

POLICY:

All staff of the program will be trained upon hire in emergency procedures for fire, explosion, earthquake, flooding, illness, injury, death and missing individuals. Staff will be certified in CPR and First Aid within three (3) months of hire and at least one staff who is certified will be available to individuals on all shifts, at all times.

PROCEDURE:

GENERAL

Emergency phone numbers for fire, police, ambulance and ambulance services as well as Program Administrator, emergency physician and others as necessary shall be posted by all program phones.

1. When a medical emergency occurs, designate one staff member to remain with individual and provide immediate first aid (i.e., bee sting prophylaxis for severe allergy).
2. A second staff member should be instructed to dial 911 to summon an ambulance if appropriate.
3. When calling 911 be prepared to give the 911 operator the following information clearly and concisely:
 - a. Who you are,
 - b. Where you are,
 - c. Your telephone number,
 - d. Who you are calling about,
 - e. The nature of the emergency,
 - f. Pertinent medical history (i.e., seizure disorder); and
 - g. What is happening now, etc.

Do not hang up after giving the operator the information requested. If unable to stay on the line, advise the operator and keep the telephone connection so that updated information can be provided as needed.

4. When emergency help has arrived, follow their instructions. Notify the Site Manager/Team Leader or Program Manager AND the R.N. Consultant. Arrangements should be made to have one staff member to accompany the individual to the hospital. Be sure to take individual's medical file notebook.
5. If the primary physician is not involved in the immediate care of the individual, advise them at the first opportunity.

FIRE, EXPLOSION, EARTHQUAKES, FLOODING, OR OTHER EMERGENCIES

(These are general guidelines. For specifics refer to house procedures.)

IF REMAINING IN THE HOUSE IS HAZARDOUS (i.e. fire, natural gas leak, etc.)

1. Evacuate all occupants – ensure all individuals are present.
2. Call 911 if immediate, emergency assistance is needed and report:
 - a. Who you are;
 - b. Address; and
 - c. Nature of problem.
3. If a second staff person is available and client safety is not jeopardized, that person shall get the medical charts, ensure everyone has vacated the premises, close doors and shall seek the location/source of the smoke/fire and, if practical, use the fire extinguisher to extinguish the fire. (Staff shall be trained in use of fire extinguishers.)
4. During the emergency, all individuals will be assembled in the designated staging area.
5. If the home is uninhabitable, individuals will be taken to the designated safe place. Site Manager will immediately notify Administration if a purchase order needs to be completed for payment.
6. Notify Case Manager as soon as possible.
7. Complete Incident Report.

IF EVACUATING THE HOUSE IS MORE DANGEROUS THAN STAYING INSIDE

(i.e., some earthquake situations, outdoor chemical spills, windstorms, etc.)

1. During the incident, stay away from windows and from furniture or objects that could fall and cause injury. (In an earthquake “duck, cover, and hold.”)
2. After the incident, turn off the natural gas to the house and evaluate the house for structural damage. (Usually aftershocks follow an earthquake and should be taken into consideration when evaluating the safety of the house.) Allow no smoking.

If remaining in the house is unsafe, the evacuation protocol above will be followed.

INJURY

1. Evaluate degree of injury per First Aid/CPR training:
 - A. Minor - Small burn, cut, abrasion, bruise. Follow First Aid protocol.
 - B. Moderate - Bleeding injuries that may require sutures, sprain, possible broken bone, burn/scald. Follow First Aid protocol and transport to emergency room if vehicle available and if individual can be transported without risk of creating further injury.
 - C. Serious - Possible head injury, possible internal injuries, possible broken bones, i.e., lower extremities, back, unconsciousness, eye injury, large burn or scald at one site or burns/scalds over several sites. Follow First Aid protocol and call 911. (*If not a 911 area call the local ambulance service.*) Complete Critical Incident Review.
 - D. Other - Cyanotic (blue tone to extremities, body, face) or labored breathing call 911.
 - E. Not breathing and no detectable pulse:
 - 1) Request 911 be called,
 - 2) Start CPR or Rescue Breathing

NOTE: Individuals with physical handicapping conditions may not experience pain, but may have a broken bone or serious sprain. Their condition should be evaluated by medical personnel.

