

MODULE 10: PREPARATION AND KNOWLEDGE FOR EMERGENCIES

Objective: The goal is to equip caregivers with the skills to handle emergencies, understand individual client emergency plans, know evacuation routes, and manage advance directives and POLST forms to respect clients' medical wishes during emergencies.



- LESSON 1:
COMPREHENSIVE
EMERGENCY PLANNING
- LESSON 2:
UNDERSTANDING
CLIENT-SPECIFIC
EMERGENCY PLAN



- LESSON 3: FAMILIARIZING
WITH EMERGENCY
EVACUATION ROUTES.
- LESSON 4: MANAGING ADVANCE
DIRECTIVE AND POLST FOMRS
IN EMERGENICES

LESSON 1: COMPREHENSIVE EMERGENCY PLANNING

Objective: To equip caregivers with the knowledge and skills needed to plan and prepare for various types of emergencies, ensuring they know the steps to take and can act swiftly and effectively when required.



- In caregiving environments, being prepared for emergencies is crucial

- Caregivers must have the knowledge and skills to respond confidently and efficiently to unexpected situations, whether it's a medical crisis, natural disaster, or sudden health deterioration of a client.

- Proper planning and preparation enable caregivers to act quickly, minimize harm, and ensure continued care for clients.

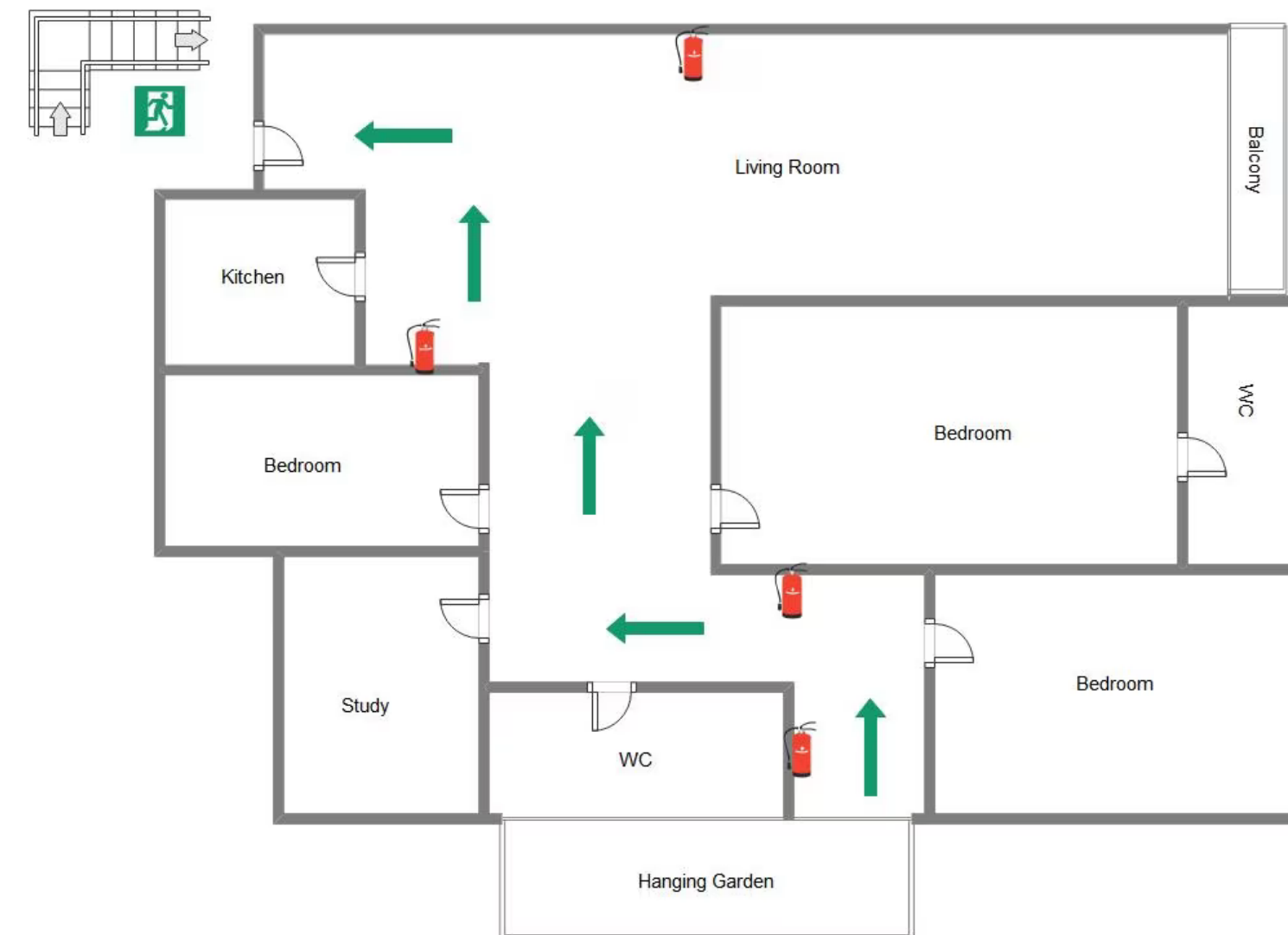
- As a LTC (Long-Term Care) worker, you may be the sole responder in an emergency, so it's essential to always be ready to handle such situations.

Emergency Preparedness

- An emergency plan is a critical component of being prepared in any caregiving environment.
- As caregivers, it's essential to know exactly what steps to take in various emergency scenarios to ensure the safety and well-being of your clients.
- Your emergency plan should include the following key elements:
 - Emergency Contact Information: Always have easy access to important contact details, including your supervisor, medical professionals, emergency services, and your clients' family members.
 - In an emergency, you need to be able to quickly reach the right people for guidance or decisions.

Emergency Preparedness

- Evacuation Procedures: If you're working in a facility that could be affected by disasters like fires or earthquakes, it's crucial to know the evacuation plan.
- Be familiar with evacuation routes and emergency exits.
- Ensure that you can safely evacuate clients, especially those with mobility challenges, without causing panic or injury.
- Regularly practice evacuation procedures to stay prepared.



Emergency Preparedness

- Medical Response Protocols: In the event of a medical emergency, understanding your client's medical history is key.
 - This includes knowing any allergies, medications, and emergency procedures that may apply.
 - Familiarize yourself with basic first aid and CPR, as these can be lifesaving.
- Additionally, you should be aware of specific procedures for more serious emergencies, such as seizures, strokes, or heart attacks, and know when to seek advanced medical help.

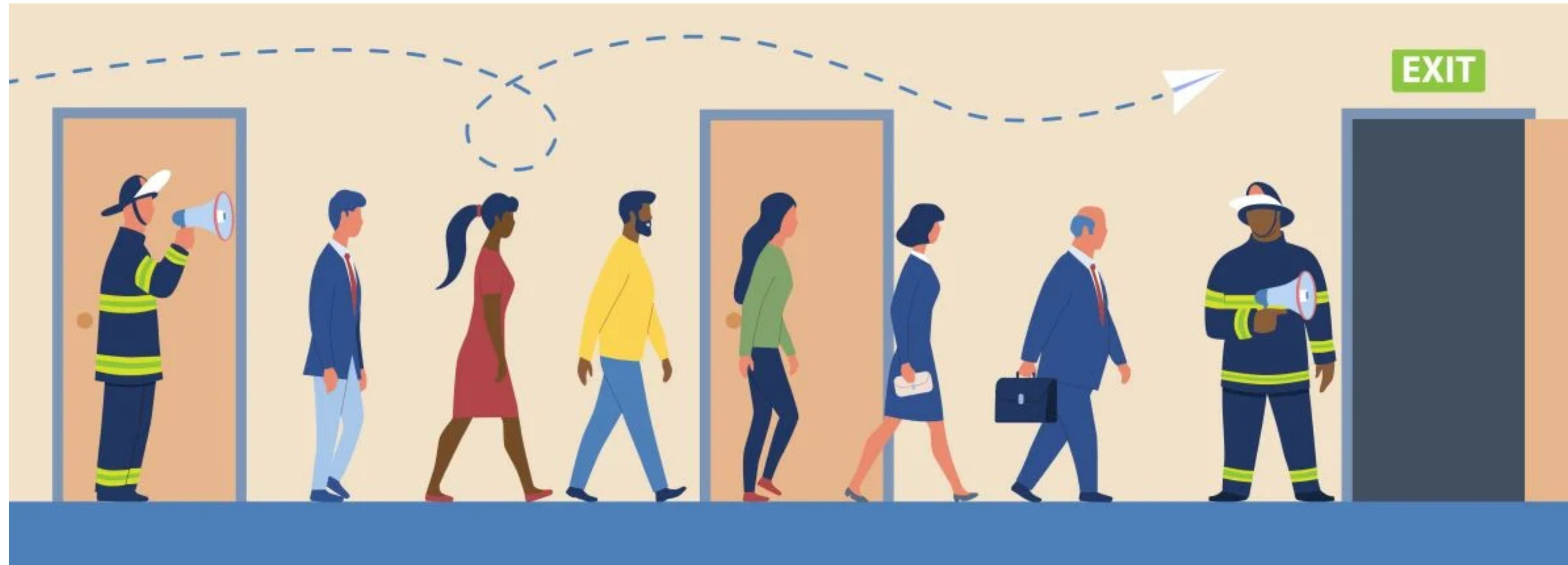


Emergency Preparedness

- Communication Procedures: During emergencies, especially large-scale events like natural disasters, communication systems may be disrupted.
- It's important to have a backup communication plan, such as a landline, walkie-talkies, or satellite phones, to stay in contact with emergency services and other key personnel.
- This ensures that you can always stay connected, even when typical communication methods fail.



