




# KERN HEALTH SYSTEMS


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POLICY AND PROCEDURES					
SUBJECT: Emergency Protocol and Disaster Plan			POLICY #: 2.29-P		
DEPARTMENT: Health Services – Health Education and Disease Management					
Effective Date: 2002-06	Review/Revised Date: 1/13/2017	DMHC		PAC	
		DHCS		QI/UM COMMITTEE	
		BOD		FINANCE COMMITTEE	

  
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 Douglas A. Hayward  
 Chief Executive Officer

Date 1/13/17

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 Chief Medical Officer

  
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 Chief Operating Officer

  
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 Administrative Director of Health Services

Date \_\_\_\_\_

Date 1/4/17

Date 1/5/17

## POLICY<sup>i</sup>:

During business hours, Kern Health Systems (KHS) network providers shall be prepared to provide emergency services for the management of emergency conditions and/or medical conditions that occur on site until the emergent situation is stabilized and/or treatment is initiated by the local 911 Emergency Medical Service (EMS) system. It is recommended that 911 be contacted in the event of an emergency that exceeds the capabilities of either the facility or personnel and that the office manager or designee provide direction in an emergency or disaster. A site must have a clearly established system for providing basic emergency care on site until the local EMS has taken over care/treatment.

### 1.0 DEFINITIONS

**“Emergency Medical Condition”** is a medical condition that manifests itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in:

- Placing the health of the individual (or unborn child of a pregnant woman) in serious jeopardy

- Serious impairment to bodily functions
  - Serious dysfunction of any bodily organ or part
- “**Emergency Services**” means those services required for alleviation of severe pain, or immediate diagnosis and treatment of unforeseen medical conditions, which, if not immediately diagnosed and treated, would lead to disability or death.

“**Minimum Emergency Equipment**” is emergency equipment to establish and maintain a patent/open airway and/or manage anaphylactic reaction.

“**Accessible Location**” is one that is reachable by personnel standing on the floor, or other permanent working area, without the need to locate/retrieve step stool, ladder or other assistive devices.

## 2.0 EMERGENCY PROTOCOL

The following emergency services/protocols should be implemented in all provider offices:

- A. **Emergency equipment and medication**, appropriate to patient population and conditions treated, are available on site and in an accessible location.
- B. **Airway management:** minimum airway control equipment includes a wall oxygen delivery system or portable oxygen tank, oropharyngeal airways, nasal cannulas, ambu bags and bag-valve masks. Various sizes of airway devices are on site that is appropriate to patient population within the practice<sup>ii</sup>. Portable oxygen tanks are maintained at least  $\frac{3}{4}$  full.

A method/system is in place for oxygen tank replacement. If oxygen tanks are less than  $\frac{3}{4}$  full at time of site visit, site has a backup method for supplying oxygen if needed *and* a schedule plan for tank replacement. Oxygen tank is secure with flow meter and mask/cannula attached. Oxygen tubing need not be connected to oxygen tank, but must be kept in close proximity to tank. Oxygen tanks are checked monthly with results logged.

- C. **Anaphylactic reaction management:** minimum equipment includes Epinephrine 1:1000 (injectable), also for pediatric sites Ephnephrine 1:10,000 (injectable), Benadryl 25 mg. (oral), or Benadryl 50 mg/ml (injectable), tuberculin syringes, Betadine solution, and alcohol wipes.
- D. **A medical emergency kit** with the above medications is located in an easily accessible place. An inventory list of emergency drugs/supplies is posted on the emergency kit with the expiration dates noted. There is a current medication administration reference (e.g. medication dosage chart) available for readily identifying the correct medication dosages (e.g. adult, pediatric, infant, etc.).
- E. **Emergency Crash Cart/Kit:** if there is an emergency “Crash” cart/kit on site, contents are appropriately sealed and within the expiration dates posted on label/seal.
- F. **Site personnel have been trained** in procedures/action plan to be carried out on site in case of medical and non-medical emergencies. Site staff is able to describe the following:

1. Site-specific procedures for handling medical emergencies until the individual is under the care of local emergency medical services (EMS)
2. Site-specific procedure for handling non-medical emergencies, such as fires, workplace violence incidents, etc.

Site personnel have been trained and can demonstrate knowledge and correct use of all emergency medical equipment kept on site that they are expected to operate within their scope of work. Documented evidence that emergency equipment is adequately maintained according to the specified manufacturer's guidelines for the equipment, or is serviced annually by a qualified technician may include a log, checklist or other appropriate methods. The documented evidence shows that standard operating procedures have been followed for routine inspection/maintenance, calibration, repair of failure or malfunction, testing and cleaning of all specialized equipment. Appropriate written records include calibration or other written logs, work orders, service receipts, dated inspection sticker, etc.

