

# PATIENT RESTRICTED

Coalinga State Hospital

OPERATING MANUAL

SECTION - EMERGENCIES  
ADMINISTRATIVE DIRECTIVE NO. 370  
(Replaces A.D. No. 370 dated 3/8/07)

Effective Date: July 12, 2007

**SUBJECT: EMERGENCY SERVICES PLAN – EMERGENCY ATTENTION FOR  
EMPLOYEES, VISITORS & VOLUNTEERS OUTSIDE THE SECURED AREA**

## I. PURPOSE

- A. To furnish specific guidelines to staff in providing life-threatening and non-life-threatening emergency attention to employees, visitors, and volunteers in the event of accident, injury, or sudden illness when such incident occurs outside the secured portion of the hospital and within the boundaries of the hospital property.
- B. For life-threatening emergencies within the secured area of the facility for Individuals, employees, visitors, or volunteers.

## II. AUTHORITY

- A. Department of Mental Health Special Order 102.
- B. In the interests of both safety and legal protection, the reporting of all accidents, injuries or incidents that result in medical treatment (as opposed to first aid only) or may result in a claim against the state, is required.

## III. POLICY

- A. To furnish first aid to employees, visitors and volunteers outside the secured facility as provided for in our policy statement and that can be accomplished within the hospital's allocated resources with the minimum standards being those prevailing in the surrounding local community.
- B. First aid – utilization of those measures needed to support and sustain the condition of the employee, visitor and volunteer, pending a transfer of the Individual as rapidly as possible, to an outside community hospital.
- C. All life-threatening emergencies of an employee, visitor or volunteer outside the secured area shall be referred to a local acute care facility for definitive follow-up care after hospital emergency responders provide basic life support and/or ambulance paramedics provide advanced life support in the field. An ambulance service shall be used to transfer to the hospital.

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## IV. METHOD

### A. On-Scene Employees:

1. One or more employee(s) shall institute first aid.
2. If two employees arrive on the scene one employee shall call extension 7119, emergency phone notification, for help while the other institutes first aid techniques. If an employee is alone, they should call 7119 for assistance first, and then institute with first aid procedures until help arrives. The AED should be obtained as part of responding per CPR guidelines. The second arriving employee shall assure 7119 was called and relieve the first responder if needed.
3. During extension 7119 emergency notifications, on-scene employees shall report exactly why you are calling, from where, and who is calling (i.e. accident, injury, and illness).
4. After calling extension 7119, staff's action and attention shall be directed toward first aid for the Individual until the arrival of other responders such as: medical, nursing, or fire personnel. Coalinga State Hospital Fire Services personnel will generally be the first emergency medical responders to arrive outside the secured area and therefore shall take initial charge of the emergency scene. The Fire Services shall provide first aid. During normal business hours (M-F), while on grounds, Fire Services will respond to all medical aids as notified.
5. The employee, visitor or volunteer shall be transported by ambulance to a local hospital as determined by ambulance emergency responders.

### B. Department of Police Services' (DPS) Emergency Response and Notification:

1. DPS shall receive the incoming 7119 calls. Communication Center is the primary responsible party for receiving and requesting emergency information.
2. An officer from DPS shall respond to the area in the outside patrol vehicle. Other officers may be asked to assist.
3. Communication Center shall notify and monitor the response of Fire Services.
4. Communication Center shall automatically request ambulance response dependent upon their own knowledge of the incident (information of life-threatening emergency) or on request of Fire Services, DPS Officers or other medical responders. Communication Center shall communicate updates to the field response personnel on the status and code response of the ambulance.

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5. Local Hospitals – General Contact Numbers:
  - a. Coalinga Regional Medical Center (559) 935-6400
  - b. Hanford Medical Center (559) 582-9000
  - c. Dispatch will maintain contact telephone numbers

## V. EMERGENCIES OUTSIDE THE SECURED AREA OF THE HOSPITAL

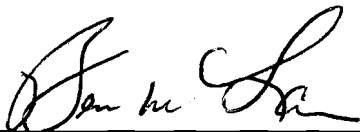
### A. Procedures:

1. In the event an employee, visitor or volunteer is involved in a non-life-threatening injury, accident or illness outside the secured facility and on the hospital grounds:
  - a. First aid shall be immediately given by those responding.
  - b. When employees or volunteers are affected, the area supervisor shall be notified.
  - c. The DPS Communication Center's non-emergency phone, extension 4070, may be contacted for assistance. Communication Center may also contact the Medical Officer on Call (MOC), Nursing Officer of the Day (NOD), Outside Patrol, Fire Dept. and the ambulance to respond to the call for assistance dependent on the information received during the initial call.
  - d. Emergency phone extension 7119 shall be called in questionable cases or when deemed appropriate by those in attendance of the individual with medical needs.
  - e. The area supervisor, or in cases where the MOC or NOD are consulted or respond to the scene, may elect to have the individual transported to inside the secured area and seen in the Urgent Care room, to have the individual taken directly to an outside facility, or to have the individual sent home.
  - f. Transportation shall be made available to any injured or ill individual to ensure their safe arrival to outside medical care. It is the supervisor's responsibility to secure the safest mode of transportation based on the hospital physician's recommendation of the most appropriate means (i.e. community ambulance, hospital vehicles, or person's private transportation). When the injury or illness is clearly industrial in nature, the hospital is the responsible party for billing purposes. In all other cases for staff, visitors, and volunteers, the individual's insurance carrier or the individuals themselves are responsible for such costs.

