

Huron Perth Healthcare Alliance	
1. Clinical Policies and Procedures	Original Issue Date: April 05, 2024
Emergency Medical Assistance on HPHA Hospital Grounds	Review/Effective Date: April 05, 2024
Approved By: VP People and Chief Quality Executive	Next Review Date: April 05, 2026

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Scope

This policy applies to all staff, physicians/midwives, volunteers or students at the Huron Perth Healthcare Alliance (HPHA) who may come across or be alerted to a member of the general public experiencing a medical emergency on HPHA hospital grounds, and in hospital affiliated buildings outside of the main hospital building.

Policy

This policy is designed to provide a consistent, safe and appropriate response when an individual experiences a medical emergency on the hospital's grounds, outside of the main hospital building. Any staff, physician/midwife, volunteer or student at HPHA who discovers or is alerted to an individual experiencing a medical emergency on the hospital's grounds, is expected to respond (regardless of training or expertise), as long as it is safe for them to do so.

A safe response must take into consideration any known and unknown factors of the medical emergency, the knowledge and skill of the responder, and the availability of resources. Guiding principles shall ensure the safety of current patients in the HPHA Emergency Department (ED), the member of the general public requiring medical assistance, the staff members and any other individual(s) in the vicinity.

Given the above, the responder(s) should assess the situation and activate an emergency response if necessary, at a minimum. If warranted and training and expertise allows, the responder will provide Basic Life Support (BLS) while awaiting the arrival of assistance, whether internal or via response from 911.

Refer to Frequently Asked Questions document ["When Emergencies Happen Outside Your Hospital Building But on Hospital Property"](#).

Purpose

The purpose of this policy is to provide guidelines for any staff, physician/midwife, volunteer or student at HPHA related to an individual experiencing a suspect medical emergency on the hospital's grounds. Many variations of emergencies exist and it is expected that everyone will make the best decisions possible in the interest of both the individual experiencing the medical emergency and their own safety when responding.

It is expected that all staff shall adhere to the principles outlined in this policy.

Definitions

Critical Injury - An injury of a serious nature is one that:

- Places life in jeopardy
- Produces unconsciousness
- Results in substantial blood loss
- Involves amputation of a leg, arm, hand or foot, but not a finger or a toe
- Consists of burns to a major portion of the body, or
- Causes the loss of sight in an eye

Hospital Grounds – refers to outdoor areas that are considered hospital property, including hospital walk ways, driveways, courtyards, lawns and parking lots. Hospital grounds **do not** include hospital-affiliated buildings, which are outside of the actual hospital. Examples of hospital-affiliated buildings **not included in the response** include:

- Conestoga building, Centennial Apartments, the “Cottage”, Special Services Unit (SSU), and Foundation offices (Stratford)
- Community Health Centre (Seaforth)
- Transition House (Clinton)
- Wellness Centre (St. Marys)

Note: 911 should be contacted in the event of a cardiac arrest/medical emergency in these locations.

Medical Emergency – As defined by the *Health Care Consent Act*, an emergency occurs if the person for whom the treatment is proposed is apparently experiencing severe suffering or is at risk, if treatment is not administered promptly, of sustaining serious harm. In the case of this policy, emergency response is required if the person experiencing a medical emergency is unable to independently and safely transport themselves into the Emergency Department.

Reasonable Response – refers to an expected response to a medical emergency given the responder’s knowledge and skill of emergency situations; proximity and availability of resources which can be mobilized; while also considering the safety of the responder(s).

Responder – refers to any staff, physician, volunteer or student at the HPHA who discovers or is alerted to an individual experiencing a medical emergency on the hospital’s grounds.

Considerations

- Any responder to attend an medical emergency on hospital grounds will stay to offer assistance regardless of their BLS certification.

Competency Requirements

The level of assistance provided to the individual will vary depending on the responder’s knowledge of and skill responding to emergency. At a minimum:

- Basic Life Support (BLS) certification, if required by the hospital, will be maintained.
- This policy will be reviewed by all staff, physicians/midwives, volunteers and students upon hire/engagement and annually thereafter.
- HPHA policy Code Blue: Cardiac Arrest/Medical Emergency - Adult will be reviewed by all staff, physicians/midwives, volunteers and students upon hire/engagement and annually thereafter.

