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Emergency Response Procedure for Hafan y Coed Adult Mental Health Unit.

Introduction and Aim

This procedure sets out the appropriate staff response to emergency situations at Hafan Y Coed Adult Mental Health Unit. Emergencies can be broadly categorised as: psychiatric emergency, medical emergency, cardiac arrest and fire.

A psychiatric emergency can be defined as an incident where an individual presents with challenging behaviour which is immediate and dangerous. This is typically violence towards others, self or property.

A medical emergency is defined as an incident where an individual requires medical assistance but is not experiencing a cardiac arrest. EG Seizures or injuries.

A Cardiac Arrest is defined as an actual or suspected Cardiac Arrest or any medical emergency where a patient's National Early Warning score equal to or greater than 9.

This procedure aims to ensure the correct response to each of the emergency situations.

Objectives

- For all staff to be aware of the appropriate response to emergency situations and to act in accordance with best practice.
- For the appropriately trained additional staff to attend the incident location and provide the necessary support.

Scope

This procedure applies to all of our staff working in Hafan y Coed including those with honorary contracts.

Equality Impact Assessment	An Equality Impact Assessment has not been completed.
Health Impact Assessment	A Health Impact Assessment (HIA) has not been completed.
Documents to read alongside this Procedure	
Approved by	Mental Health Policy Group Mental Health Clinical Board Quality & Safety Committee

Accountable Executive or Clinical Board Director	Mental Health Clinical Board
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Summary of reviews/amendments			
Version Number	Date of Review Approved	Date Published	Summary of Amendments
1	7/4/2016	21/06 2016	new document

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1. Roles and Responsibilities

- 1.1 This procedure must form part of the local induction for all clinical areas at Hafan y Coed Adult Mental Health Unit. It is the clinical leader's (ward manager's) responsibility to ensure that systems are in place to ensure that this occurs for all staff in their area including bank/agency staff.
- 1.2 All nursing staff trained in SIMA and Basic Life Support will be able to carry out this procedure.
- 1.3 During each shift the nurse in charge of each clinical area will delegate the role of Emergency Responder to a suitably trained member of staff. This member of staff must be aware of the location of the Pinpoint Emergency Display Units and Fire Panels within the clinical area they will also carry the Pinpoint pager for their clinical area.

2. Psychiatric Emergencies

- 2.1 In the event of violence/aggression or imminent threat of these, staff will summon assistance via their Personal Infrared Transmitter (PIT) device by pulling the cord attached to the device. This will notify all clinical areas that a psychiatric emergency is occurring and the location of this.
- 2.2 Assistance in a psychiatric emergency can also be summoned by pressing the button on the back of a Pinpoint ID card holder or by pressing wall alarm call buttons.
- 2.3 The nominated emergency responder will check the location of the incident on their pinpoint pager and make their way as quickly as possible to the site of the incident. In most cases this will involve the Emergency Responder **running** to the incident site. However it is the Emergency Responder's responsibility to ensure that they are able to physically function on arrival at the location of the incident. The Emergency Responder should not exhaust themselves before arriving at the scene.
- 2.4 The nurse in charge of the clinical area where the incident occurs will take overall responsibility for the management of the incident until the arrival of the Unit Shift Coordinator. They will delegate a member of staff of their clinical area to greet Emergency Responders at the entrance of the clinical area to direct them to the location of the

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incident. They will delegate tasks to Emergency Responders as appropriate.

- 2.5 The Unit Shift Coordinator will take overall responsibility for the incident's safe management on their arrival (though they may delegate decision making to the Nurse in Charge of the ward where appropriate).
- 2.6 Delegated tasks for Emergency Responders may include: assisting with a patient restraint (using approved SIMA techniques); assisting in the management of other patients in the clinical area; liaising with other services; ensuring the physical well-being of any patient involved in restraint; completing a time-line of the incident; assistance with de-escalation etc.
- 2.7 Where a restraint situation lasts more than 20 minutes the duty Doctor on call will be notified and the attendance will be expected as per NICE guidelines (NG10).
- 2.8 Emergency Responders will remain at the scene until authorised by the Unit Shift Coordinator to return to their own clinical area.
- 2.9 The Unit Shift Coordinator should be aware of the clinical needs throughout the unit and will allow Emergency Responders to return to their own clinical areas based on these needs and priorities.
- 2.10 In the event of any false or vexatious alarm the Vocera system should be used to inform Emergency Responders that a response is not required.

