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THIS POLICY IS FOR:	Staff including Agency Workers (temporary workers), Commissioners and Service Users

MEDICAL EMERGENCY

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MEDICAL EMERGENCY POLICY & PROCEDURE

1. PURPOSE

1.1 Deterioration in acutely unwell Service Users can happen quickly and have catastrophic effects. The purpose of this policy is to ensure that Staff including Agency Workers at Nursing Direct have access to the best practice framework to aid monitoring and be able to respond in a timely manner.

1.2 This policy dovetails with other relevant policies and procedures and so must be referred to for further guidance and standards. These include but are not limited to

- Diabetes Policy and Procedure
- Dysphagia (Swallowing Difficulty) and Risk of Choking Policy and Procedure
- First Aid Policy and Procedure
- End of Life Care Planning Policy and Procedure
- Resuscitation Policy and Procedure

To ensure that Nursing Direct consistently meets the Care Quality Commission's (CQC) Key Lines of Enquiry (Safe, Effective, Caring, Responsive and Well-led) and the associated Quality Statements, in line with regulatory requirements.

1.3 To meet the legal requirements of the regulated activities that Nursing Direct is registered to provide:

- The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- The Medical Devices Regulations 2002

2. SCOPE

2.1 The following roles may be affected by this policy:

- All Staff including Agency Workers

2.2 The following Service Users may be affected by this policy:

- Service Users

2.3 The following stakeholders may be affected by this policy:

- Family
- Advocates
- Representatives
- Commissioners
- External health professionals
- Local Authority
- NHS / ICB

3. OBJECTIVES

3.1 To provide a clear framework for a coordinated approach for:

- Identifying any deterioration in Service Users
- Identifying the next steps to managing the emergency situation
- Working within own realms of competence and in accordance with Codes of Conduct
- Standardising practice for staff including Agency Workers in the detection of deterioration with the aim of preventing further deterioration in Service Users.

4. POLICY

4.1 All Staff including Agency Workers at Nursing Direct will ensure that Service Users receive appropriate, high-quality care and respond to emergencies in a calm, professional and timely manner. Nursing Direct will ensure that all Staff including Agency Workers understand their duty of care.

4.2 Deterioration in acutely unwell Service Users can happen quickly and have catastrophic effects. The purpose of this policy is to ensure staff including Agency Workers have the appropriate skills to be able to respond in a timely and responsive manner.

4.3 Nursing Direct will ensure that staff including Agency Workers have all the required training, competencies, and skills to deal effectively with medical emergencies. Staff including Agency Workers should not hesitate to contact emergency services immediately if they are concerned about signs of deterioration or a medical emergency with the Service User.

4.4 A medical emergency could include the following for a Service User;

- Chest pain or suspected heart attack
- Stroke
- Prolonged fit
- Significant injury, such as a fracture or head injury
- Breathing problems
- Loss of consciousness
- Severe bleeding
- Anaphylaxis

4.5 Staff including Agency Workers are responsible for:

- Complying with the standards in this policy
- Documenting their findings in the Service User's records
- Attending training as per the training matrix at Nursing Direct

4.6 The Registered Manager is responsible for ensuring that:

- All relevant Staff including Agency Workers in the service are working within the standards of this policy.
- All Staff including Agency Workers have access to appropriate monitoring equipment.
- Staff including Agency Workers at Nursing Direct have access to the other suite of policies and procedures for the safe management of medical conditions that are known to potentially put Service Users at risk of deterioration.

5. PROCEDURE

5.1 All Staff including Agency Workers will have an awareness of Service Users at Nursing Direct who may be at a higher risk of deterioration or complications. This includes but is not exclusive to:

- Service Users recently transferred from hospital or discharged
- Service Users with chronic conditions e.g. COPD, heart failure, diabetes or dementia
- Service Users who are slow in responding to treatment
- Service Users being treated for an infection
- Service Users with pressure ulcers
- Service Users with severe acute illness
- The frail/elderly

For these groups of Service Users, Staff including Agency Workers will offer a higher level of observation and respond to any non-emergency changes in condition by contacting the Service User's GP in a timely manner.

Where possible, Nursing Direct should consider the use of early warning systems to guide Staff including Agency Workers with the action that needs to be taken.

