

## ADMINISTRATIVE POLICY AND PROCEDURE

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**Subject:** EMERGENCY MEDICAL CARE

**Policy No.:** A123

Supersedes: December 30, 2015

Review Date: April 19, 2023

Origin Date: February 1, 2002

Revision Date:

### PURPOSE:

To establish procedures for provision of emergency medical care for persons other than inpatients within our medical center campus.

To ensure compliance with the Federal Emergency Medical Treatment and Active Labor Act (EMTALA) regulations.

### POLICY:

Given the scope and nature of Rehabilitation Services, this medical center does not equip or staff an emergency room. For this reason, as a general statement, emergency services will not be provided to individuals from the community. Signs at all entrances to the medical center campus indicate that there is no emergency room. However, facilities and staff that may be available will be utilized as described in the following procedure.

Appropriate staff are expected to perform a medical screening examination and provide any necessary stabilizing treatment to persons (non-patients) on our campus who request or are in need of emergency care.

### DEFINITION:

Campus – Any area within the boundaries of the following streets: Imperial Highway, Rives, Quill, or Old River School Road.

Patient Care Area – Area within the Rehabilitation Center where clinical staff, physicians and patients are normally present (clinics, inpatient units, diagnostic labs, therapy areas etc.)

Emergency – An individual presents to a location on our campus seeking emergency care or is observed to have signs or symptoms which indicate that an emergency may exist.

Person – outpatient, visitor, employee

### PROCEDURES:

Any staff approached by or who comes upon an individual requesting or in need of emergency care within our campus (not inpatients) should:

- A. If the individual is unresponsive, appears to be in a life-threatening condition, or is in critical need of care, the Code Blue Policy should be initiated immediately.
- B. If the individual is responsive and needs immediate medical care, then Code Assist should be called.
  1. Code Assist team will discharge the individual if the person requires no further medical care.

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Revised: 8/09, 12/15

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Approved By:

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2. Code Assist team will directly admit the individual if the individual requires inpatient care.
3. If the individual requires further work up:

**Monday – Friday 8:00 a.m. to 4:30 p.m.**

Code Assist team will bring the individual to appropriate clinic area and hand off to the clinic team if the individual requires further work up.

**After 4:30 p.m. and before 8:00 a.m. or on weekends, or holidays**

Notify the On-Call B Physician who will provide a medical screening examination, arrange for any stabilizing treatment, and provide recommendations and referral for additional care as needed.

**SPECIAL INSTRUCTIONS:**

Transportation: Following treatment or referral, it is often necessary to move the individual to his/her home, personal physician's office, a hospital, or an emergency clinic for additional care. EMTALA transfer requirements must be met. If the paramedics have been called and responded, they will define the level of transportation necessary and make appropriate arrangements. If the patient declines provision of transportation by the paramedics, the individual is responsible for making arrangements for transportation to their residence or another location.

Documentation: Each person will be registered, assigned a medical record number and a chart created. The evaluation and treatment must be documented in the appropriate Ambulatory Care progress note.

An event will be entered into Safety Intelligence.