

**Clinical**

**Medical Emergency: Standard Operating Procedure**

<b>Document Control Summary</b>			
<b>Status:</b>	Replacement. Replaces: Procedure in the Event of a Medical Emergency		
<b>Version:</b>	V 1.1	<b>Date:</b>	October 2015
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<b>Approved by:</b>	Policy and Procedures Committee	<b>Date:</b>	15/10/2015
<b>Ratified:</b>	Policy and Procedures Committee	<b>Date:</b>	15/10/2015
<b>Related Trust Strategy and/or Strategic Aims</b>	To provide an effective and supportive response to all medical emergencies throughout in-patient/residential areas. To manage incidents and to provide assistance to maintain a safe environment or to support a life threatening event.		
<b>Implementation Date:</b>	October 2015		
<b>Review Date:</b>	October 2018		
<b>Key Words:</b>	Medical Emergency Standard Operating Procedures.		
<b>Associated Policy or Standard Operating Procedures</b>	Sudden death SOP Physical Health pathway Incident reporting and management policy Risk management policy Security policy DNAR		

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**Change Control – Amendment History**

Version	Dates	Amendments
V1.0	October 2015	All - New approved Trust template for procedural documents
V1.1	17/11/2015	Additional wording to section 12

**1. Introduction**

This document has been devised to support the management of medical emergencies across the service lines within each of the in-patient areas of the Trust. A medical emergency is usually, though not always a life threatening event for example a cardiopulmonary arrest. Although the action taken will be fundamentally the same, the process will inevitably change slightly depending upon which area of the Trust the emergency occurs.

By definition, a medical emergency is obviously an ‘adverse incident’; therefore an incident form **MUST** be completed on safeguard every time the medical emergency procedure is instigated. In addition, if the medical emergency results in a cardiac arrest, **the Cardiac Arrest Monitoring Form (Appendix A)** must also be completed. The original should then be attached to a printed copy of the electronic incident form and sent to the Resuscitation Officer at the address on the form.

**2. Purpose**

The purpose of this policy is to ensure that where there is a need for staff to respond to any crisis within any of the In-patient areas this response is coordinated and effective as possible. Examples of this would be where extra staff are required quickly to manage incidents and to provide assistance to maintain a safe environment or to support a life threatening event for example a cardio pulmonary arrest.

**3. Scope**

This procedure will complement the existing alarm and response systems. This procedure applies to all in-patient and residential areas within the Trust and is not a substitute for other Emergency services. Staff should contact these as necessary in line with Trust guidelines.

- When contacting the emergency services, staff will be asked a number of questions relating to the patient’s condition – the person dialling (9)999 needs to be prepared

for this and must give clear concise information. If patient is in cardiac arrest, it is vital that this information is given, do not use phrases such as 'patient collapsed'. Have to hand Location; Postcode; which entrance to the building etc.

- It is important that the person designated to dial (9)999 confirms that their call has been registered and that an ambulance is on its way. A note should be made of the time of the call and the time of the arrival of the ambulance.
- A member of staff should be designated to meet the ambulance crew on arrival and brief them on the situation. If necessary they should go outside to greet the Ambulance and direct them to the casualty, especially important if there is a locked door policy in operation.
- Once started, it is important that resuscitation continues until the paramedics actually physically take over from you. They will let you know when they are ready to do this.
- Resuscitation can be very tiring, so wherever possible, staff should rotate to avoid exhaustion. If necessary, relief staffing should be secured from adjacent wards to enable effective resuscitation to continue.
- It is the responsibility of the ward manager to ensure that systems are in place for resuscitation equipment to be checked weekly and signed for, and following any incident where it may have been used, to ensure it is all in good working order and that any consumable goods are replaced e.g. defibrillator pads etc... It is the responsibility of each ward to maintain their own emergency supplies and reorder/replace as necessary.
- All wards now have a **Blue Emergency Drugs Box** (looks like a small plastic suitcase) which replaces any old/existing emergency drug kits. **The Blue Emergency Box** is located in or with the **(Green)** emergency bag on **Redwoods** site or **(Red)** at **St Georges site Stafford** and **George Bryan Centre**. The emergency bag contains an ambu bag, portable oxygen cylinder and other basic equipment to support airway management. **This equipment along with the defibrillator needs to be collected immediately.** Other equipment may be requested by the doctor on his/her arrival or part way through the recovery process. e.g. suction machine, Pulse Oximeter.
- **Defibrillators and pulse oximeters are located on every inpatient area.**
- The blue emergency drug box must also be checked weekly as routine and when any item is coming within about a month of its expiry date, the nurse in charge must telephone pharmacy and inform them which items need replacing (Redwoods), elsewhere in the Trust a requisition must be sent to pharmacy. When the new supplies arrive on the ward, it is the responsibility of the receiving nurse to ensure that the new items are placed in the blue box and the old items returned to pharmacy as per usual procedures.
- All wards have an anaphylaxis shock pack, blue emergency drugs box, oxygen cylinder with non-rebreathe facemask, pocket CPR masks and automated external defibrillator (AED). This equipment needs to be collected immediately and taken to

the site of the incident. Other equipment may be requested by the doctor upon arrival or at any point during the incident, e.g. pulse oximeter, suction machine.