- G. **A posted emergency phone number list** shall include local emergency response services (e.g., fire, police/sheriff, and ambulance), emergency contacts (e.g., responsible managers, supervisors), and appropriate State, County, City and local agencies (e.g., local poison control number). This list shall be dated, and updated annually. The poison control telephone number, 1-800-222-1222, is posted on each telephone.
- H. **Current clinic office hours** along with an emergency contact number are posted outside of office entrance.
- I. **When a practitioner is not on site** during regular office hours, site staff is able to contact the practitioner at all times by telephone, cell phone, pager, etc. Personnel is knowledgeable about site-specific physician office hour schedule(s), local and/or Plan-specific systems for after-hours urgent and emergent practitioner coverage available 24 hours a day, 7 days per week, and system for providing follow up care. Current resource information is available to site personnel.

### 3.0 CPR CERTIFICATION

CPR Certification serves to ensure patient safety through appropriate preparation of office personnel. The following staff working in patient care areas are encouraged to maintain current CPR Certification:

- A. Physician
- B. Non-Physician Medical Practitioners
- C. Registered Nurses
- D. Licensed Vocational Nurses
- E. Medical Assistants

A copy of the CPR Certificate should be maintained in the employee's file. A copy of the certificate should also be maintained on site. Re-certification is necessary every two years.

#### **4.0 ORDINANCES**

Sites must meet city, county and state fire safety and prevention ordinances.

##### **FIRE CLEARANCE/OCCUPANCY CERTIFICATION**

Provider offices should maintain a current fire clearance certificate. The annual fire clearance/occupancy certification should be posted or filed on-site.

Offices within the city of Bakersfield obtain Fire Clearance from the City Fire Department and Occupancy Certification from the Department of Development Services.

Offices outside of Bakersfield, but within Kern County, receive Fire Clearance from the County Fire Department and Occupancy Certification from the County Building Inspection Department.

#### **5.0 NON-MEDICAL EMERGENCY PROCEDURES**

Non-medical emergencies include incidents of fire, natural disaster (e.g. earthquakes), workplace violence, etc. Specific information for handling fire emergencies and evacuation procedures is available on site to staff. Personnel know *where to locate* information on site, and *how to use* information. Evidence of training must be verifiable, and may include informal in-service, new staff orientation, external training courses, education curriculum and participant lists, etc.

#### **6.0 SITE ENVIRONMENT SAFETY<sup>iii</sup>**

##### **6.1 Illumination**

Lighting should be adequate in patient flow working and walking areas such as corridors, walkways, waiting and exam rooms, and restrooms to allow for a safe path of travel.

##### **6.2 Access Aisle**

Accessible pedestrian paths of travel (ramps, corridors, walkways, lobbies, elevators, etc.) between elements (seats, tables, displays, equipment, parking spaces, etc.) should provide a clear circulation path. Means of egress (escape routes) should be maintained free of all obstructions or impediments to full instant use of the path of travel in case of fire or other emergency. Building escape routes should provide an accessible, unobstructed path of travel for pedestrians and/or wheelchair users at all times when the site is occupied. Cords (including taped cords) or other items should not be placed on or across walkway areas.

The minimum clear passage needed for a single wheelchair is 36 inches along an accessible route, but may be reduced to a minimum of 32 inches at a doorway.

##### **6.3 Exits**

Exit doorways should be unobstructed and clearly marked by a readily visible "Exit" sign.

#### 6.4 Evacuation Routes

Clearly marked, easy-to-follow escape routes should be posted in visible areas, such as hallways, exam rooms and patient waiting areas.

#### 6.5 Electrical Safety

Electrical cords should be in good working condition with no exposed wires, frayed or cracked areas. Cords should not be affixed to structures, placed in or across walkways, extended through walls, floors, and ceilings, or under doors or floor coverings. Extension cords should not be used as a substitute for permanent wiring. All electrical outlets should have an intact wall faceplate. Sufficient clearance should be maintained around lights and heating units to prevent combustible ignition.

#### 6.6 Fire Fighting/Protection Equipment

There should be firefighting/protection equipment in an accessible location on site at all times. An accessible location is one that is reachable by personnel standing on the floor, or other permanent working area, without the need to locate/retrieve a step stool, ladder, or other assistive device. At least one of the following types of fire safety equipment should be on site:

- A. Smoke detector with intact, working batteries
- B. Fire alarm device with code and reporting instructions posted conspicuously at phones and employee entrances
- C. Automatic sprinkler system with sufficient clearance (10 inches) between sprinkler heads and stored materials
- D. Fire extinguisher in an accessible location that displays readiness indicators and has an attached current dated inspection tag.

#### REFERENCE:

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**Revision 2016-12:** Minor revisions, updated signatory list and poison control number.

**Revision 2010-08:** Minor revision provided by Director of Quality Improvement, Health Education and Disease Management. **Revision 2005-06:** **Revision 2002-02:** Revised per DHS comment letter dated 01/30/02 to meet contractual requirements. **Revision 2001-11:** Created per DHS suggestion that provider sample policies be added to the KHS Provider Administration Manual.

<sup>ii</sup> MMCD Policy letter 02-02

<sup>iii</sup> DHS Facility Site Review tool (April 2001)