

## GUIDANCE FOR THE RESPONSE TO MEDICAL EMERGENCIES OUTSIDE THE CONFINES OF THE MAIN HOSPITAL BLOCK

Version Number	3	Version Date	February 2013
Author	Resuscitation Officer		
First approval or date last reviewed	February 2013		
Staff/Groups Consulted	Resuscitation Committee		
Discussed by Policy Group	N/A		
Approved by	Resuscitation Committee		
Approved by HMT	24 July 2013		
Next Review Due	31 July 2016		



# GUIDANCE FOR THE RESPONSE TO EMERGENCIES OUTSIDE THE CONFINES OF THE MAIN HOSPITAL BLOCK

## 1. RATIONALE

On occasion members of the public or staff may succumb to illness or injury near to the hospital. There needs to be a clear distinction between the management of emergency situations within Yeovil District Hospital and external to the main site. The following guidance offers advice and a procedure to follow should these events occur.

## 2. AIMS

This guidance supports the Resuscitation Policy, and aims to provide a robust system for co-ordinating and managing the short-term care of members of the public or staff who may succumb to illness or injury near to the hospital. It clearly defines what is identified as “outside” the main buildings and the roles and responsibilities required of the first responder.

## 3. DEFINITIONS AND PROCEDURE

If an event occurs in any of the following locations, resulting in illness or injury requiring medical support:

- Access roads
- Car Parks (visitor or staff, adjacent to the main hospital site)
- Convamore
- Workshops or Boiler House complex
- Loading Bay

**N.B.** Artillery Road premises are **not** covered by this guidance.

### **Initiate an emergency call (999 or 112) for the Ambulance Service**

This can be done either by directly calling **999** or **112** via a mobile phone, or through the hospital switchboard by dialling **2222** from an internal phone and requesting the ambulance service, stating reason and location. If **2222** is used and an **immediate** medical response is needed (eg. in actual or imminent cardiorespiratory arrest), switchboard should also be asked to put out a Cardiac Arrest call – portable resuscitation equipment will then also be brought to the location by Porter staff.

Ambulance service personnel are properly trained and equipped to deal with immobilising and moving casualties without aggravating an injury. The resuscitation trolleys and the majority of equipment kept for emergencies in the hospital are not suitable to be transported across roads and pavements.

Members of staff attending should ensure the victim is comforted and kept warm and dry, initiate Basic Life Support if appropriate and remain with the victim until the emergency services arrive. If at all possible a bystander should be sent to direct the emergency services to the scene.

## 4. LIMITATIONS

This guidance applies to casualties found or reported outside the confines of the Main Hospital and Women’s Hospital blocks, in the areas listed above.

Any incident within the confines of the Main or Women's Hospital should be dealt with through the standard emergency procedure of contacting switchboard by dialling **2222**, stating the nature of the emergency and precise location.

**5. RESPONSIBILITIES**

Portering Service – respond to cardiac arrest calls to the areas listed as required, with portable emergency equipment, as is the case in “non-clinical” areas within the main hospital.

Switchboard Staff – when requested, initiate an ambulance call (and an internal Cardiac Arrest Team call if appropriate).

Cardiac Arrest (Adult Medical Emergency) Team – respond to cardiac arrest calls to areas listed, in addition to areas within the main hospital, as required.

Resuscitation Officers – monitor compliance with this guidance and act to rectify any areas of concern, as necessary. Disseminate information about this guidance to relevant individuals.

**6. FURTHER ADVICE**

Advice can be sought from the Resuscitation Officers, Critical Care Outreach Team or Clinical Site Managers.

## Annex A – Equality Impact Assessment Tool

To be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

Name of Document : Policy for the response to emergencies outside the confines of the main hospital block.

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		Yes/No	Comments
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:		
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender	No	
	• Culture	No	
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?		
4.	Is the impact of the policy/guidance likely to be negative?	No	
5.	If so can the impact be avoided?		
6.	What alternatives are there to achieving the policy/guidance without the impact?		
7.	Can we reduce the impact by taking different action?		

For advice or if you have identified a potential discriminatory impact of this procedural document, please refer it to The Equality & Diversity Lead, Yeovil Academy, together with any suggestions as to the action required to avoid/reduce this impact.

Signed :Steve Grundy

Date: 24/7/2013