

FNIHB-OR Nursing Policy and Procedure

Section:	Administration	Policy Number:	II - 20
Subject:	Provisions of Emergency Care	Issued:	March 31, 2015
Distribution:	All Nursing Facilities	Revised:	

1. POLICY:

- 1.1 In the event that a client's needs exceed the services and equipment available to the community health facility, the client shall be transferred via a medical evacuation to the nearest referral centre for further assessment and treatment. The nurse must comply with the current FNIHB-OR medical travel policies.
- 1.2 Nurses in the community are not to accompany clients during medical evacuations / transport.

2. PRINCIPLES:

- 2.1 A Medevac may be warranted when:
 - 2.1.1 The client's illness is too critical to be treated effectively in the community;
 - 2.1.2 The client requires more than 4-6 hours of "in-patient" care, which in most cases is the maximum time the Health Center can adequately provide care to one client (Although nursing stations provide 24-hour on-call service for emergencies, the stations are not appropriately staffed or equipped to provide in-patient care for more than a few hours.);
 - 2.1.3 The client requires diagnostic investigation(s) or procedures that is beyond the services available in the community;
- 2.2 The Regulated Health Professions Act (1991) identifies that any health professional may perform acts that are not controlled to their regulated profession when they are "rendering first aid or temporary assistance in an emergency". Nurses retain liability for these actions even in an emergency situation.
- 2.3 The nurse should be knowledgeable about those sanctioned acts he/she is performing during an emergency situation, as he/she may be held liable if injuries or death were caused by gross negligence.
- 2.4 When a nurse leaves the community to escort a client for medical purposes, it may create an unsafe situation for the remaining nursing personnel, as well as for the nurse traveling out with the client.

3. DEFINITIONS:

Nurse: Refers to Registered Nurses, Nurse Practitioners, and Registered Practical Nurses.

4. PROCEDURE:

- 4.1 When treatment for a client's health is determined to exceed the equipment and services available in the community, the CHN shall collaborate, as soon as possible, with the physician to determine if a medevac is warranted. Note, for communities with ambulance services, the CHN may call the ambulance immediately without physician consultation first when the client's condition is assessed to be emergent.
- 4.2 Based on the client's health status and in collaboration with the CHN, the physician shall assign a level of urgency to the evacuation order.

<u>EMERGENT</u> <ul style="list-style-type: none">▪ Abnormal or deteriorating neuro status▪ Life-threatening emergencies▪ Significant or life-threatening traumatic injuries▪ Threat to maternal or fetal life▪ Airway compromise or severe respiratory distress▪ Acute pediatric illness requiring specialized care
<u>URGENT</u> <ul style="list-style-type: none">▪ Requires prompt attention, non-life-threatening
<u>NON-URGENT</u> <ul style="list-style-type: none">▪ Does not require prompt attention

- 4.3 Once a medevac has been authorized, the physician is responsible for contacting the receiving physician; while the CHN promptly initiates the medical evacuation procedure in accordance with FHNIB medical travel policies.
- 4.4 A Medical Transfer / PTAC number is required for the medevac. In order to obtain the PTAC, the CHN will either:
- 4.4.1 For Moose Factory and Sioux Lookout Zones, complete the *Patient Transfer Authorization Form (PTAC) – Non Outbreak* and fax the form to 1-866-301-5262 OR
- 4.4.2 Apply online at <https://www.hospitaltransfers.com/transfer>
- 4.5 Fax the form again and follow up with a phone call if you have not received your PTAC with 15-20 minutes.
- 4.6 Once PTAC has been received, proceed to make transfer arrangements by calling:
- 4.6.1 Emergency transfers 1-800-387-4672
- 4.6.2 Non Urgent transfers 1-800-387-4675

