 <p>PRIMARY HEALTH CARE OPERATIONAL GUIDELINE</p>	Operational Guideline: Emergency Response Training in Primary Care	Guideline Number PCOG#6
	Approved By: Primary Care Service Area Leadership	Pages: Page 1 of 3
	Approval Date: July 19, 2022	Supersedes: June 4, 2018

1. **INTENT:**

To ensure all members of the Primary Care Team regardless of role, are trained and able to respond to common emergencies that may be encountered in the Primary Care Clinic setting

2. **DEFINITIONS:**

Mock Emergency: Educational strategy in which hypothetical emergencies are presented to the Primary Care Team and each member of the team enacts their role. A debrief follows to allow staff to identify strengths and areas for improvement.

Competency: Knowledge, skills and judgment used by providers to provide safe, evidence informed care.

General Emergency Response Protocol in Primary Care Settings: General protocol to respond to an emergency within a primary care setting which outlines the roles and responsibilities of both health care providers and administrative staff.

3. **GUIDELINES:**

- 3.1 All members of the Primary Care Team shall be familiar with their role and the *APPENDIX A - General Emergency Response Protocol in Primary Care Settings* at all times


New Employee Orientation:

The Primary Care Team Manager (or designate) will be responsible for ensuring:

- 3.2 An orientation to Emergency Response Protocol is provided to all new employees during the first six months of employment. As a minimum, orientation shall include:
- Review of *APPENDIX A - General Emergency Response Protocol in Primary Care Settings*
 - Review of all Emergency [Primary Care Practice Guidelines](#)
 - Review of all Emergency [Primary Care Operational Guidelines](#) including but not limited to:
 - PCOG#8 – Emergency Cart: Equipment, Supplies and Medication
 - PCOG#13 – Basic Life Support Training
 - PCOG#18 – Transfer of Patients to Emergency Departments/Urgent Care or Crisis Response Services
 - PCOG#37 – Workplace Violence Prevention
 - Review of the on-site emergency cart, equipment and documentation

All new primary care providers must demonstrate the individual skills necessary to respond according to the Emergency Primary Care Practice Guidelines. Additional training shall be provided as required.

Each new primary care provider must participate in a minimum of one mock emergency in which that new provider assumes a leadership role.

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Ongoing Training:


The Primary Care Team Manager (or designate) will be responsible for ensuring:

- 3.3 The Primary Care Team participates in a minimum of one mock emergency every three months. If the Primary Care Team has responded to a “real life” emergency, that experience can serve as the “mock experience” provided that there is an opportunity for the Primary Care Team to debrief.
- 3.4 All Primary Care Team members will review any new Emergency Primary Care Practice or Operational Guideline. A plan to “mock” that particular emergency response will be incorporated into the quarterly “mock emergency” training.
- 3.5 Any changes to existing Emergency Primary Care Practice or Operational Guidelines will be reviewed by all team members. The need to implement a “mock emergency” will be determined by the Primary Care Team.
- 3.6 Any new emergency equipment, supplies or medication added to the Emergency Cart will be communicated to all team members. The need to implement a “mock emergency” using the new equipment, supplies or medication will be determined by the Primary Care Team.

Documentation:

To ensure consistent documentation of all emergency responses across Primary Care, the following actions are recommended:

- 3.7 In the event of an emergency response with a patient of that clinic, all detail of the event shall be documented directly into the patient’s Electronic Medical Record (EMR).
- 3.8 In the event of an emergency response with a non-patient of that clinic (where the individual’s name and demographics are known), all detail of the event shall be documented using one of the following options:
 - Complete a paper copy of the [Single Issue Form \(WCC-00054\)](#). The Clinic would open a non-active patient in the EMR and scan the form in along with any other subsequent information. The patient would not be registered to a provider of that Clinic.
 - Rather than completing a Single Issue Form, the Clinic would open a non-active patient in the EMR and enter all detail directly into the EMR. The patient would not be registered to a provider of that Clinic.
- 3.9 In the event of an emergency response with an anonymous non-patient of that clinic (where the individual’s name and demographics are unknown), all detail of the event shall be documented using the [Single Issue Form \(WCC-00054\)](#). The paper copy of the form should not be scanned into the EMR, but rather maintained in a designated spot within the Primary Care Clinic for easy access if required. The patient would not be registered to a provider of that Clinic.

 <p>Winnipeg Regional Health Authority Office régional de la santé de Winnipeg Caring for Health À l'écoute de notre santé</p> <p>PRIMARY HEALTH CARE OPERATIONAL GUIDELINE</p>	Operational Guideline: Emergency Response Training in Primary Care	Guideline Number PCOG#6
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4. **APPENDICES:**

- **APPENDIX A** – *General Emergency Response Protocol in Primary Care*

SCOPE: Applicable to all WRHA Primary Care Direct Operation Clinics (including Walk-In Connected Care Clinics located at Access Winnipeg West, Access Fort Garry and McGregor).

NOTE: While the Funded Community Health Agencies are out of scope of Primary Care Operating Guidelines, it is recommended the content and/or processes be adapted/adopted where applicable.

***Questions regarding this or any other Primary Care Operating guideline should be directed to Primary Care Service Area Leadership**