SUBJECT: INCAPACITATED HEALTHCARE PROFESSIONAL

PURPOSE:

To provide continuing patient care in the event that a healthcare professional becomes incapacitated during the course of a procedure.

POLICY:

Patients receiving treatment in the Center have the right to expect that there will be no untoward interruption in the treatment/procedure being performed due to a healthcare professional becoming incapacitated. The following procedure will be implemented should a healthcare professional team member become unable to continue with the patient’s care.

All members of the Medical Staff and clinical staff will identify any and all underlying conditions that could be disabling.

PROCEDURE:

1. In the event the attending physician becomes incapacitated:
   a. The circulating nurse will:
      i. immediately call for assistance; and
      ii. determine and maintain the stability of the patient; hemostasis will be maintained by the scrub person.

2. In the event the anesthesia care provider becomes incapacitated:
   a. The circulating nurse will:
      i. immediately call for assistance; and
      ii. monitor the patient.
   b. The attending physician will:
      i. stop the procedure; and
      ii. direct the anesthesia care of the patient until another anesthesia team member can respond.

3. In the event a member of the nursing staff becomes incapacitated:
   a. The staff will:
      i. immediately call for assistance; and
      ii. monitor the patient.
   b. The team members will determine the stability of the patient and ability to proceed pending additional clinical staff arrival for continuance of the facility.
4. Staff members will transport the incapacitated healthcare professional to a private cubicle in the recovery area and provide emergency care as indicated.

5. The Administrative Director will call for medical assistance from the most available and qualified doctor or anesthesia provider in the facility, practice(s) or local hospital. Staff who have assignments in pre and post-operative areas will assist when possible. The Administrative Director may call in part time or PRN staff if deemed necessary for completion of procedures. Another surgeon or anesthesia provider may also be called in to facilitate patient care pending arrival of other clinical staff.