



PHYSICIAN PRACTICE ENHANCEMENT PROGRAM

Assessment Standards

Safety: Emergency Preparedness



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Assessment Standards 2016

Safety

EMERGENCY PREPAREDNESS

FOR THE GENERAL PRACTITIONER IN A CLINICAL OFFICE

In the clinical office of a general practitioner, the most common patient medical emergencies are asthma, anaphylaxis, shock, seizures and cardiac arrest. Each practice setting is unique in its patient population, services provided and location.

This standard describes the minimum requirements for emergency preparedness for a general practitioner in a clinical office in the community setting.

The expectation is that each physician determines the additional emergency medication and equipment they require based on a thorough risk assessment based on:

1. scope of practice
2. size of practice
3. physical location
4. target population
5. distance to hospital

The medical director maintains oversight of and responsibility for all operational and administrative components. In a clinical office, where the care of patients is shared by a number of physicians (i.e. walk-in clinic, urgent care or multi-physician clinic), a single physician must be designated as the medical director. In a solo physician clinic, the physician is the medical director.

For detailed information on the roles and responsibilities of the medical director, refer to the College standard [Primary Care Provision in Walk-in, Urgent Care, and Multi-physician Clinics](#).

UNDERSTANDING THE ASSESSMENT STANDARD

An assessment standard consists of three components:

1. **Standard** – a goal statement of achievable levels of performance. An assessment standard is identified by a first level whole number ending in “.0” such as 1.0, 2.0, 3.0 etc.
2. **Criterion** – activities or components of the standards that once implemented lead to the overall attainment of the standard. A criterion is identified by the first level number indicating the standard to which it is associated, and a second level number such as X.1, X.2, X.3, etc.
3. **Criterion Descriptors** – specific actions for each criterion. Criterion descriptors are identified by the first level standards number, the second level criterion number and a third level criterion number such as X.Y.1, X.Y.2, etc.

A criterion marked by an **M** indicates that the criterion is mandatory and must be met. If the registrant is assessed by PPEP, the expectation is that the registrant has met this criterion.

Criterion that is not marked by an M is based on best practices using current provincial, national and international standards and guidelines. A non-M criterion should be met, but is not required. A registrant should use their best judgement to determine whether or not the unique circumstances of their practice necessitate meeting each non-M criteria.

No.	Standard Criterion	Reference
SAF 1.0 THE EMERGENCY KIT		
SAF 1.1 The clinical office responds appropriately to a medical emergency.		
SAF 1.1.1	A risk assessment (see Appendix A) has been conducted to identify and obtain all emergency medications and equipment needed in the event of a medical emergency.	
SAF 1.1.2	M Emergency kit is: <ul style="list-style-type: none"> • clean and organized in a designated and easily accessible location (such as one cabinet or one cart) • portable when needed • used for both patient and staff medical emergencies 	
SAF 1.1.3	M The emergency kit includes the minimum requirements of a staff emergency kit (called a level one emergency kit) (see Appendix C for list of suggested items).	
SAF 1.1.4	M Emergency medications are not past their labeled expiry date	
SAF 1.1.5	Emergency treatment plans, flow sheets, and dose charts are available.	
SAF 1.2 Staff receives training and education for handling a medical emergency.		
SAF 1.2.1	M Staff receive education and training on what to do in the event of a medical emergency: <ul style="list-style-type: none"> • upon hire • anytime there is a change in the protocols, medications or equipment items • with regularly scheduled mock codes involving all staff members with assigned roles 	
SAF 1.3 There is a process in place to routinely check the emergency kit.		
SAF 1.3.1	M The items in the emergency kit are routinely verified by a designated staff member. Verification includes: <ul style="list-style-type: none"> • re-stocking items as required • checking expiration dates on medication • checking equipment for proper functioning • checking batteries • confirming product seals are intact 	
SAF 1.4 The emergency kit contains appropriate emergency medication.		
SAF 1.4.1	M Epinephrine (1 mg of 1/1000 solution or prefilled syringe)	
SAF 1.4.2	M Diphenhydramine (50 mg of oral/parenteral preparations)	
SAF 1.4.3	M Salbutamol metered dose inhaler	

