Medical Emergency Equipment Policy and Procedures

Purpose:
To provide appropriate evaluation and management of patients in emergency situations so as to optimize the patient's health and well being and to have equipment available to meet the needs of the patients in the event of a medical emergency.

During business hours providers are prepared to provide emergency services for management of emergency medical conditions that occur on site ***until*** the emergent situation is stabilized and/or treatment is initiated by the local 911 Emergency Medical Service (EMS) system. Minimum emergency equipment is available on site to:

1) establish and maintain a patent/open airway, and
2) manage anaphylactic reaction.

Emergency medical equipment: Emergency equipment and medication, appropriate to patient population, are available in an accessible location. An accessible location is one that is reachable by personnel standing on the floor, or other permanent working area, without locating/retrieving step stool, ladder or other assistive devices. For emergency "Crash" cart/kit, contents are appropriately sealed and are within the expiration dates posted on label/seal. Site personnel are appropriately trained and can demonstrate knowledge and correct use of all medical equipment they are expected to operate within their scope of work. Documented evidence that emergency equipment is checked at least monthly may include a log, checklist or other appropriate method(s).

Emergency phone number list: Posted list includes local emergency response services (e.g., fire, police/sheriff, ambulance), emergency contacts (e.g., responsible managers, supervisors), appropriate State, County, City and local agencies (e.g., local poison control number). List should be dated, and updated annually.

Airway management: Without the ability to adequately maintain the patient's airway, all other interventions are futile. Minimum airway control equipment includes a wall oxygen delivery system or portable oxygen tank, oropharyngeal airways, nasal cannula or mask, and Ambu Bag. Various sizes of airway devices appropriate to patient population within the practice are on site. Portable oxygen tanks are maintained at least ¾ full. There is a method/system in place for oxygen tank replacement. If oxygen tanks are less than ¾ full at time of site visit, site has a back up method for supplying oxygen if needed ***and*** a scheduled plan for tank replacement. Oxygen tubing need not be connected to oxygen tank, but must be kept in close proximity to tank. Health care personnel at the site must demonstrate that they can turn on the oxygen tank.

Anaphylactic reaction management: Severe allergic reaction can cause urticaria (hives), hypotension, bronchospasm, wheezing and pulmonary edema. Minimum equipment includes Epinephrine 1:1000 (injectable), Benadryl 25 mg. (oral), or Benadryl 50 mg/ml (injectable), tuberculin syringes, alcohol wipes. There is a current medication administration reference (e.g. medication dosage chart) available for readily identifying the correct medication dosages (e.g. adult, pediatric, infant, etc).

Site Specific Emergency procedures: Staff is able to describe site-specific actions or procedures for handling medical emergencies until the individual is stable or under care of local emergency medical services (EMS). It is ***not sufficient*** for provider/staff to state "we call 911". If a site does not have basic medical equipment and medication for handling airway and anaphylactic medical emergencies, there is a written procedure for providing immediate emergent medical care on site until the local EMS is on the scene and has taken over care/treatment. Although site proximity to emergency care facilities may be considered when evaluating medical emergency procedures, the key factor is the ability to provide immediate care to patients *on site* until the patient is stable or EMS has taken over care/treatment.

Note: An "emergency medical condition" is a medical condition that manifests itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in: 1) placing the health of the individual (or unborn child of a pregnant woman) in serious jeopardy, 2) serious impairment to bodily functions, and 3) serious dysfunction of any bodily organ or part. "Emergency services" means those services required for alleviation of severe pain, or immediate diagnosis and treatment of unforeseen medical conditions, which, if not immediately diagnosed and treated, would lead to disability or death.

Section 51056 of Title 22 of the *California Code of Regulations*.
California Department of Health Services Medi-Cal Managed Care Division
Downloaded 11/12

OFFICE EMERGENCY PROTOCOL

IN CASE OF EMERGENCY:

FRONT OFFICE RECEPTIONIST

In charge of communication:

a. **Make phone call to paramedics**
b. **Make phone call to ambulance**
c. **Make phone call to poison control (if applicable)**
d. **Make phone call to Emergency Room (If applicable)**
e. **Make phone call to a Specialist (if applicable)**

BACK OFFICE MANAGER

In charge of coordination:

a. **Get oxygen, blanket, and IV supplies**
b. **Get crash cart**
c. **Emergency mediation standby (e.g. Epinephrine)**
d. **Communicate with patients family if necessary**
e. **Monitor vital signs and stay with patient**

BACK OFFICE ASSISTANT

In charge of assisting physician:

a. **Perform EKG**
b. **Assist in CPR**
c. **Assist with other procedures as necessary**

Crash Cart, IV Supplies, Oxygen, ETC, are stored together in an easily accessible location.