Regular Training and Drills



- Your employer will have specific policies and procedures that you must follow in emergency or disaster situations.
- Once an emergency plan is in place, it's essential to undergo regular training and drills to ensure you feel confident and prepared.
- Training should cover any client-specific emergency protocols you need to know.

Regular Training and Drills

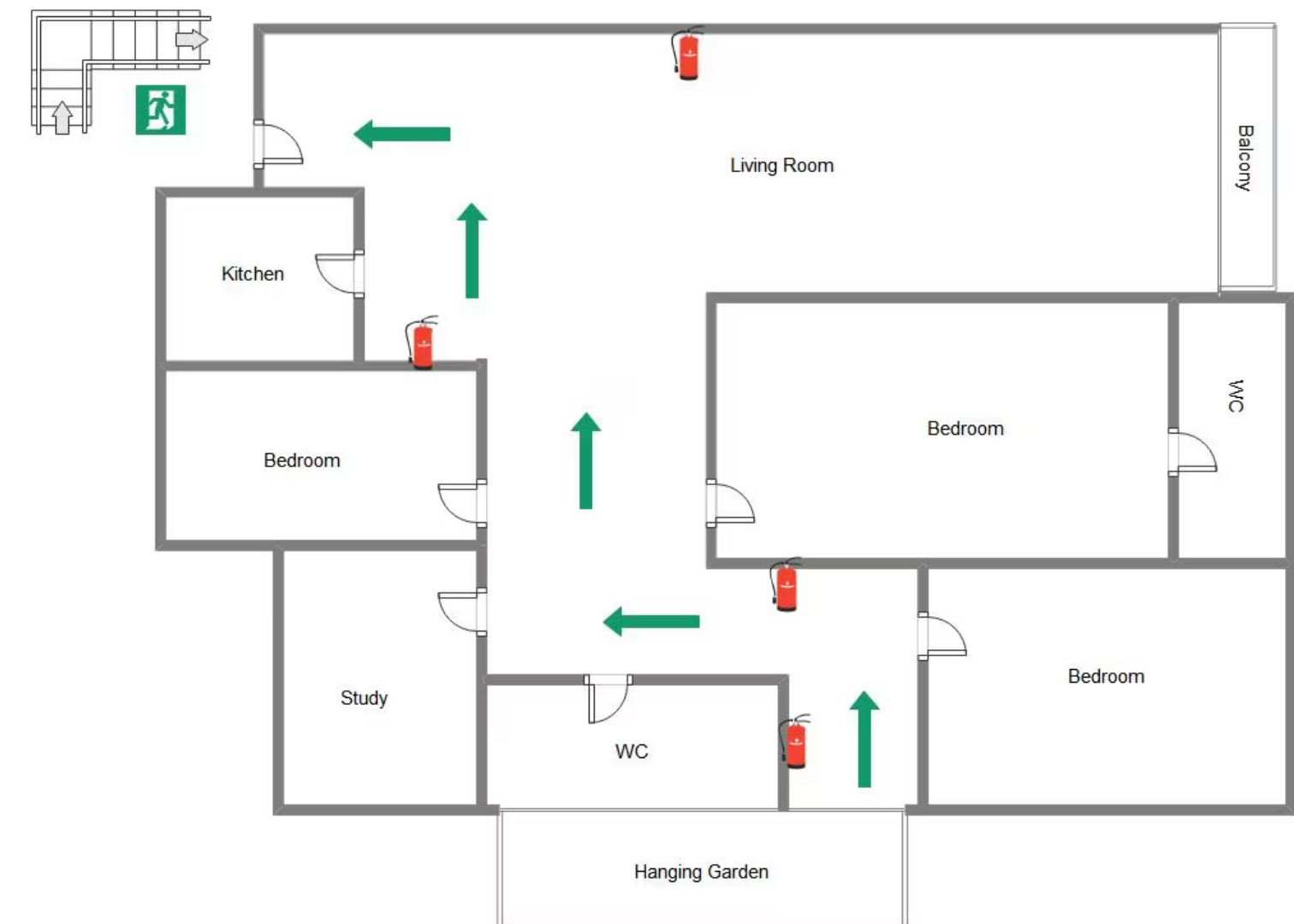
- You should regularly practice tasks like evacuating clients, responding to medical emergencies, and using emergency equipment such as fire extinguishers.



Practicing these actions in a low-pressure environment builds muscle memory, ensuring that in a real emergency, you can respond quickly and calmly, reducing panic and improving client outcomes.

Fire Emergencies

- In AFHs (Adult Family Homes) and ALFs (Assisted Living Facilities), periodic fire drills are essential for practicing emergency procedures and saving lives.



- HCA workers should be familiar with the client's evacuation plan, the best evacuation routes, and the address and cross street of the client's home, which can be found in the client's care plan.

Fire Emergencies

- If you discover a fire, remember the R.A.C.E. acronym to respond safely.
- R = Rescue: Immediately stop what you're doing and move clients to safety.
- A = Alarm: Sound the alarm by pulling a fire alarm or calling 911.
- C = Confine: Close all doors and windows you can safely reach to contain the fire.
- E = Extinguish: Use a fire extinguisher if the fire is small and manageable. If the fire is too large, evacuate the area instead.
- By following R.A.C.E, you ensure a safe and effective response during a fire emergency.



Actions to Take if Fire Prevents Evacuation



- If fire prevents you from evacuating, stay with the client and take immediate steps to protect both of you.
 - First, call 911 and inform them that you are trapped.
- Find a room with the door closed to slow the spread of the fire, and seal any gaps around the door, and vents with clothing, or towels to prevent smoke from entering.
- Since heat and smoke rise, it's important to stay low to the floor, where the air is clearer and safer.
- These actions will help reduce the risks of smoke inhalation, and give you the best chance of staying safe until help arrives.

How to Use a Fire Extinguisher

Pull The Pin



Aim the Nozzle at
Base of Fire



Squeeze the Trigger



Sweep from Side to
Side

firstresponsecpr.com

NEVER

- Put water on a grease or liquid fire, as it will cause the fire to spread.
- Put water on an electrical fire, as it can lead to a serious shock.
 - Re-enter a burning building to save pets or valuables.
 - Try to move a burning object out of the room.
 - Use an elevator during a fire escape.