For Service Users with long-term conditions or multiple comorbidities where the likelihood of deterioration is higher, there will be a care plan detailing how to minimise or prevent further deterioration. This must include an escalation process to follow during office hours and out of hours.

5.2 Responding to a Medical Emergency

In the event of a medical emergency, trained staff including Agency Workers will assess and respond to the Service User within their own limits of competence, training, and experience. Nursing Direct will ensure Staff including Agency Workers are made aware of procedures required in the event of a medical emergency.

5.3 Procedure for Responding to an Emergency

Situation Step 1

The attending staff including Agency Worker will assess the Service User and environment for any immediate danger and then raise an alert and request help. Within the realms of their competence, they will begin to assess the severity and nature of the emergency.

Step 2

The staff including Agency Worker must telephone 999 or the GP or 111 and seek advice on the appropriate action to take. The staff including Agency Worker will stay with the Service User until advised that they can leave. The staff including Agency Worker will contact Nursing Direct as soon as possible to inform them of the situation.

All Staff including Agency Workers must understand how to respond in an emergency, which includes:

- Knowing when and how to call for help.
- Knowing how to access equipment.
- Knowing how to communicate to other healthcare professionals.

Step 3

Staff including Agency Workers will ensure, where it is likely a transfer to acute care is needed, that medication information and any other relevant Care Plans are ready for transfer with the Service User.

Step 4

When safe to do so and in a timely manner, all emergency action will be documented in the Service User's care records immediately following the incident. Where the incident is notifiable, the Registered Manager will ensure that the relevant statutory notification form is completed and submitted to the Care Quality Commission.

5.4 Medical Emergency Equipment

Where emergency equipment is in use, staff including Agency Workers must be competent to use this safely. All equipment must be in good working order and ready for use. Staff including Agency Workers will refer to the Management of Medical Devices Policy and Procedure at Nursing Direct for further advice.

Staff including Agency Workers will check emergency equipment at least weekly to ensure it is fit for purpose and ready for use. This information must be recorded for audit purposes.

5.5 Training and Education

Nursing Direct will make posters and resources available for how to respond in an emergency to some of the key risk areas for Service Users, for example, falls, choking, hypoglycaemic episodes and epilepsy.

Nursing Direct will ensure that Staff including Agency Workers have in date Basic Life Support (BLS) training and are competent in how to respond to emergency situations. This will be recorded on the training matrix.

5.6 Audit and Evaluation

Every emergency situation will be reviewed to reflect on practice and identify any learning which can be introduced as a means of quality assurance. This will be recorded on our Complaints, Incidents, Accidents and Concerns matrix.

As part of the management and evaluation of emergency situations, Nursing Direct will ensure that all staff, including Agency Workers, who may be distressed as a result of the incident are offered timely support, reassurance, and appropriate signposting in accordance with the Welfare Check Protocol.

6. DEFINITIONS

6.1 Staff including Agency Workers

6.1.1 Staff

Denotes the employees of Nursing Direct Healthcare Limited.

6.1.2 Agency Workers

Refers to individuals who are contracted with Nursdoc Limited or another employment business as an Agency Worker (temporary worker) provided to Nursing Direct Healthcare Limited to perform care services under the direction of Nursing Direct.

6.2 Nursing Direct

Nursing Direct, also known as Nursing Direct Healthcare Limited, is the entity regulated by the CQC (Care Quality Commission) and responsible for the care service provision, contracted to provide homecare services to service users in their homes, in placements, essential healthcare facilities and in the community.

6.3 Nursdoc Limited


As the sister company to Nursing Direct Healthcare Limited, Nursdoc Limited acts as an employment business, specialising in providing staffing solutions to the healthcare sector.

6.4 CQC (Care Quality Commission)

CQC throughout this policy, the term "CQC" refers to the Care Quality Commission (CQC) which is the independent regulator of health and social care in England.

6.5 SBARD (Situation, Background, Assessment, Recommendation, Decision)

SBARD is an easy to remember mechanism that can be used to frame conversations, especially critical ones requiring a medical professional's immediate attention and action. It can aid clarity when making an emergency call or when requesting advice or intervention about patient management from a 999 call or General Practitioner.

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SIGNED:	 Marc Stiff – Group Managing Director