DHCS Medical Emergency Response Guidelines for PCP Clinic

Emergency health care services are available and accessible 24 hours a day, 7 days a week (Facility Site Review, I. Access/Safety Guidelines, D.)

PROCEDURES:

- ☐ Staff can describe site-specific actions or procedures for handling medical emergencies until the individual is stable or under care of local emergency medical services (EMS).
- ☐ There is a written procedure for providing immediate emergent medical care on site until the local EMS is on the scene
- ☐ When the MD or NPMP is not on site, staff/MA may call 911, and CPR-certified staff may initiate CPR if needed.
- ☐ Non-CPR-certified staff may only call 911 and stay with the patient until help arrives.
- ☐ Emergency equipment and medication, appropriate to patient population, are available in an accessible location and is ready for use.
- ☐ For emergency "Crash" cart/kit, contents are appropriately sealed and are within the expiration dates posted on label/seal.
- ☐ Site personnel are appropriately trained and can demonstrate knowledge and correct use of all medical equipment they are expected to operate within their scope of work.

- ☐ Documented evidence that emergency medication and equipment is checked at least monthly may include a log, checklist or other appropriate method(s).

EMERGENCY MEDICAL EQUIPMENT:

Minimum emergency equipment is available on site to:

- ☐ Establish and maintain a patent/open airway.
- ☐ Manage emergency medical conditions.

EMERGENCY PHONE NUMBER LIST:

- ☐ Post emergency phone number list that is dated with telephone numbers updated annually and as changes occur List must include:
  - ☐ Local emergency response services (e.g., fire, police/sheriff, ambulance), emergency contacts (e.g., responsible managers, supervisors)
  - ☐ Appropriate State, County, City and local agencies (e.g., local poison control number)

AIRWAY MANAGEMENT:

Clinic must have minimum airway control equipment, to include:

- ☐ Wall oxygen delivery system or portable oxygen tank (Portable oxygen tanks are maintained at least ¾ full)
  - ☐ There is a method/system in place for oxygen tank replacement
  - ☐ If oxygen tanks are less than ¾ full at time of site visit, site has a back-up method for supplying oxygen if needed ***and*** a scheduled plan for tank replacement.
  - ☐ Oxygen tubing need not be connected to oxygen tank, but must be kept in close proximity to tank.
  - ☐ Health care personnel at the site must demonstrate that they can turn on the oxygen tank**.**
- ☐ Nasal cannula or mask, oropharyngeal airways,
- ☐ Bulb syringe
- ☐ Ambu Bag as appropriate to patient population. (Mask should be replaced when they can no longer make a solid seal)
- ☐ Various sizes of airway devices appropriate to patient population within the practice are on site.

EMERGENCY MEDICATION/ANAPHYLACTICE REACTION MANAGEMENT:

DHCS Medical Emergency Response Guidelines for PCP Clinic – 2019

COMMUNICATION		PHASE	EMERGENCY RESPONSE	
ACTION	**RESPONSIBILITY**		**ACTION**	**RESPONSIBILITY**
Call 911, activate Emergency Medical Services (EMS): Provide address, clinic name,phone# Describe situation Vital Signs Level of consciousness Degree of urgency	Clinic Staff with health information provided by Primary Care Provider	**TRIAGE**	Check ABCs • airway, breathing, circulation • vital signs • check blood sugar, if indicated • check for medic alert	Primary Care Provider
			Complete brief history and P.E.	Primary Care Provider
			Maintain a safe environment for staff and client	Clinic Staff
Establish Leadership and direct activities	Primary Care Provider	**MANAGEMENT**	Obtain required equipment as per emergency protocol	Clinic Staff
Obtain immediate assistance within the office	Primary Care Provider		Move client as required	Primary Care Provider
Use Emergency documentation to note treatments and progress	Primary Care Provider		Do secondary survey, detailed physical examination	Primary Care Provider
Obtain history from next of kin and update them on situation	Primary Care Provider		Assess need for immediate treatment	Primary Care Provider
Communicate with and relocate other clients as needed	Clinic Staff		Initiate treatment according to appropriate protocol with available equipment and medication	Primary Care Provider
Provide patient information and medication sheet for EMS	Clinic Staff			Primary Care Provider
Direct staff member to meet EMS team in parking lot, hold elevator, etc.	Clinic Staff	**TRANSFER**	Reevaluate status and response to therapy	Primary Care Provider
Most responsible primary care provider to sign patient over to EMS	Primary Care Provider		Transfer for definitive care to EMS	Primary Care Provider
Provide written copy of documentation & medication sheet to EMS	Clinic Staff			
MD, PA, NP, or RN to call hospital emergency dept. & update status. Note on documentation.	Primary Care Provider			
MD, PA, NP, or RN to update next of kin. Permission from pt., if possible	Primary Care Provider	**FOLLOW-UP**	Restock Emergency Cart & re-order medication as required	Clinic Staff
Identify opportunities for improvement and implement changes accordingly	Primary Care Team Manager in collaboration with Primary Care Team		Provide medical follow-up in acute case setting as required	Primary Care Provider
			If critical incident, complete appropriate paperwork and steps for reporting. Debrief staff	Team Manager