3 Medical Emergencies

- 3.1 At the earliest opportunity staff will summon assistance via their Personal Infrared Transmitter (PIT) device by pressing the assistance button. This will notify all areas that assistance is required and the location of the incident.
- 3.2 In areas where staff do not carry pinpoint alarms, assistance should be summoned by pressing the button on the back of a Pinpoint ID card holder or by pressing wall alarm call buttons.
- 3.3 Emergency Responders will respond to the emergency as in paragraph 2.3 above.

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- 3.4 The nurse in charge of the clinical area where the incident occurs will take overall responsibility for the management of the incident until the arrival of the Unit Shift Coordinator. They will delegate a member of staff from their clinical area to greet Emergency Responders at the entrance of the clinical area to direct them to the location of the incident. They will delegate tasks to Emergency Responders as appropriate. Where a Doctor is available at the scene they will provide instruction and direction for the safe management and provision of an appropriate clinical pathway for the patient.
- 3.5 The Unit Shift Coordinator will take overall responsibility for the incident's safe management on their arrival (though they may delegate decision making to the Nurse in Charge of the ward or Doctor where appropriate).
- 3.6 Delegated tasks for Emergency Responders may include: assisting with the management of other patients, provision of first aid, physical observations of the unwell patient; assisting in the preparation for transfer of the patient to a more appropriate setting; the use of an automated defibrillator (where appropriate) etc.
- 3.7 The Unit Shift Coordinator will liaise as necessary with colleagues from medical services, welsh ambulance service to arrange appropriate transfer of the patient if required. This role may be delegated to others, particularly to a Doctor where one is available.
- 3.8 Emergency Responders will remain at the scene until authorised by the Unit Shift Coordinator to return to their own clinical area.
- 3.9 The Unit Shift Coordinator should be aware of the clinical needs throughout the unit and will allow Emergency Responders to return to their own clinical areas based on these needs and priorities.

4. Cardiac Arrest

- 4.1 All members of the Llandough Hospital Resuscitation team will have ID cards which are configured to the Hafan y Coed TDSI system.
- 4.2 In the event of an actual or suspected Cardiac arrest or where a patient's NEWS score is above 9, at the earliest opportunity staff will:

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1. Dial 2222 on the nearest phone stating **“Cardiac arrest at [state location] Hafan y coed”**. This will summon the resuscitation team from the main Llandough site.

2. Broadcast call via the Vocera to the Emergency Responders Group: **“Cardiac arrest at [state location]”**.

- 4.3 In areas where members of staff do not have access to vocera, assistance should be summoned by pressing the button on the back of a Pinpoint ID card holder or by pressing wall alarm call buttons in addition to dialing 2222 as per paragraph 4.2 above.
- 4.4 The Unit Shift Coordinator will delegate an Emergency Responder via the Vocera system to attend the front/night entrance (as appropriate) to direct the Resus Team to the location of the incident. All other Emergency Responders will attend the location of the incident as described in paragraph 2.3 above.
- 4.5 The Emergency Responder delegated to meet the Resuscitation Team will direct members of the Resuscitation Team to the location of the emergency on their arrival. The Resuscitation team should be met at the door to the clinical area where the incident is occurring by a member of Hafan y Coed staff who will direct them to the exact location of the incident.
- 4.6 Management of the incident will be the responsibility of the nurse in charge of the ward until the arrival of the Unit Shift Coordinator (as outlined in 3.3-3.8 above) however the Resuscitation Team will take responsibility managing the incident on their arrival at the scene.
- 4.7 Emergency Responders will remain at the scene until authorised by the Unit Shift Coordinator to return to their own clinical area.
- 4.8 The Unit Shift Coordinator should be aware of the clinical needs throughout the unit and will allow Emergency Responders to return to their own clinical areas based on these needs and priorities.

