# SANILAC COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

CLINICAL POLICY

**NUMBER: BC064** 

NAME: EMERGENCY MEDICAL SERVICES

INITIAL APPROVAL DATE: 10/31/1995 BY: Sanilac CMH Board

STAKEHOLDER REVIEW: 01/08/2025 BY: Consumer Advisory Board

(LAST) REVISION DATE: 09/19/2019 BY: Policy Committee (LAST) REVIEW DATE: 12/12/2024 BY: Policy Committee

DISCONTINUED DATE: N/A REPLACED BY: N/A

### I. PURPOSE

To establish a policy and procedures for delivering first aid and/or urgent care, transportation, and release of information for emergency situations.

#### II. APPLICATION

Populations: ALL

Programs: Direct - ALL

Contracted - ALL

### III. POLICY

It is the policy of Sanilac County Community Mental Health Authority (Sanilac CMH) that assistance shall be provided as necessary in emergency situations.

### IV. **DEFINITIONS**

- A. Emergency Situations: Situations that involve physical injury or illness to a person.
  - 1. <u>Physical Injury:</u> An injury for which first aid, urgent care and/or other treatment is necessary.
  - 2. <u>Urgent Care:</u> An injury requiring medical attention.
- B. <u>Emergency First Aid</u>: Immediate care given to victims of injuries or sudden illness and care needed later if medical help is delayed or is not available.
- C. <u>Life Threatening Emergency</u>: Situation in which a person stops breathing, has symptoms of a heart attack or stroke, bleeds heavily, ingests poison, exhibits shock or status epilepticus (continuous uncontrolled seizure activity), acute conditions (asthma attack, seizures and/or diabetic distress), fractures, multiple injuries, or anaphylactic reactions.
- D. <u>Medical Care Provider:</u> A health care professional (Medical or Osteopathic Physician, Nurse Practitioner, RN, Licensed Physician Assistant, Medical Assistant) or a hospital or medical center.

### V. STANDARDS

A. The provision of first aid and/or urgent care shall be by a staff person[s] who is/are trained in the administration of first aid and/or urgent care as evidenced by American Heart

Association certification or certification/ licensure of a similar organization or state agency [EMT, LPN, RN, LPA, MHT, MA etc.]

- B. In case of a life-threatening emergency, the individual will be transported to the closest appropriate medical care provider or contact 911. The Poison Control number is posted on the internal CMH website and is posted in the waiting areas at each location. Contractual residential settings are required to post emergency numbers in an area available to residents and staff.
- C. An Incident Report will be filled out on all incidents that result in an injury to an individual who is receiving services. Included in the report shall be a description of the incident, type of first aid or urgent care administered, who administered it, type of transportation, who transported, and/or information released and to whom it was released. If there is an attending medical care provider, that person shall be asked to fill out the section of the report indicating treatment given and severity of the injury. The report will be sent back to Sanilac CMH for dissemination.

The individual's caretaker, home operator and/or guardian shall be contacted as soon as possible following the incident. All incident reports involving physical injury will be reviewed by the Officer and/or his designee, the Agency's Safety and Health Committee, and Recipient Rights Officer.

#### FOR SITE BASED PROGRAMS:

- A. Each person attending on-site Skill Building Programs and Community Based Programs, shall have on file an Acknowledgement of Emergency Care Procedures form (Form #0083)
- B. The consent for release of information will be provided by the Program Supervisor or designee from information in the individual's case file to the medical care provider as authorized in the consent. The medical care provider shall be informed of the date of the information and that Sanilac CMH is not liable for the correctness or completeness of the information.

## VI. **ATTACHMENTS**

None

# VII. REFERENCES

Acknowledgement of Emergency Care Procedures (Form #0083)