmonary resuscitation CPR and/or automated external defibrillator AED protocol until Emergency Medical Services EMS personnel acknowledge they are assuming responsibility for patient care.

Do Not Use an Automated External Defibrillator AED

- Automated external defibrillator AED should not be attached to persons who are breathing, conscious, or responsive.
- AED should not be used with children under one (1) year.
- If the victim is under eight (8) years of age, pediatric pads should be used if available. If not, use adult pads.
- If the victim is less than one (1) year of age, use pediatric pads with an attenuator, if available. If not, adult pads can be used by placing one pad on the chest and the other on the back of the victim.
- Pediatric pads should never be used with adult patients.

Procedure for the Administering Narcan By Trained Responder

Recognize Overdose

- No response if you shake them or call their name
- Breathing will be slow or stopped• Snoring or gurgling sounds present
- Blue or grey lips and fingernails
- Pupils are pinned (small)
- Pale face, skin feels cold and clammy

Call 911 if there is No Response

- Use sternal rub. Push firmly on their chest with knuckles and rub up and down. If there is no response, remain calm and call 911.
- Be specific: "The person stopped breathing. They are not responsive to commands."
- Be clear. Give cross streets or exact locations.

Give Narcan Nasal Spray

- Put on gloves
- Lay the person on their back to receive a dose of Narcan Nasal Spray
- Hold the nasal spray with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle.
- Insert the nozzle tip in either nostril until your fingers touch the bottom of the person's nose.
- Press the plunger firmly to release the dose.

Place Person in Recovery Position & Rescue Breathing

- If the person has not started breathing again or breathing is still severely impaired, start rescue breathing ASAP. It is the quickest way to get oxygen to the person in need.
- To perform rescue breathing, lay the person flat on their back. Tilt their head backward and check that their airway is clear.
- Pinch their nose, cover their mouth with your mouth, and give one breath every 5-10 seconds.
- Continue rescue breathing until the person is breathing on their own.
- If you must leave the person unattended, place them in the recovery position. Turn them on their side, with their bent knee shifting their body weight forward, and place their hand under their head for support.

Monitor

- If the initial dose of Narcan does not work after 2 minutes, give another dose.
- Narcan will only work for an opioid overdose.
- If they wake up, they may be confused or agitated. Orient them to the situation, keep them calm, and discourage them from taking more drugs until the effects of the Narcan wear off (30-90 minutes).
- Remain with the person until help arrives.

Post-Use Procedure and Post-Event Review

- If an individual refuses medical attention, they must sign a refusal from Emergency Medical Services
- Notify the Department of Public Safety (3199) which automated external defibrillator or Narcan has been used.
- Public Safety meets with individuals involved to complete an incident report.
 - If Narcan is used, the State of Illinois Department of Human Services "Overdose Reversal and Naloxone Administration Reporting Form" must also be completed.
- The incident report is distributed to the appropriate personnel.

Following a medical emergency, a review is conducted to learn from the experience. All key participants in the event participate in the review. Review shall include records of actions that went well and the gathering of information for improvement as well as stress debriefing. The need for additional stress debriefing measures will also be addressed.

Approval History: Policy 2.3010 2/26/18; Revised: September 13, 2023