5. Fire

- 5.1 In the event of a fire being discovered, staff should follow the fire procedure set out in The Fire Safety Policy and Procedures for Hafan y Coed. On sound fire alarm and dial 3333 stating **“Fire at [location] Hafan y Coed.”** In addition they should summon assistance via the Vocera system stating **“Fire at [location]”**.

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- 5.2 Switchboard will bleep the Unit Shift Coordinator via the Vocera system, confirming a fire alarm call. The Unit Shift Coordinator will relay this information to Emergency Responders via Vocera if this has not already occurred (eg in non-staffed areas where a fire alarm has been automatically activated).
- 5.3 Emergency Responders should make their way to the location indicated on the fire panel and assist as directed by the Nurse in Charge of the ward or Unit Shift Coordinator on their arrival.
- 5.4 The Unit Shift Coordinator must delegate an Emergency Responder to meet the Fire Brigade at the entrance to Hafan y Coed to guide them to the location of the incident (even in cases of false alarm).
- 5.5 The Unit Shift Coordinator will take overall responsibility for the incident's safe management on their arrival (though they may delegate decision making to others where appropriate).
- 5.6 Delegated tasks for Emergency Responders may include: assisting with the management of patients; assisting in the Progressive Horizontal Evacuation; assisting in the management of false alarms; use of fire-fighting equipment, where suitably trained and safe to do so.
- 5.7 The Unit Shift Coordinator will liaise as necessary with colleagues from the fire service, medical services, welsh ambulance service to arrange appropriate transfer of any casualties if required.
- 5.8 The Unit Shift Coordinator should be aware of the clinical needs throughout the unit and will return Emergency Responders to their own clinical areas based on these needs and priorities.
- 5.9 Emergency Responders will remain at the scene until authorised by the Unit Shift Coordinator to return to their own clinical area.

6. Post Incident

- 6.1 Following any incident it is the responsibility of the Unit Shift Coordinator to ensure that post incident support is available for all involved. This will include, any patients involved (including witnesses), staff working on the clinical area, Emergency Responders, any other witnesses or victims of the incident.

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6.2 Following any incident it is the responsibility of the Nurse in Charge to ensure that Datix incident forms are completed and that any other required documentation is completed.

6.3 Any Serious Adverse Incidents should be escalated as appropriate.

6.4 Following an incident, Emergency Responders should (where practicable) pass this role to another member of their clinical team for the remainder of their span of duty.

7. TRAINING

7.1 Staff responding to emergencies should be trained in SIMA (Strategies in the Management of Aggression), use of a defibrillator and Basic Life Support (BLS).

7.2 Unit Shift Coordinators and other senior members of staff should be trained in the provision of Immediate Life Support (ILS).

7.3 All staff responding to emergencies will have a full induction to Hafan y Coed including the whereabouts of required equipment.

8. IMPLEMENTATION

8.1 This procedure will be implemented upon the opening of Hafan y Coed.

9. REVIEW

9.1 This procedure will be reviewed within 6 months of the opening of Hafan y Coed in October 2016.

10. REFERENCES

NICE (2015): *NG 10 Violence and aggression: short-term management in mental health, health and community settings*, Department of health, London.

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Glossary of Terms:

Emergency Responder: A suitably trained member of staff from each clinical area nominated by the Nurse in Charge for the duration of a shift. Emergency Responders will attend all emergencies be they, psychiatric, medical, cardiac arrest or fire.

