

Emergency Policies and Procedures

1. Purpose

To establish standardized procedures for CAP REVIVAL CARE LLC employees/independent contractors when responding to consumer slips, falls, injuries, and other emergency or non-emergency incidents.

This policy ensures compliance with:

- State of Florida health and safety expectations
 - **Agency for Persons with Disabilities (APD)** requirements for incident reporting and consumer safety
 - **Agency for Health Care Administration (AHCA)** standards for care providers
 - **Medicaid** service requirements
 - CAP REVIVAL CARE LLC's internal safety protocols
-

2. Scope

This policy applies to all CAP REVIVAL CARE LLC employees/independent contractors, including:

- Direct Care Staff (DCS)
- Certified Nursing Assistant (CAN)
- Home Health Aides (HHA)
- Supervisors and Administrators
- Contracted service workers

It applies to all consumers receiving services through CAP REVIVAL CARE LLC.

3. Definitions

Minor Incident

- Scrapes, small cuts, minor bruises
- Consumer remains alert and oriented
- No loss of function or mobility

Moderate Incident

- Sprains, deeper cuts, persistent pain
- Fall with suspected minor injury

Effective Date: 5/12/2025

- Change in mobility but no life-threatening symptom
-

Severe Incident / Emergency

- Major fall
- Unconsciousness or unresponsiveness
- Breathing difficulty
- Severe bleeding
- Suspected fracture or head injury
- Any situation requiring EMS assistance

First Aid

Immediate care for minor injuries using approved training methods.

CPR and AED

Cardiopulmonary resuscitation and use of an automated external defibrillator by certified employee/independent contractor only.

4. Policy Statements

4.1 Consumer Safety

Employees/independent contractors must prioritize consumer wellbeing and act within the scope of their training, while maintaining dignity, respect, and confidentiality.

4.2 Authorized Medical Response

Employees/independent contractors may only provide **First Aid, CPR, and AED assistance** if they have **current certification** recognized by Florida training standards.

4.3 Mandatory Reporting

All incidents must be reported according to APD, AHCA, Medicaid, and internal CAP REVIVAL CARE LLC timelines and documentation requirements.

4.4 No Diagnosis

Employees/independent contractors may not diagnose injuries or make medical decisions beyond their training.

Effective Date: 5/12/2025

5. Procedure – Slips, Falls, and Injuries

5.1 Immediate Response Protocol (All Incidents)

1. **Ensure scene safety.**
Remove hazards, secure the environment, and protect others.
 2. **Do NOT move the consumer** unless there is immediate danger (fire, collapse, etc.).
 3. **Assess the consumer's condition** using the following:
 - Are they alert?
 - Are they breathing normally?
 - Are they bleeding?
 - Can they speak or respond?
 - Are they in pain?
 4. **Stay calm** and reassure the consumer.
 5. **Follow the appropriate procedure** based on severity.
-

6. Procedures by Severity

6.1 Minor Incidents

Examples: minor scrape, small bruise, small superficial cut.

Caregiver Actions

- Ask the consumer what happened.
- Assist them into a safe seated position.
- Provide **First Aid**, if certified:
 - Clean minor wounds
 - Apply bandages
 - Apply ice packs
- Document the incident in the agency's internal [incident report](#) log.

Notifications

- Notify supervisor **within the same shift**.
- Notify parent/guardian/support coordinator **if required by the care plan**.

Effective Date: 5/12/2025

- Submit required APD/Agency documentation (internal Level 1/Minor Incident) within 24 hours or per agency policy.

6.2 Moderate Incidents

Examples: suspected sprain, moderate bleeding, fall causing discomfort, dizziness after fall.

Caregiver Actions

- Do not move the consumer unless necessary.
- Conduct basic assessment (alertness, pain level, mobility).
- Provide **First Aid if trained and appropriate**:
 - Apply pressure to stop bleeding
 - Apply ice or support the injured area
- Observe for worsening symptoms.

Notifications

- Notify supervisor **immediately**.
- Notify guardian/support coordinator as required.
- Consumer and/or Power of Attorney (POA) determines if non-emergency medical care is needed (urgent care, PCP).
- Submit [incident report](#) according to APD/AHCA/Medicaid timelines (within 1 hour).

6.3 Severe Incidents / Emergencies

Examples: unconsciousness, severe bleeding, difficulty breathing, head injury, suspected fracture.

Caregiver Actions

1. **Call 911 Immediately.**
2. Begin **CPR or AED use ONLY** if:
 - Consumer is unresponsive
 - Not breathing or gasping
 - No pulse
 - Caregiver is currently certified in CPR/AED

3. Do NOT provide food or drink.
4. Do NOT move the consumer unless scene is unsafe (fire, environmental hazard).
5. Continue care until EMS arrives.

Notifications

- Notify Supervisor and Administrator **immediately after calling 911**.
- Notify guardian/support coordinator ASAP.
- Complete required **APD Critical Incident Report** within the mandated timeframe (within 1 hour for initial, 3-5 days for follow-up).
- Document and file all AHCA and Medicaid-required documentation promptly.

7. Documentation Requirements

All incidents must include:

- Date, time, and location
- Description of incident
- Employee/independent contractor present
- Actions taken
- Notifications made
- Consumer outcome
- Witness statements (if any)

Documentation must be completed **before the end of the employee's/independent contractor's shift**, unless emergency circumstances reasonably delay reporting.

8. Training Requirements

All employees/independent contractors must:

- Maintain current **First Aid, CPR, and AED** certification if required by their job classification
- Participate in APD/AHCA-approved incident management training
- Review CAP REVIVAL CARE LLC's safety policy bi-annual

Effective Date: 5/12/2025

9. Follow-Up Procedures

Supervisors must:

- Review all incident reports for accuracy
- Determine need for retraining or corrective action
- Ensure APD/AHCA/Medicaid notification timelines are met
- Follow up with consumer and guardian within 24–48 hours or as required

10. Prohibited Actions

Employees/independent contractors may NOT:

- Diagnose injuries or provide medical opinions
- Withhold reporting of any incident
- Provide CPR/AED without certification unless the individual is acting in “[good faith](#)”
- Move a seriously injured consumer unless in danger
- Use restraints, force, or unsafe handling techniques

11. Quality Assurance

CAP REVIVAL CARE LLC will:

- Conduct quarterly reviews of incident data
- Update procedures based on state and agency rule changes
- Ensure employee/independent contractor competency through training refreshers

12. Acknowledgment

I have received, read, and understood the **Emergency Policies and Procedures: Incident Response, Slips and Falls, First Aid, CPR and AED, Emergency, and Non-emergency Policies and Procedures**, and I have signed the [IREN¹ Acknowledgment Form](#), and agree to comply with all related policies and procedures.

¹ Incident Response Emergency and Non-Emergency