SAN FRANCISCO HEALTH PLAN
Here for you

Policy and Procedure

Policy Name:	Medical Emergency Response Protocol		
Effective Date:		Revision Date:	
Department(s)/Site(s):			
Document Owners:			
Approved By:			
Relevant Law/Standard:	8 CCR §3220; 22 CCR §51056, §53216, §75031; 28 CCR §1300.67, §1300.80; American Academy of Family Practice (AAFP) Department of Health Care Services (DHCS) All Plan Letter 20-006, Site Reviews: Facility Site Review and Medical Record Review or any superseding APL		

Purpose:

Personnel are trained in procedures/action plan to be carried out in case of medical emergency on site.

DHCS Standard:

- Staff can describe site-specific actions 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 EMS has taken over care/treatment.
- When the physician or non-physician medical practitioner (NPMP) is not on site, staff/MA may call 911, and CPR-certified staff may initiate CPR if needed.
- Non-CPR-certified staff may only call 911 and stay with the patient until help arrives.

Policy:

To ensure that a patient's needs are met in an emergency situation. Appropriate evaluation and management of patients in emergency situations are dealt with so as to optimize the patient's health and well-being. The medical office personnel will be trained in patient emergency procedures. It is recommended that the practitioner and at least one nurse maintain CPR certification. If emergency equipment is kept, it is also required that the equipment be kept current and complete and assessed/ documented for same on a regular basis.

Procedure:

1) When a potential medical emergency is recognized, the physician or nurse is notified by calling for help. Two persons will stay with the patient, if possible.
2) 911 will be called if patient care needs are beyond the scope of the practitioner's office.
3) If possible, a 3-4 member team will be formed with one person (usually the practitioner or RN) in charge giving directions.
4) All other staff will continue patient services as usual and maintain a calm attitude.
5) The practitioner or nurse in charge will conduct a physical assessment of the patient and carry out essential medical procedures with the assistance of other designated staff.
6) A medical assistant will move available emergency equipment and supplies to the patient care area.
7) Urgent patient conditions, such as elevated fever or pain should be routed to the physician or nurse. If a clinician speaks to the patient, the clinician should review the patient's record, and through discussion with the patient, assess the patient's condition to determine:
8) Need to see the physician and timeframe for the visit.
9) Need for medication or adjustment to current medication.
10) Immediate recommendations for patient's next steps.
11) Severity of the patient's condition.
12) Behavior modification, such as limitations on physical activity, etc.
13) Time interval for follow-up and next communication.

First Name Last Name – Title	Date
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