- All staff should note that the emergency equipment bag is not for day to day use and ward managers should ensure there is sufficient supply of medical equipment on the ward to cope with the day to day needs.

#### 4. Redwoods

- The situation should be assessed and determined that it is a medical emergency.
- Following actions must be undertaken simultaneously.
- Give emergency first aid to the patient. This may include basic life support techniques. Where CPR is required – this should be instituted without delay – **DO NOT WAIT.**
- Inform the Duty Doctor and Hospital Co-coordinator via the Emergency telephone call system (**Dial 2222**). The RSH switchboard operator must be asked to '**fast bleep**' the Duty Doctor and Duty Nurse Manager. Give the location of the ward/area where emergency is occurring. **State medical emergency.**
- **Dial (9) 999** to order an ambulance. This should be done without waiting for the doctor to arrive
- Should extra staff be required to help with the emergency or with the running of the ward during the emergency, then the following action should be taken:
- The nurse in charge should ensure that the emergency alarm button or pin point system is used. **This must not take the place of dialling 2222** for the duty doctor and hospital coordinator.
- This action will bring staff from adjoining bases to the ward. Staff arriving will not know which type of emergency they are responding to, so should report to the nurse in charge of the ward for instruction.
- All bases receiving the alarm are responsible for immediately providing all assistance. **Remember it is an emergency call for help.**

#### 5. All Other Service Departments.

- Should a medical emergency occur within other service departments **staff should dial 2222** and ask for Duty Doctor and hospital coordinator. A member of staff should be sent to nearest ward to collect emergency equipment and defibrillator.

## 6. Oak House

- The situation should be assessed and determined that it is a medical emergency. Following actions must be undertaken simultaneously.
- Give emergency first aid to the patient. This may include basic life support techniques. Where CPR is required – this should be instituted without delay – **DO NOT WAIT**
- **Dial (9) 999** if necessary.
- The on call nurse should be notified if additional support is required.
- The ward doctor or duty doctor at Redwoods should be informed of the situation regardless of the time of the incident.
- The patient's relatives should be informed by the nurse in charge as soon as possible.

## 7. St George's Hospital

- The situation should be assessed and determined that it is a medical emergency.
- Following actions must be undertaken simultaneously.
- Give emergency first aid to the patient. This may include basic life support techniques. **Where CPR is required this should be instituted without delay – DO NOT WAIT.**
- Dial **(2)222** state '**medical emergency**' give patients name; location; ward entrance etc. state clearly cause of emergency (e.g. cardiac arrest etc.) Ask the switchboard operator to repeat this information back to you.
- The switchboard operator will then activate the emergency bleep, according to the area of the incident. In all cases the Duty Doctor and the hospital site manager will be beeped.
- The switchboard operator will then also dial **999** and will pass on the information given to them by the initial caller.
- Upon discovery of a medical emergency, staff must activate their pinpoint alarms or emergency call system (whichever is available).
- Once patient has been assessed and need for assistance established, the following procedure must be followed
- Dial 222 and state medical emergency and your location

- Switchboard will then bleep Hospital Co-coordinator/Duty Nurse Manager and relevant\* wards (\*depending on the location of the incident, please see groupings below) and will contact the duty doctor via mobile phone. Please note that the duty doctor may be off site and so may take some time to attend.
- Dial (9)999 for emergency ambulance (please note that switchboard will NOT make the 999 call) – you will be asked a number of questions regarding the patient’s condition so be prepared. Give clear and concise information. If patient is in cardiac arrest then say so, do not use words like ‘collapsed’ or ‘poorly’. Ensure full location address including postcode is given, along with which entrance/building etc.
- Ensure that CPR has commenced if required and that medical emergency equipment (including grab bag, AED and oxygen) has been collected.
- Continue all treatment as appropriate until paramedics arrive and take over.

When receiving a bleep on your ward you must send one member of staff to assist, this does not necessarily need to be a qualified nurse. It is not necessary to take any equipment as each ward has their own.

