POLICY GUIDELINE FOR HOSPITAL EMERGENCY SERVICE MANAGEMENT (Primary Level)

Quality Improvement Secretariat

Hospitals & Clinics Section

Ministry of Health & Family Welfare

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Content:

A. INTRODUCTION

Regardless of the scope of services offered, every hospital shall institute essential life-saving measures and provide emergency procedures that will minimize aggravation of the condition of the patient during transportation when referral is indicated. In accordance with the principle that an individual confronting an
emergency should not bear the responsibility of choosing the proper emergency service, every hospital shall provide and maintain equipment necessary to institute essential life-saving measures.

Emergency service is one of the components of clinical & nursing services in the hospital management. Emergency department of a hospital is often the point of major public interest and is the most vulnerable department. The reputation of hospital often depends on its emergency services. The sudden and unexpected nature of the emergency produce panic and psychological disturbance among patients and relatives, which must be appreciated and borne in mind in organization and management of services.

Emergency department is primarily meant for immediate attention and resuscitation of seriously ill patient.
All patients attending the emergency are to be registered after a quick preliminary assessment of the severity & urgency of the patient by EMO.

Vision

We strive to meet the changing needs of the community with the belief that by timely application of the advances of both the art and science of medicine to the practice of emergency hospital services, we can decrease suffering and save lives.

Goal

- Provide the community with a full spectrum of emergency services.
- Maintain best standards of care which meet or exceed the quality standards.
- Support the growth and development of emergency hospital services as an integral part of the community health care.

Objectives

- To provide timely, effective and medically valued response to all emergencies.
- To maintain measurable, reliable and meaningful response time standards for all emergency responses.
- To manage available resources effectively and efficiently ensuring that our health services operate in a fiscally responsible manner.
- To encourage and support illness and accident prevention.

B. POLICIES

(a) Emergency patient care shall be guided by written policies and procedures which delineate the proper administrative and medical procedures and methods to be followed in providing emergency care. These policies and procedures shall be clear and explicit; approved by the authority & reviewed annually; revised as necessary; and dated to indicate the date of the latest review or revision, or both.

(b) Policies and procedures for emergency patient care should, at a minimum do the following:

(1) Develop plan (SOP) for emergency patient of different categories (Surgery, Medicine, Trauma, CVD, IHD etc) from entry to discharge in the emergency room.
(2) Identify the categories of manpower & list necessary equipment & logistics for emergency service management
(1) Provide for the admission of a patient if, in the judgment of the physician, admission is warranted.
(2) Provide for the referral and placement of patients whose needs cannot be met by the hospital.
(3) Establish procedures to minimize the possibility of cross-infection and contamination.
(4) Provide for the discharge of patients only upon written orders of a physician.
(5) Specify explicitly the location and mode of storage of medications, supplies and special equipment.
(6) Establish methods for 24-hour-a-day availability of equipment and drugs.
(7) Establish procedures for notification of the personal physician of the patient and the transmission to him of relevant reports.
(8) Establish procedures on disclosure of patient information. Policies on confidentiality of emergency room records shall be the same as those which apply to other hospital medical records. The identity and the general condition of the patient may be released to the public after the next of kin have been notified.

(9) Plan for communication with police, local or State health or welfare authorities as appropriate, regarding accident victims and patients whose condition or its cause is reportable, for example, persons having contagious diseases or victims of suspected criminal acts such as rape or gunshot wounds,

(10) Instruct personnel in special procedures for handling persons who are mentally ill, under the influence of drugs or alcohol, victims of suspected criminal acts or contaminated by radioactive material or who otherwise require special care or have other conditions requiring special instructions.

(11) Instruct personnel how to deal with patients who are dead on arrival.

(12) Provide for a review by the appropriate committee of the medical staff of each death occurring on the emergency service or, if there is no such service, of each death occurring during the performance of essential life-saving measures prior to transfer to another facility.

(13) Explain the role of the emergency service in the hospital’s disaster plan

(14) Delineate medical staff obligations for emergency patient care.

(15) Specify which procedures may not be performed in the emergency area.

(16) Provide for appropriate utilization of any beds used for observation.

(17) Establish procedures to be used when the patient is required to return to the hospital for treatment, for example, when treatment is impossible to be arranged otherwise.

