P023 - Emergencies and Emergency Code Word

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| Version | Approved: | Comments | Next review date |
| 1.0  1.1  1.2 | 01/05/2016  07/05/2019  12/05/2020 | Wording change | 01/09/2017  07/05/2020  12/05/2023 |

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| Applies to: |
| All staff |

# PURPOSE

**First Call Nursing Staff have a critical role to play in detecting and responding quickly to emergency situations involving clients and themselves.**

Knowing what to do in those vital first minutes following a sudden incident or illness is critical to avoiding further danger.

# POLICY

Care staff interact directly with clients on a regular basis; they are the eyes and ears of First Call Nursing. They are a vital link in getting clients and/or themselves the help needed.

First Call Nursing’s care staff are to react appropriately and with confidence when an emergency occurs.

As a professional care worker, care staff have a legal duty of care to act.

**It is important in any emergency to stay calm and take action.**

Staying calm in an emergency is vital for clear thinking and effective decision-making and it also keeps the client and those around care staff relaxed and calm.

When responding to an emergency situation, getting immediate attention is vital.

When care staff feel they are in personal danger, they are to contact the office and use the **CODE WORD** immediately. The code word and instructions on how to use it are communicated at every Staff Meeting. It is also communicated at induction to new care staff members and office staff.

## Maintaining service continuity

First Call Nursing maintains an emergency preparedness plan to ensure continuity of service to clients in the case of an emergency. This plan will ensure that First Call Nursing is able to facilitate the continuation of critical supports before, during and after an emergency situation.

# EMERGENCY CODE WORD PROCEDURE

If you feel you are in personal danger, contact the office immediately and use the CODE WORD.

For example, if use of code word is required – I am to attend a meeting at Xxxxxxxxx xxxxxxx at X time. The office needs to be notified of my non-attendance otherwise an alarm is raised.

OR

I need to phone the office to let them know I am going to be late for my next service at Xxxxxxxxx xxxxxxx.

Whoever takes the call in the office alerts the Senior Co-Ordinator and contacts the relevant authorities immediately.

**OFFICE STAFF**: Write up incident in Incident Register. Also update Risk Management Register. Make sure care staff write up incident on their F017 - Incident / Complaint Form (Accident/Near Miss). Update the database. Add alert for anything needing a follow up.

# EMERGENCY PROCEDURE

Once you realise there’s an emergency, do a quick initial assessment of the situation. If it is safe to approach the person, check to see if they are conscious and breathing. Phone emergency services such as ambulance or fire department on **000.**

Phone First Call office to inform them of the situation, and for further instructions.

**Remain calm and encourage client to remain calm.**

Keep within the scope of your job description; take only those actions that you are trained to perform.

# EMERGENCY RISK MANAGEMENT PROCEDURE

**Heat wave**

If temperature goes above 45 degrees centigrade, phone to check on clients.

**In an emergency**

Contact relevant local emergency services – to assess the situation and receive instructions.

* Liverpool
* Campbelltown
* Bankstown
* Fairfield
* Camden
* Wollondilly

Follow service emergency instructions as per client’s self-assessment (recorded on care manager),

Provide counselling if required.

# DOCUMENTS

F017 - Incident / Complaint Form (Accident/Near Miss)

**F017 - INCIDENT / COMPLAINT FORM**

**(ACCIDENT/NEAR MISS)**

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| **Staff Member:** |
| **Name of person reporting:** |
| **Time & Date of Complaint/Incident:** |
| **Nature of Incident** – please give a detailed report of the complaint/incident |
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| **Staff Member signature:** |
| **Name & Contact number of Witness:** |
| **Incident reported to:** |
| **Signature of person receiving report:** **Date:** |
| **Describe how the issue was resolved and what action was taken:** |
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| Is counselling required? |
| **Signed:** (Managing Director, Co-ordinator) **Date:** |

The person/employee filing this incident/complaint report will be given a copy after it is signed off on behalf of First Call Nursing.