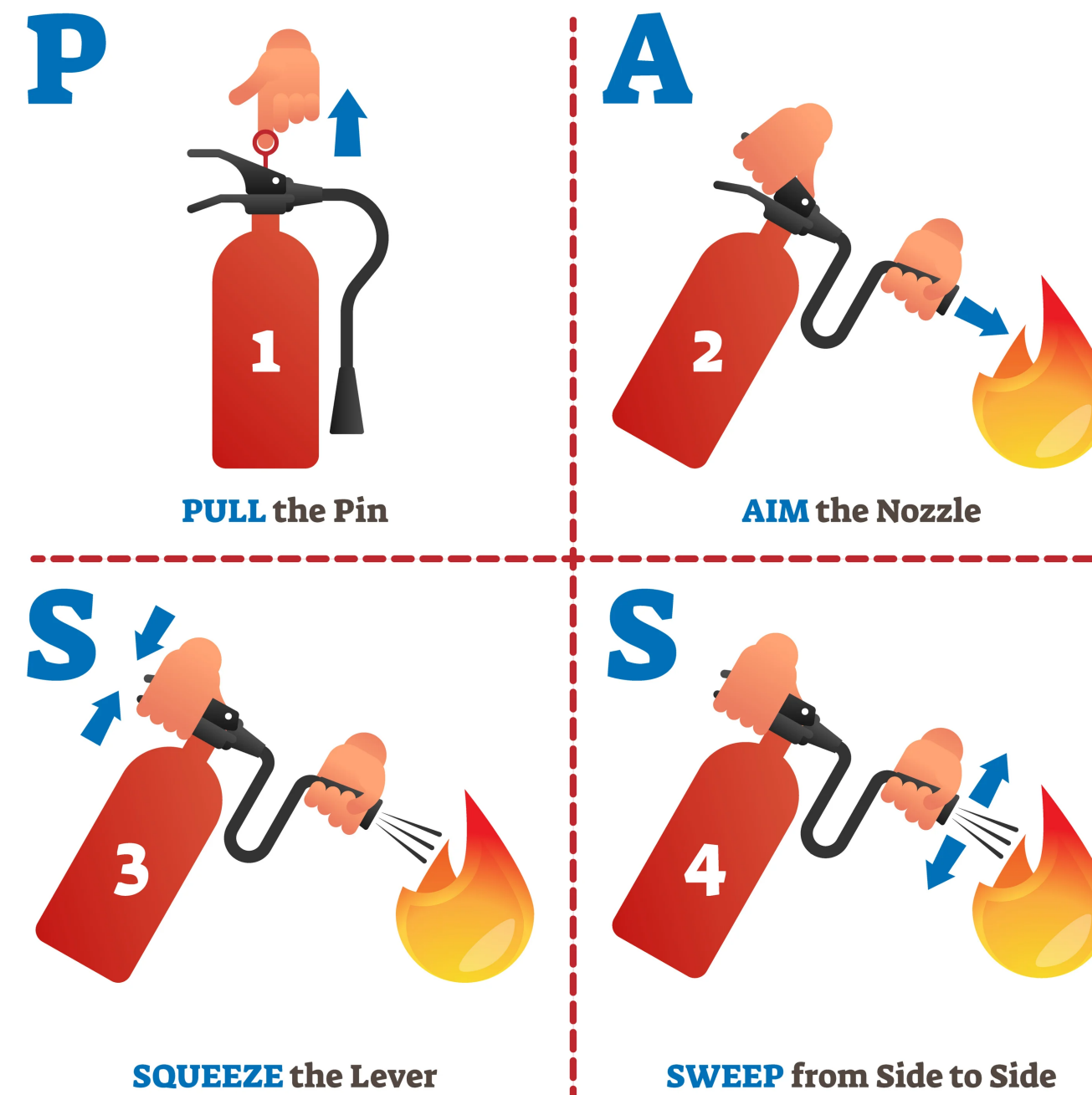
How to use fire extinguisher

- A fire extinguisher is required in all AFHs and ALFs.
- A fire extinguisher labeled "ABC" is suitable for all types of fires: wood/paper, oil/grease, and electrical.

- To use a fire extinguisher, remember P.A.S.S.

- P = Pull: Pull the pin and snap the plastic seal.
- S = Squeeze: Squeeze the handles to discharge the extinguisher.

HOW TO USE A FIRE EXTINGUISHER



- A = Aim: Stand back, aim at the base of the fire.
- S = Sweep: Sweep the nozzle side to side.

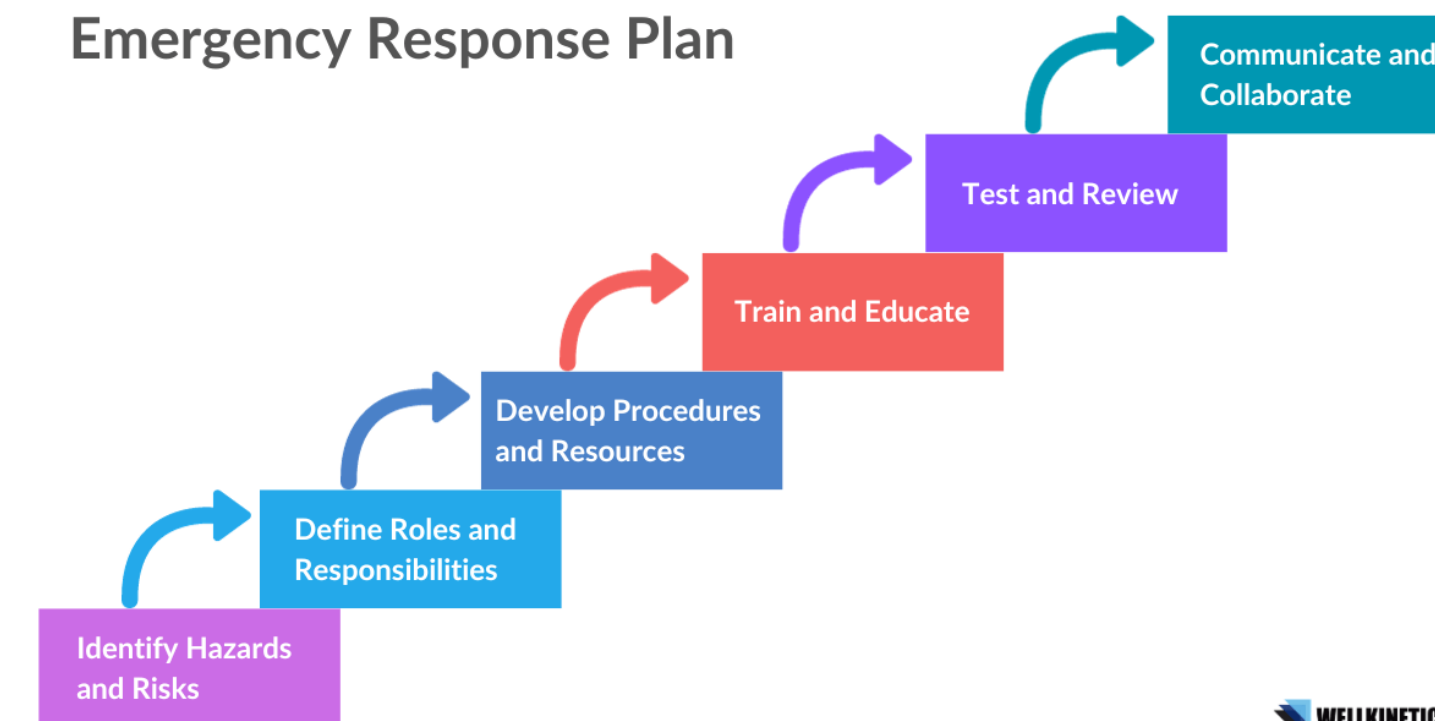
- After the fire is out, ensure it stays out, evacuate everyone from the area, and ventilate the space. Document and report any fire incident for safety and follow-up.

Creating a Safe Environment

- Effective emergency planning goes hand in hand with creating a safe environment that minimizes the likelihood of emergencies occurring in the first place.

- As caregivers, it's essential to regularly assess the caregiving space for potential hazards.

Key Steps for an Effective
Emergency Response Plan



- This includes checking for loose rugs that could cause trips, poorly lit hallways that increase the risk of accidents, and ensuring that medical supplies are adequate and accessible.

Creating a Safe Environment

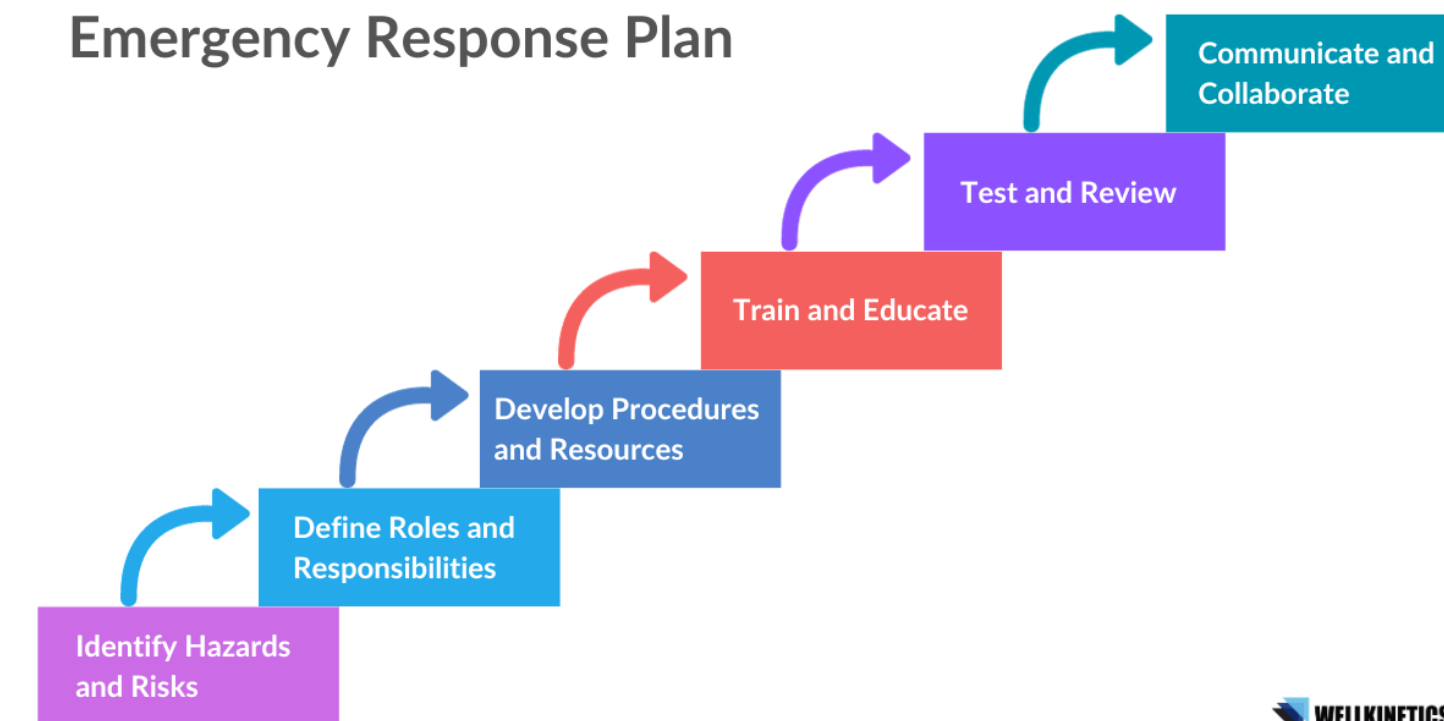
- Regular environmental safety checks should become part of your routine tasks, including verifying that essential equipment such as medical devices, fire alarms, and safety systems are functioning properly.
- By identifying potential risks ahead of time and addressing them proactively, you can reduce the chance of emergencies and create a safer environment for both yourself and your clients.

