Other – Emergency Medical		Policy Manual Section: **Section 4—Emergency Management Planning**
Created: 1/14	**Last Updated: 6/22**	**Last Reviewed: 01/26**
Act/Regs: Fixing Long Term Care Act 2021		**Page: 1 of 5**

PURPOSE

The purpose of the medical emergency procedures is to provide a management system that organizes the functions, tasks, and staff to systematically respond when there is a medical emergency.

PROCEDURE

A medical emergency is an injury or illness that is acute and poses an immediate risk to a person's life or long-term health. Medical emergencies may require assistance from a qualified health care professional. Depending on the severity of the emergency, and the quality of the treatment given, the emergency may require involvement of multiple levels of care, from first aiders, registered nurses, and emergency physicians.

Any response to an emergency medical situation will depend strongly on the situation, the patient involved and availability of resources.

Response

For emergencies occurring outside of the home, a key component of providing proper care is to summon the emergency medical services (usually an ambulance), by calling for help using the local emergency telephone number 911. The Registered staff member in charge of either the nursing home or retirement home is responsible to initiate this phone call.

The Registered Staff member in charge of either the Nursing Home or the Retirement Home will be the designated lead in an emergency and will be responsible to give direction to other staff members. Those trained to perform first aid, under the direction from a registered staff member, can act within the bounds of the knowledge they have, whilst awaiting the next level of care. Those who are not able to perform first aid can also assist, under the direction of a registered staff, by remaining calm and staying with the injured or ill person. If possible, the Charge Nurse should designate a specific person to ensure that the emergency services are called. Another appointed person should be sent to wait for their arrival and direct them to the proper location. Care must be continued until the patient is transferred to a higher level of care, the situation becomes too unsafe to continue, or the responder is physically unable to continue due to exhaustion or hazards.

Notification within facility

Code: NURSE STAT

Procedure: The staff member who comes upon an medical emergency will summon assistance either by pushing the closest emergency button, call bell, walkie-talkie or using the overhead page system. This code will summon a Registered staff member to the location of the emergency.

Clinical Response
A Registered staff member is always present to deal with the average emergency situation until the ambulance has arrived and the patient has been transferred to the hospital.

Non-Traumatic Emergencies
During time-critical medical emergencies: stroke and myocardial infarction (heart attack), the patient must be immediately transferred the hospital if warranted. Refer to Advance Care Plan regarding transfer status of resident and if they are a level 1 or palliative.

Notification
In the event of an emergency the following paperwork and notification must be completed including, but not limited to; critical incident report if required, Attending Physician, Medical Director, Nurse Practitioner, Coroner, Simcoe Muskoka District Health Unit, Administrator and or Director of Nursing as well as notification of the designation decision maker.

The facility has an 'on-call' list posted daily at the nursing station so the appropriate Physician can be notified. If for some reason the Charge Nurse is unable to reach the on-call physician, the Medical Director should be notified.

List of Medical Emergencies
The following is a list of symptoms and conditions that constitute a possible medical emergency and may require immediate first aid, calling 911 and or emergency room care. The list below is not intended to be prescriptive but rather to serve as a guideline. Registered staff are trained to use their judgement and critical thinking skills to determine if a transfer to hospital is appropriate

Injury and illness – severe abdominal pain, appendicitis, severe Crohns disease, head trauma, hyperthermia or hypothermia, intestinal obstruction, pancreatitis, food poisoning, ruptured spleen, septic arthritis, septicaemia, severe burn, spreading wound infection, suspected spinal injury, traumatic brain injury

Infections including, bacterial meningitis, ear infections, lyme disease infection, rabies infection, salmonella poisoning

Cardiac and Circulatory – aortic aneurysm, aortic dissection, air embolism, severe bleeding, cardiac arrest, cardiac arrhythmia, cardiac tamponade, hypertensive emergency

Metabolic – acute renal failure, choking, drowning, smoke inhalation, acute asthma, severe croup, pneumothorax, pulmonary embolism, respiratory failure

Shock – Anaphylaxis, cardiogenic shock, hypovolemic shock, obstructive shock, septic shock, diabetic shock

Urological and gynaecologic – acute prostates, ovarian torsion, gynaecologic haemorrhage, paraphimosis, priapism, sexual assault, testicular torsion, testicular infarction urinary retention, prolapse of bladder or vagina

Choking – If coughing or the Life Vac does not clear obstruction start the J stroke (Heimlich Manoeuvre) /abdominal thrusts and call 911.