No.	Standard Criterion	Reference
SAF 1.4.4	M Nitroglycerin spray (0.4 mg)	
SAF 1.4.5	M Acetylsalicylic acid (80 mg)	
SAF 1.4.6	Lorazepam (1 mg sublingual preparation)	
SAF 1.4.8	Oral and parenteral benzotropine (if haloperidol is given in office)	
SAF 1.4.9	Glucose gel	
SAF 1.4.10	Naloxone (for risk-appropriate clinical settings)	
SAF 1.5	The emergency kit contains appropriate emergency equipment.	
SAF 1.5.1	M Bag valve mask ventilator	
SAF 1.5.2	M Blood pressure cuff (pediatric, small adult, large adult)	
SAF 1.5.3	M Glucose meter	
SAF 1.5.4	M Oral airways (pediatric, small adult (size 3–4), medium adult (size 4–5), large adult (size 5–6))	
SAF 1.5.5	M Nebulizer or metered dose inhaler spacer and face masks	
SAF 1.5.6	M Personal protective equipment (latex-free disposable gloves, fluid-resistant mask, eye protection)	
SAF 1.5.7	Oxygen source, oxygen mask (pediatric, adult) and tubing	
SAF 1.5.8	Portable suction device and catheters, or bulb syringe	
SAF 1.5.9	Intravenous extension tubing and T-connectors	
SAF 1.5.10	Pulse oximeter for child and adult usage	
SAF 1.5.11	Resuscitation tape (color-coded) for pediatric dosage determination	
SAF 1.5.12	Automated external defibrillator	
SAF 1.5.13	ECG machine	

No.	Standard Criterion	Reference
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SAF 2.0 STAFF MEDICAL EMERGENCY

SAF 2.1	The clinical office can responds appropriately to a staff medical emergency. All employers including physicians and medical directors (for walk-in, urgent care, multi-physician clinics) are required by law to provide an adequate and appropriate level of first aid coverage as described in Part 3 of the Occupational Health and Safety (OHS) Regulation (WorkSafeBC). In order to identify the adequate and appropriate level of first aid services, the employer must conduct an assessment of the workplace.	
SAF 2.1.1	M The emergency kit includes the minimum requirements of a level one emergency kit for staff medical emergencies (see Appendix C for list of suggested items).	2
SAF 2.1.2	M Written emergency protocol is available, communicated and posted to all staff.	2
SAF 2.1.3	M Emergency protocol is posted and communicated in suitable locations throughout the workplace.	2,4
SAF 2.1.4	M The clinical office maintains appropriate level of first aid based on a first aid assessment of the workplace (refer to Appendix B for additional information).	2
SAF 2.1.5	M A first aid attendant is present in the clinical office during working hours.	2
SAF 2.1.6	M Clinical office maintains first aid records of all injuries and exposure to contaminants reported and treated. First aid records must be kept confidential and for at least three years.	2

SAF 3.0 EMERGENCY PREPAREDNESS

SAF 3.1	The clinical office is prepared for disasters and emergencies that include: <ul style="list-style-type: none"> • fire/evacuation • disruptive/hostile patient • power loss • earthquake 	
SAF 3.1.1	M Emergency exit routes are marked and provide an unimpeded exit.	1
SAF 3.1.2	M Staff is aware of the location of firefighting equipment in the medical office.	1
SAF 3.1.3	M Staff receive education and training on general emergency preparedness in the clinical office: Documented education and training is provided: <ul style="list-style-type: none"> • upon hire • anytime there is a change in protocol 	2

No.	Standard Criterion	Reference
SAF 3.1.4	M Staff education and training on general emergency preparedness is documented	2
SAF 3.1.5	M Emergency instructions are posted in the medical office for easy reference.	1
SAF 3.1.6	M Emergency telephone numbers and the facility address are posted near every telephone.	1
SAF 3.1.7	M Fire and smoke detectors, fire alarms and fire extinguishers are unobstructed, located throughout the office and inspected annually at a minimum.	1
SAF 3.1.8	M In the event of an emergency, staff members have defined roles and can execute their individual responsibilities.	2
SAF 3.1.9	M In the event of a minor irritation or injury to the eye or skin, there must be access to water to irrigate (flush) the affected area(s).	

REFERENCES

1. College of Physicians and Surgeons of Ontario. Practical guide for safe and effective office-based practices [Internet]. Toronto: College of Physicians and Surgeons of Ontario; 2012 [cited 2016 Nov 15]. Available from: <http://www.cpso.on.ca/cpso/media/uploadedfiles/policies/guidelines/office/safe-practices.pdf>
2. Worker's Compensation Board of B.C. Occupational health and safety regulation [Internet]. Online ed. [place unknown]: Worker's Compensation Board of B.C.; 2015. Schedule 3-A, Minimum levels of first aid; [cited 2016 Nov 15]. Available from: <http://www2.worksafebc.com/Publications/OHSRegulation/Part3.asp#Schedule3A>
3. Worker's Compensation Board of B.C. OHS Guidelines [Internet]. [place unknown]: Worker's Compensation Board of B.C.; 2013. Part 3, Occupational first aid; [cited 2016 Nov 15]. Available from: https://www2.worksafebc.com/PDFs/firstaid/First_aid_guidelines.pdf
4. Toback SL. Medical emergency preparedness in office practice. Am Fam Physician. 2007 Jun 1;75(11):1679-84.