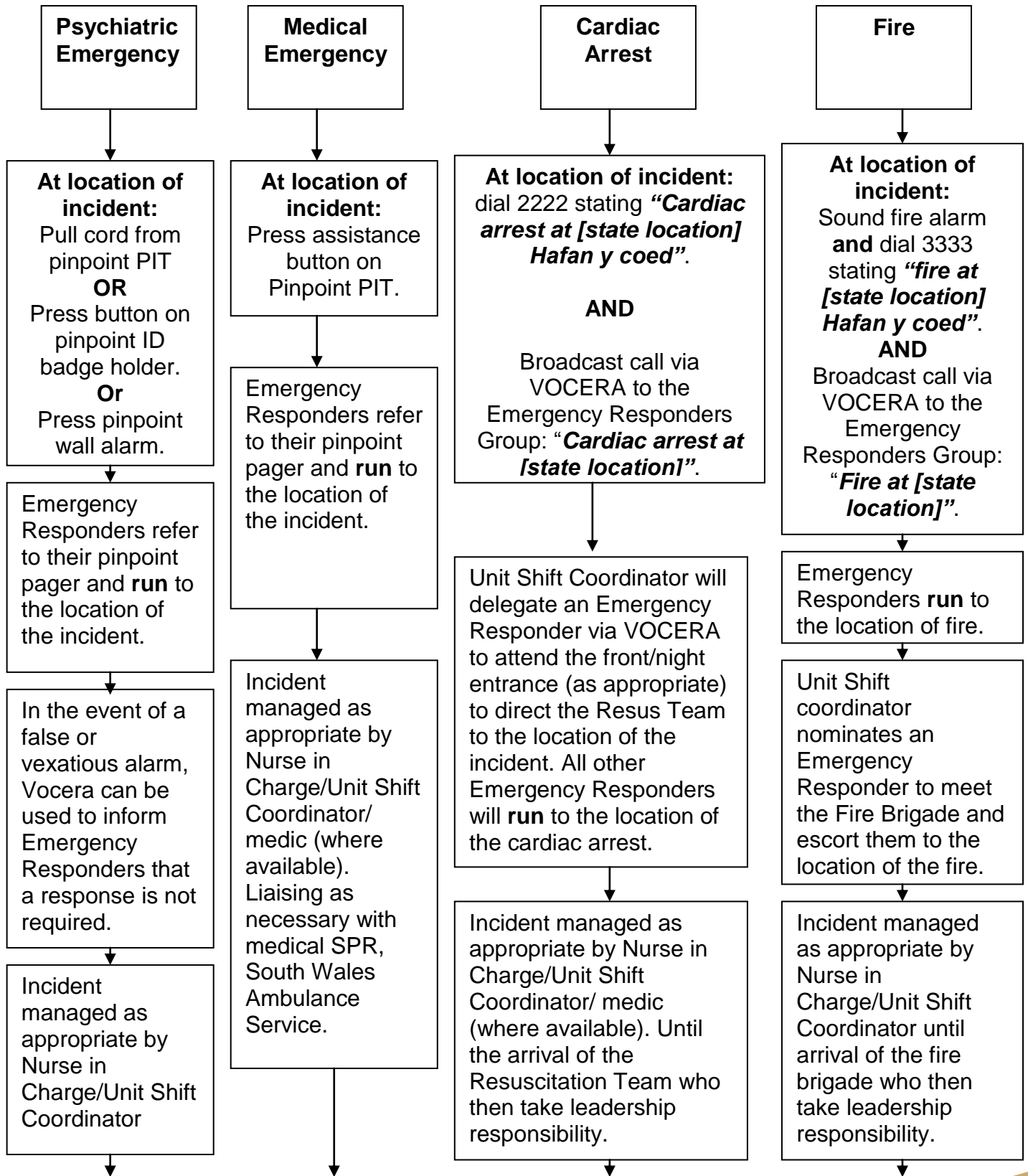
Nurse in Charge: A first level nurse who has been delegated the role of leading the shift on an individual clinical area (usually a ward) for the duration of a shift. The Nurse in Charge's role includes delegation and allocation of duties for members of the team in their clinical area to ensure the smooth running of a shift. The Nurse in Charge will not necessarily be the most senior or experienced member of the nursing team on a shift. In an emergency situation it maybe necessarily for the most senior member of the team rostered on a shift to assume the Nurse in Charge Role.

Resuscitation Team: An emergency response team based on the main Llandough site. Team members are expert in the provision of advanced life support, coming from a medical rather than mental health background.

Unit Shift Coordinator: A senior member of nursing staff (band 7 or above) who is responsible for the smooth running of a shift and takes clinical responsibility for the entire Hafan y Coed Adult Mental Health Unit.

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Hafan y Coed Emergency Response Flow chart



Post Incident

Unit Shift Coordinator to ensure that all involved parties are supported as necessary.
Nurse in Charge of the clinical area to ensure that all incidents are recorded on the Datix system.
Emergency Responders should (where practicable) pass this role to another member of their clinical team for the remainder of their span of duty if they have responded to an incident.