



Category: D. Critical Events and Incidents

Title: 5. Emergencies

Applies to:

- St. Peter's Health Partners (SPHP)
- All SPHP Component Corporations **OR** Only the following Component Corporations: [\(Click here for a list\)](#)

- All SPHP Affiliates **OR** only the following Affiliates: [\(Click here for a list\)](#)
 All Capital Region Health Connections Care Management Agencies
- St. Peter's Health Partners Medical Associates (SHPMA)

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PURPOSE

To provide basic definitions and procedural steps necessary for Care Management Agency staff to ensure the health and safety of Health Home Candidates and Members experiencing a medical or psychiatric emergency.

POLICY STATEMENTS

It is the policy of Capital Region Health Connections to protect the health and safety of Health Home Candidates and Health Home Members by assessing for medical and psychiatric emergencies, providing immediate intervention, and accessing emergency and clinical personnel to address acute physical and emotional distress when the Member or Candidate's condition requires immediate attention. Care Management Agencies are permitted to develop

policies and procedures that are stricter than those presented in this policy, however these policies must be followed at a minimum.

SCOPE OF AUTHORITY / COMPETENCY

All Care Management Agencies that comprise the Capital Region Health Connections Health Home program.

DEFINITIONS

Emergency Responders: Peace/police officers, EMT's, Mobile Crisis, Samaritan Hospital Crisis Unit

Involuntary Psychiatric Evaluation: When an emergency psychiatric evaluation is deemed necessary but the Member refuses to be evaluated voluntarily an ambulance order is needed to transport the Member against his or her will; the following sections of NYS Mental Hygiene Law (see Article 9) may be used to request an ambulance order:

9.41 – facilitated by peace/police officers

9.45 – facilitated by Director of Community Services or Designees

9.60 – initiated as a result of failure to comply with Assisted Outpatient Treatment

Medical Emergency: Serious medical needs warranting immediate treatment, such as self-inflicted injury; severe drug reaction; symptoms of cardiac distress, stroke, hypoglycemia or other such events; and any injury in need of treatment beyond basic first aid

Psychiatric Emergency: When an individual poses a danger to self or others, such as self-inflicted injury, expressing suicidal/homicidal ideation, engaging in threatening statements/behaviors, or a psychiatric state that requires intervention

PROCEDURE

A. Emergencies

1. To help avoid emergencies, stressful events and hospitalizations for Members, Care Coordinators should work with Members and consented providers to identify potential stressors and triggers that may lead to emergency situations.
2. Care Management Agencies should have procedures in place for emergencies of any nature. Staff should have immediate access to any emergency phone numbers and protocols.

3. Staff should have access to portable basic first aid kits and protective gloves however basic first aid should not be administered unless the person administering it has been trained on Universal Precautions.
4. Staff should be familiar with Care Management Agency safety policies and practices and should use clinical judgment and caution related to the transportation of any individual experiencing a medical or psychiatric emergency. When indicated, transportation should be arranged via emergency responders.
5. In the event of any questions or concerns regarding emergencies, staff are to consult their supervisor or program manager immediately.
6. Emergencies should be communicated to supervisors or program managers to determine what follow-up with the Member is necessary and who will provide such follow-up and support.
7. Following an emergency of any type, the appropriate and consented providers should be notified to provide support and follow-up post-emergency.
8. All emergencies that qualify as an Incident must be documented and reported to the Lead Health Home, per the Incident Reporting policy (See Policy D2. Critical Events and Incidents: Complaints and Incidents).

B. Medical Emergencies

1. In the event of a medical emergency, staff should call 911 and provide emergency responders with a description of the medical emergency and any pertinent medical information.
2. Staff should await the arrival of emergency responders and follow directions provided by emergency dispatch.

C. Psychiatric Emergencies

1. If a psychiatric emergency results in any physical harm, pursue medical attention first.
2. In the event of a psychiatric emergency, call 911 if danger is imminent.
3. In the event that 911 is not warranted, each county has mechanisms available for psychiatric consultation, and those units should be contacted as needed.

Albany Mobile Crisis Team	24 hours a day, 7 days a week	518-549-6500
CDPC Crisis Unit	24 hours a day, 7 days a week	
Samaritan Hospital Crisis Unit	24 hours a day, 7 days a week	518-271-3540
Ellis Hospital Crisis Unit	24 hours a day, 7 days a week	518-243-4000
Northern Rivers Mobile Crisis Services	M-F 8:00am – 10:00pm S-S 11:00am – 7:00pm Holidays 10:00am – 6:00pm	518-292-5499

4. If a call to 911 is warranted, provide emergency responders with a description of the psychiatric emergency and any pertinent psychiatric information (and medical if warranted).
5. Await the arrival of emergency responders and follow directions provided by emergency dispatch.

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