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## B. Reporting:

1. **Non-Reportable Injuries – Work-Related:** All minor injuries are to be reported to the supervisor who will have the employee complete a “Self Report of Minor Injury” (Attachment A). The “Self Report” will be signed by the supervisor and a copy will be given to the employee. The supervisor must deliver the original to the Health and Safety Office within 24 hours. A non-reportable (work-related) injury is defined as minor in nature, only requiring first aid, with no lost time from work or outside medical treatment required.
2. **Reportable Injuries – Work-Related:** In cases of more serious injuries, the supervisor will refer the employee to Occupational Health Clinic (OHC) by completing the “Supervisor’s Referral for Evaluation of Employee Injury/Illness” (Attachment B). The OHC will notify the Return to Work Coordinator, who will follow-up with the employee’s supervisor to begin completing the SCIF 3067, “Employer’s Report of Occupational Injury or Illness” if the employee will be seeking outside medical attention. OHC will verify whether the employee has pre-designated his personal physician or will be referred to State Fund’s Medical Provider Network.
3. **Non-Work Related Injuries/Illnesses:** Employees may report to OHC for first aid with a referral from their supervisor. OHC may advise the employee to return to work, or seek medical attention from their own doctor.
4. In all cases of serious injury or incidents to employees, visitors, or volunteers occurring during normal working hours, the Health and Safety Officer, or designee, shall be notified immediately by telephone. During off-hours, holidays, or weekends, the NOD Office shall be notified of these cases, who in turn shall notify the Executive Officer of the Day (EOD).
5. In any case where an injury was a result of or a part of a possible criminal act, the DPS shall also be contacted immediately to begin investigative and reporting procedures.



BEN MCLAIN  
Executive Director (Acting)

### Cross Reference(s):

A.D. No. 342 Emergency Services Plan—First Aid Within the Secured Area for Visitors & Staff  
A.D. No. 830 Special Incident Reports

Attachment A – Self Report of Minor Injury

Attachment B – Supervisor’s Referral for Evaluation of Employee Injury/Illness

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Attachment A

## SELF REPORT OF MINOR INJURY

TO BE COMPLETED BY EMPLOYEE AND DELIVERED TO SUPERVISOR, IMMEDIATELY FOLLOWING AN "ON THE JOB" ILLNESS/INJURY THAT REQUIRES FIRST AID TREATMENT ONLY.

Employee's Name \_\_\_\_\_ Job Class \_\_\_\_\_ Phone or Ext # \_\_\_\_\_

Supervisor's Name/Title \_\_\_\_\_ Supervisor's Extension \_\_\_\_\_

Shift \_\_\_\_\_

### This is to inform my supervisor that I suffered an injury.

Date \_\_\_\_\_ Time \_\_\_\_\_ a.m. or p.m. Work Area \_\_\_\_\_

What were you doing when you were injured? \_\_\_\_\_

How did the accident or exposure occur? \_\_\_\_\_

What object or substance directly injured you? \_\_\_\_\_

Describe injury/illness \_\_\_\_\_ Part of body affected \_\_\_\_\_

Were there any witnesses? \_\_\_\_\_ Names of Witnesses \_\_\_\_\_

### NON-REPORTABLE INJURY

This is a minor injury. I have not lost any work time as a result of this injury, and I do not expect to need any medical treatment, other than first aid I may have received already. I understand that if any complications should develop as a result of this injury, I will need to report this to my supervisor immediately, and that if at a later date I need to seek outside medical treatment, I must contact the Return to Work Coordinator for referral.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

### INSTRUCTIONS TO SUPERVISOR

No later than the end of your shift or workday, be certain to sign this report to acknowledge receipt and give the employee a copy. Deliver original form to the Return to Work Coordinator in the Health and Safety office within 24 hours. **\*DO NOT** issue a SCIF 3301 or complete a SCIF 3067.

\*Until notified by the employee that he/she has either missed time from work due to this injury/illness or has sought or intends to seek outside medical treatment.

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Attachment B

## COALINGA STATE HOPITAL

### Supervisor's Referral for Evaluation of Employee Injury/Illness

Employee Name	Job Classification	Work Extension
Work Location	Date/Time of Injury/Illness	Self Report of Minor Injury completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

Nature of Injury/Illness (list cause, if known)

Supervisor's Signature and Title	Date	Time
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**THIS SECTION TO BE COMPLETED BY OHC ONLY:**

<b>Subjective</b>
<b>Objective</b>
<b>Assessment</b>
<b>Plan</b>

<b>Disposition:</b> <input type="checkbox"/> Remain on duty (First Aid Only) <input type="checkbox"/> Sent to ER (Industrial or Non-Industrial – circle one) <input type="checkbox"/> Referred to private physician (Non-Industrial) <input type="checkbox"/> Referred to <u>pre-designated physician</u> (Industrial) <small>MUST BE ON FILE</small> <input type="checkbox"/> Referred to Health & Safety Office	<b>Employee Instructions:</b> <input type="checkbox"/> Follow up with the Health & Safety Office in A.M. <input type="checkbox"/> Notify your supervisor of your current work status <input type="checkbox"/> Follow up with the Occupational Health Clinic in A.M. <input type="checkbox"/> Other _____ _____
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Clinician Signature	Date	Time
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