

Managing Medical Emergencies (HHS) Policy

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Managing Medical Emergencies (HHS)

INTRODUCTION

The Homeless Health Service (HHS) will make every effort to ensure the workplace is safe and healthy for all employees and clients who attend the Compass Centre. To support this, and ensure the service provides excellent care in support of BrisDoc's core values for patient and quality care, this protocol sets out the actions required and who to contact in the event of a medical emergency at the worksite.

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| Patient Care  | Workforce Care  | Patient Care Patient focused - understanding our patients needs and ensuring we prioritise the "patients view" in all our everyday activities and actions. |
| Quality Care  | Resource Care  | Workforce Care Teamwork and individual responsibility - every person counts, supporting each other, sharing information, valuing and encouraging. |
| | | Quality Care Commitment to do what we say and improve what we do. A commitment to excellence and quality when serving patients and colleagues. |
| | | Resource Care Optimising the use of all resources across the local health economy. Taking care of our working environment and equipment. |

THE PROCESS

Below are the steps and considerations for individuals who witness or respond to a medical emergency.

1st Priority

Call 999

If severe illness or injury is possibly life threatening. In the event of a possible life threatening medical situation, call 999 immediately for emergency services first. For example, life threatening emergencies might include, but would not be limited to: severe chest pain, uncontrolled bleeding, loss of consciousness, or behavior that is violent.

2nd Priority

Contact First Responders.

First responders at the HHS would include the GP, nurse on duty or anyone trained in basic life support (BLS). First Responders may provide basic first aid or CPR until the emergency services arrive to take over. If no clinician is available immediately, commence CPR.

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3rd Priority

Contact **the receptionist on duty**.

The receptionist can station themselves or another designated person at the building entrance to direct emergency services to the location of the medical emergency. If the injured party is a member of staff, they can also contact Human Resources who will then attempt to contact the employee's designated emergency contact person.

4th Priority

Managing other patients in the vicinity.

Nominate staff member to discuss delay with waiting patients. Advise of possible delay to appointments and recommend returning for a later appointment if appropriate. If emergency occurs outside staff member to request bystanders to maintain an appropriate distance from the victim and first responders. Staff member to request bystander patients to leave if they cause disruption or try to prevent life-saving interventions."

Here are ways staff can assist in a medical emergency:

- Direct someone or clearly state you will call 999 as needed.
- Direct someone or clearly state you will contact/locate first responders.
- Identify and/or remove any dangers to the safety of the victim or others in the vicinity. DO NOT move the victim unless their life is endangered by their current location.
- Attend to the victim as needed/able until someone more qualified can take over (this may just be talking to them reassuringly or holding their hand). If conscious ask for permission before giving care.
- Direct someone or state you will contact/locate someone in HR (if applicable).
- Take note of specifics (who was involved, what happened, when did it occur, where did it occur). This information may be needed by the emergency services, first responders, or HR.
- Double check that someone is at the front to meet the emergency services.
- Reduce unnecessary employee / service user traffic around the area.

Incident Reporting

An incident report must be completed within 48 hours by the first responder or the supervisor of the area in which the incident occurred if not within the HHS. Statements should be obtained by others involved and witnesses.

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Client emergency

If the emergency is in relation to a client and is within or outside of the premises HHS clinicians are able to administer emergency first aid treatment to save / prolong life. Such interventions would include Naloxone, Adrenalin or the use of a defibrillator. CPR should continue, in order to prolong life but should be handed over to the emergency services as soon as they arrive. Staff can continue to support the emergency services.

Related policies and procedures

Resuscitation Policy

First Aid Policy

Change Register

| Date | Version | Author | Change Details |
|-----------------------------|------------|-----------------|---|
| May 2017 | New policy | Dixine Douis | New policy |
| September 2021 | 2 | Rosa Carter | 4th Priority |
| 28 th April 2025 | 2:1 | Catherine Patel | Midazolam buccal administration removed as no longer stored at HHS. Owner changed to Catherine Patel. |