Conduct Debriefing Meeting / Plan for Recovery:

The purpose of the debriefing meeting is to ensure all appropriate parties have been notified and corrective measures have been taken. This includes a debrief for residents, substitute decision makers, staff, volunteers, and students. The debriefing exercise also provides an opportunity to evaluate and revise policy, listen to concerns, document lessons learned and support those who might be experiencing distress due to the emergency including referral to Employee Assistance Programs. Residents will be monitored for signs of distress/trauma and if required referral can be made to appropriate counselling.

The Plan of Recovery process will be unique to each emergency event. The objective is to reduce risk and incorporate prevention and mitigation components that result in a higher level of preparedness. Recovery plans can be for short-term and long-term priorities for restoration of functions, services, resources, facilities, and infrastructure. Short-term recovery plans could include replenishing First Aid supplies, repairs to damaged infrastructure and working with staff to compensate them for overtime wages. Long-term recovery plans might include installation of new medical safety equipment and training courses.

ROLES AND RESPONSIBILITES OF STAFF

Charge Nurse- Nursing Home:

The Charge Nurse becomes the Incident Manager during a medical emergency. She/he will notify or (assign a designee) all staff on duty of the medical emergency by announcing Nurse Stat three times over the P.A. system. All staff to report to the Nursing Station and await further instructions as indicated below by category of staff. Charge Nurse to ensure key personnel are equipped with walkie-talkies for communicating with the Incident Manager. After the emergency, document and complete the Critical Incident Report. (LTC only). Conduct debriefing exercise and modify resident care plan with strategies, if necessary.

Charge Nurse- Retirement Home:

The Retirement Home Charge Nurse report to the Nursing Home Charge Nurse and assist the Nursing Home Charge Nurse including administering first aid, bringing additional equipment and supplies if required.

Retirement Home Staff:

The Retirement Home staff will report to the Nursing Home Charge Nurse and will provide assistance as directed.

Nursing Department Staff:

The Nursing staff will report to the Charge Nurse and will assist as directed.

Administrator:
The Administrator will meet with the Charge Nurse and the Director of Nursing for a briefing of the incident. The Administrator working with the Charge Nurse, the Director of Nursing and other managers will assist as required. The Administrator will ensure that the medical emergency is conducted with a minimum of publicity. Only the Administrator will communicate with the media referencing the Communication Plan for Incident Management. See Emergency Communication Plan for further details.

Director of Nursing:
The Director of Nursing will work closely with the Charge Nurse and assist as required including reaching out to emergency responders, families and notifying the ministry as required.

Dietary Department Staff:
The Dietary staff will report to the Charge Nurse and follow directions of the Charge Nurse.

Laundry Department Staff:
The Laundry staff will report to the Charge Nurse and follow directions including delivering linens and washing soiled laundry and other duties as directed.

Housekeeping Department Staff:
The Housekeeping staff will report to the Charge Nurse and follow directions to keep the area clean and safe and other duties as directed.

Dietary/Housekeeping Aide Retirement Home:
The Dietary/Housekeeping Aides in the Retirement Home will report to the Charge Nurse and follow directions as directed.

Director of Support Services (DSS):
The Director will report to the Charge Nurse and follow directions including directing emergency responders to the emergency and other duties as assigned.

Maintenance Staff:
The Maintenance staff report to the Charge Nurse and follow directions to ensure nurses have the necessary equipment and supplies and the immediate emergency area is safe.

Recreation Department Staff:
The Activity staff will report to the Charge Nurse and follow directions and ensure residents remain calm and are kept at a safe distance.

Human Resources and Information Manager:
The Human Resources Information Manager will report to the Charge Nurse and follow directions including notifying first responders, families and other relevant parties.

Volunteers /Visitors:

Visitors:

Will remain with the resident with whom they are visiting and follow the instructions of the Charge Nurse.