## S15: EMERGENCY POLICY AND PROCEDURES

#### POLICY

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| In an emergency staff shall assess the situation and determine an appropriate action plan. Staff shall always act in the best interests of the client involved in the emergency situation. A common sense approach will ensure that the situation is managed in the best possible way; this might be immediate medical assistance or other emergency assistance.Some examples of emergencies are:* a medical crisis
* challenging behaviour by
* emergency relating to the premises e.g. fire, flood, storm, etc.
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#### PROCEDURE

### Take action in an emergency

* In a medical emergency requiring immediate action, the staff member is to contact emergency services and inform their direct supervisor and the individuals’ emergency contact.
* In the event that a staff member feels threatened, they are to remove themselves from the situation, contact emergency services and notify their supervisor. Self-protective measures are to be used in any event where a staff member is the victim of violent behaviour.
* If a client is attempting to injure themselves, the staff member is to contact emergency services.
* If there is violence that cannot be contained, the staff member is to contact emergency services.
* If there is no violence, but the situation is untenable for the carer or worker, call the Community Gateway office during office hours for support. After hours, call emergency services to deal with the situation and report to Community Gateway management at the earliest opportunity.
* If there is an emergency in relation to the premises, contact appropriate emergency services by ringing 000.

### Death of a person

In the event of discovering a person’s death when they arrive to visit or provide services, staff or agency workers will follow this procedure:

* Call emergency medical services immediately by ringing 000
* Contact the emergency contact person listed in the clients file
* Notify the Chief Executive Officer or Director to provide initial support to family members and workers.
* There are specific requirements that need to be carried out in relation to people under 18 years of age and former residents of the Department’s residential services, according to **Ageing, Disability and Home Care policy and guidelines “Response to the Death of a Client and Reporting Reviewable Deaths” (Document Number: 2004/PM/0006).** These include reporting to police, the Ombudsman and the Department. Refer to these policy and guideline documents to prevent censure under the funding agreement guidelines.

### Principles guiding the response to death of a Client

Principles guiding the response to the death of a client included in the ADHC policy include the following:

The response to the death of a client is to be sensitive and appropriate. This includes ensuring that:

* The cultural and religious beliefs and practices of the client and their family are respected
* The response is dignified and prompt to minimize the distress arising from the event

The organisation and its staff offer the appropriate support. This includes:

* Providing practical and organisational assistance within normal expected arrangements where required
* Where possible, having the same staff member deliver information about the client’s death (and burial arrangements, where required) to the family, guardian and advocate

The organisation and its staff offer appropriate support to other clients affected by the death.

#### Performance requirements in relation to the death of a Client

Services funded by ADHC must:

* Report deaths according to legislative requirements and timeframes according to ADHC policy & guidelines (within 48 hours of the death)
* Cooperate with investigations by police, the Ombudsman and Coroner
* Review the circumstances of the death and implement and monitor appropriate actions arising from the review
* Maintain and store records required to comply with the legislation and ADHC policy
* Maintain documented procedures to give effect to the policy.

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### Follow up of Incidents and/or emergencies

#### Reporting

In the event of a serious incident, emergency or accident, staff must complete an Incident Report Form as soon as practicable, but no later than 24 hours after the event. This must be given to the Chief Executive Officer, Director or a member of the Board of Management for follow-up.

#### Trauma/ Critical Incident Debriefing

After the initial emergency, serious incident, accident or death of a person has been defused (see above in Emergency Procedures for staff when working with clients and in Section 1: 1.30 Emergency Procedures), a full debriefing with the Director will take place. This will occur within 24 hours of the incident, with all staff involved in the incident, accident or emergency. This is to enable staff to discuss their feelings and concerns about the accident, incident or emergency.

#### Counselling and Treatment

If staff members need counselling for any emotional effects of emergencies, serious incidents or accidents, this will be carried out with an appropriate referral to Community Gateway Employee Assistance Program counselling services for further support and treatment.

#### Critical Incident Response

Community Gateway will record all critical/serious incidents, accidents and emergencies. These will be reviewed by the Directors for immediate response to change practices and procedures if required to prevent future incidents, accidents and emergencies, and by the Board of Management to review policies in relation to these events.

#### MEASUREMENT

* Record of Deaths
* Critical Incidence reports
* Record of Debriefing and counselling sessions attended by staff members

#### RESPONSIBILITIES

* Board of Management
* Chief Executive Officer
* Leadership
* All staff members

#### STANDARDS and COMPLIANCE

*Community Care Common Standard 1.6: Risk Management*

*Community Care Common Standard 1.7: Human Resources Management*

*Community Care Common Standard 3.1: Information Provision*

*Community Care Common Standard 3.2: Privacy and Confidentiality*

*Community Care Common Standard 3.4: Advocacy*

*Community Care Common Standard 3.5: Independence*

*Disability Service Standard 6: Service Management*

**OTHER RELEVANT POLICIES**

**A7 Client Risk Assessment and Management**

**A9 Assessment for Lifestyle and Positive Behaviour Support**

**P2 Planning and Support**

**P12 Death of a Client**

**S8 Staff Supervision and Support**

**S10 Staff Appraisal**