

	Policies and Procedures Title: <b>EMERGENCY ASSISTANCE – REQUIRED BY INDIVIDUALS AFTER EMERGENCY CLOSURE</b> Number: <b>2225</b>
Authorization: <input checked="" type="checkbox"/> SCH Critical Care Committee <input checked="" type="checkbox"/> Emergency Operations Committee	Source: Nursing Division Cross Index: Medical, Switchboard, Security Date Revised: March 2002 Date Effective: May 1, 1996 Scope: <b>Saskatoon City Hospital</b>

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**1. PURPOSE**

- 1.1 To provide guidelines for staff, medical personnel, and volunteers to be used in situations when dealing with individuals (other than inpatients) requiring medical assistance within SCH during “hours of closure” of the Emergency department.
- 1.2 To facilitate a prompt response and expedite appropriate transfer to an alternate emergency service.
- 1.3 To communicate “hours of closure” of Emergency and alternatives for medical care to individuals and the public.
- 1.4 To make the individuals aware of their responsibilities for care if they refuse transportation to an alternate Emergency department.

**2. POLICY**

- 2.1 Designated staff shall respond to individuals requiring medical assistance that present *within* Saskatoon City Hospital (SCH) during “hours of closure” of the Emergency Department.
- 2.2 Individuals will be notified the Emergency Department is closed.
- 2.3 Individuals will be referred to an alternate Emergency department with transportation assistance as required (ambulance, courier, taxi, or personal vehicle).
- 2.4 Security, medical personnel (Critical Care Associates), Manager of Nursing or Patient Care Supervisor (when available on site) shall provide support on scene, as required, until appropriate transportation has arrived or alternate arrangements are made for care.
- 2.5 Incidents shall be documented by personnel involved for tracking purposes.
- 2.6 For collapsed individuals *inside the hospital*, “DIAL 321” to initiate Code Blue Response, refer to Policy - “Code Blue Team.”

- 2.7 For collapsed individuals *outside the hospital*, DIAL 9-911 to initiate MD Ambulance response.
- 2.8 Individuals utilizing the “emergency phone” *outside* the Emergency department after hours, shall access switchboard who will *redirect their call* to MD Ambulance dispatch for ambulance service; or to call Tri-Hospital Courier or a taxi for transportation to an alternate Emergency as required. If the individual so chooses, he/she may proceed by their own personal vehicle to another emergency. Switchboard/ security will provide directions to the determined site as required. Security will stay with the individual until transportation has arrived.
- 2.9 Those individuals who refuse transportation to an alternate Emergency site shall be made aware that they are then responsible for their own care until the Emergency Department opens. This decision should be discouraged.

### 3. PROCEDURE

#### 3.1 Assistance Within The Hospital:

- 3.1.1 When individuals (excluding inpatients) requiring medical assistance that present to SCH during “hours of closure” of the Emergency Department.
- 3.1.2 The FIRST PERSONNEL on scene shall: (This may be security or other hospital personnel).
  - 3.1.2.1 Prevent the individual from proceeding to Emergency Department and advise them of the Emergency Department “hours of operation”
  - 3.1.2.2 Contact security for assistance if required.
  - 3.1.2.3 Offer assistance to obtain appropriate transportation to an alternate Emergency department (private vehicle ambulance, Tri- Hospital courier, taxi through switchboard.

**Note:** *Transportation costs for all individuals where care is initiated by SDH staff within the hospital shall be responsibility of the district.*

- 3.1.2.4 Stay with the individual to provide support on scene until appropriate transportation has arrived or alternate arrangements have been made for care. **An individual may be moved to the Emergency Department. The Code Team remains responsible for the care of the individual until admission.**
- 3.1.2.5 If emergent medical assistance is required (i.e. Chest pain, shortness of breath, etc.) **on a clinical area** “DIAL 321” for “STAT” medical assistance. A Critical Care Associate, Manager of Nursing, or Patient Care Supervisor (when available) and “**staff from the unit**” shall respond. **If emergent medical assistance is required in a non-clinical area, DIAL 321 or call “CODE BLUE”.**
- 3.1.2.6 If required, the Critical Care Associate will assume the role of the “Most Responsible Physician (MRP)” until the individual is transferred or alternative arrangements for care have been made.
- 3.1.2.7 If the individual collapses, “DIAL 321” to initiate Code Blue Response. Refer to Policy - “Code Blue” Call – Criteria.

- 3.1.2.8 Those individuals who refuse transportation to an alternate site should be made aware that they are then responsible for their own care until the Emergency Department opens. This decision should be discouraged.
- 3.1.2.9 Following the incident, document the situation on the SCH Patient “Tracking Form” (available through security) for tracking purposes and a confidential incident report if medical intervention was required.

3.1.3 Medical Personnel:

- 3.1.3.1 If “emergent medical assistance” is required (i.e. Chest pain, shortness of breath, etc.) the Critical Care Associate (CCA) on site shall respond and assume the role of the “MRP” until the individual has been transferred to an alternate emergency site or the responsibility of care has been accepted by another physician.
- 3.1.3.2 All other medical and hospital personnel arriving on scene will assist the “MRP” as required.
- 3.1.3.3 The CCA shall provide necessary assessment and care (within the limitations of available resources) until transportation arrives to an alternate emergency or alternate patient care arrangements have been made. .

**Note:** First Aide kits available at Atrium Information desk or at the Emergency Triage area.

- 3.1.3.4 Individuals who refuse transportation to an alternate site shall be made aware that they are then responsible for their own care until Emergency department opens. This decision should be discouraged.
- 3.1.3.5 Following incident, document the incident on the SCH Patient “Tracking Form” (available through security) for tracking purposes and a confidential incident report if medical intervention was required.

**3.2 Assistance Outside The Emergency Department From The “Emergency Phone”**

- 3.2.1 When individuals (other than inpatients) requiring medical assistance utilize the emergency phones located outside SCH Emergency during “emergency hours of closure”, a direct access to assistance from switchboard and security staff is provided.

3.2.2 Switchboard will:

- 3.2.2.1 Advise individuals of the Emergency department “hours of operation”.
- 3.2.2.2 Offer assistance to *redirect their call* to MD Ambulance dispatch for ambulance service; or to call Tri-Hospital Courier or a taxi for transportation; or provide directions for personal vehicle transportation to an alternate Emergency as required.

**Note:** The **individual** requesting transportation **shall be responsible** for the cost of these services.

- 3.2.2.3 Contact security to remain with the individual on scene until transportation arrives or alternate arrangements have been made for care.

3.2.2.4 If the individual collapses **outside the hospital**, “DIAL 9-911” to initiate a call for MD Ambulance response.

3.2.2.5 Following incident, document the situation on SCH Patient “Tracking Form” for tracking purposes and confidential incident report if medical interventions required.

3.2.3 Security will:

3.2.3.1 Respond to the Emergency entrance and remain with the individual until transportation arrives.

3.2.3.2 If emergent medical assistance is required (ie. Chest pain, shortness of breath, etc.) “DIAL 321” for “STAT” medical assistance. A Critical Care Associate, and the Manager of Nursing, or Patient Care Supervisor (when available) shall respond.

3.2.3.3 Refer to 3.1.2 for specific duties.