POLICY

It is the responsibility of all caregivers to know when to call 9-1-1. Lay caregivers are not responsible for diagnosing only identifying a potential emergency and taking action by initiating the 9-1-1 system. Staff should never be prevented from calling 9-1-1 in an emergency. For example policies and procedures requiring them to notify their supervisor or RN first are not acceptable. Protocols should be in place to ensure that once 9-1-1 has been notified the appropriate administrator, nurse or others responsible for the residents and their care are notified immediately after the 9-1-1 system has been initiated.

PROCEDURES

9-1-1 should be called to:
• Report a fire;
• Report a crime in progress;
• Call for a medical emergency.

When to call 9-1-1 for a medical emergency:
• Anytime a person has a serious injury; sudden illness; sudden severe pain; OR
  The person appears gravely ill and you are concerned about their immediate health and safety. Never be afraid to call 9-1-1 just because you are not sure if it is an emergency!

Call 9-1-1 anytime an individual:
• Has a serious injury or uncontrolled bleeding;
• Is not breathing; difficulty breathing or has bluish or dark lips or skin;
• Vomits blood or coffee ground type material; or the vomit smells like feces;
• Severe abdominal pain or a hard protruding abdomen;
• Is unresponsive;
• Has chest pain or no pulse;
• Falls and is seriously injured;
• Has sudden numbness or weakness of the face, arm or leg, especially on one side of the body;
• Has a seizure: with no history of seizures;
  Breathing does not restart even with a history of seizures;
  Two or more seizures without regaining consciousness between seizures;
  Lasting more than five minutes, unless seizure protocol states otherwise.
• Anytime you are worried about an individual’s immediate health or safe.