

SOUTHERN HIGHLANDS COMMUNITY MENTAL HEALTH CENTER

POLICY AND PROCEDURE MANUAL

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Policy 155 – Medical Emergency

I. PURPOSE

At times, consumers or staff may exhibit critical illness or injury while on the premises of Southern Highlands Community Mental Health Center. To aid staff in providing timely and effective assistance, the following procedures are outlined and should be followed. Please refer to HIPAA Policy 504 for additional requirements.

II. PROCEDURES

A. In the event of critical illness or injury to any consumer or staff member:

1. Call for help – this may be by a shout or through the paging system as “CODE RED” and give location.
2. Any responding medical personnel will have authority in the situation, i.e., physician or nurse. This will include personnel from Tug River Health Association (TRHA) if applicable.
3. If a physician or nurse is not available, then any staff members who are trained in first aid or CPR will have authority.
4. In the event none of the above are available, the first program director or designated person on the scene will maintain responsibility for assessment and disposition of the situation. This could include transferring such responsibility to another program director upon his/her arrival.
5. If needed, the consumer’s family or guardian shall be notified as rapidly as possible of the situation and action taken. Please refer to HIPAA Policy 523 – Right to Restrict Uses and Disclosures of PHI for additional information.
6. Where appropriate, the Center shall arrange for the necessary support service from area medical facilities and emergency transportation services. Training of staff in this procedure shall be handled during orientation.
7. Following disposition, the person handling the situation is responsible for

filing an incident report, briefing the Chief Executive Officer documenting the consumer's record, or other appropriate action. Documentation in the record should be in the form of a progress note. Do not include the incident report.

8. Any employee involved in the medical emergency who believes they were exposed to body fluids should complete form SH-136 (Post Exposure Form) that is attached to policy 166 (Hepatitis B) and meet with Supervisor then the Chief Nursing Officer or designee.

B. Residential Facilities

In the event of critical illness or injury to any consumer or staff member:

1. The ~~shift leader~~ staff or supervisor will assess the situation and make a determination of the level of medical care/treatment necessary, i.e.,
 - a. First Aid
 - b. 911
 - c. Emergency Room Assistance
2. If first aid is necessary, ~~the shift leader or designee~~ staff will render medical assistance using standard first aid procedures. If more extensive medical assistance is required, the ~~shift leader~~ staff notifies the on call RN. In an emergency situation immediately prior to contacting the on-call RN, the ~~shift leader~~ staff determines the mode of transportation required:
 - a. By Center vehicle, or
 - b. Ambulance
3. Transport to nearest hospital emergency room.
4. Any responding medical personnel will have authority in the situation, i.e., Center RN, LPN, EMT or Paramedic.
5. Where appropriate, staff shall arrange for the necessary support services from area medical facilities and emergency transportation services. Please refer to HIPAA Policy 523 – Right to Restrict Uses and Disclosures of PHI for additional information. See attached protocol for Hartley clients transport home here.
6. Training of staff in handling medical emergencies, CPR and first aid shall be ongoing and documented.

7. Following disposition, the person handling the situation is responsible for filing an incident report in accordance with Policy 176.