### Medical Emergency Bleep Groupings

Chebsey Brocton Norbury Ellesmere Milford	Ashley Radford Norton Newport	Baswich Bromley Kinver Brockington	Holly Oak Laurel Willow Birch Pine Yew
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#### 8. George Bryan Centre

- The situation should be assessed and determined that it is a medical emergency.
- Following actions must be undertaken simultaneously.
- Give emergency first aid to the patient. This may include basic life support techniques. **Where CPR is required - this should be commenced without delay – DO NOT WAIT.**

- Activate emergency nurse call pager to summon staff from adjacent areas. Bleep duty doctor.
- Dial **(9) 999** to order an ambulance. This should be done without waiting for the doctor to arrive.
- Both wards have an anaphylaxis shock pack, blue emergency drugs box, oxygen cylinder with non-rebreathe facemask and pocket CPR masks and an Automated External Defibrillator (AED). This equipment needs to be collected immediately. Other equipment may be requested by the doctor upon arrival or at any point during the incident, e.g. pulse oximeter, suction machine.
- Inform Hospital Site Manager.

### **9. All Other Trust Sites/Premises (clinics, outpatients etc.)**

- The situation should be assessed and determined that it is a medical .Following actions must be undertaken simultaneously.
- Give emergency first aid to the patient. This may include basic life support techniques. **Where CPR is required – this should be instituted without delay – DO NOT WAIT.**
- **Dial (9) 999** to order an ambulance.
- The Team Leader/Manager should be informed of the situation as soon as possible.
- The patient's relatives should be informed by the person in charge as soon as possible.

### **10. All in-patient areas – Action to be taken following medical emergency**

- A full account of the emergency and action taken must be entered in the patient's electronic health record on RIO by both the nurse in charge and the attending doctor. This will include updating the risk information and alert on the system where required.
- This should include: name of the nurses involved in the emergency; name of attending doctor; name of person calling the ambulance; record of event – what happened – what treatment was given, outcome.
- The nurse in charge will ensure that the next of kin has been notified of the emergency and subsequent action. There will be a need to take into account relative's wishes about being contacted and the patient's wishes about relatives being contacted.
- An Incident Form must be completed electronically, this should include type of emergency; equipment used and if there were any problems with it; any other

difficulties surrounding the response to the emergency; what happened to the patient. If the emergency results in a cardiac arrest situation a **Cardiac Arrest Monitoring Form (Appendix A) must also be completed**. The original should be attached to the adverse incident form and a copy sent directly to the Resuscitation Officer.

- The line manager for the ward should determine whether an incident review and debriefing meeting should be held.
- If the blue emergency drug box is used, the nurse in charge of the ward is responsible for arranging for the box to be restocked by contacting the Pharmacy on the first working day after use. If the emergency has taken place during the weekend or at a Bank Holiday, in the event of another emergency occurring on that ward, the ward should obtain the Emergency Equipment Bag from the Duty Nurse Manager's office or the nearest ward.
- All staff should note that the emergency equipment bag is not for day to day use and ward managers should ensure there is sufficient supply of medical equipment on the ward to cope with the day to day needs.
- If a defibrillator starts alarming that the battery is low, staff must contact facilities and estates who will inform EBME (at RSH 01743 261149 for Shropshire sites – at Good Hope 0121 4249721 for Staffordshire sites). EBME will then arrange for an engineer to come out and replace the batteries as soon as possible.
- **Please note that once defibrillator starts alarming that battery is low, the unit may still be used in an emergency (manufacturers say that defibrillators will still be good for about 20 shocks once battery alert is activated)**

## 11. Advice / Assistance


- Advice and guidance about any resuscitation issues, including replacement order codes for consumable11s etc., may be sought by contacting the Resuscitation Officer: [diane.hughes@sssft.nhs.uk](mailto:diane.hughes@sssft.nhs.uk) or by phone 01785 221147 or 07734 596377.
- Any problems noted with electrical medical equipment must be reported to EBME via facilities and estates.
- Informal debrief sessions can be offered if required, following a resuscitation attempt, to provide support to staff involved

## 12. Process for Monitoring Compliance and Effectiveness.

Regular audit of compliance with this policy will be undertaken by the Trust Resuscitation Officer, with reports being provided for assurance to the Resuscitation Group and relevant divisional groups such as the Quality, Effectiveness and Risk Committee, Clinical Effectiveness Operational Group.



**Appendix A**

South Staffordshire & Shropshire Healthcare   
 NHS Foundation Trust

**CARDIAC ARREST MONITORING FORM**

To be completed following every incident of cardiac arrest, and the original attached to the adverse incident form (which must also be completed).

