Health Services
Department of Developmental Services

DDS Bulletin

Best Practices for Accessing Emergency and Urgent Care for Individuals Receiving Twenty-Four-Hour Residential Support (Group Home)

The Department of Developmental Services (DDS) is sharing the following best practices to support provider agencies in ensuring timely access to emergency and urgent medical care for individuals receiving twenty-four-hour residential services. These practices are intended to promote health and safety, support effective clinical decision-making, and help ensure continuity of care during medical emergencies.

Emergency Response Planning and Access to Care

- Maintain Emergency Response Protocols: Provider agencies are encouraged to maintain emergency response protocols and staff training that support prompt access to emergency medical services when individuals experience signs or symptoms that may be life-threatening, rapidly worsening, or require specialized medical intervention. Situations involving respiratory distress, acute chest pain, altered consciousness, burns, smoke inhalation, near-drowning, significant trauma, or other serious medical concerns generally warrant activation of emergency medical services (911) rather than staff transport. Emergency medical personnel are trained to assess, monitor, and intervene during transport when needed. A list of common red-flag symptoms is included in this document as a reference**.

- Review Internal Procedures: Agencies should periodically review their internal escalation procedures to ensure that emergency response processes facilitate timely access to care. Protocols that require multiple layers of approval before contacting emergency services may inadvertently delay treatment during time-sensitive situations.

- Create Follow-up Procedures If Transport Doesn't Occur: When emergency medical services (EMS) assess an individual and determine that transport is not deemed necessary by EMS, agencies should have clear procedures to support staff in obtaining appropriate follow-up care, documenting the event, and communicating with relevant clinical and support team members.

Emergency Department Support

- Whenever possible, individuals receiving residential services should be accompanied by knowledgeable support staff during Emergency Department visits. Staff presence can facilitate communication, provide important medical and behavioral information, and support continuity of care throughout the visit.

- When an individual is transported by ambulance, agencies should make all reasonable efforts to ensure that support staff arrive at the Emergency Department as soon as practicable following transport. Staff should be prepared to provide relevant information to medical personnel, including available communication needs and methods, medical history, medication information, allergies, behavioral support considerations, and the individual's Emergency Fact Sheet.

- Guardians, family members, and other authorized representatives must be notified promptly in accordance with agency policies and the individual's support plan.

- Agencies are encouraged to maintain procedures addressing follow-up care, communication, documentation, and coordination after emergency or urgent medical events.

**Please see next page for a list of common red-flag symptoms.

Common Red Flag Symptoms

The following symptoms generally warrant immediate activation of emergency medical services (911), though clinical judgement should always be exercised

- **Chest pain or pressure** lasting more than 2 minutes, or that radiates to arm, back, neck, jaw, or teeth
- **Difficulty breathing** or shortness of breath, especially with chest pain or nausea
- **Uncontrollable bleeding** that won't stop with direct pressure
- **Sudden confusion, unusual behavior, or difficulty waking up**
- **Loss of consciousness or fainting**
- **Inability to speak, see, or move** suddenly
- **Coughing up or vomiting blood**
- **Severe or sudden pain** anywhere in the body
- **Sudden dizziness, weakness, or vision changes**
- **Swelling of the face, eyes, or tongue** (possible allergic reaction)
- **Head or spine injury**
- **Choking**
- **Swallowing a poisonous substance**
- **Burns or smoke inhalation**
- **Near drowning**
- **New seizure activity or seizure activity requiring emergency intervention per the person's seizure protocol**
- **Unwitnessed fall or significant fall** especially with trauma, confusion, vomiting or loss of consciousness

This list is not all-inclusive, and it is intended for general guide only. Staff should follow agency policies and procedures, the person's emergency care plan or protocol (if applicable) and current First Aid/CPR training when determining the need to activate EMS/911.