STATEMENT OF POLICY:
All staff member will respond to any situation or incident which may require immediate attention or environmental attention

PURPOSE:
To provide emergency assistance to any individual in the facility in need of immediate care due to injury, sickness or accident and to ensure safe operation

PROCEDURE:
1. Cardiac Arrest
   a) If cardiac or respiratory arrest is encountered, appropriate resuscitation procedures will be initiated immediately.
      i. Entire staff will carry CPR certification and be able to perform when necessary.
      ii. Notify owner or manager immediately.
   b) Other patients and/or individuals in the area will be escorted from the immediate area by staff not involved in CPR
   c) 911 will be dialed immediately upon instigation of emergency measures by a non-involved employee
2. Fire (Will follow acronym RACE: Remove, Alert, Confine, Extinguish)
   a) All patients, staff and other individuals will exit the area immediately.
   b) Staff will follow exit plans listed on the walls next to exit doorways.
   c) Dial 911 immediately
   d) Attempt to turn off all of the machines and lights, if possible, and close all doors.
   e) If the fire is small and can be safely contained, attempt to control the fire with the fire extinguisher using PASS – pull, aim, squeeze, sweep. Extinguisher located in the Rehabilitation Department on the west wall by the reception desk and restroom. Another extinguisher is located in the hallway between the main Rehabilitation Department and Occupational Therapy/ Aquatic Therapy areas.
   f) The staff will account for all other ancillary staff, patients involved in treatment and any visitors.
3. Injury on site or medical emergency
   a) If a patient and/or individual reports injury occurring during a visit, contact the referring physicians and/or medical director and information will be forwarded to the referring physician immediately. Staff will then follow the directions given at that time. First aid will be applied when applicable and the injured individual will be transported to a medical facility if needed.
   b) Choose appropriate mode of transportation
      i. Offer to provide a cab at facility expense
      ii. Offer to call a family member to provide transportation
      iii. Call an ambulance if the situation warrants
      iv. Staff may transfer in extreme circumstances only
   c) Ensure complete documentation, including an objective and accurate account of the incident, intervention, and outcome is then documented in the New West safety manual.
d) Complete an occurrence report and give it to the owner or manager.

e) Brief note will be made identifying the situation with the patient in the Daily Notes.

4. Bomb Threat
   a) The person receiving the call is to attempt to attain information while an uninvolved staff member phones 911. Keep the caller on the line as long as possible and listen for any recognizable and observable factors that may assist in the detection of the caller.
   b) Upon receipt of the bomb threat, all employees and patients and visitors will evacuate the building.
   c) Account for all ancillary staff, patients and visitors in the building
   d) Documentation of notification is to be performed.
   e) Do not enter the building until an ‘all clear’ is given by a professional staff member.

5. Tornado/Severe Weather Watch or Warning
   a) Close all doorways/entryways and windows curtains/blinds.
   b) Account for all patients, visitors and staff in facility and distribute blankets, pillows, etc.
   c) Option 1—Evacuate building to a safe location; follow evacuation procedures.
   d) Option 2—All staff, patients and any visitors will take cover preferably in bathrooms located in central area of the building, or in a staff office.
   e) Stay in a secure place until ‘all clear’ is given.

6. High Winds/Floods
   a) Close all doorways and entryways.
   b) Elevate as much equipment as possible.
   c) Call for assistance if possible.
   d) Follow local instructions for evacuation located at each exit doorway.
   e) Account for all patients, ancillary staff and visitors in the facility.

7. Power Failure
   a) Flashlights will be maintained in designated areas. Areas will be designed on evacuation floor plan.
   b) Turn off any and all equipment in use at the time of the power failure.
   c) Follow exit signs that will have electrical backup system for emergency exit.
Statement of Policy:

All New West Rehabilitation Staff shall comply with departmental safety instructions and guidelines.

Purpose:

To provide instructions and guidelines to promote safety within New West Rehab clinic, specifically regarding the Hydroworx pool.

Procedure:

In case of emergency in the Hydroworx pool, the staff at New West will:

A. Remove patient from the pool utilizing spine board, if appropriate.
B. Perform a quick assessment of the patient’s condition.
C. Stabilize the patient as is appropriate.
D. Call for additional staff assistance and utilize a necessary call device, if needed.
E. Contact additional medical assistance as indicated, ie: physician, 911, etc.
F. Contact parent or legal guardian if the patient is a minor.
G. Complete patient occurrence report form.

In the event of a cardiac emergency in the pool, the staff at New West will:

A. Remove the patient from the pool utilizing spine board, if appropriate.
B. Dial 911
C. Remove wet clothes from the patient
D. Dry the patient’s entire body with a towel
E. Assess the need for and initiate CPR procedures including the use of AED, as appropriate.