- 4.7 The CHN shall stabilize and prepare the client(s) for transport, as indicated by the client's condition (e.g. insert foley catheter).
- 4.8 The CHN will arrange for the following forms to be prepared (4.8 excludes Moose Factory Zone – see bullet 4.10 for instructions for that zone):
- 4.8.1 *Patient Transfer Note* – the original accompanies the client and a copy is placed in the client's health record.
 - 4.8.2 *Nursing Treatment Notes* – copy accompanies the client.
 - 4.8.3 *Medical Evacuation Information Form* – Fax to NIHB 1- 807-737-3879 / 8057
- 4.9 If the medevac occurs after hours, the *Medical Evacuation Information Form* is faxed to:
- 4.9.1 NIHB: 1- 807-737-3879 / 8057
 - 4.9.2 The receiving community's lodging facility:
 - Sioux Lookout 807-737-3722
 - Thunder Bay 807-623-8155
 - Winnipeg 204-231-5166
- 4.10 The CHN in Moose Factory Zone will arrange for the following forms to be prepared:
- 4.10.1 *Air Ambulance Patient Transfer Checklist* – The original accompanies the client and a copy is placed in the client's health record.
 - 4.10.2 *Nursing Treatment Notes* – copy accompanies the client.
 - 4.10.3 *NIHB Medical Transportation and Specialist Referral Form* – Fax to Weeneebayko Patient Services at 1-613-544-1698.
- 4.11 The CHN will arrange for transportation of the client to the airport/float base and advise the Airport Manager or designate of the pending medevac (applicable to communities that require gates to be unlocked for airstrip access). In Moose Factory Zone, the CHN communicates to ORNGE only. ORNGE will liaise with the community paramedic service and arranges for transportation.
- 4.12 For clients being transported by stretcher and weighing > 80 kg arrange for volunteer community members to be present at the airport to assist with the physical transfer of the client. This will minimize the risk of injury to the client and health care workers. In Moose Factory Zone, this is managed by the paramedic service.
- 4.13 The client and/or family member is responsible for warm clothing and blankets in the winter. The nursing station does not provide sleeping bags.
- 4.14 All nursing station equipment being used for the client must be exchanged with the Air Ambulance. For example: linens (including pillows), Scoop stretcher, and # 9 stretchers.
- 4.14.1 Notify ORNGE (or alternate medical transfer provider) in advance if any equipment requires an exchange.
 - 4.14.2 If the Air Ambulance does not have a #9 stretcher, transfer the client to the stretcher available on the air ambulance. Do not allow the client to be transferred out of the community on the nursing station's stretcher.
 - 4.14.3 If the Nursing Station does not have a #9 stretcher, transfer the client to the Air Ambulance's stretcher.

4.14 When a charter is used for medical evacuation, it is expected that the charter company will provide all necessary medevac equipment on board including a #9 stretcher

4.14.1 If the Charter has a #9 stretcher, ensure a straight exchange occurs.

4.14.2 If the Charter does not have a #9 stretcher, send the client out on charter with the Nursing Station stretcher. The CHN or designate must follow-up immediately with the Charter and Medevac Company to arrange for replacement of the stretcher. The company will require the following information: the date of medevac, client name, flight number, Nursing Station name and the type of stretcher.

4.15 If the personnel from the medevac service provider requests that a nurse from the community travel as a medical escort with the client, the nurse shall inform the medevac company that FNIHB-OR nurses are not authorized to accompany medevacs. For unusual circumstances, the nurse must promptly discuss the request with the ZNO - Prior approval from the ZNO (or delegate) is mandatory.

4.16 For any unusual medevacs, the Nurse (NIC), or delegate is to be notified and an occurrence report submitted to the ZNO / ZNM. If the client is under the care of Social Services (e.g child under apprehension or a foster parent with children under their care), the nurse must also notify the Social Worker On-Call to advise them of the medevac.

5. RELATED POLICIES:

FNIHB-OR Policy: Standard Emergency Equipment

FNIHB-OR Policy: Nursing Practice Responsibilities

FNIHB-OR Policy: Additional Nursing Functions

FNIHB-OR Policy: Delegation of Controlled Acts

6. REFERENCES:

Regulated Health Professions Act

Nursing Act

Approved by:		Effective Date: March 31, 2015
Director of Nursing, Ontario Region	Date:	
Regional Executive, Ontario Region	Date:	