(18) Establish procedures for early and easy transfer of severely ill or injured patients to special treatment areas within the hospital, such as the surgical suite, the intensive care unit, or the cardiac care unit.

(19) Delineate instructions to be given to a patient or his family, or both, or others as appropriate regarding follow-up care.

(20) Make current toxicological reference material along with the telephone numbers of the regional poison control center available to the emergency service.

(21) Provide for the ready availability of reference materials and charts relating to the initial treatment of burns, cardiopulmonary resuscitation, and tetanus immunization.

(22) Provide for effective coordination with out-patient services, where these services are provided.
(23) Capacity development & refreshers training for doctors & support staff on emergency management.
(24) Disaster management planning is to be developed immediately for Hospital emergency services

C. EMERGENCY SERVICES PLAN

A comprehensive written plan for emergency care, based on community need and on the capability of the hospital, shall exist within every hospital.

Facilities for the emergency service shall be such as to ensure effective patient care.

A. Location

The emergency service area shall be located near an outside entrance to the hospital and shall be easily accessible from within the hospital.

There will be a sign board named "Emergency" placed in front of the emergency room

Emergency Room:
1. The following matter should be displayed

a. Display the emergency drug list
b. Emergency duty roaster of Doctor, nurse & paramedics
c. Display available services and facilities
d. Display the SOP of emergency management
e. Display investigation facility
f. Display Consultant name
g. Display pictorial message on Emergency management.
h. Display Hospital information box

2. Maintain privacy of the patient

3. All on duty personnel will be in their uniform with name badge.
4. Capacity building of the staff & paramedics on emergency service management.

PHYSICAL FACILITY

Upazilla Health Complex

a. **Receiving & Examination room-1, Two Patient Examination table**
b. **Observation room-1**
c. **Ideal hand washing facility**
d. **Doctors (EMO) room with toilet=1**
e. **Nurses & MA room with toilet=1**
f. **Drug equipment & house keeping room**
g. **X-Ray & Laboratory Services should be available and easily accessible**

E. FACILITIES NEEDED IN EMERGENCY DEPARTMENT:

Upazilla Health Complex

Resuscitation facility	**IV Channel opens** **Sucker** **02 cylinder** **Transfusion facility** **Nebulizer**
Blood Bank	**Attached to Emergency department** **Blood grouping and Cross matching**
Pathology	**Routine and Common urgent Investigation** **Blood-CBC, Sugar, S. Electrolytes, Creatinine, Gas analysis** **Urine-R/E.**

Radiology & Imaging: ECG machine at hand, X ray on demand

Observation Ward	**After any treatment or minor procedure** **(like catheterization, enema simplex, analgesic, stomach wash,)** **Patient needs medical treatment under supervision of Qualified Doctor, if improves he/she can go home or if deteriorates he/she needs admission.** **02 cylinder, Transfusion facility, Infusion facility Suction, nebulization.**

F. STAFFING

Manpower requirement:

1. UHC (For 24 hour) Hospitals offering the most limited range (UHC) of services may elect to refer all emergency patients after institution of essential life-saving measures.

a. **EMO- 04**
b. **Receptionist=4 (Initially, Medical Asst. can do job for receptionist)**
c. **Medical Asst.=04**
d. **Ward Boy / Emergency staff= 12**
e. **Cleaner=4**
f. **Specialist / consultant will be on call**

One EMO will be the focal person & will be responsible for overall emergency management

G. SERVICES:

(a) Emergency services shall be directed and supervised by a physician (Focal Person) with training and experience in emergency care, including cardiopulmonary resuscitation. The physician in charge / focal person is responsible for implementing emergency services policies and for overall coordination of emergency medical services provided.

(b) In the absence of a single physician, direction of emergency medical services may be provided through a multi-disciplinary medical staff committee.

(c) TRIAGE:

Categorization of emergency patient is to be done according to severity, by EMO. Categorization will be prepared with the consultation of different specialists.

a. Red: Severely injured / ill patient
b. Yellow: Moderate, Observation for 24 hour
c. Green: Discharge after primary care

Physician on-call schedule for basic and general emergency service

(a) A roster of on-call physicians including name and telephone number shall be posted in the emergency service area.
(b) Acceptable methods of providing medical coverage for the emergency service include the following:

Specialists and consultants
Additional members of the medical staff shall be on call for consultation and for unusual contingencies. Plan for services of specialists should be prearranged.

