**[*insert AFC name*] Medical Emergency and Death Policy**

**Effective Date:** [*insert date here*]

**Purpose:** This policy is established to ensure swift and appropriate responses to medical emergencies and deaths within [*Insert AFC name here*]. The primary objectives are to prioritize the well-being and safety of persons-served, provide immediate assistance and support, maintain confidentiality and dignity, and adhere to legal and regulatory requirements.

**Scope:** This policy applies to all staff members at [*insert AFC name here*] involved in providing care for a medical emergency and/or death.

**Policy:**

1. **Preventive Measures:**
	1. Ensure that all staff members are trained in emergency response procedures, including CPR, first aid, and handling of persons-served needs.
	2. A fully stocked emergency bag containing blankets, first aid kit, supplies for special health needs, food items, bottled water, resident demographics, and management contact information should be readily accessible.
	3. First aid and spill kits should be readily accessible and complete.
	4. Phone numbers for poison control, residence management, and 9-1-1 should be posted within the residence.
2. **Medical Emergency Response:**
	1. Upon discovering a medical emergency, staff members must assess the situation quickly and accurately. Remain calm and aware of the surroundings.
	2. Contact emergency medical services immediately by dialing 9-1-1.
	3. When contacting emergency services, be prepared with the following information:
		1. Individual’s name
		2. Address of the residence.
		3. Symptoms, medical conditions, and/or limitations
	4. Obtain the emergency bag containing the first aid kit and administer first aid and support to the person served until medical professionals arrive.
	5. Available staff members should relocate other persons-served to a different area of the home to protect the privacy of the person and allow room for medical response.
	6. Gather person’s profile and medication list in preparation for emergency personnel needs.
	7. Staff members should inform their supervisor or the appropriate authority within the facility as soon as possible.
	8. The Supervisor or appropriate authority within the facility will notify the guardians of the emergency and inform them of any actions taken that impact the ward.
	9. The Supervisor or appropriate authority must contact the contracted CMH and verbally notify them of the medical emergency.
3. **Death Response:**
	1. Upon discovering a death, staff members must assess the situation quickly and accurately. Remain calm and aware of the surroundings. Check signs for life.
	2. Contact emergency services immediately by dialing 9-1-1. If hospice is involved in the person’s served care, contact hospice services directly.
	3. When contacting emergency services, be prepared with the following information:
		1. Individual’s name
		2. Address of the residence
	4. Preserve the scene of the death until authorities arrive and provide necessary assistance.
	5. Available staff should relocate other residents to a different area of the home to protect the privacy of the person and allow room for response services.
	6. Staff member should inform their supervisor or the appropriate authority within the facility as soon as possible.
	7. The supervisor or appropriate authority within the facility will notify the guardians of the death and inform them of any actions taken that impact the ward.
	8. Contact the contracted CMH authority and notify them verbally of the incident.
	9. Prioritize the respect and dignity of the deceased person-served and their family.
4. **Reporting:**
	1. Following the incident, staff members involved may be required to undergo debriefing sessions to determine the cause and preventability of the emergency or death.
	2. Ensure all incident reports have been completed and filed as appropriate.
	3. Persons-served who witnessed the emergency or death may request to undergo debriefing sessions or counseling to address any emotional or psychological impact.
5. **Compliance:**
	1. All personnel at [*insert AFC name here*] are expected to adhere to this policy and comply with its provisions at all times.
6. **Statement:**

I acknowledge that I have read and understood the Medical Emergency and Death policy. By signing below, I agree to adhere to the procedures outlined in this policy and understand the importance of ensuring the safety and well-being of persons-served.

**Print Name: Signature:** **Date:**

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