LESSON 2: UNDERSTANDING CLIENT-SPECIFIC EMERGENCY PLAN

Objective:

To help you understand the unique emergency plans for each client, including any special needs or considerations, so you can respond quickly and effectively during emergencies, ensuring their safety and well-being.

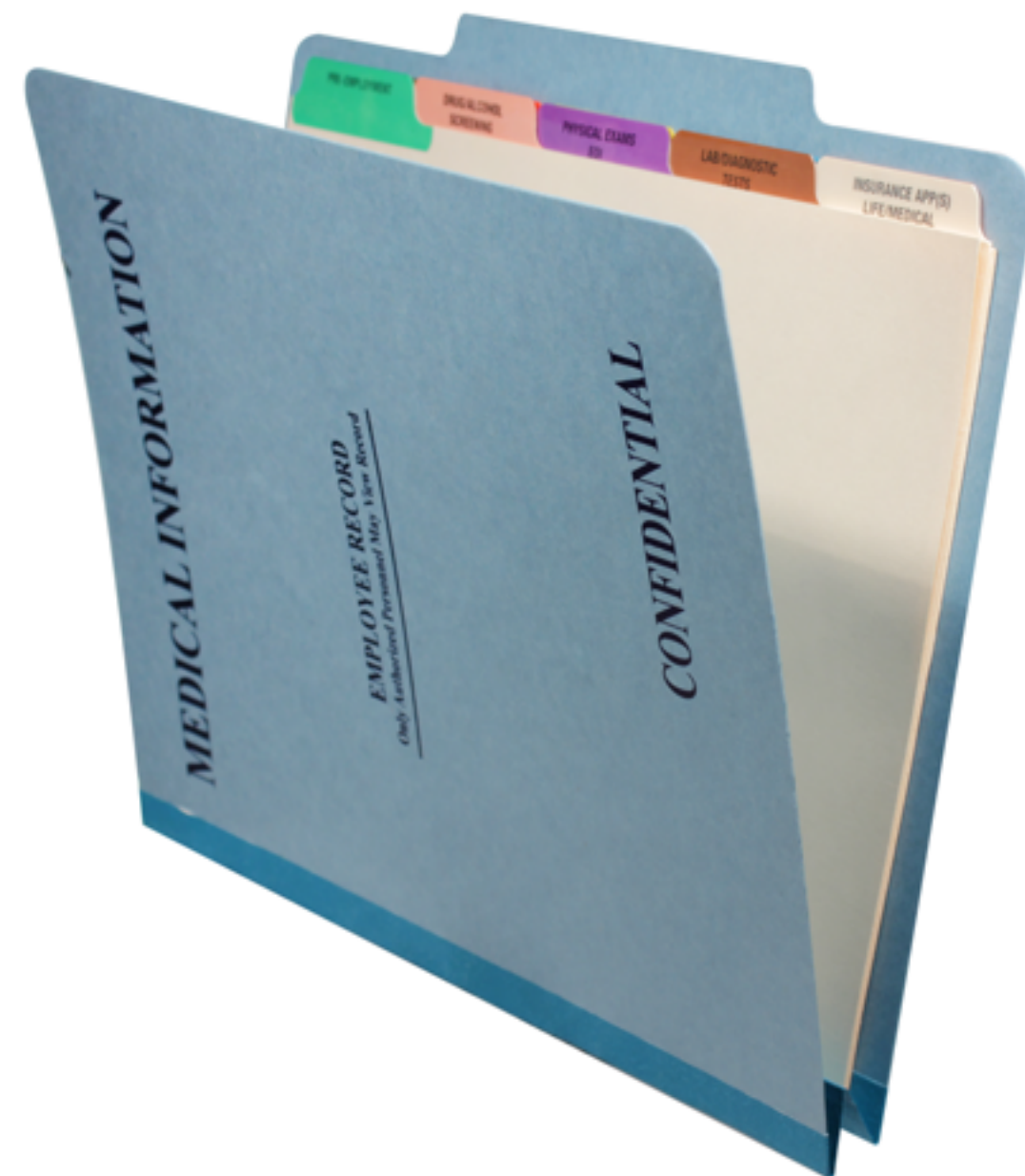
Key Steps for an Effective Emergency Response Plan



- As a caregiver, it's essential to recognize that each client you care for may have unique needs, and their emergency plans must be tailored to these needs.
- In an emergency, knowing how to act quickly, and appropriately can make a world of difference to the safety, and well-being of your client.

Know the Client's Health Conditions

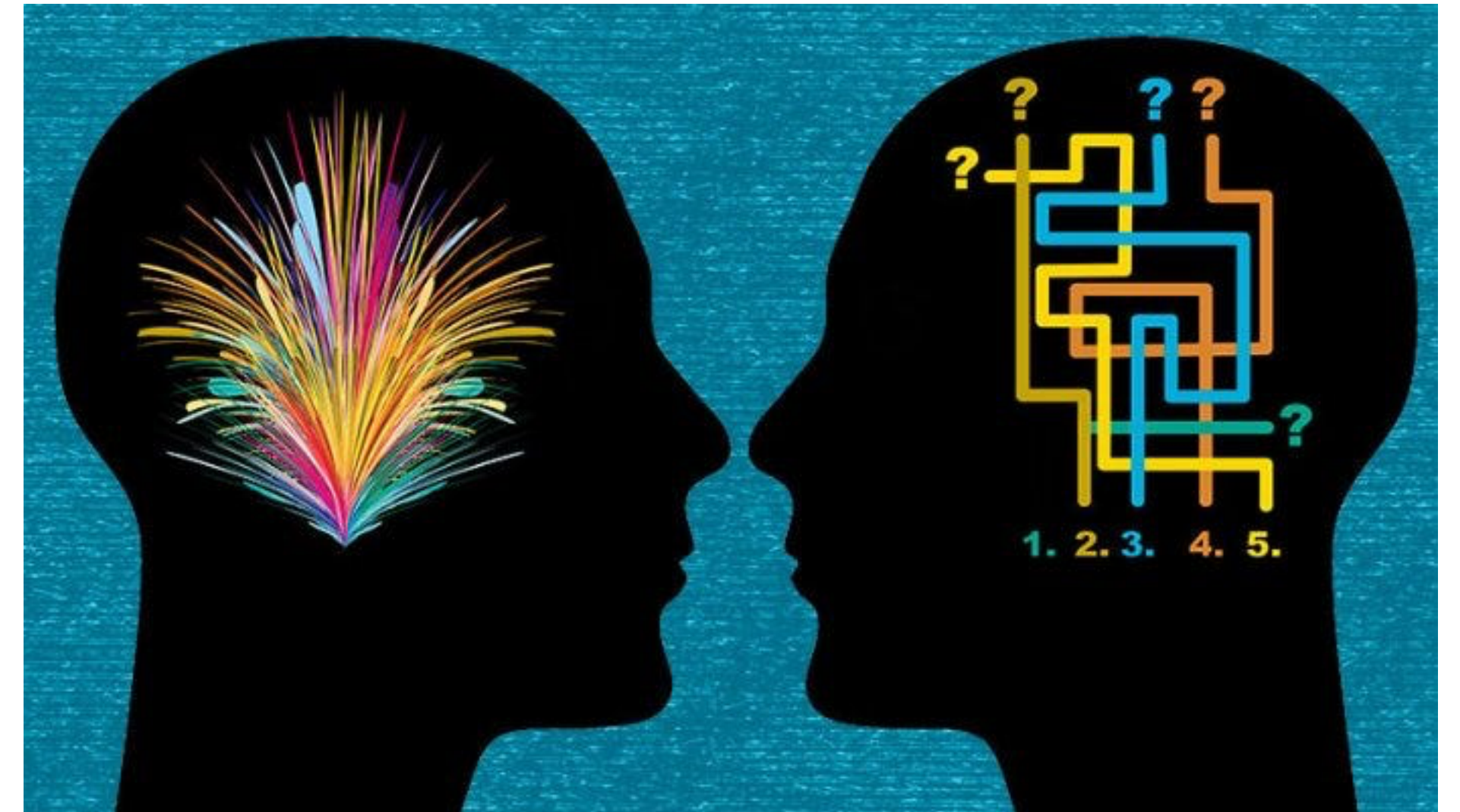
- As a caregiver, it's crucial to understand each client's unique health needs to respond effectively in emergencies.
 - This knowledge ensures you can provide the appropriate care, maintaining their safety and well-being during critical situations.