Individuals with head trauma or internal injuries may initially appear to be fine. It is better to err on the side of caution.

2. After immediate response:
 - A. Minor Injury write Incident Report.
 - B. Moderate and Serious Injuries require notification of:
 - (1) Program Administrator;
 - (2) Case Manager; and
 - (3) Individual's Guardian, Family or Advocate.
 - C. The writing of an Incident Report and Critical Incident Review within the same shift period of the injury, if possible.

ILLNESS

NOTE: In homes serving individuals with special medical needs follow the individual Health Care Plan and protocol.

1. The following are rules of thumb to follow for apparent illness. If in doubt always contact the physician.
 - A. Cold, flu-like symptoms: rest, insure liquid intake, take temperature. Notify the program nurse or physician.
 - B. Vomiting: Offer sips of clear fluids and call physician.
 - C. Diarrhea: Offer sips of clear fluids and call physician.
 - D. Constipation: No bowel movement in three days, call physician unless physician order regarding constipation is in place.
 - E. Fever: If over 102 degrees Fahrenheit, call physician or if a fever continues under 102 degrees for three days call physician. If the fever is less than 102 degrees and the individual appears to have trouble breathing or looks unusually "sick" call physician. If temperature is 95 degrees Fahrenheit or less notify physician and initiate warming measures such as warm clothing including a hat.

F. Pain:

Teeth: See dentist.

Ears: Consult physician.

Headache: Follow physician order if one exists, or contact physician for possible pain reliever order. If headache persists or appears severe call physician.

Abdominal: Check temperature, B.M. chart, food/liquid intake. Call physician.

Muscle: Consult physician. Pain could be due to injury, illness or electrolyte imbalance.

Menstrual: Follow physician order.

G. Seizures: See individual seizure protocol in Medical Notebook.

2. In case of serious illness the following must be contacted:

- a. Program Administrator;
- b. Case Manager; and
- c. Guardian, Family or Advocate.
- d. RN Q.A. if assigned to home.

3. Any symptom of injury, illness, degree of fever, etc. shall be listed in the Medical Notes section of the Medical Notebook.

NOTE: A person who does not "feel well" does not need to be confined to his/her room.

DEATH

1. If individual has appeared to have died while in the home, review Advanced Life Support Directives, call 911, start CPR if indicated, and follow emergency procedures, contact Program Administrator and the Case Manager. If staff receive word that a individual has died away from the home e.g., hospital, work site, while on vacation, contact Program Administrator, Guardian and the Case Manager. In either case an Incident Report will be written and the Case Manager will be notified as soon as possible. If death is unexpected DO NOT MOVE THE BODY. Police and County Coroner must be notified immediately.
2. Program Administrator will contact the Case Manager and determine who will contact guardian, family or advocate; and they will assist in funeral arrangements to the degree necessary and desired. The Case Manager will notify the Mental Health and Developmental Disability Services Division (MHDDSD). Program Administrator will notify Office of Client Rights immediately.

3. Unexplained deaths must have an autopsy requested through the County Medical Examiner's System.
4. Complete Critical Incident Review.

MISSING INDIVIDUALS

1. All individuals living in a State-operated group home will be considered missing if the home is searched and they are not found or if they are separated from staff in the community. Staff will immediately initiate a search for the individual. If not found, the Police, the on-duty Site Manager and the on-duty Program Administrator will be contacted to provide coverage and/or assist in the search. One person will assume the duties as the Coordinator until the on-duty Site Manager takes over.
2. If the individual has not been found within 15 minutes, the Case Manager, the Guardian and the Family Advocate will be notified.
3. An Incident Report will be written.
4. Within one week if the incident an investigation will be conducted by the Site Manager and turned in to the Program Administrator with a plan of correction attached.
5. Duties of the Coordinator:
 - a. Assume duties as Lead Person, act as the contact person,
 - b. Coordinate and assign search parties,
 - c. Have all parties be in contact every 15 minutes with the Coordinator, and
 - d. The on-duty Program Administrator will coordinate getting other support, i.e., Support Staff and Direct Care Staff.

Approved by: _____ Date: _____
Jon Cooper, Director