

Vermont Psychiatric Care Hospital Policy and Procedure		
Emergency Medical Response and Equipment		
Effective: July 2021	Revised: August 2024	Due to Review: august 2026

POLICY

The purpose of this policy is to outline Vermont Psychiatric Care Hospital’s (VPCH) plan to deliver a prompt and skilled medical response to any persons experiencing a medical emergency on the VPCH campus, and to outline the responsibilities of responding personnel.

PROCEDURE

Personnel who find a person in apparent medical distress may initiate an emergency response. Personnel shall remain with the individual in distress and summon help by whatever means are available. If a two-way radio is available, the emergency location and the type of assistance required (if known) should be announced. If the assessing personnel, regardless of their position, training, licensure, etc., believes that emergency personnel are needed, they are expected to call, or to designate another responder to call 911.

Whenever possible a provider shall direct the management of a medical emergency.

Licensed clinical staff responding to an emergency shall assess the individual to determine the immediate needs for care. Based on this assessment, medical intervention shall be rendered, and a determination shall simultaneously be made regarding the necessity of transporting the individual to another treatment setting. Legal status shall not be a consideration that influences or delays the transfer of an individual in acute medical distress.

If cardiac/respiratory arrest has occurred, Basic life support (BLS) will be started by the first certified person at the scene. An Automatic External Defibrillator (AED) may be used as indicated by the individual’s condition.

If a provider order cannot be immediately obtained, oxygen may be temporarily initiated by a Registered Nurse when hypoxemia is suspected. A provider is to be contacted as soon as reasonably possible after initiation of oxygen therapy in emergency situations for verification and documentation of the necessity for oxygen therapy and to obtain any further orders.

Emergency medical treatment for a hospitalized person who has a legally binding Advance Directive shall be conducted according to their wishes. If the hospitalized person requires emergency ambulance transport to another hospital, a copy of the Advance Directive should be provided to the ambulance staff, with communication regarding the limits of treatment determined by the individual.

When a VPCH hospitalized person experiences a medical emergency, a provider or registered nurse shall notify the individual’s family, guardian, significant other, or other designated personal representative identified by the hospitalized person “to be notified in case of emergency” as soon as practicable following the acute medical emergency. A staff member shall

be deployed to meet the emergency response team and accompany the team to the individual requiring emergency medical treatment and care.

Documentation of medical emergency events shall align with applicable VPCH documentation and event reporting policy.

Medical Emergency Equipment:


Emergency medical response kits (‘Crash Packs’), which include Automatic External Defibrillators (AED) are located in the following locations throughout the facility:

- Snowflake (A) Unit Exam Room
- Maple Leaf (B) Unit Exam Room
- Monarch (C) Unit Exam Room
- Admissions Exam Room
- Laboratory

The Crash Packs shall be locked at all times to ensure the integrity of its contents. The lock shall be checked and documented daily, and the contents shall be checked and documented monthly by nursing staff. The expiration dates of all supplies in the Crask Packs shall be checked monthly. Any item with an expiration date of less than one month shall be replaced.

Medical Emergency Training and Improvement:

- Basic Life Support: VPCH employees shall recertify in BLS no less frequently than every two years.

Approved by	Signature	Date
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