PURPOSE:
To provide guidance in the event an individual brandishes a weapon, holds a person hostage against his/her will, is actively shooting or in the process of attacking individuals with a deadly weapon.

POLICY:

• In the event that hospital staff are involved in a situation in which an intruder with a gun has entered the hospital, notification to law enforcement shall be made immediately.

• The law enforcement agency will take charge of the investigation and resolution of the situation.

PROCEDURE:

• General Staff Responsibilities:
  
  • Staff encountering an individuals with a gun shall:
    
    ■ Dial __________________ to notify the Operator. Tell the Communications Department/Operator to announce a "Code __________________" and the location.
    
    ■ If possible, stay on the line without jeopardizing yourself and give as many details as possible, including:
      
      ◆ Physical description of the individual with the gun
      ◆ Location of the individual
      ◆ Weapon(s) the individual has
      ◆ Number of people (patients, visitors, staff) involved
    
    ■ The Operator shall announce on the overhead paging system, “Attention All Units. Hospital Alert - Code __________________. Location of where Code __________________ is taking place. Seek a safe area.”
      
      ◆ The Operator shall make this announcement three (3) times.
POSITION DESCRIPTION / PERFORMANCE EVALUATION

Job Title: Emergency Department Nurse Manager
Supervised by: Chief Nursing Officer
Prepared by: ____________________________
Approved by: __________________________
Date: ____________________________
Date: ____________________________

Job Summary: Responsible for direction of patient care activities in the Emergency Department. Manages staff in the Emergency Department, provides management of operational and nursing activities. Consults with staff, physicians and the Chief Nursing Officer on nursing problems and interpretation of hospital policies to ensure patient needs are met.

DUTIES AND RESPONSIBILITIES:

3 = Exceeds Performance  2 = Expected Performance  1 = Needs Improvement

Demonstrates Competency in the Following Areas:

Responsible for direction of the Emergency Department staff. Supports and empowers staff to embrace the mission and value statements of the hospital.

Ability to perform a head-to-toe assessment on all patients and reassessments as per policy. This includes pediatric, adolescent and geriatric patients and the general patient population.

Uses the triage process to ensure timely and appropriate care to patients. Accurately assigns triage categories.

Ability to adequately assess and reassess pain. Utilizes appropriate pain management techniques. Educates the patient and family regarding pain management.

Ability to monitor hemodynamic status of patient and correctly interpret the results.

Maintains current knowledge of medications and their correct administration based on age of the patient and his/her clinical condition.

Follows the seven (7) medication rights and reduces the potential for medication errors.

Demonstrates knowledge of the principles of growth and development over the life span and the skills necessary to provide age appropriate care to the patients served. Able to interpret data about the patient’s status in order to identify each patient’s age specific needs and provide care needed by the patient group.

Formulates a teaching plan based on identified learning needs and evaluates effectiveness of learning; includes family in teaching, as appropriate.

Treats patients and their families with respect and dignity. Identifies and addresses psychosocial, cultural, ethnic and religious/spiritual needs of patients and family. Functions as liaison between administration, patients, physicians and other healthcare providers.

Interacts professionally with patient/family and involves patient/family in the formation of the plan of care.

Demonstrates knowledge of cardiac monitoring, identifies dysrhythmias and treats appropriately.

Performs all aspects of patient care in an environment that optimizes patient safety and reduces the likelihood of medical/health care errors.
• Stabilize: No material deterioration of the condition is likely, within reasonable medical probability, to result from or occur during the transfer of the individual from a facility, or with respect to an emergency medical condition. (§489.24(b))

• Transfer: The movement (including the discharge) of an individual outside a hospital’s facilities at the direction of any person employed by (or affiliated or associated, directly or indirectly, with) the hospital, but does not include such a movement of an individual who (i) has been declared dead, or (ii) leaves the facility without the permission of any such person. (§489.24(b))

POLICY:

• The hospital shall post a sign in a conspicuous area(s) of the Emergency Department, entrance, admitting areas, waiting room, treatment areas, etc., specifying the rights of the individual with respect to examination and treatment of medical conditions and women in labor.

  • Information shall also indicate whether or not the hospital/critical access hospital participates in the Medicaid program under a State-approved plan.

• All patients presenting to __________________ Hospital’s Emergency, Labor and Delivery or Psychiatric Departments and seeking care, or presenting elsewhere on the hospital’s main campus and requesting emergency care, must be accepted and evaluated regardless of the patient's ability to pay.

  • In the absence of an actual request for services, if a “prudent layperson” observer would believe, based on the individual’s appearance or behavior, that the individual needs an examination or treatment for a medical condition, EMTALA still applies and the person must be accepted and evaluated for treatment.

  • In the event that the hospital’s Emergency Operations Plan is activated, persons may be transferred prior to being stabilized if, based upon the circumstances of the emergency, the hospital is unable to provide proper care, treatment or services. (Section 1135(b) of the Social Security Act §489.24(a)(2)).

• Healthcare practitioners who may certify false labor include physicians, certified nurse-midwives, or other qualified medical person acting within his or her scope of practice as defined in hospital medical staff bylaws and state law.
PURPOSE:

To determine the care, treatment and services that will meet the patient's initial and continuing needs.

POLICY:

The triage area shall be an area or room, with a telephone, next to the Emergency Department with direct access to the Emergency Department. The triage area shall have privacy for an initial assessment and vital signs.

PROCEDURE:

• The registered nurse shall evaluate and categorize each patient upon arrival to the Emergency Department into either resuscitative, emergency, urgent, semi-urgent or routine categories.

• The initial evaluation shall include:
  • Patient’s name
  • Age
  • Date and time of initial triage evaluation
  • How the patient arrived, i.e., walk-in, wheelchair, car, ambulance
  • Current medications, herbal supplements
  • If Viagra was taken in the past 24 hours
  • Use of tobacco/alcohol/illicit drugs
  • Allergies, include allergies to latex
  • Chief complaint in the patient’s own words
  • Medical history
  • Tetanus status
PROCEDURE:

• Preparatory Phase:
  • Ensure informed consent has been obtained.
  • Assess patient for pneumothorax, hemothorax, presence of respiratory distress.
  • Obtain a chest x-ray. Other means of localization of pleural fluid include ultrasound and/or fluoroscopic localization.
  • Assemble drainage system.
  • Identify the patient using two (2) patient identifiers.
  • Reassure the patient and explain the steps of the procedure. Tell the patient to expect a needle prick and a sensation of slight pressure during infiltration anesthesia.
  • Identify the patient, procedure and site with the physician prior to incision (time out).
  • Position the patient according to the physician’s preference:
    ■ Have the patient sit up, bend forward and hug a pillow
    
    OR
    ■ Place the patient prone with a pillow under his/her chest
    
    OR
    ■ Have the patient lie on his/her unaffected side with the upper arm hanging over the side of the table

• Performance Phase: (by the physician):
  • The skin is prepped and anesthetized using local anesthetic with a short 25 gauge needle.
  • A small incision is made over the prepared anesthetized site. Blunt dissection (with a hemostat) through the muscle planes in the interspace to the parietal pleura is performed.