Hope Citadel Healthcare CIC
Hill Top Surgery
Fircroft Road
Oldham OL8 2QD

0161 271 3080

Hopecitadel.org.uk

Dealing with Emergencies Policy

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Background

Emergencies are reasonably rare in general practice (but a lot more common in a walk-in centre) but when these occur it is a stressful time for clinical members of staff who are attending to the patient. At these times prompt and sensible action from the admin team can greatly assist in making sure things run smoothly. All administration staff need to be aware of what their role is in a clinical emergency.

If a patient presents to the desk and says -"IT'S AN EMERGENCY"

Is it an emergency? We do not expect admin staff to be making clinical decisions so the first rule is that:

"ANYONE can decide a problem is urgent, only the patient themselves, or a GP (or a nurse with appropriate skills) can decide something is not urgent"

So, if a patient says it's an emergency then it is an emergency and you cannot tell them it's not. Obviously, we all know that patients do sometimes claim that their problem is more urgent than necessary. Ultimately this is something for GPs to sort and not us at reception, but there are some tactics to avoid calling 20 ambulances a day- we'll come on to these in a bit.

Equally, anyone who presents at the desk who doesn't say "it's an emergency", but who appears to have a condition listed below should also be treated as if it is an emergency. This isn't making a clinical decision - we would see the patient regardless - but it does help the patient get the most appropriate care. Don't worry you'll get in trouble if you're wrong, you won't. The GP will assess the patient and if it turns out to be innocuous then great, there's no harm been done. If, however, you are right then it is possible you might save a life, or at least improve the patient's outcome.

Ask them what the problem is / look at them - does it appear on the 'emergency' list below?

- chest pain;
- collapse;
- unconsciousness;
- trauma to neck or chest- cuts, bruising, damage etc;
- breathlessness (cannot complete full sentences when speaking, has to keep pausing midway through to catch their breath);
- 'asthma' attack;
- severe allergic reaction "anaphylaxis"- swelling of lips / tongue / face / throat, pt appears pale, difficulty breathing, even if now appears to be getting better;
- blood loss- more than a small amount;
- shocked patient- pale, sweaty, maybe agitated, maybe not coherent, maybe appears drunk?;
- choking / foreign body in throat;
- possible stroke- remember FAST- face, arms, speech, time;
- patient in extreme distress;
- floppy babies;
- patient insistent they need to see a GP immediately.
- anything else which you feel is an emergency- think "if I was on the street, would I call an ambulance for this?"

If it is on the list or might be one of the items on the list then phone the GP immediately. DO NOT just list it on the slot notes and ask them to sit in reception! If the GP doesn't answer their phone, then consider using the 'little green button' panic alarm to call help if the patient collapses in reception.

If it doesn't appear on the list

- Offer them an appointment with the GP using one of the triage slots or under 2 on the day appointments;
- If they simply repeat that it's "an emergency" then treat it as such and call a GP immediately.

When an emergency is "declared" by a GP - the role of administration staff

Whilst people do arrive at the reception desk with an emergency it is more common for administration staff to be alerted to the emergency by a member of clinical staff. When this happens the golden rules are:

- follow all instructions as given by the clinical team;
- to do all of the non-clinical jobs that allows the nurse or doctor to concentrate on the clinical care of the patient.

As administration staff we are present to assist clinical staff and not to try and care for the patient ourselves. All of our staff should be trained in Basic Life Support and the use of a defibrillator but it is not (save in exceptional circumstances) our expectation that administration staff will have to use these skills.

The most common jobs that you will be asked to do are:

1. Don't panic!
2. Dialling '999'

It is important to understand that if you do not answer the triage questions asked by the 999 call handler the call will be downgraded in urgency. It is therefore extremely important to answer the questions as accurately as possible. Do not answer the questions inaccurately in an attempt to get a faster response as this may mean someone who does need a faster response may not get one. The only way to ensure that the questions are answered accurately is to dial 999 from the room in which the patient and doctor are present. If you don't know the answer to a question then interrupt the GP- they will understand- if they do not then calmly explain it to them. Equally a lot of the questions are self evident- you may be able to answer them yourself (e.g. are they unconscious). The questions are currently-

Is the patient:

• Conscious and alert (answer yes only if fully conscious AND alert, else answer no);
• Breathing (Rate and effectiveness, difficulty speaking, full sentences);
• In pain, severity & location (e.g. head, chest, abdomen - above or below the navel);
• Skin colour, clammy, sweating (yes if pale OR clammy OR sweaty, else answer no)
• Nausea or vomiting;
• Past history of major illnesses (ask the GP as they will know what is relevant).

The ambulance service will be aware that you are phoning from a GP surgery and so you will often get asked one extra question than you would be if you were phoning from a non GP surgery line "does the GP take responsibility for this patient before the ambulance arrives" and it is a loaded question. The answer is NO. When you have finished dialling 999, you should make the appropriate people aware it is on its way - confirm it to the GP, tell reception and if you are in a shared building tell security etc.

1. Fetch emergency equipment- all administration staff need to be aware of what emergency equipment we stock, where it is kept and how to access it. All HCH emergency equipment will be located in one place in the practice.

2. Fetch other GPs or other clinical staff- the doc may want clinical help. Interrupt the other GP even if they have previously said "no interruptions" to their surgery.
3. Make sure there is someone to meet the ambulance crew at reception and show them to the correct room.
4. Move onlookers away. Put a screen round the patient if possible and ask other patients to leave the area if in a public space.
5. Make the waiting room aware of what is going on- explain they will be delayed because unfortunately there has been an emergency that the GP is dealing with on the premises.
6. Look after the relatives- often there will only be space for one (if any) of the relatives actually next to the patient by the time the paramedics are here and there is equipment out etc. Make practical arrangements- do they have a car here that they want you to look after the keys for etc until their wife can collect them?
7. Contacting relatives- do they want you to contact someone / some people? You need consent to do this. If they are on their own you may be asked to call next of kin. Ideally the patient would do these themselves (most can unless it's an emergency) but in some circumstances you will need to do this for them. Be prepared and think through what you are and are not going to say. Stick to this, do not alarm them unnecessarily, but equally do not tell them everything is fine - clearly it is not. Just stick to the facts that the GP has decided to send the patient to hospital and that they are on their way to X. Ask the ambulance crew for their destination.

After the event

1. Complete a significant event form (www.tinyurl.com/hchraisingawareness)

Tidy up the clinical area and ensure that all emergency equipment / drugs are ready for the next use (e.g. there are still enough drugs left / oxygen left in cylinder / new mask pre-attached to oxygen cylinder / mop up bodily fluids etc.