Additional Resources

1. Worker's Compensation Board of B.C. First aid assessment worksheet [Internet]. [place unknown]: Worker's Compensation Board of B.C.; [date unknown] [cited 2016 Nov 15]. Available from: http://www2.worksafebc.com/PDFs/firstaid/First_aid_assessment_worksheet.pdf
2. Worker's Compensation Board of B.C. Workplace written procedures [Internet]. [place unknown]: Worker's Compensation Board of B.C.; 2004 [cited 2016 Nov 15]. Available from: http://www2.worksafebc.com/PDFs/firstaid/faq_sample_written_proc.pdf
3. Worker's Compensation Board of B.C. First aid record [Internet]. [place unknown]: Worker's Compensation Board of B.C.; [date unknown] [cited 2016 Nov 15]. Available from: http://www.worksafebc.com/forms/assets/PDF/55B23.pdf?_ga=1.196655596.1959484849.1438882913
4. Worker's Compensation Board of B.C. Frequently asked questions [Internet]. [place unknown]: Worker's Compensation Board of B.C.; [date unknown] [cited 2016 Nov 15]. Available from: http://www2.worksafebc.com/Topics/FirstAid/FAQ.asp?ReportID=24389&_Type=Frequently-Asked-Questions&_Title=Forms-and-Records
5. Worker's Compensation Board of B.C. First aid notice [Internet]. [place unknown]: Worker's Compensation Board of B.C.; [date unknown] [cited 2016 Nov 15]. Available from: http://www.worksafebc.com/publications/health_and_safety/by_topic/assets/pdf/first_aid_notice.pdf?_ga=1.37378528.1959484849.1438882913
6. College of Pharmacists of British Columbia. Emergency use Naloxone in BC [Internet]. Vancouver: College of Pharmacists of British Columbia; 2016. [cited 2017 May 3]; [7 screens]. Available from: <http://www.bcpharmacists.org/naloxone>

APPENDIX A

Risk Assessment

- a. What patient population do you serve (pediatric, adult, geriatric)?
- b. Is your scope of practice limited (e.g. only psychotherapy)?
- c. What tests and procedures do you commonly perform in your clinic (e.g. allergy shots, allergy testing, stress tests)?
- d. Are any of these tests and procedures associated with higher risk such that they would increase the likelihood of a medical emergency?
- e. Are you in an urban/suburban or rural/remote setting?
- f. Is your clinical office situated close to an Emergency Department (under 20 minutes)?
- g. Do you have access to emergency medical services (EMS) (less than 20 minutes) or is a delay in EMS response likely?
- h. Based on your location, do you know what level of EMS is available to you? Refer to Schedule 1 and 2 of the Emergency Medical Assistants Regulation at http://www.bclaws.ca/EPLibraries/bclaws_new/document/ID/freeside/210_2010.
- i. Is extreme weather a possibility?

APPENDIX B

According to WorkSafeBC BC regulations (section 3.16(2)(b)), this table outlines minimum requirements for first aid kit and first aid attendant.

Number of workers per shift	Supplies, equipment, and facility	Level of first aid certificate for attendant
1 to 5	Level 1 first aid kit	-
6 to 30	Level 1 first aid kit	Level 1 certificate

APPENDIX C

Sample list for level 1 first aid kit:

- blanket
- 14 cm x 19 cm wound cleaning towelettes, individually packaged
- hand cleansing towelettes, individually packaged
- sterile adhesive dressings, assorted sizes, individually packaged
- 10 cm x 10 cm sterile gauze dressings, individually packaged
- 10 cm x 16.5 cm sterile pressure dressings with crepe ties
- 7.5 cm x 4.5 m crepe roller bandages
- 2.5 cm x 4.5 m adhesive tape
- 20 cm x 25 cm sterile abdominal dressings, individually packaged
- cotton triangular bandages, minimum length of base 1.25 m
- safety pins
- 14 cm stainless steel bandage scissors or universal scissors
- 11.5 cm stainless steel sliver forceps
- cotton tip applicators
- pocket mask with a one-way valve and oxygen inlet
- pairs of medical gloves (preferably non-latex)
- first aid records and pen