A copy of this form must be sent directly to:

**Diane Hughes, Resuscitation Officer, 1<sup>st</sup> Floor, Block 7, St. Georges Hospital, Stafford.**

<b>DATE:</b>		<b>TIME:</b>		<b>WARD/AREA:</b>	
<b>PATIENT NAME:</b>			<b>PATIENT NUMBER:</b>		
Was cardiac arrest (CA) as the result of: A witnessed deterioration <input type="checkbox"/> or Found in Collapsed state <input type="checkbox"/>					
Who was first to discover (CA)		Name:		BLS trained? Yes <input type="checkbox"/> No <input type="checkbox"/> Date: .....	
Was a Medical Emergency call put out? Yes <input type="checkbox"/> By whom?..... No <input type="checkbox"/> Why not?.....					
Was an Emergency Ambulance called? (999) Yes <input type="checkbox"/> By whom?..... Time..... No <input type="checkbox"/> Why not?.....					
Was Basic Life Support (BLS) commenced? Yes <input type="checkbox"/> Time..... No <input type="checkbox"/> Why not?.....					
Who was involved in BLS?	Name:		BLS trained? Yes <input type="checkbox"/> No <input type="checkbox"/> Date: .....		
Who was involved in BLS?	Name:		BLS trained? Yes <input type="checkbox"/> No <input type="checkbox"/> Date: .....		
Who was involved in BLS?	Name:		BLS trained? Yes <input type="checkbox"/> No <input type="checkbox"/> Date: .....		
Who was involved in BLS?	Name:		BLS trained? Yes <input type="checkbox"/> No <input type="checkbox"/> Date: .....		
Equipment Used:	High Flow oxygen		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Automated External Defibrillator (AED)		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Oro-pharyngeal (Guedel) airway		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Bag-valve-mask (Ambubag)		Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Was there a Doctor in attendance?	Name:	Position:
Was an IV cannula inserted?	Yes <input type="checkbox"/> By whom?.....	No <input type="checkbox"/>
Were any emergency drugs given?	Yes <input type="checkbox"/> By whom?..... Adrenaline <input type="checkbox"/> Atropine <input type="checkbox"/> Amiodarone <input type="checkbox"/>	No <input type="checkbox"/>
What time did the Ambulance arrive? .....		
Was the patient transported to hospital?	Yes <input type="checkbox"/> Which hospital?.....	No <input type="checkbox"/> Why not?.....
Name/Title of person completing form: .....		
Date: ..... Time: .....		
Adverse incident Form completed? Yes <input type="checkbox"/> No <input type="checkbox"/> Why not?.....		
Copy made and sent to Resuscitation Officer? Yes <input type="checkbox"/> No <input type="checkbox"/> Why not?.....		

**PinPoint provide the attack alarm systems for both Redwoods Centre and St. Georges.**

These systems provide staff with the ability to pull a fob which triggers an alert for assistance in the event of an attack. The location of the attack is then displayed on designated screens in ward areas as well as on the Multitone Pagers (through the integration work which has been completed.)

This is being introduced to St. Georges through the project [540552 - MultiTone Bleep System and PinPoint St. Georges Install](#)

Integration of PinPoint and Multitone at The Redwoods Centre has not been completed as of August 2015 and needs to be completed.

**PinPoint Fobs:**

Staff on wards carry the following devices. These devices are infra-red and (when pulled) trigger an attack alarm by firing infra-red beams to pre-installed sensors in all ward locations.

When the push button is pressed on the bottom of the device, this is a non-urgent alert which can provide the location of the request for assistance.



Wall sensors are installed in Trust HQ Reception (as well as panic alarms), Hatherton Centre Reception and all ward offices:



**The notifications have been configured as follows:**

<b>Pinpoint System - Functionality</b>	
<b>Ward of Activation</b>	<b>Wards Notified</b>
Hatherton Centre	All Displays in Hatherton Centre
St Chads House	All Displays in St Chads House
Chebsey	Chebsey , Brocton,Norbury
Brocton	Brocton,Chebsey ,Norbury
Norbury	Norbury,Brocton ,Chebsey
Milford	Milford & Ellesmere
Ellesmere	Ellesmere & Milford

**PinPoint Support:**

The Trust are covered with 24/7 365 support for the PinPoint system at both St. Georges and Redwoods. The details of this support contract are as below:

Pinpoint will provide Telephone Help and a Call-Out Service, 24 hours a day 365 days a year.

In the event of equipment becoming faulty and assistance being required notice must be given to the Pinpoint 24/7 Helpdesk on 08451 800324.

All PinPoint PITS come with 5 year warranty guarantee, to replace these, call the support number above.