

CENTRAL CARE
POLICIES AND PROCEDURES

NUMBER:

DATE: Revised August 2010

MEDICAL EMERGENCY

PURPOSE: Ensure individuals served are provided Services, Supports, Care, and Treatment by staff who are properly Licensed, Credentialed, Trained, and who are competent to provide care.

POLICY: All Homes will have competent BCLS and First Aid trained staff on duty at all times that will recognize and respond appropriately to all medical emergencies.

REFERENCE: Community Mental Health, Developmental Disabilities, and Addictive Diseases Provider Manual Part II/ Section II Community Service Standards.

PROCEDURE:

Director of Central Care

1. Ensure all direct care staff are trained and certified in the recommended American Heart Association (AHA) Cardiopulmonary Resuscitation (CPR) Course.
2. Establish routine medical emergency competency practices for each home, to include one practice on each shift annually for each home, performed by designated staff.
3. Ensure staff are compliance with Central Care medical emergency procedure during competency practices.
4. Ensure each practice evaluation is reviewed by appropriate team members and recommendations for improvement are implemented as needed.

Service Area House Manager/ Team Leader/designee

1. Ensure scheduling of staff for competency, certification or re-certification training, as recommended by AHA, and per CSH training calendar.
2. Ensure routine checks/maintenance for First Aid kits and AED machine are conducted and documented.

Houseparent Staff

1. Respond to medical emergency competency practices and actual emergencies according to Central Care policy of Medical Care for Emergency.
2. Maintain certification in recommended American Heart Association Cardiopulmonary Resuscitation Course.

MONITORING: Evaluation of Medical Emergency Competency Practices:

Designated Staff/Team Leaders/ Instructors

1. Conduct medical emergency competency practices, at a minimum of one practice on each shift annually for each home.
2. Evaluate the practice based on responders' performance as outlined in criteria listed in Central Care Medical Care for Emergency Policy (II. A.) and Medical Emergency Competency Evaluation Form (Attachment I).

3. Provide corrective interventions/instruction/demonstration and or prompting during the practice as needed to ensure correct practice is maintained.
4. Complete evaluation forms for each practice conducted to include:
 - Medical Emergency Competency Evaluation Form (Attachment I)
 - CSH Training Roster (Attachment II)
5. Designated Service Area Team Members will review evaluations quarterly, make comments or recommendations for improvement, review any specific aspects of the practice with house staff as needed. Practice evaluations will be kept on file at the administrative office for a period of three years.

Actual Medical Emergency Debriefing

1. Conduct Medical Emergency debriefing within five (5) working days of actual Medical Emergency Event with responding house staff. Include all appropriate staff that witnessed the event, discovered the victim, those initiating treatment and any other participants. Discuss any issues for opportunities for improvement identified and develop potential strategies for improvement.

Medical Emergency Procedure

Definition: Immediate medical attention is needed for a person who is not breathing and/or does not have a pulse; or has a serious condition or injury which could rapidly progress to cessation of breathing and/or pulse.

Signs and Symptoms: Unresponsiveness

Absence of respirations and/or heartbeat

I. PROCEDURE:

Person discovering victim:

1. Establish unresponsiveness.
2. Call 911 for help
3. Get AED, barrier device for breathing.
3. Implement Automated External Defibrillator (AED) and CPR procedures.

II. Continuation of Medical Emergency Procedures:

Continue until:

1. Return of spontaneous pulse and/or respirations;
2. EMS arrives and assumes charge of treatment of the person: or
3. The person is transported by ambulance to emergency care.

This procedure provides guidelines to ensure staff competency and compliance with the Central Care policy on medical care for emergency.

APPROVED BY:

ADMINISTRATOR

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Director of Central Care