

	<b>Dimensions:</b> <b>Safety</b>	<b>HAO Standard:</b> <b>3.2 a</b>	<b>Policy:</b> <b>Safety #4</b>
	<b>Original Approval Date:</b> <b>March 17, 2003</b>	<b>Date Revised:</b> <b>August 31, 2009</b>	<b>Revision Approval Date:</b> <b>August 31, 2009</b>

**TOPIC:                   MEDICAL EMERGENCY**

**POLICY STATEMENT:**

The NNPCN (N/PS) has a process for informing volunteers of their roles and limitations in the event of a medical emergency. A medical emergency occurs if the client begins to hemorrhage, choke, suffer injuries from a fall or if there is a significant sudden unexpected change in the client's condition.

**PROCEDURE:**

1. The Volunteer must be aware of the current instructions pertaining to a medical emergency, according to the assigned client's Individual Palliative Care Plan (Form 089). This may include any or all of the following:
  - Contacting a family member/caregiver
  - Seeking medical assistance through "911", or
  - Contacting the Nursing Service
  
2. The volunteer must contact the NNPCN (N/PS) office and the Team Leader to report the event. Outside regular business hours, the volunteer should leave a message by voice mail and then contact the office the following business day. Incident Report (Form 027) is to be completed by the volunteer and submitted to the office.
  
3. In the event that "911" is contacted, the volunteer is to state:
  - Who you are-name and volunteer status
  - Client's name, address, phone number and information about the current state and your concerns (medical emergency)
  - In rural areas, provide emergency house number and names of main intersecting roads nearest to the client's home (if known)
  - Ask for assistance immediately

Contact the family/caregiver (if not already done)

Contact the NNPCN (N/PS) and the Team Leader.

4. The Team Leader/Volunteer must provide information about medical emergency policies and procedures to client/caregiver during intake assessment.
  
5. The Program Administrator/delegate:
  - reviews and completes investigation component of Incident Report (Form 027)
  - contacts Hospice insurer, if appropriate
  - contacts client/caregiver/volunteer for follow-up, including client's insurance information, if applicable
  - consults with the Chair and the Executive Committee of the Board

**REVISION HISTORY:**

<b>DATE mm/dd/yyyy</b>	<b>REVISED BY</b>	<b>REVIEW ONLY (✓)</b>	<b>COMMENTS / MODIFICATIONS</b>	<b>BOARD APPROVAL DATE: mm/dd/yyyy</b>
<b>02/02/09</b>	<b>Bev Charron</b>		<b>Amendments 08/31/09</b>	<b>08/31/09</b>