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ADMINISTRATIVE BULLETIN TRANSMITTAL MEMORANDUM

DATE ISSUED: March 17, 2017 **EFFECTIVE DATE**: March 17, 2017

SUBJECT: Administrative Bulletin 3:42
Emergency Medical Response

The attached Administrative Bulletin is being forwarded for your review, action if necessary, and distribution to staff as appropriate. Please be advised that each recipient of this order is responsible for being familiar with the content and ensuring that all affected personnel adhere to it.

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VLM:pjt

DIVISION OF MENTAL HEALTH AND ADDICTION SERVICES

ADMINISTRATIVE BULLETIN 3:42

DATE ISSUED: March 17, 2017 **EFFECTIVE DATE:** March 17, 2017

Subject: Emergency Medical Response

I. Policy

Each State operated psychiatric inpatient facility is responsible for ensuring the provision of appropriate emergency medical response to cardiorespiratory arrest for patients, visitors and employees within an acceptable response time. In order to maintain an adequate level of emergency medical services, the facility plans shall provide that all direct care staff are certified in Basic Life Support (BLS) and that certified physicians and professional nurses are available around the clock to provide needed medical care. This Bulletin describes core requirements for providing emergency medical response (EMR) services in the state psychiatric hospitals; however, with DMHAS approval, facilities may provide additional or higher level EMR services when ambulance response time or other factors require this.

II. Relevant Standards

All state hospitals shall meet requirements of The Joint Commission Accreditation Manuals for Hospitals, the U.S. Centers for Medicare and Medicaid Services (CMS), and with certifying bodies for Basic Life Support (BLS) in regard to standards for EMR.

III. Definitions

Medical Emergency/Medical Emergency Code is a life threatening situation requiring cardiopulmonary resuscitation and other life services to support, such as in the case of cardiac and/or pulmonary arrest.

Basic Life Support (BLS) is the provision of cardiopulmonary resuscitation and first aid, and may also incorporate the use of an Automated External Defibrillator (AED).

Cardiopulmonary Resuscitation (CPR) combines airway maintenance, artificial respiration and manual artificial circulation, in conjunction with an AED, to maintain the life of an individual in cardiac arrest until recovery or further medical treatment and transfer.

Professional nurses are registered nurses and licensed professional nurses.

IV. Procedure

A. Emergency Medical Response

1. State psychiatric hospitals shall have an EMR program that ensures the following activities:
   a. Identifies the medical emergency and initiates BLS;
   b. Activates an emergency code (using plain language) via page and overhead announcement for available staff and medical equipment; and
   c. Initiates a call for ambulance/paramedics and continues to provide BLS and all needed medical care until the patient is stabilized or ready for transfer.

2. Each patient unit, as well as off ward activity sites, shall routinely be staffed by direct care personnel who have completed BLS training and who understand their responsibilities in identifying potential medical emergencies and providing CPR or other life-saving interventions until medical staff arrive.

3. At a minimum, but not exclusively, the following equipment should be available at each hospital for emergency services:

   a. Blood Pressure cuffs (adult and large adult);
   b. Stethoscope;
   c. Suction machine with Yankour and French catheters /sterile water;
   d. Automated External Defibrillator (AED);
   e. Glucometer;
   f. Oxygen with nasal cannula, mask, and Ambu bag;
   g. Airways;
   h. Pulse Oximeter; and
   i. Gloves

4. Emergency medication kits that shall be secured in such a way that these are made readily available when needed on each hospital ward/unit.

5. The hospital shall have a protocol for contacting ambulance and emergency staff thorough the hospital operator or Human Services Police Department (HSPD). The hospitals shall make arrangements to have hospital staff follow transferred patients to acute care services, if indicated.

B. Facility Policy

1. EMR policies and procedures shall be approved by the Medical Staff Organization and by facility administration, and these shall be reviewed annually and revised as necessary.

2. The hospital shall designate an oversight committee for EMR services, and this shall include physician specialists, psychiatrists and nurses. The committee's role shall be the monitoring of code drills and any emergency care provided.

C. Staff Credentials and Training

1. All direct care nursing and medical staff shall have BLS training and have current certification with the American Red Cross, American Heart Association (AHA), or American Safety and Health Institute (ASHI). All staff shall become current in BLS certification within three months of the implementation of this Bulletin.

2. The hospitals' Medical Staff Organization (MSO) shall monitor that all members are current in Healthcare Provider BLS or equivalent certification, and that each physician has the credentials and privileges necessary for the level of emergency medical services required.

3. All professional nursing staff must have current certification in Healthcare Provider or equivalent BLS certification. The hospitals' training departments shall monitor staff certifications in basic BLS or Healthcare Provider BLS, and they shall provide staff with opportunities to renew their certifications.

D. Code Drills

1. Hospitals shall conduct and document regularly scheduled code drills to assess staff readiness and response to medical emergencies.

2. Emergency medical code drills shall be conducted once per quarter on every shift of every complex/section. Drills will require that all available direct care staff respond to an emergency scenario and to demonstrate knowledge and skills in BLS, along with the use of emergency equipment and medications.

3. Code drills shall be evaluated by the oversight committee for EMR services, which shall identify areas in need of improvement.

E. Quality Assurance Activities

1. The oversight committee for EMR services shall review mock codes and actual codes, and shall report findings to the managing physicians and nursing administrators, who shall implement training and corrective actions to improve the hospital's emergency response.

2. Monitoring of medical emergencies shall address, at a minimum:

    a. timeliness of staff response and arrival of equipment;
    b. actions taken and the outcome;
    c. any problems encountered;
    d. development of corrective action plans for problems encountered;
    e. effectiveness of corrective action plans; and
    f. compliance with the facility's EMS policies and procedure.

3. The hospitals shall also monitor the timeliness of ambulance/paramedic response. Facilities shall address the need to provide additional EMR if ambulance response time or other factors require that this is needed.

4. The hospitals shall report findings of its oversight committee on EMR services to the DMHAS Medical Director and to the Director, Office of State Hospital Management.

Valerie L. Mielke, MSW
Assistant Commissioner