Emergency nursing services
The emergency nursing service shall be directed and supervised by a staff nurse qualified by training and experience in emergency nursing care, including cardiopulmonary resuscitation. There shall be at least one registered professional nurse with the skills on each tour of duty.

Training and education

Physicians, nurses and specified professional personnel who provide emergency services shall have cardiopulmonary resuscitation training. The hospital shall provide emergency care conferences as part of its education program.
Ambulance personnel, emergency service personnel and medical staff who are hospital employes shall be encouraged to participate in the training

Standard Operating Procedure (SOP) **Annex-3**

Every hospital shall have established Standard Operating Procedure (SOP) whereby the ill or injured person can be assessed and either treated, referred to an appropriate facility or discharged, as indicated.

Scope of services.
Three levels of care are acceptable, but the scope of services chosen shall be consistent with the scope of other services provided by the hospital.

Required minimal services

(a) During the rendering of emergency care, no patient may be transferred if the hospital where he was initially seen has means for appropriate care of his emergency medical problem, unless the patient or his family requests a transfer.

(b) Examination or treatment, or both by non physician members of the medical staff shall be provided in accordance with medical staff bylaws.

(c) When emergency services are provided, the hospital and medical staff are responsible for insuring that emergency patient care meets the general standards of care which prevail in other areas of the hospital. Services shall be available 24 hours a day, and medical staff coverage shall be adequate to ensure that an applicant for treatment will be seen within a period of time which is reasonable in light of the severity of his illness or injury.

(d) No patient may be transferred until the receiving institution has consented to accept him.
(e) The individual arranging for the transfer of a patient shall record on a form to accompany the patient all pertinent medical and social information. This information shall include copies of reports from diagnostic procedures performed, if available.

(f) Every patient seeking medical care from the emergency service who is not in need of emergency services or for whom services cannot be provided by the hospital from which he has sought treatment shall be given information on how to obtain appropriate medical care.

Physicians, nurses and specified professional personnel who provide emergency services shall have cardiopulmonary resuscitation training. The hospital shall provide emergency care conferences as part of its education program.
Ambulance personnel, emergency service personnel and medical staff who are hospital employes shall be encouraged to participate in the training

Emergency paramedic (Medical Assistant) services.
In hospitals, where paramedics are employed by the hospital for treatment of patients in the emergency service area:

(1) The primary responsibility of the paramedic is to respond to emergency situations outside the hospital. Paramedics cannot be utilized as an integral part of the hospital emergency service area staff,

that is, as a replacement for doctor. Paramedics may only be utilized to support and assist doctor in the care of patients in emergency situations meeting the requirements.

(2) Paramedics may function in hospitals as paramedics only when the hospitals provide advanced life support services, when the paramedics are employed by an advanced life support service, or when the paramedics are functioning.

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(3) Paramedics may not function as paramedics, except in extraordinary life threatening situations, in an area of the hospital other than the emergency service area except for training and continuing education purposes.

Instruments and supplies.

(a) Instruments and supplies used in the emergency service shall be of the same quality as those used throughout the hospital. (Annex-1)
(b) Suction and oxygen equipment and cardiopulmonary resuscitation units shall be available and ready for use.
(c) Standard drugs, potential fluids, plasma substitutes and surgical supplies shall be on hand (if possible) for immediate use in treating life-threatening conditions. (Annex-2)

(d) Resuscitation equipment shall be available in sizes suitable for adults, children and infants. As used in this section, ‘‘resuscitation equipment’’ shall include equipment used for tracheal intubations, tracheotomy, ventilating bronchoscopy, intra-pleural decompression and intravenous fluid administration.

(e) Equipment which is mechanical or electrical, or both, shall be checked periodically to ensure its operational safety and effectiveness. Records of the checks shall be maintained until the next inspection of the equipment by the appropriate regulatory agency.

(e) Non physicians may write in patient medical records in accordance with.

H. The necessary Equipments / Instruments / other logistics for different level of emergency services are shown in Annex-1, 2

I. Standard Operating Procedure of emergency services is shown in Annex-4

J. Patient Flow Chart-5

K. CONTROL REGISTER.

The emergency service shall maintain a control register for reference. The register shall contain, at a minimum the name, date and time of arrival of each patient. The name of those dead on arrival shall be entered in the register. The control register shall indicate whether the patient has ever been a patient at the
hospital, in order to facilitate coordination of patient medical records. Unless and until a permanent record number can be assigned to the records of a new patient, the control register shall contain, for each patient, a record number which shall also appear on all records pertinent to the care rendered that patient by the emergency services.

