

BEST PRACTICES FOR RESPONDING TO MEDICAL EMERGENCIES

POLICIES

- ◇ Ensure agency policies instruct staff to first call 911 for all emergencies.
- ◇ Emphasize the importance of not delaying emergency medical care by calling other staff, health care proxies or family members before first contacting 911.
- ◇ When directing staff to bring someone to the emergency department tell them to call 911 if immediate medical assistance is required. Consider adopting a protocol to direct staff to call 911 for all emergency department visits to avoid delays in accessing medical care.
- ◇ Do not delay medical attention because of staffing concerns. Contact 911 immediately for all medical emergencies regardless of staffing.
- ◇ Ensure policies identify time frames for RNs and other on-call supports to respond to staff, including nights, weekends, and holidays and also provide guidance for staff to elevate medical concerns if no response is received.
- ◇ Include staff training requirements in policies for medical care, including annual and refresher training requirements for CPR, first aid, and responding to medical emergencies.
- ◇ Train staff to use clear and consistent language to accurately relay medical concerns to 911 or nursing staff.
- ◇ Ensure policies include a process for debriefing with staff following medical emergencies to provide constructive feedback, positive reinforcement, and/or emotional support as needed.

ENVIRONMENT

- ◇ Create and post a quick reference guide for staff to follow during emergencies that includes a hierarchy of when to first contact 911 or when to first contact a nurse for emergent medical needs. Display the poster in heavily traveled areas such as the medication room and the kitchen. Include guidance to follow if a medical response is not received in a timely manner.
- ◇ Make sure breathing masks and gloves are readily available. Position emergency crash carts, if available, in locations that promote quick access. Ensure staff are aware of the locations of these items. Put in place a system to monitor and restock items in emergency kits or crash carts.
- ◇ Ensure all staff have easy access to Narcan for known or suspected opioid overdoses and implement a system to monitor the expiration date and replace when expired.¹
- ◇ Ensure staff have immediate access to emergency medical information “grab and go” binders that include diagnoses, medications, allergies, primary care physician information, and family or guardian contact information.

¹Expired Narcan can still be administered if it is the only thing available. However, the efficacy of Narcan may begin to decline past the expiration date and should be replaced.

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TRAINING

- ◇ Train staff in CPR, first aid, and Narcan administration.
- ◇ Stress the importance of contacting 911 for any emergency....Don't delay, call right away!
- ◇ Include training information and scenarios about people who may not be able to verbally communicate pain or discomfort and may communicate pain or discomfort through behavioral changes.
- ◇ Train staff not to move people after a fall and to contact 911 or nursing for guidance.
- ◇ Train staff on DNRs/DNIs and MOLSTS and how this can impact the use of CPR in an emergency²
- ◇ Clearly identify whose responsibility it is to train staff and ensure all staff are trained, including staff who are absent from initial trainings, and per diem or relief staff.
- ◇ Whenever possible, provide in-person, interactive training to promote staff understanding of training content.

Training Tips!

- Consider conducting mock drills for staff to practice responding to medical emergencies. Include a debriefing after drills and after incidents to provide constructive feedback and positive reinforcement.
- Provide realistic training scenarios. For CPR training, consider providing weighted dummies to move from the bed to the floor before beginning CPR, or have staff practice administering CPR using a backboard. Prepare staff that they may encounter blood, vomit, urine, or feces when responding to emergencies.
- Consider using a “pain picture” to help staff recognize when someone is in pain and/or supplementing training with videos that provide a visual depiction of medical distress.

² DNR refers to Do Not Resuscitate, DNI refers to Do Not Intubate and MOLST refers to Medical Orders for Life Sustaining Treatment.