POLICY & PROCEDURE

TITLE: Emergency Response / Activation of 911				
Scope/Purpose: To provide guidance to clinical staff in a potential clinical emergency.				
Division/Department: All HP clinics			**Policy/Procedure #:**	
Original Date: 02/07/2014			**_X_New __X_Replacement for: Emergency Response Protocol and 911 Protocol**	
Date Reviewed:	**Date Revised:**	**Implementation:**	**CPIC Approved:**	**Board Approved:**
	03/12/14	03/28/2014	03/28/2014	
Responsible Party: CMO, Director of Clinical Quality				

Policy:

It is the policy of HealthPOiNT that any clinical staff member be credentialed in American Heart Association Basic Life Support (BLS). It is also the policy of HealthPOiNT that clinical employees follow the procedure as outlined for emergent situations.

Procedure:

I. Possible emergencies

A. Respiratory Distress
1. Severe Asthma
2. Apnea / Not Breathing
3. Airway Obstruction / Choking
4. Dyspnea / Shortness of Breath

B. Cardiovascular Distress
1. Syncope / Loss of Consciousness / Vasovagal reactions
2. Active Hemorrhage
3. Shock
4. Chest Pain
5. Cardiac Arrest
6. Elevated blood pressure

C. Trauma
1. Significant Head Trauma
2. Unstable Fracture
3. Unstable Neck Injury
4. Deep Penetrating Wound

D. Altered Mental Status
    1. Unconsciousness / Unresponsive
    2. Lethargy
    3. Stroke like symptoms
    4. Irritability
    5. Irrational Behavior

E. Anaphylaxis
    1. Itching / Rash / Hives / Swelling
    2. Shortness of Breath / Wheezing
    3. Dizziness
    4. Vomiting

F. Active Seizure

G. Clinical staff notes concern of other serious condition requiring emergent response

H. Physician directs the initiation of 911

II. Supplies/Equipment

A. AED (Automated External Defibrillator)
B. Oxygen tank and flow meter
C. Glucose meter, with supplies
D. Nebulizer and face masks
E. Oxygen mask (adult & pedi)
F. Bag mask ventilator (Ambu bag) adult & pedi
G. Pulse oximeter (adult & pedi)
H. Universal precautions (latex-free gloves, mask, eye protection)

III. Emergency Response

A. FIRST RESPONDER
    1. Assess patient's level of consciousness
    2. Check CAB (circulation, airway, breathing)
    3. Call for help and/or call 911 (**Only** a provider or licensed nurse can make the determination to call 911) i.e. MD/DO → NP/PA → RN → LVN
    4. Obtain pulse oximetry on room air if conscious
    5. Obtain vital signs if conscious
    6. Elevate head of bed 45 degrees unless chest compressions are being done or patient is hypotensive.

B. SECOND RESPONDER & THIRD RESPONDER
    1. Assist with CPR, if appropriate
    2. Notify provider or licensed staff
    3. Retrieve O2 tank, AED, emergency kit and EKG machine
    4. Place O2 on patient at 2L/min/NC if conscious
    5. One person will be designated the "team recorder"
    6. Once 911 has been called a person will be designated to print the patient demographics and current note for today. Once EMS arrives the documentation will be given to them. A verbal report will also be given to the EMS personnel by the provider or highest level healthcare personnel present.

C. In the event of EMS transport, the medical provider (or other licensed nurse) should personally call the emergency department to which the patient will be taken to inform the ED physician of the clinical circumstances of the transfer.

D. Clear and complete documentation of what transpired in the care of the patient will be documented in the patient's progress note for that visit. All medications, equipment used and procedures performed during the patient's care will be documented.

E. Anytime 911 is called on Occurrence Report will be documented and submitted the Clinic Manager. When the 911 call is made because of chest pain, the chest pain checklist needs to be attached to the occurrence report.

F. Cessation of Emergency Response

1. The medical provider / team leader determines the triggering situation no longer exists
2. EMS arrives and assumes care of the patient

G. If the EMS is dispatched and the patient refuses to go to the hospital a Declination of Care form should be signed by the patient. The form is then scanned into the patient's electronic record under the "Patient Documents" folder.

H. If a medical provider determines that a patient is ill enough to require an Emergency Department (ED) evaluation, but the status of the patient does not require emergency response or the activation of 911, the method of transfer to the ED shall be determined by the medical provider's judgment.

1. The medical provider should assess and document the reliability of patient's transportation.
2. Any patient without reliable transportation should be offered EMS transport.
3. Before the patient leaves the clinic, a release of information should be signed in order to attain appropriate medical records from the ED to which the patient was referred.
4. The medical provider should personally call the ED to which the patient has been referred to inform the ED physician of the clinical circumstances of the referral.
5. A member of the clinical staff should follow up before the end of the day to ensure that the patient arrived and was evaluated in the ED. For patients sent too late in the work day for the clinical staff to verify the patient arrived and was evaluated, the clinical staff should follow up at the beginning of the next business day.
6. ED records should be requested and scanned into the medical record within 3 business days of the original provider visit.

RELATED POLICY:

Urgent Assessment

POLICY/PROCEDURE TRACKING FORM (to be added as last page of each P&P for documentation of changes)

TITLE: Emergency Response / Activation of 911				
Scope/Purpose: To provide guidance to clinical staff in a potential clinical emergency.				
Division/Department:			**Policy/Procedure #:**	
Original Date: 2/10/2014			**__x_New _X__Replacement for: Emergency Response Protocol and 911 Protocol**	
Date Reviewed:	**Date Revised:**	**Implementation:**	**CPIC Approved:**	**Board Approved:**
		03/28/2014	03/28/2014	

Date of Revision	**Description of Changes: Combined above protocol to one policy & procedure**
	Combined Emergency Response Protocol and 911 protocol