- For example, clients with diabetes may require specific protocols for managing their blood sugar levels, especially during stressful situations.
- Similarly, clients with respiratory conditions such as asthma or COPD may rely on inhalers or oxygen, and knowing how to properly use these tools in an emergency is crucial.

Consider Cognitive and Emotional Needs

- Clients with cognitive impairments, such as dementia, or emotional needs, may require additional support during emergencies.



- For example, clients with dementia may struggle to understand emergency procedures, so it's important to provide extra reassurance and clear, simple instructions to help them stay calm and follow your lead.
- Similarly, clients with anxiety or fear may need calming techniques, such as soft reassurances or guided breathing exercises, to manage stress and remain composed.

Assistive Devices and Equipment



- As a caregiver, it's crucial to understand how to operate any medical devices or assistive equipment that your client relies on, especially during an emergency.
- For instance, if a client uses a ventilator, you may need to assist them manually if there's a power failure.
- Similarly, for clients who use mobility devices like wheelchairs or walkers, knowing how to safely assist them with movement, particularly during an evacuation, is essential.

Respecting Personal Preferences

- It's important to consider your client's personal preferences and needs when creating their emergency plan.
 - This may include dietary restrictions, such as specific foods they need during an emergency evacuation, or cultural and religious beliefs that may affect how they should be treated or assisted.
- For example, some clients may require special accommodations related to food or specific rituals that need to be followed in times of crisis.



Update the Plan Regularly

- As your clients' needs evolve, it's essential to regularly review and update their emergency plans.
- For instance, if a client's medical condition changes or they begin using new equipment, the plan should be adjusted accordingly.

Nursing Care Plan Format (4 Columns)

Nursing Diagnosis	Goals & Outcomes	Interventions	Evaluation
Ineffective airway clearance RT tracheal bronchial inflammation, edema formation, increased sputum production AEB coughing, dyspnea, purulent sputum	After 8 hours of nursing intervention, the patient will display/maintain patent airway with breath sounds clearing; absence of dyspnea, cyanosis, as evidenced by keeping a patent airway and effectively clearing secretions.	1. Assess the rate, rhythm, and depth of respiration, chest movement, and use of accessory muscles. 2. Elevate head of bed, change position frequently. 3. Suction as indicated: frequent coughing, adventitious breath sounds, desaturation related to airway secretions.	After 8 hours of nursing intervention, the patient was able to maintain patent airway with breath sounds clearing AEB absence of dyspnea, cyanosis, and effectively clearing secretions.

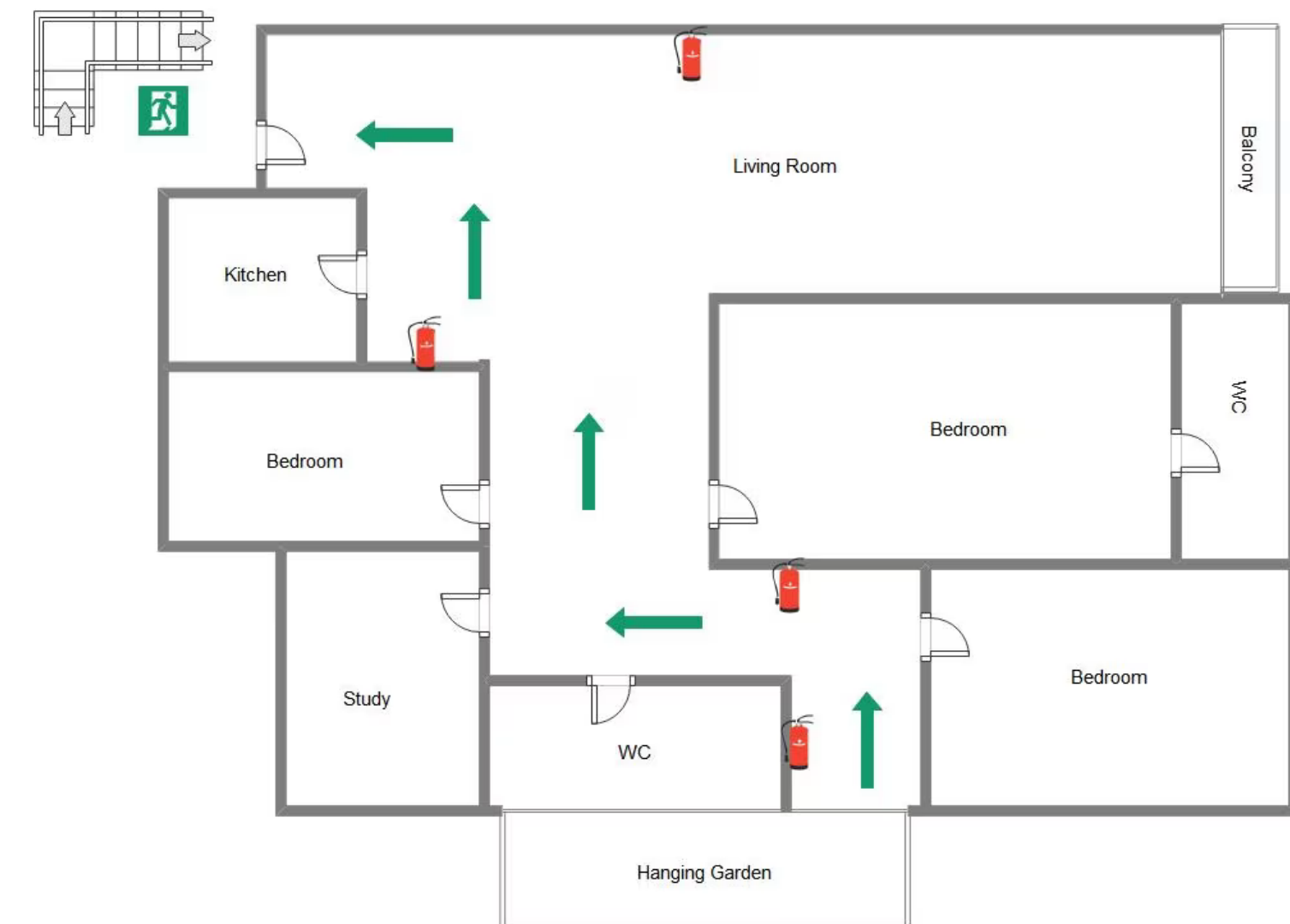


- Keep open communication with your care team, and the client's family to ensure everyone is aware of the updates, and knows what to do in case of an emergency.

LESSON 3: FAMILIARIZING WITH EMERGENCY EVACUATION ROUTES.

Objective:

To ensure caregivers are familiar with the emergency evacuation routes in all the facilities they work in, so they can guide clients safely, and confidently during an evacuation, ensuring a quick, and organized response in an emergency.



- As a caregiver, it's essential to be familiar with the evacuation plan for each client in case of an emergency.
- This includes understanding each client's unique evacuation needs based on their physical and mental abilities.