Procedure

Procedure	Rationale
<p>Equipment:</p> <ul style="list-style-type: none"> • Responders are not likely to have any medical equipment on their person when they come upon an individual experiencing a medical emergency on the hospital’s grounds. • Portable equipment (e.g. ZOLL defibrillators) may be brought by staff responding to emergency call as appropriate. 	<ul style="list-style-type: none"> •
<p>The following steps shall be followed for activating an emergency response:</p>	
<p>1. Any HPHA staff member, physician/midwife, volunteer or student, who becomes aware of an individual experiencing what appears to be a medical</p>	<ul style="list-style-type: none"> • Performing scene survey to determine if it is safe to respond is critical for safety of responders. • Activating emergency response is first step in chain of survival.

emergency outside of the actual hospital, but in or around a hospital-affiliated building will:

- a. Immediately call 911, and
 - b. When it is safe to do so, stay with the individual and provide whatever assistance possible given knowledge and skill.
2. Any responder (HPHA staff member, physician/midwife, volunteer or student) who becomes aware of an individual experiencing what appears to be a medical emergency on hospital's grounds will:
- a. Immediately call, or direct another person to call, 911 if for any reason an immediate emergency services (EMS) response is deemed to be necessary.
 - b. Assure individual experiencing the emergency that assistance has been/will be summoned.
 - c. Responder will either call from their personal phone, enter hospital and activate a Code Blue, noting the location of the medical emergency, or direct another person to immediately take these actions. This shall be done even if EMS has already been called.
 - a. CODE BLUE can be activated by dialing 1111 or pressing the HOTLINE button on any in-hospital phone
 - b. At Clinton, St. Marys and Seaforth sites, staff may dial "78" from any portable hospital phone or hospital desk phone and page an overhead announcement.
 - c. If an individual requires immediate resuscitative treatment, and it is safe to do so, basic life support should be started as soon as possible by any responders who are certified in BLS.
3. Activating CODE BLUE

Stratford site: When notified, Switchboard will page CODE BLUE overhead, and notify Security. Security will attend the scene and maintain safety in the perimeter of the patient and staff, even if 911 has been called. Security may be requested to call for additional assistance as directed by staff and/or EMS.

Clinton, Seaforth, and St. Marys sites: Immediately call 911 if for any reason immediate emergency services (EMS) response deemed to be necessary.

- a. Switchboard, when on duty and when notified of CODE BLUE, will page CODE BLUE overhead. At least 2 staff (with at least one being a member of the Code Blue Response Team) will attend the scene to maintain safety in the perimeter of patient and staff, even if 911 has been called.
- b. Outside of Switchboard hours, a CODE BLUE should be activated in the standard after-hours manner.
- c. When it is safe to do so, staff will respond to the area of the emergency to assess and determine:

- 911 is called to provide emergency medical care and facilitate transfer of patient to ED.

- Anyone certified in BLS may utilize it in an emergency situation.

- It may not always be possible for 2 Code Blue staff to attend an emergency outside of the hospital. Any other staff member may accompany a Code Blue Responder to the emergency, to ensure that no one is responding alone, where ever possible.

<p>i. Severity of the emergency and if individual can be safely transported by hospital staff into ED, and if not,</p> <p>ii. Assistance to be offered until EMS arrives to assist with transporting the patient to the ED.</p> <p>iii. Responding Code Blue Response Team member may choose to cancel the 911 call if they determine that the patient can be safely transported to the ED by the hospital staff.</p> <p>iv. Consideration should be given to known and unknown medical factors, distance to ED, available resources, criticality of individual's condition, whether moving the individual could cause additional harm or adverse outcome, environmental conditions contributing to safety of transfer (e.g. snow, bumpy terrain) and any other factors.</p> <p>d. In all cases, individual will be provided with support, assurance and explanation of next steps and plan of care. Should medical treatment be required, a nurse or physician should remain with the patient while outside.</p> <p>e. For ALL obstetrical emergencies:</p> <p>Stratford site: Switchboard will notify ED and Maternal/Child Team Leader.</p> <p>Clinton, Seaforth and St. Marys:</p> <p>Switchboard will notify ED Team Leader. Staff will follow the same procedure as above.</p> <p>f. If individual declines assistance, it is recommended that Security and/or staff encourage individual to present to ED for assessment and offer to escort them if permitted.</p>	
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<p>Documentation</p> <ul style="list-style-type: none"> • For all cases of emergency medical assistance required outside of the hospital building, even when 911 has been called, a Cardiac Arrest Record will be completed in order to document the occurrence. Cardiac Arrest Record will be disseminated per Code Blue – Cardiac Arrest/ Medical Emergency - Adult policy. • Debrief forms may be completed by any member of the responding team, and will be disseminated per Code Blue policy. • In cases where staff deemed it was unsafe to respond outside of hospital, documentation must record details supporting decision: • If the person is a registered patient, document incident in patient's chart and complete RL6. • If person is not registered as a patient, complete RL6 for a visitor.
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<p>References</p> <p>Health Care Consent Act (HCCA). (1996). Emergency Treatment-Meaning of "emergency". S. 25 (1). Retrieved from https://www.ontario.ca/laws/statute/96h02#BK31</p> <p>London Health Sciences Centre. (2019). Guidelines for Responding to Persons Outside on Hospital Property [policy].</p>

Woodstock Hospital. (2020). Medical Assistance to the Public on Hospital Grounds [policy].

For additional information:

Good Samaritan Act, 2001, Bill 20. Retrieved from <https://www.ontario.ca/laws/statute/s01002>