SECTION	Approval date:	
Access/Safety	**Approved by:**	
POLICY AND PROCEDURE	**Effective date:**	
Emergency Medical Procedures	**Revision date:**	

POLICY:

Emergency health care services shall be available and accessible twenty-four hours a day, seven days a week.

PROCEDURE:

I. **EMERGENCY MEDICAL EQUIPMENT**

Minimum emergency medical supplies/equipment, sufficient to establish and maintain a patent/open airway and manage anaphylactic reactions, shall be maintained in the facility. The equipment will include:

A. A wall oxygen delivery system or secured portable oxygen tank maintained at least ¾ full. An oxygen delivery system which includes population-appropriate size (pediatric and adult): ambu-bag with face mask that creates proper seal, nasal cannula or oxygen mask, tubing, and bulb syringe.
   - Providers may NOT use small oxygen tanks where the liter flow cannot be adjusted. There is no size requirement for the tank, however, it must reflect the content balance in increments of ¼, ½, ¾, and full. The oxygen should last long enough to handle an emergency until the arrival of the emergency medical response team.
   - Office staff will know how to turn on and regulate the oxygen flow.

B. Benadryl 25 mg (oral) or Benadryl 50 mg/ml (injectable), Epinephrine 1:1000 (injectable), Naloxone, chewable aspirin 81 mg (at least 4 tablets), nitroglycerine spray/tablet, bronchodilator medication (solution for nebulizer or metered dose inhaler), glucose, appropriate sizes of ESIP syringes and alcohol wipes.

C. Emergency medication dosage chart (see attached).

The supplies/equipment will be located “together” in an accessible location allowing for retrieval by all staff members without the use of assistive devices.

The supplies and equipment shall be checked for expiration and operating status at least monthly. Staff responsible for checking the equipment/supplies shall document:
   - The date the supplies/equipment were checked, and
   - His/her initials verifying that equipment is in working order, the oxygen tank is at least ¾ full, the supplies are within expiration date and the medication dosage chart is present.

Replacing/restocking supplies:

- An extra oxygen tank will be maintained onsite -OR- each time the oxygen tank is used, the remaining supply will be checked. If the tank is ¾ or less full, the supplier will be called to replace the used tank with a full tank.
- The month prior to the noted expiration date, the supplies/medication will be ordered to ensure delivery before the supplies actually expire.
- The medication and supplies will be ordered and or replaced immediately after use.

II. EMERGENCY SERVICES TRAINING

All staff members will be trained on the emergency medical protocol. Staff will be able to:

- Describe facility-specific actions, and
- Locate written emergency procedures and information.

Training shall be completed upon hire and when updates to policy are made.
Training shall be documented.

III. EMERGENCY INFORMATION

Emergency phone numbers will be posted in an accessible and prominent location (e.g., front and back office). Posted list includes local emergency response services (e.g., fire, police/sheriff, ambulance), emergency contacts (e.g., responsible managers, supervisors), and appropriate State, County, City, and local agencies (e.g., local poison control number).

Emergency phone number list shall be dated, and telephone numbers updated annually and as changes occur.

IV. EMPLOYEE ALARM/ALERT SYSTEM

In the event of a fire or other emergency, employees are notified as soon as possible using the employee alarm/alert system (e.g., manual pull box alarms, public address systems, radio, telephones). Back-up means of alarm/alert (e.g., employee runners, air horns) shall be provided when systems are out of service. For those with 10 or fewer employees, direct voice communication is acceptable (provided all employees can hear the alarm or alert) and do not need a back-up system.

Type of Emergency Employee Alarm/Alert System used on site: _____
Back-up system: _____