



Resource Guide

Subject:	Emergency Phone Number Contacts
Facility Site Review Source:	Department of Health Care Services (DHCS) All Plan Letter 20-006, Site Reviews: Facility Site Review and Medical Record Review
Relevant Law/Standard:	
Agency//Organization Source:	
Agency/Organization URL	

Background:

Emergency health care services are available and accessible 24 hours a day, 7 days a week.

Purpose:

Staff is able to describe site-specific action or procedures for handling medical emergencies until the individual is stable or under care of local emergency medical services (EMS). There is a written procedure for providing immediate emergent medical care on site until the local EMS is on the scene. Although site proximity to emergency care facilities may be considered when evaluating medical emergency procedures, the key factor is the ability to provide immediate care to patients on site until the patient is stable or MES has taken over care/treatment. When the MD or NPMP is not on site, staff/MA may call 911 and CPR certified staff may initiate CPR if needed. Non-CPR-certified staff may still only call 911 and stay with the patient until help arrives.

Posted list includes local emergency response services (e.g., fire, police/sheriff, ambulance), emergency contacts (e.g. responsible managers supervisors), and appropriate State, County City and local agencies (e.g., local poison control number). The list should be dated and telephone numbers updated annually and as changes occur. (see Appendix A)

The material in this document is a knowledge-sharing tool provided by the FSR team to enhance compliance with Facility Site Review requirements. All content is for informational purposes and may be used and/or modified according to site-specific practices. Ensure appropriate review and approval by site management prior to adoption.

EMERGENCY CONTACT SHEET

OFFICE NAME _____

OFFICE ADDRESS _____

FOR EMERGENCY SERVICES: DIAL 911

POISON CONTROL 1-800-222-1222	POLICE _____	FIRE _____	AMBULANCE _____	HOSPITAL _____
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Emergency Numbers

HOSPITAL: _____

MD # _____

MD # _____

OFFICE MANAGER: _____

GAS LEAK/EMERGENCY: _____

POWER OUTAGE#: _____

CLOSEST URGENT CARE: _____

FACILITIES: _____

Locations

FIRE EXTINGUISHERS: _____

FIRST AID BOX: _____

GAS ON/OFF VALVE: _____

WATER ON/OFF VALVE: _____

BREAKER PANEL: _____