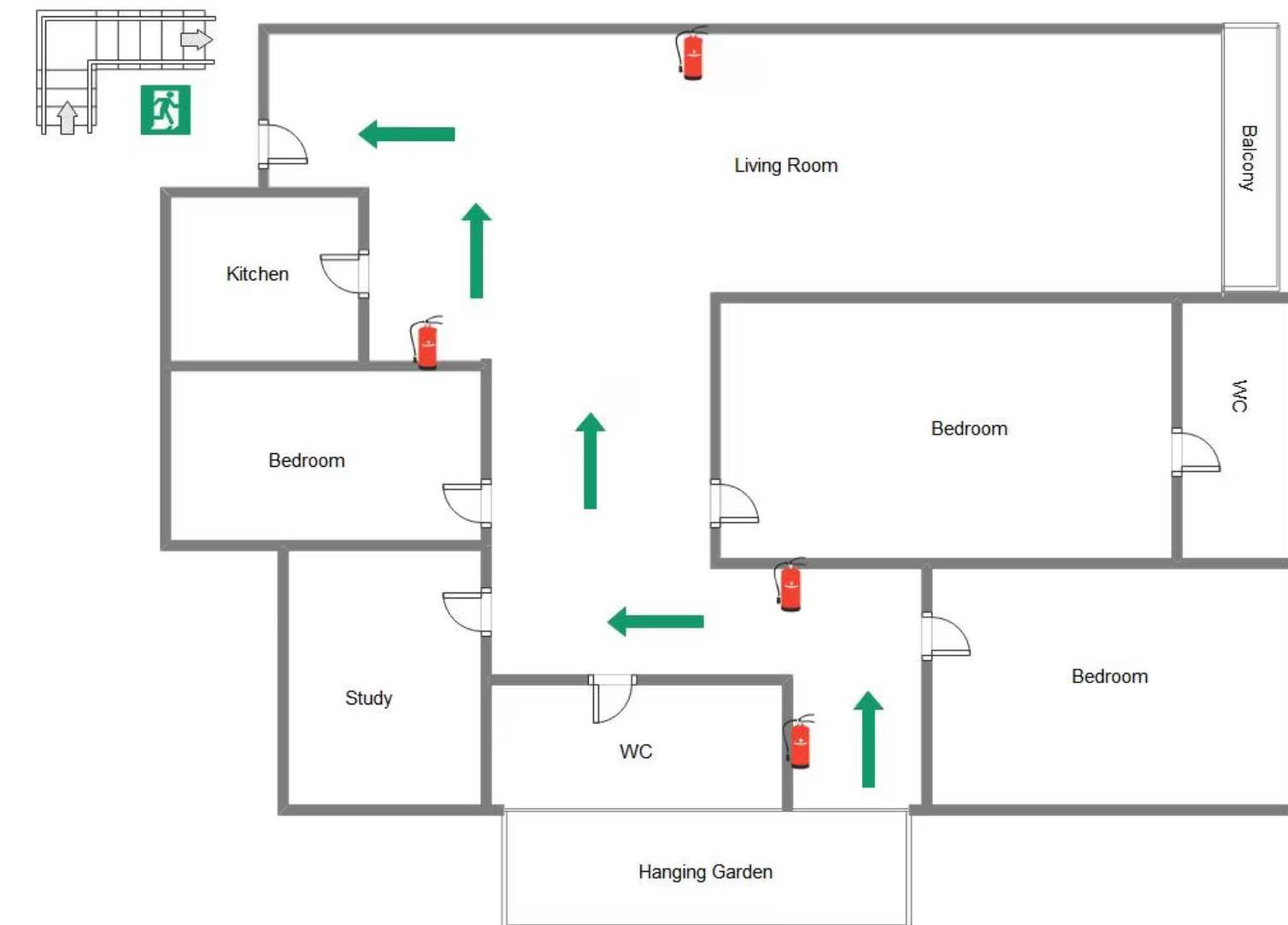


- Being well-prepared ensures a smooth, and efficient evacuation, protecting both you and your clients.

- You should know the safest, and quickest evacuation routes in the facility, along with the primary, and secondary safe areas where clients can be taken for safety during a crisis.

Understanding the Layout and Routes

- As a caregiver, it's essential to be prepared for emergency evacuations, especially since you're often the first responder in a crisis.
- Start by studying the facility's floor plans to familiarize yourself with all exits, stairwells, elevators (if applicable), and safe zones.
- Knowing multiple evacuation routes ensures you can adapt to changing circumstances, such as a fire or power outage.
 - This includes understanding each client's unique evacuation needs, based on their physical and mental abilities.



Understanding the Layout and Routes

- For clients with mobility challenges, be aware of accessible routes and any specialized equipment like evacuation chairs.
 - Also, understand specific procedures for various emergencies, such as fires, natural disasters, or medical crises, especially when caring for clients who rely on life-support equipment, or have high-risk medical conditions.
 - Being prepared ensures a safe and efficient response during emergencies.

Communication and Timing

- Effective communication during an evacuation is crucial for ensuring a smooth, and organized response.
- Familiarize yourself with the communication tools available, such as the emergency alert system, walkie-talkies, or internal messaging apps, to stay connected with team members and coordinate the evacuation.



- Additionally, prioritize clients' needs by identifying those who require extra assistance, such as individuals with mobility or medical challenges. This ensures that you can provide the necessary support and ensure that all clients are safely evacuated within the required time frame.
- Clear communication and prioritization are key to managing the evacuation efficiently.

LESSON 4: MANAGING ADVANCE DIRECTIVE AND POLST FORMS IN EMERGENCIES

Objective:

To equip learners with the knowledge and skills to recognize, manage, and implement advance directives, and the POLST form (Physician Orders for Life-Sustaining Treatment) in emergencies. This ensures that clients' wishes regarding life-sustaining treatments, resuscitation, and other medical decisions are respected, especially when they are unable to communicate their preferences themselves.

HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROFESSIONALS AS NECESSARY		
PROVIDER ORDERS FOR LIFE-SUSTAINING TREATMENT (POLST) - HAWAII		
FIRST follow these orders. THEN contact the patient's provider. This Provider Order form is based on the person's current medical condition and wishes . Any section not completed implies full treatment for that section. Everyone shall be treated with dignity and respect. POLST is a medical order. It is not an Advance Directive and is not intended to replace that document.		Patient's Last Name
		First/Middle Name
		Date of Birth
		Date Form Prepared
A <small>Choose One</small>	CARDIOPULMONARY RESUSCITATION (CPR): <i>** Person has no pulse and is not breathing **</i> <input type="checkbox"/> Yes CPR - Attempt resuscitation (Section B: Full Treatment required) <input type="checkbox"/> No CPR. Do Not Attempt Resuscitation (Allow Natural Death) If patient has a pulse, follow orders in Sections B and C	
B <small>Choose One</small>	MEDICAL INTERVENTIONS: <i>** Person has pulse and/or is breathing **</i> <input type="checkbox"/> Full Treatment – primary goal of prolonging life by all medically effective means. In addition to treatment described in Selective Treatment and Comfort-Focused Treatment, use intubation, advanced airway interventions, mechanical ventilation, and cardioversion as indicated. Includes intensive care as needed. <input type="checkbox"/> Selective Treatment – goal of treating medical conditions and restoring function while avoiding intensive care and resuscitation. In addition to treatment described in Comfort-Focused Treatment, use medical treatment, IV antibiotics, and IV fluids as indicated. Do not intubate. May use non-invasive respiratory support. <input type="checkbox"/> Comfort-Focused Treatment – primary goal of maximizing comfort. Relieve pain and suffering with medication by any route as needed, use oxygen, suctioning, and manual treatment of airway obstruction. Do not use treatments listed in Full and Selective Treatment unless consistent with comfort goal. Request transfer to hospital only if comfort needs cannot be met in current location. Additional Orders: _____	
C <small>Choose One</small>	ARTIFICIALLY ADMINISTERED NUTRITION: <i>Always offer food and liquid by mouth if feasible and desired.</i> (See Directions on next page for information on nutrition & hydration) <input type="checkbox"/> No artificial nutrition by tube <input type="checkbox"/> Defined trial period of artificial nutrition by tube Goal: _____ <input type="checkbox"/> Long-term artificial nutrition by tube Additional Orders: _____	
D <small>Choose One</small>	SIGNATURES AND SUMMARY OF MEDICAL CONDITION - Discussed with: <input type="checkbox"/> Patient or <input type="checkbox"/> Legally Authorized Representative (LAR). If LAR is checked, you must check one of the boxes below: <input type="checkbox"/> Guardian <input type="checkbox"/> Agent designated in Power of Attorney for Healthcare <input type="checkbox"/> Patient-designated surrogate <input type="checkbox"/> Surrogate selected by consensus of interested persons (Sign section E) <input type="checkbox"/> Parent of a Minor Signature of Patient or Legally Authorized Representative My signature below indicates that these orders/ resuscitative measures are consistent with my wishes or (if signed by LAR) the known wishes and/or in the best interests of the patient who is the subject of this form. Signature (required) _____ Name (print) _____ Relationship (write "self" if patient) Signature of Provider (Physician/APRN/PA licensed in the state of Hawai'i.) My signature below indicates to the best of my knowledge that these orders are consistent with the person's medical condition and preferences. Print Provider Name _____ Provider Phone Number _____ Date _____ Provider Signature (required) _____ Provider License # _____ Summary of Medical Condition _____ Official Use Only _____	
SEND THIS 2-PAGE FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED POLST pg 1 of 2		

HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROFESSIONALS AS NECESSARY			
Patient Name (last, first, middle)		Date of Birth	Gender
Patient's Preferred Emergency Contact (Listing a person here does not make them a Legally Authorized Representative. Only an Advance Directive or state law grants that authority.)			
Name	Relationship to Patient		Phone Number
Health Care Professional Preparing Form	Preparer Title	Phone Number	Date Form Prepared
E	SURROGATE SELECTED BY CONSENSUS OF INTERESTED PERSONS (Legally Authorized Representative as outlined in section D) I make this declaration under the penalty of false swearing to establish my authority to act as the legally authorized representative for the patient named on this form. The patient has been determined by the primary physician to lack decisional capacity and no health care agent or court appointed guardian or patient-designated surrogate has been appointed or the agent or guardian or designated surrogate is not reasonably available. The primary physician or the physician's designee has made reasonable efforts to locate as many interested persons as practicable and has informed such persons of the patient's lack of capacity and that a surrogate decision-maker should be selected for the patient. As a result I have been selected to act as the patient's surrogate decision-maker in accordance with Hawai'i Revised Statutes §327E-5. I have read section C below and understand the limitations regarding decisions to withhold or to withdraw artificial hydration and nutrition. Signature (required) _____ Name _____ Relationship _____		
DIRECTIONS FOR HEALTH CARE PROFESSIONAL			
Completing POLST <ul style="list-style-type: none">Must be completed by health care professional based on patient preferences and medical indications.POLST must be signed by a Physician, Advanced Practice Registered Nurse (APRN) or Physician Assistant (PA) licensed in the state of Hawai'i and the patient or the patient's legally authorized representative to be valid. Verbal orders by providers are not acceptable.Use of original form is strongly encouraged. Photocopies and FAXes of signed POLST forms are legal and valid.The most recently completed valid POLST form supersedes all previously completed POLST forms. This form does not expire.			
Using POLST - Any incomplete section of POLST implies full treatment for that section. Section A: <ul style="list-style-type: none">No defibrillator (including automated external defibrillators) should be used on a person who has chosen "No CPR. Do Not Attempt Resuscitation" Section B: <ul style="list-style-type: none">When comfort cannot be achieved in the current setting, the person, including someone with "Comfort-Focused Treatment", should be transferred to a setting able to provide comfort (e.g., treatment of a hip fracture).IV medication to enhance comfort may be appropriate for a person who has chosen "Comfort-Focused Treatment."A person who desires IV fluids should indicate "Selective Treatment" or "Full Treatment." Section C: <ul style="list-style-type: none">A patient or a legally authorized representative may make decisions regarding artificial nutrition or hydration. However, a surrogate who has not been designated by the patient (surrogate selected by consensus of interested persons) may only make a decision to withhold or withdraw artificial nutrition and hydration when the primary physician and a second independent physician certify in the patient's medical records that the provision or continuation of artificial nutrition or hydration is merely prolonging the act of dying and the patient is highly unlikely to have any neurological response in the future. HRS §327E-5.			
Reviewing POLST - It is recommended that POLST be reviewed periodically. Review is recommended when: <ul style="list-style-type: none">The person is transferred from one care setting or care level to another, orThere is a substantial change in the person's health status, orThe person's treatment preferences change.			
Modifying and Voiding POLST <ul style="list-style-type: none">A person with capacity or, if lacking capacity the legally authorized representative, can request a different treatment plan and may revoke the POLST at any time and in any manner that communicates an intention as to this change.To void or modify a POLST form, draw a line through Sections A through E and write "VOID" in large letters on the original and all copies. Sign and date this line. Complete a new POLST form indicating the modifications.The patient's provider may medically evaluate the patient and recommend new orders based on the patient's current health status and goals of care.			
Kōkua Mau - A Movement to Improve Care Kōkua Mau is the lead agency for implementation of POLST in Hawai'i. Visit kokuamau.org/polst to download a copy or find more POLST information. This form has been adopted by the Department of Health May 2023 Kōkua Mau • PO Box 62155 • Honolulu HI 96839 • info@kokuamau.org • kokuamau.org			
SEND THIS 2-PAGE FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED POLST pg 2 of 2			

HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROVIDERS AS NECESSARY

Washington POLST
Portable Orders for Life-Sustaining Treatment
A Participating Program of National POLST

LAST NAME / FIRST NAME / MIDDLE NAME/INITIAL
DATE OF BIRTH / / GENDER (optional) PRONOUNS (optional)

This is a medical order. It must be completed with a medical professional. Completing a POLST is always voluntary.
IMPORTANT: See page 2 for complete instructions.

MEDICAL CONDITIONS/INDIVIDUAL GOALS: AGENCY INFO / PHONE (if applicable)

A **Use of Cardiopulmonary Resuscitation (CPR): When the individual has NO pulse and is not breathing.**
CHECK ONE
☐ **YES – Attempt Resuscitation / CPR** (choose FULL TREATMENT in Section B)
☐ **NO – Do Not Attempt Resuscitation (DNAR) / Allow Natural Death** *When not in cardiopulmonary arrest, go to Section B.*

B **Level of Medical Interventions: When the individual has a pulse and/or is breathing.**
CHECK ONE
Any of these treatment levels may be paired with DNAR / Allow Natural Death above.
☐ **FULL TREATMENT – Primary goal is prolonging life by all medically effective means.** Use intubation, advanced airway interventions, mechanical ventilation, and cardioversion as indicated. Includes care described below.
Transfer to hospital if indicated. Includes intensive care.
☐ **SELECTIVE TREATMENT – Primary goal is treating medical conditions while avoiding invasive measures whenever possible.** Use medical treatment, IV fluids and medications, and cardiac monitor as indicated. *Do not intubate.* May use less invasive airway support (e.g., CPAP, BiPAP, high-flow oxygen). Includes care described below.
Transfer to hospital if indicated. Avoid intensive care if possible.
☐ **COMFORT-FOCUSED TREATMENT – Primary goal is maximizing comfort.** Relieve pain and suffering with medication by any route as needed. Use oxygen, oral suction, and manual treatment of airway obstruction as needed for comfort. *Individual prefers no transfer to hospital. EMS: consider contacting medical control to determine if transport is indicated to provide adequate comfort.*
Additional orders (e.g., blood products, dialysis):

C **Signatures:** A legal medical decision maker (see page 2) may sign on behalf of an adult who is not able to make a choice. An individual who makes their own choice can ask a trusted adult to sign on their behalf, or clinician signature(s) can suffice as witnesses to verbal consent. A guardian or parent must sign for a person under the age of 18. Multiple parent/decision maker signatures are allowed but not required. Virtual, remote, and verbal consents and orders are addressed on page 2.

Discussed with:
☐ Individual ☐ Parent(s) of minor
☐ Guardian with health care authority
☐ Legal health care agent(s) by DPOA-HC
☐ Other medical decision maker by 7.70.065 RCW

☒ SIGNATURE – MD/DO/ARNP/PA-C (mandatory) DATE (mandatory)
PRINT – NAME OF MD/DO/ARNP/PA-C (mandatory) PHONE

☒ SIGNATURE(S) – INDIVIDUAL OR LEGAL MEDICAL DECISION MAKER(S) (mandatory) RELATIONSHIP DATE (mandatory)
PRINT – NAME OF INDIVIDUAL OR LEGAL MEDICAL DECISION MAKER(S) (mandatory) PHONE

Individual has: ☐ Durable Power of Attorney for Health Care ☐ Health Care Directive (Living Will)
Encourage all advance care planning documents to accompany POLST.

SEND ORIGINAL FORM WITH INDIVIDUAL WHENEVER TRANSFERRED OR DISCHARGED

WSMA Washington State Medical Association
Washington State Department of Health

REV 04/2021 All copies, digital images, faxes of signed POLST forms are valid. See page 2 for preferences regarding medically assisted nutrition. For more information on POLST, visit www.wsma.org/POLST. Page 1

- As a caregiver, your role in an emergency extends beyond providing physical care.
- You also need to ensure that your client's medical wishes are respected, especially when they are unable to make decisions for themselves.
- Advance directives, and POLST forms are essential tools that guide your actions, and ensure that the client's preferences regarding resuscitation, life support, and other medical treatments are followed in times of crisis.

Understanding Advance Directives

- An advance directive is a legal document, in which a client specifies their healthcare wishes, in case they are unable to communicate during an emergency. These documents typically address decisions related to life-sustaining treatments, resuscitation, organ donation, and more.
- It's crucial to understand a client's healthcare wishes before an emergency occurs. Advance directives should be stored in an easily accessible location, such as the client's care file or with family members, so they can be quickly retrieved when needed.

Understanding Advance Directives

- In an emergency, the first step is to locate the advance directive, and present it to emergency responders. This ensures that medical personnel can provide care that aligns with the client's preferences.
- By knowing the content of the advance directive, you can make sure the client receives the care they want—whether that's aggressive interventions or comfort care—even if they cannot communicate in the moment.

Understanding the POLST Form

- The POLST form (Physician Orders for Life-Sustaining Treatment) is a medical document used primarily for clients with serious, advanced illness.
- It provides specific instructions for medical interventions, including whether or not to perform CPR, use life support, or initiate other critical treatments such as intubation.

HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROVIDERS AS NECESSARY

Washington <div style="font-size: 48pt; font-weight: bold; letter-spacing: -2px;">POLST</div> <div style="font-size: 8pt;">Portable Orders for Life-Sustaining Treatment A Participating Program of National POLST</div>		<div style="border-bottom: 1px solid black; padding-bottom: 5px;">LAST NAME / FIRST NAME / MIDDLE NAME/INITIAL</div> <div style="display: flex; justify-content: space-between; border-top: 1px solid black; border-bottom: 1px solid black; padding: 5px 0;"> <div style="width: 30%;">DATE OF BIRTH / /</div> <div style="width: 30%;">GENDER (optional)</div> <div style="width: 30%;">PRONOUNS (optional)</div> </div>		
This is a medical order. It must be completed with a medical professional. Completing a POLST is always voluntary. <i>IMPORTANT: See page 2 for complete instructions.</i>				
MEDICAL CONDITIONS/INDIVIDUAL GOALS:			AGENCY INFO / PHONE (if applicable)	
A	CHECK ONE	Use of Cardiopulmonary Resuscitation (CPR): When the individual has NO pulse and is not breathing. <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 70%;"> <input type="checkbox"/> YES – Attempt Resuscitation / CPR (<i>choose FULL TREATMENT in Section B</i>) <input type="checkbox"/> NO – Do Not Attempt Resuscitation (DNAR) / Allow Natural Death </div> <div style="width: 25%; border: 1px solid black; padding: 5px; font-size: 8pt;"> <i>When not in cardiopulmonary arrest, go to Section B.</i> </div> </div>		
B	CHECK ONE	Level of Medical Interventions: When the individual has a pulse and/or is breathing. Any of these treatment levels may be paired with DNAR / Allow Natural Death above. <div style="margin-top: 10px;"> <input type="checkbox"/> FULL TREATMENT – Primary goal is prolonging life by all medically effective means. Use intubation, advanced airway interventions, mechanical ventilation, and cardioversion as indicated. Includes care described below. <i>Transfer to hospital if indicated. Includes intensive care.</i> </div> <div style="margin-top: 10px;"> <input type="checkbox"/> SELECTIVE TREATMENT – Primary goal is treating medical conditions while avoiding invasive measures whenever possible. Use medical treatment, IV fluids and medications, and cardiac monitor as indicated. Do not intubate. May use less invasive airway support (e.g., CPAP, BiPAP, high-flow oxygen). Includes care described below. <i>Transfer to hospital if indicated. Avoid intensive care if possible.</i> </div> <div style="margin-top: 10px;"> <input type="checkbox"/> COMFORT-FOCUSED TREATMENT – Primary goal is maximizing comfort. Relieve pain and suffering with medication by any route as needed. Use oxygen, oral suction, and manual treatment of airway obstruction as needed for comfort. <i>Individual prefers no transfer to hospital. EMS: consider contacting medical control to determine if transport is indicated to provide adequate comfort.</i> </div>		
		Additional orders (e.g., blood products, dialysis): _____		
C	Signatures: A legal medical decision maker (<i>see page 2</i>) may sign on behalf of an adult who is not able to make a choice. An individual who makes their own choice can ask a trusted adult to sign on their behalf, or clinician signature(s) can suffice as witnesses to verbal consent. A guardian or parent must sign for a person under the age of 18. Multiple parent/decision maker signatures are allowed but not required. Virtual, remote, and verbal consents and orders are addressed on page 2.			
Discussed with: <input type="checkbox"/> Individual <input type="checkbox"/> Parent(s) of minor <input type="checkbox"/> Guardian with health care authority <input type="checkbox"/> Legal health care agent(s) by DPOA-HC <input type="checkbox"/> Other medical decision maker by 7.70.065 RCW		<div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; align-items: center;"> <div style="font-size: 24pt; margin-right: 5px;">X</div> <div> SIGNATURE – MD/DO/ARNP/PA-C (mandatory) PRINT – NAME OF MD/DO/ARNP/PA-C (mandatory) </div> </div> </div>		<div style="border: 1px solid black; padding: 5px;"> DATE (mandatory) PHONE </div>
<div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; align-items: center;"> <div style="font-size: 24pt; margin-right: 5px;">X</div> <div> SIGNATURE(S) – INDIVIDUAL OR LEGAL MEDICAL DECISION MAKER(S) (mandatory) PRINT – NAME OF INDIVIDUAL OR LEGAL MEDICAL DECISION MAKER(S) (mandatory) </div> </div> </div>		<div style="border: 1px solid black; padding: 5px;"> RELATIONSHIP DATE (mandatory) PHONE </div>		
Individual has: <input type="checkbox"/> Durable Power of Attorney for Health Care <input type="checkbox"/> Health Care Directive (Living Will) <i>Encourage all advance care planning documents to accompany POLST.</i>				
SEND ORIGINAL FORM WITH INDIVIDUAL WHENEVER TRANSFERRED OR DISCHARGED				

- The POLST form is a legally binding document signed by both the client (or their surrogate), and a physician, ensuring that healthcare providers, including emergency responders, must follow its instructions.
- The form is often printed on bright green paper (in states like Washington) to make it easy to identify. Photocopies, and faxes are also legally valid.
- The POLST form outlines critical decisions about resuscitation, life support, and medical interventions. It includes choices such as:
 - Full Code (all life-sustaining treatments)
 - Do Not Resuscitate (DNR) or Do Not Intubate (DNI)
 - Comfort Measures Only (focusing on pain management and comfort, not curative treatments)

Calling 911 During an Emergency

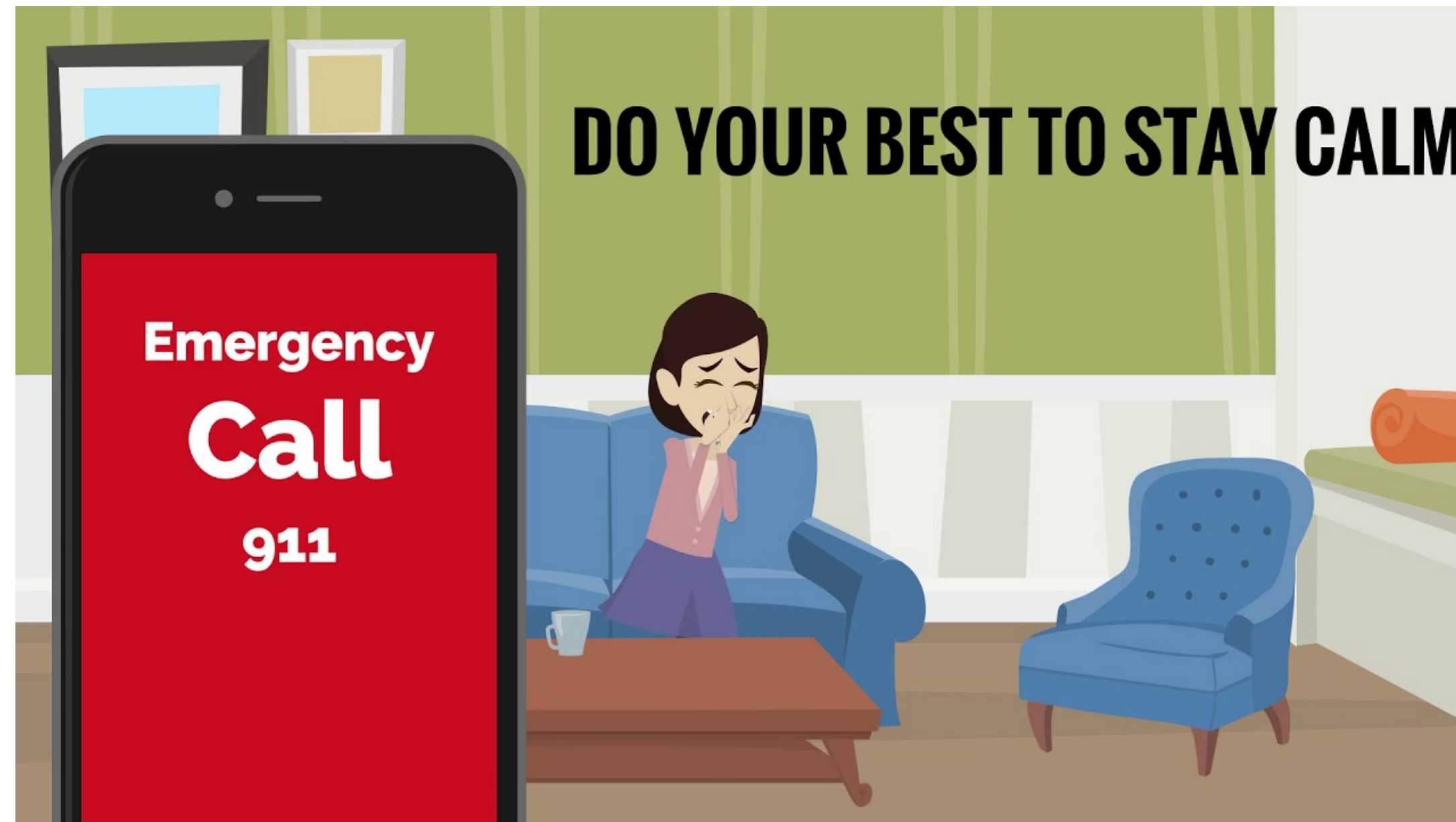
- When an emergency occurs, it's your responsibility as a caregiver, to provide essential information quickly and accurately to emergency responders.



Steps to Follow When Calling 911:

- Describe the Emergency:
Be as specific as possible.
 - For example: “My client Mr. Lawrence has collapsed and is not breathing. He has advanced heart disease and a POLST form that indicates ‘Do Not Resuscitate.’”
- Provide Critical Information:
 - Your Phone Number
 - The Address and Nearest Major Cross-Street (ensure you can provide clear directions if needed)
 - Client’s Location in the Facility

Steps to Follow When Calling 911:



- Stay Calm: The 911 operator may ask additional questions, such as the client's condition, medical history, and any interventions that may have been attempted (such as CPR). Stay as calm as possible, and provide these details clearly.
- Keep Emergency Information Accessible: It's helpful to have this information written down, and placed near the phone. This ensures that even in a stressful situation, you can quickly relay accurate details.

Congratulations, you finished
module 10, please complete
the quizzes.

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Congratulations, you finished
module 10, please complete
the quizzes.