RESPONDING TO A MEDICAL EMERGENCY
Person Supported

As a Direct Support Professional, PCT, you have been trained in a certified CPR/FA program. It is important during a medical emergency you follow your training. If at any time you feel a person needs medical attention beyond your CPR/FA training, you must ensure they receive immediate medical attention. This may occur by calling 911, taking the person to the nearest medical clinic, calling the person's doctor and/or contacting management for assistance with staffing needs to ensure this happens.

Based on the core principles of CPR/First Aid training;

- ⇒ **Check** - check the scene and the individual.
- ⇒ **Call –** call 911 if necessary, or direct someone to call 911 if present and readily available.
- ⇒ **Care** - provide care as trained in CPR/FA.

The information below are guidelines, as a trained Direct Support Professional you are required to use your training and best judgment in any emergency situations.

NOTE: IF ANY PERSON SUPPORTED AT YOUR PROGRAM/LOCATION HAS ADVANCE DIRECTIVE COPIES MUST BE GIVING TO EMERGENCY PERSONNEL UPON ARRIVAL.

1. **SUDDEN ILLNESS AND SERIOUS INJURY**- Some examples are choking, poisoning, overdose (attempted / accidental), attempted suicide, allergic reactions, burns, physical trauma, stroke, etc.
   In the event of a life-threatening emergency:
   1. Call 911 and/or Poison Control immediately. If you are the only staff available, use the speaker phone function and set the phone down in close proximity. This allows both hands to be free to follow directives from dispatch. Do not seek additional assistance from another apartment, as this delays calling 911.
   2. Provide assistance as needed; begin CPR/First Aid as trained and/or follow other instructions given by emergency medical personnel.
   3. Choking is considered to be a breathing emergency which is a life-threatening emergency; therefore, employees must follow their CPR/First Aid training.
   4. When an employee has had to administrator abdominal thrust to clear the airway of the person choking, parts of the material that caused the choking can sometimes remain in the airway and can cause complications later.
      Where this potentially life-saving treatment or other serious first aid measures have been necessary, a healthcare professional must examine the person afterwards. Due to the forceful nature of the procedure, even when done correctly, abdominal thrusts can result in injury to the person on whom it is performed. Bruising of the abdomen is highly likely and more serious injuries can occur, including fractures of the ribs.
   5. As soon as possible contact Management for further direction, coordination and assistance.

2. **VEHICLE ACCIDENTS** – Some examples are head injury, physical trauma or internal injury to soft tissue.
   In the event of a vehicle accident:
   1. Physical injury may occur, call 911 immediately.
   2. Provide assistance as needed; begin CPR/First Aid as trained and/or follow other instructions given by emergency medical personnel.

3. As soon as possible, contact Management for further directions, coordination and assistance. Be aware a person supported may be transported to the hospital via ambulance, if injured; this will require support from Management, so it is important to call them as soon as possible.
4. Once law enforcement has cleared the scene of the accident and if an injury is not life threatening, immediately take the person to the closest hospital or clinic; this too will take coordination with Management so the person supported can receive complete care at the hospital or clinic. Sometimes a person can be injured, and the injury is not immediately apparent. Refer to the Head Injuries section of this procedure for further direction.

3. **HEAD INJURY -** may be caused by an impact to the head caused by falls, trips, vehicle accidents, hit by another person or object, etc.

   Some indications of a severe head injury include; excessive bleeding or drainage from the nose or ears that will not stop, brief period of unconsciousness or sustained unconsciousness, inability to remain awake, blurred or double vision, headache, general neurological deficit (such as pupils unequally dilated or eyes that do not work together to track an object), paleness, disorientation or confusion, dizziness, nausea/vomiting, convulsions, difficulty walking or balance.

   1. When a person hits their head due to falling or tripping, impact from being hit by another person or with an object and they exhibit the signs/symptoms listed above or staff feel the person needs a medical review based on the intensity of the impact; they must immediately receive medical treatment.
   2. In severe cases, after calling 911, do not move the person or give them anything to eat or drink, observe precautions for possible neck injury, cover the person with a light blanket, continue to check breathing and for other signs and symptoms until the ambulance arrives.
   3. Never leave a person with a serious head injury alone at any time.
   4. When able, contact Management for further direction, coordination and assistance for providing care for the person.

   Head Injury Form: This form is used to document monitoring of a person supported who has possibly suffered an injury to the head. This form is not to take the place of a person getting appropriate medical attention. A determination to seek medical attention for a possible head injury is based on individual circumstances. This form is used in conjunction with discharge orders or with Management direction. Contacting a supervisor is recommended for guidance.

   ⇒ Some injuries to the head are minor and result in short term headache, irritability, difficulty thinking clearly or increased sleep. Staff must begin the **Head Injury Monitoring Log** right away and complete 30-minute checks for up to 24 hours or as directed by the doctor. At any point if staff feel the person needs to be checked out by medical personnel, they may take them into the nearest clinic.

   ⇒ Please contact Management for assistance with staffing needs to ensure this happens.

   ⇒ Some people supported wear a helmet to protect their head in case of injury. If this is the case refer to that person's specific Protocol Orders for instructions.

4. **SEIZURES** – may occur as a result of injury or may be a diagnosed health condition.
   Each person is different and therefore it is important to be knowledgeable regarding the people supported in order to assist in determining their needs. In order to recognize changes in a person you must first know how they act in general, so it is a critical part of your job to get to know the people.

As an employee of LADD Inc., you are expected to know who in the programs may have a seizure, what type of seizures they may have, signs and symptoms, what things to do/not to do and when to call 911.

1. In general, you should protect the person from injury.
2. If seizures cause respiratory distress or last for extended period of time (more than 3 minutes unless otherwise noted in the Person's Medical Record/Seizure Record) Call 911.
3. Allow the person to rest after seizure and slowly re-orient to surroundings. If medical complications seek treatment immediately.
4. If the person has a change in seizure pattern such as increase in frequency, length, or type medical treatment may be necessary. Contact Management for further assistance.
5. See Person's Personal Profile-All About Me for specific seizure information and seizure record.

5. **EMERGENCY HOSPITAL CARE**

If 911 was called: when able,

⇒ Get a copy of the Administrative Profile and current Medication List to provide to the ambulance personnel. Management can also provide electronic communication of any necessary documents needed.

⇒ Staff is to contact Management. A LADD Inc. employee must meet the person at the hospital if an ambulance is used for transport. Management will assist in coordination. The person going to the hospital must take the person's Administrative Profile, Medical Records, the Incident Report and an MAIR to the clinic or hospital.

⇒ Management will contact the Guardian, the Supports Coordinator, and Nurse (if applicable). If the incident occurs after hours, then the crisis line must be accessed as well to inform them of this incident.

⇒ Management will send a copy of the Incident Report to the Contract Agency, Licensing, ORR and the guardian as applicable within 24-48 hours of the date of the incident.

MEDICAL EMERGENCY RESPONSE WHILE IN TRANSIT

1. Pull off or to the side of the road.
2. Remain Calm.
3. Assess the situation.
4. If appropriate transport person supported to the hospital.
5. If necessary, call 911.
6. Implement any necessary CPR/FA procedures as trained.
7. Contact Management.