Medical records.

(a) A medical record shall be kept for every patient receiving emergency service,

and it shall become an official hospital record.

(b) The medical record shall include:

(1) Patient identification data.

(2) Time of arrival.

(3) By who transported.

(4) Pertinent history of injury or illness.

(5) Clinical, laboratory and Radiological findings.

(6) Diagnosis.

(7) Treatment given.

(8) Condition at time of discharge.

(9) Final disposition, including instructions given for necessary follow-up.

(c) Every record shall be signed by the physician in attendance who is

Responsible for its clinical accuracy.

(d) A review of emergency service medical records shall be conducted regularly

to evaluate the quality of emergency medical care. Special attention shall be

given to the records of patients dying within 24 hours of admission to the emergency

Logistics (Annex-1)

Sl. No.	Item	UHC	DH	MCH	SpH	
1.	Patient Trolley	3	4	8	4	
2.	Basic operating theatre table, consisting of # head section, # Foot section, # Body section, # Lithotomy poles, # Mattress, # shoulder rest.	1	1	2	1	
3.	OT light	1	1	2	1	
4.	Oxygen Therapy apparatus, W/masks, flow-meter, cylinder trolley	2	4	8	4	
5.	Ambu-bag	2	2	6	2	
6.	Airway tube	4	8	6	8	
7.	Sucker Machine	1	2	6	2	
8.	BP machine	3	4	6	4	
9.	Face Musk – Big	3	8	16	8	
10.	Face Musk – small	3	8	16	8	
11.	BP Handle, No. 4	6	12	16	12	
12.	Artery forceps - Straight	6	10	15	10	
13.	Artery forceps – Curved	6	20	30	20	
14.	Mosquito forceps – Straight	6	10	16	10	
15.	Mosquito forceps – Curved	6	20	30	20	
16.	Plain dissecting forceps	8	18	30	18	
17.	Tooth dissecting forceps	8	18	30	18	
18.	Right angle detector	8	18	30	18	
19.	Needle holder – Large	4	12	16	12	
20.	Needle holder – small	2	6	12	6	
21.	BP Blade	6	12	20	12	
22.	Instrument trolley	1	2	4	2	
23.	Stomach tube	3	6	10	6	
24.	Portable Autoclave	1	2	4	2	
25.	Resuscitation kit, manual, infant	1	2	4	2	
26.	Umbo-bag, self inflating, Adult size, 22mm female inlet cone, 22/15mm patient cone	1	2	4	2	
27.	Operating lamp, mobile, 12V including Battery, Spare bulbs, and supplied with charger	1	1	2	1	
28.	Surgeons stool, fixed height with stump feet and anti-static cushion	2	3	6	3	
29.	Dissecting Scissor 8”	2	3	6	3	
30.	Alies tissue forceps	6	16	26	16	

Sl. No.	Item					
		UHC	DH	MCH	SpH	
31.	Mays scissors Desecting scissors 8” curved	3	6	12	6	
32.	Stitch cutting scissors	2	3	8	3	
33.	Gauge cutting / Bandage cutting scissors 12”	1	1	3	1	
34.	Kidney Tray – Small	2	4	6	4	
35.	Kidney Tray – Large	2	4	6	4	
36.	Water Bath (Electric), Medium size	1	2	4	2	
37.	Sponge Holing forceps	4	6	10	6	
38.	Kochers Artery forceps – straight	4	6	10	6	
39.	Kochers Artery forceps – curved	4	6	10	6	
40.	Tronicat – Adult	2	4	8	4	
41.	Tronicat – Child	2	4	8	4	
42.	Surgical Drum inch	2	5	8	5	
43.	Surgical Drum inch	2	5	8	5	
44.	Surgical Down 8 inch	2	5	8	5	
45.	Cats paw Retractor	2	6	8	6	
46.	Ear speculum	1	2	5	2	
47.	Nasal speclumn – Adult	2	3	6	3	
48.	Nasal speclumn – Child	1	2	6	2	
49.	Tracheostomy set	1	2	5	2	
50.	Female Metalic Catheter	1	2	4	2	
51.	Tongue depressor	3	6	8	6	
52.	Catheter introducer	2	4	8	4	
53.	Proctoscope – Adult	1	3	6	3	
54.	Proctoscope – Child	1	2	6	2	
55.	Vaginal speculum - Large	2	4	8	4	
56.	Vaginal speculum – Medium	2	4	6	4	
57.	Vaginal speculum – Small	2	2	5	2	
58.	Stethoscopes	2	4	6	4	
59.	Thermometer	4	8	10	8	
60.	Surgical glove					
61.	Nebulizer machine	1	2	4	2	
62.	Tourch	3	4	4	4	
63.	View box	1	1	4	1	

