POLICY

All staff will be familiar with policies and procedures for handling minor and major emergencies. Staff will respond in a timely and efficient manner when a medical emergency occurs.

PROCEDURES

1. Stay calm and reassuring to residents and other staff.
2. If you are in doubt about whether or not something should be considered an emergency, call 911.
3. Keep all other non-essential people out of the way so that emergency crews can intervene.
4. Stay with the resident until help arrives.
5. Provide appropriate treatment for the resident within your scope of practice.

Minor Emergencies/Non-Medical Emergencies

1. Staff trained in first aid will take appropriate steps to secure site and perform needed first aid.
2. A ROER (Resident Observation & Evaluation Report) and incident report is to be completed by the person witnessing the incident.
3. Notify the Administrator, facility Nurse and/or shift supervisor and contact the resident’s family.
5. The facility LN and/or Health care coordinator will provide follow up assessment and documentation including any needed revisions to the service plan.

Major Emergencies (life threatening, severe pain, broken bones, etc.)

1. Evaluate the situation. Call 911 and summon additional help if necessary.
2. Perform appropriate first aid. Inform the Administrator, facility LN and/or shift supervisor.
3. Contact the resident’s family and health care practitioner and complete necessary paperwork:
   a. Follow through with the physician’s orders (within scope of practice, or forward to licensed staff for follow through) and instructions (ie, send to hospital, phone mobile x-ray, etc.)
   b. Document the entire process including the care provided, those contacted and times they were contacted, on the incident report and ROER.
   c. If the situation worsens, or becomes more serious, notify the Administrator, facility LN and/or shift supervisor, the resident’s family and physician.
   d. Have information ready for paramedics including:
i. Admission Data Sheet  
ii. Current Medications Record (MAR)  
iii. Current physicians’ orders  
iv. POLST form  
ev. If the resident is state-funded, notify the case manager regarding any transfer from the facility.

4. **Hospice resident**: Those residents who receive services from hospice programs will not receive CPR. Since different hospice programs may have different protocols regarding the death of a resident, consult the hospice plan regarding procedures. If this cannot be located, contact the hospice nurse, facility LN, family, health care practitioner, facility administrator, and document on a ROER and Incident Report.

*Please note that medical emergencies, such as choking, adverse reactions to medications, or other acute concerns must be responded to appropriately with immediate intervention and notification of appropriate staff and/or agencies.*

**FORMS**  

ROER  
Incident Report