

Santa Barbara Regional Health Authority  
**PROVIDER POLICIES AND GUIDELINES**  
**EMERGENCY MANAGEMENT DURING AND AFTER OFFICE HOURS**

**Note: An “emergency medical condition” is a medical condition that manifests itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in: 1) placing the health of the individual (or unborn child of a pregnant woman) in serious jeopardy, 2) serious impairment to bodily functions, and 3) serious dysfunction of any bodily organ or part. “Emergency services” means those services required for alleviation of severe pain or immediate diagnosis and treatment of unforeseen medical conditions, which, if not immediately diagnosed and treated could lead to disability or death.**

The purpose of this procedure is to provide emergency medical care in a timely and appropriate manner.

- Provider will advise patients how to contact the physician both during and after office hours. After-hours urgent care, emergent physician coverage is available 24 hours a day, 7 days per week. This information will be given to the patient on the initial visit and will either be provided by the answering service or by a recorded message to be played when the patient phones the physician office line. The recorded message will also give specific instructions for the patient to follow should the situation be perceived as a life-threatening emergency.
- When the physician is not on site during regular office hours, staff is able to contact MD (or covering physician) at all times by telephone, cell phone, pager, etc.
- In addition to the physician, only appropriately licensed medical personnel such as a NP, RN, or PA shall handle emergency, urgent and medical advice/triage telephone calls.
- During business hours, provider staff shall be prepared to provide emergency services for the management of emergency medical conditions that occur on site until the emergent situation is stabilized and/or treatment is initiated by the local 911 Emergency Medical Service (EMS) system.
  - Immediately phone 911.
  - If indicated begin CPR and continue until paramedics assume care
  - Follow physician orders, if qualified
- Minimum emergency equipment shall include:
  - Epinephrine 1:1000 (injectable) and Benadryl 25 mg. (oral) or Benadryl 50 mg./ml. (injectable), tuberculin syringes, alcohol wipes. (Medication dosage chart is kept with emergency medications)
  - Oxygen delivery system or portable oxygen tank (maintained at least  $\frac{3}{4}$  full) with flow meter and mask/cannula attached
  - Oral airways (appropriate sizes for patient population)
  - Bag-valve-mask (Ambu- bag appropriate for patient population)

**Note: Emergency equipment and medication, appropriate to patient population, are immediately available in an accessible location.**

---

**(Location of emergency equipment)**

- Equipment Care:
  - Medical emergency equipment is clean, functioning properly and maintained in operational condition.
  - Emergency equipment is replaced/re-stocked immediately after use.
  - Emergency equipment/medications/supplies are checked at least monthly for expiration and operating status and documented on a log (checklist) for verification.
  
- Personnel Training:
  - Site personnel are appropriately trained and can demonstrate knowledge and correct use of all medical equipment they are expected to operate within their scope of work.
  - Staff is able to describe site-specific actions or procedures for handling medical emergencies until the individual is stable or under care of local emergency medical services (EMS).
  - Site personnel will be notified and respond immediately to an urgent or emergency patient condition and will provide immediate emergent medical care on site until the patient is stable or EMS is on the scene and has taken over care/treatment.
  - Emergency phone number list is posted in prominent location and includes local emergency response services (e.g. fire, police/sheriff, ambulance) emergency contacts (e.g., responsible managers, supervisors), appropriate State, County, City and local agencies (e.g., local poison control number). List will be dated, and updated annually.

The above protocol has been reviewed and approved and staff has been trained in the steps to take in the event of a medical emergency on site.

\_\_\_\_\_

\_\_\_\_\_

Physician

Date

\_\_\_\_\_

\_\_\_\_\_

Physician

Date

\_\_\_\_\_

\_\_\_\_\_

Clinic Administrator/Manager

Date

Policy and procedure to be reviewed/revised annually and staff retrained/educated:

Reviewed/revised date: \_\_\_\_\_ - \_\_\_\_\_