



Person-Centered Emergency Response

The purpose of this Health and Safety Alert is to provide guidance to help ensure agency staff are well prepared to act decisively when faced with emergency situations involving the people they serve. Agency staff must be prepared to immediately respond to emergencies from a person-centered perspective as a well-executed response often can be the difference between life and death.

Key Findings

In cases reviewed by the OPWDD Mortality Review Committee between 2023 and 2024, inadequate responses to emergencies played a role in multiple deaths of people receiving services. The following were most commonly present in situations that led to a person's death:

- Not recognizing the situation as life threatening for the person
- Delay in calling 911* or activating emergency medical services
- Not properly initiating or performing CPR
- Inadequate, improper, and/or delayed response to a choking emergency
- Panicking or not knowing what to do
- Trainings and/or plans not being person-centered

Recognizing a Medical Emergency: Calling 911*

Staff must be trained to recognize both general medical emergencies and emergencies specific to the person receiving services. Staff must not delay emergency care by calling other contacts before calling 911*.

General medical emergencies for any person may include:

- Severe or constant abdominal pain
- New onset or increased frequency of seizures
- Chest pain
- Brown, red, and/or coffee-ground vomit
- Blood in feces (new onset, change in condition, or unknown cause)
- Trouble breathing, wheezing, or coughing
- Fall with a head injury, inability to stand up, or observed change in baseline status
- Suspected overdose or poisoning
- Suicidal and/or homicidal feelings, verbalization, and/or actions
- Unresponsiveness, not breathing, or unconscious
- Stroke. Think F A S T (Facial drooping; Arm or leg weakness, Speech difficulty, Time to call 911*)

Please Note: The above does not include all possible medical events that may occur. Staff must refer to and follow directions in a person's Plan of Nursing Services (PONS) and call 911* anytime they perceive an event as an emergency.

- When a choking event occurs; staff must call 911* immediately any time they physically intervene.
- A change in condition (physical, cognitive, behavioral, functional, emotional, social) including symptoms that appear to be worsening must be immediately acted upon in accordance with program guidelines.

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- A person may experience more frequent, longer lasting, or more severe behavior during a medical emergency. New behaviors or unexpected changes in behavior intensity require immediate action.
- Vital signs provide important information. Blood pressure, pulse/respiratory rates, oxygen saturation using a pulse oximeter (when available), and temperature should be obtained when there is an observed change of condition.

Medical Emergencies Specific to the Person: Person Centered Plans

Every person has unique needs which must be considered in a medical emergency. To provide an appropriate response to a medical emergency, agencies are to ensure that plans and site-specific staff training are focused on each person receiving services. It is critical that staff are confident in responding to a medical emergency involving a person in their care, as this can lessen the impact of the event.

It is essential that nursing staff be actively involved in teaching the person-centered approach to agency staff. This is best accomplished through in-person training, staff meetings, oversight, and frequent communication and discussion with staff.

- Unique needs must be planned for and documented in the person's support plan(s).
 - Person-specific details (e.g., abilities, weight, phobias, allergies, behavioral concerns, choking and other known risks etc.) are to be included in all response plans.
 - For example, if someone is obese and non-ambulatory, staff must be knowledgeable on how to perform CPR, including proper transfer techniques, for that person. Train staff on the specific response to a choking emergency for a person in a bulky power wheelchair etc.
- Agencies are to provide staff with parameters that detail when to call 911* for people with chronic conditions such as diabetes (e.g., changes in blood sugar levels), hypertension (e.g., when blood pressure not within normal limits), seizures (e.g., duration), etc.
- Agency staffing concerns must not interfere with calling 911*, sending someone to the hospital, or result in other delays in care.
 - Agency emergency plans are to include information on how staff ratios will be maintained during an emergency.
- All staff (including relief staff) must be familiar with the person-specific care needs and plans in order to adequately provide services.
- To the extent possible, emergency response planning is to include staff being educated and prepared to provide a person-centered response to unexpected emergencies (e.g., traffic accidents, injury, onset of seizure activity, choking, etc.).
- Agencies are strongly encouraged to consider enacting mock medical emergency drills to assist staff in practicing for scenarios they are likely to encounter at their specific work site.
 - Mock drills/trainings should be conducted in person at a frequency which best ensures staff competency.
- Ensure all agency policies, procedures, and plans instruct staff to call 911* immediately for all perceived emergencies.
 - Plans must emphasize the importance of not delaying emergency care by calling other contacts before calling 911*.

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Environmental Aspects of Emergency Preparedness

All staff (including relief and contract staff) must be able to locate emergency equipment, provide accurate information to first responders (e.g., a person's DNR/DNI status), and be knowledgeable of agency guidelines and/or support plans. This includes, but is not limited to:

- Ensuring ALL staff are aware of the location of medical equipment, medical binders, personal protective equipment (PPE), and other emergency response equipment regardless of being medication certified, CPR trained or lacking other certification/trainings.
 - Staff who may not be trained/certified to respond directly to the person may be called on to assist staff who are responding. (e.g., retrieving a first aid kit, equipment, or calling and talking with 911*).

It is suggested that agencies create and post a reference guide for all staff (including relief and contract staff) to follow during medical emergencies. The guide should include when to first contact 911 or when to contact a nurse for emergent medical needs and what must be documented in the medical record when a medical emergency occurs. Additionally, site address, doctors and other medical providers, call back phone number, agency nurse name/number, parent/guardian or decision maker contact, and other important details should always be accessible to staff.

See the Justice Center's Medical Emergency Guidelines At-a-Glance for more information:

<https://www.justicecenter.ny.gov/system/files/documents/2022/03/medical-emergencies-at-a-glance.pdf>

“WHEN IN DOUBT; SEND THEM OUT!”

All agency medical emergency response policies and procedures are to reinforce that staff will never face negative consequences for calling 911* when they deem an event to be a medical emergency.

For additional information on this subject please review the Justice Center's Best Practices for Responding to Medical Emergencies and the Responding to Medical Emergencies Toolkit:

<https://www.justicecenter.ny.gov/system/files/documents/2022/03/med-emergency-best-practices.pdf>

<https://www.justicecenter.ny.gov/medical-emergencies>

<https://www.justicecenter.ny.gov/news/medical-emergencies-what-calm-plan-and-who-should-have-one-0>

For additional information regarding CPR guidance please review OPWDD's Health and Safety Alert:

<https://opwdd.ny.gov/system/files/documents/2022/08/health-and-safety-alert-cpr-final-8.22-1.pdf>

Any questions regarding the content of this document may be sent to quality@opwdd.ny.gov

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