Sl. No.	Item					
		UHC	DH	MCH	SpH	
64.	ECG 3 Channel	1	1	3	1	
65.	Refrigerator	1	1	2	1	
66.	Cardiac Defibrillator	1	1	2	2	

ANNEX- 2 FURNITURE & HOSPITAL ACCESSORIES

S. No.	Name of the Equipment	UHC	DH	MCH	SPH
1	Doctor's chair	2	4	6	6
2	Doctor's Table	1	2	2	2
3	Duty Table for Nurses	1	2	2	2
4	Table for Sterilization use (medium)	1	1	1	1
5	Long Benches(6 1/2' x 1 1/2')	2	3	5	5
6	Stool Wooden	2	4	4	4
7	Stools Revolving	2	4	4	4
8	Steel Cup-board	1	2	2	2
9	Wooden Cup Board	1	2	2	2
10	Racks -Steel – Wooden	1	2	2	2
11	Patients Waiting Chairs (Moulded)	4	10	20	15
12	Waste Disposal - Bin / drums	4	4	6	6
13	Waste Disposal - Trolley (SS)	1	2	2	2
14	Linen Almirah	1	1	2	2
15	Stores Almirah	1	1	2	2
16	Arm Board Adult	1	1	2	2
17	Arm Board Child	1	1	1	1

ANNEX-3 LINEN

S. No.	Name of the Equipment	UHC	DH	MCH	SPH
1	Bedsheets				
2	Bedspreads				
3	Blankets Red and blue				
4	Patna towels				
5	Table cloth		Assumptive		
6	Draw sheet				
7	Doctor's overcoat				
8	Hospital worker OT coat				
9	Patients house coat (for female)				
10	Patients Pyjama (for male) Shirt				
11	Over shoes pairs				
12	Pillows				
13	Pillows covers				
14	Mattress (foam) Adult				
15	Paediatric Mattress				
16	Abdominal sheets for OT				
17	Pereneal sheets for OT				
18	Leggings				
19	Curtain cloth windows and doors				
20	Uniform / Apron				
21	Mortuary sheet				
22	Mats (Nylon)				
23	Mackin tosh sheet (in meters)				
24	Apron for cook				

Annex-4: Standard Operating Procedure (SOP) of Emergency Service

	Activities	Time limit	Responsible person	Alternate person	Compliance
General	Waste basket in reception and waiting area. Sputum box. Toilet facility. Safe drinking water. Sign posting and display.	Before intervention	Super / QA facilitator	RMO	
Step-1 (Management of the patient should take procedure above everything)	Reception & Waiting Registration Ticket will be provided to patient Ticket will be marked by a separate color or by emergency seal. Patient can send to examination room directly if necessary	Within 10 minutes	Nurse on duty Doctor on duty	Another nurse RMO	
Step-2	Resuscitation, Examination, Diagnosis & Treatment Resuscitation History taking Examination Emergency blood for MP Urinr for Albumin, Sugar X-Ray if any Clinical diagnosis Treatment Discharge with advice	Immediately Within one hour	MO/ RMO/ Consultant MT on call	Another consultant Other MT	
Step-3	Further treatment Minor Injury Send the patient in to OT for repair Labour case to labour room. When patient require plaster send the patient to plaster room / OT. If patient requires close observation to determine the further line of management to be detained in the observation bed under the supervision of the duty doctor **Transfer to** OPD IPD Discharge / Follow up Referred to secondary or tertiary hospital	Immediately Within 2 hour	Duty doctor/ RMO/ consultant Concerned physician	Other Mo/ Consultant Other MO	

Annex-5

Patient Flow Chart