



# COMMONWEALTH of VIRGINIA

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ACTING COMMISSIONER

DEPARTMENT OF  
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## MEMORANDUM

**To:** DBHDS Licensed Providers  
**From:** Jae Benz, Director, Office of Licensing  
**Cc:** Angelica Howard, Specialized Investigation Unit Manager  
**Date:** December 5, 2019  
**RE:** Contacting 911 Emergency Services

**Purpose:** The Department of Behavioral Health and Developmental Services, (“DBHDS”) is committed to continually improving the health and safety of individuals receiving behavioral health and developmental services licensed by DBHDS. The purpose of this memo is to remind providers licensed by DBHDS, of the importance of ensuring that staff members **immediately** contact 911 emergency services when behavioral or medical emergencies occur.

**Overview:** Investigations conducted by the Office of Licensing (“OL”) and reviews of deaths of individuals with developmental disabilities by the Mortality Review Committee (“MRC”) have identified cases in which staff failed to **immediately** contact 911 services when an emergency occurred. Reviews of incidents revealed direct support professional staff often contacted their immediate supervisors before contacting 911 services, which can directly hinder the individual from receiving life saving measures. All providers should ensure staff are trained to first call 911 whenever they feel there might be a life-threatening situation. The provider’s policies and training should empower staff to call 911 without first seeking permission from supervisory staff.

**Office of Licensing Regulations:** Below are regulations referring to emergency services, emergency preparedness, employee training, risk management, and quality improvement based on the [Rules and Regulations for Licensing Providers by the Department of Behavioral Health and Developmental Services](#). Below are some questions related to the regulations, which providers should consider to ensure appropriate support is provided during emergency situations:

- **12 VAC 35-105 -450. Employee Training and Development:**
  1. Is there documented evidence all staff are trained according to your agency's emergency preparedness and response plan; including responding and identifying a medical or behavioral emergency?
  2. Do all staff have training/competency in understanding the population they are working with, and when an emergency exists? Is there documented evidence of this competency?
  3. Are DSP competencies, which are applicable to developmental services, completed according to current competency instructions?
- **12VAC35-105-460. Emergency medical or first aid training.**
  1. Is at least one staff currently trained on duty at each location who holds a current certificate (i) issued by the American Red Cross, the American Heart Association, or comparable authority in standard first aid and cardiopulmonary resuscitation (CPR) or (ii) is an emergency medical technician?
    - Per the regulation, a licensed medical professional who holds a current professional license shall be deemed to hold a current certificate in first aid, but not in CPR. The certification process shall include a hands-on, in-person demonstration of first aid and CPR competency.
    - *Please note that online only CPR training is not acceptable as hands-on, in person demonstration is a regulatory requirement.*
  2. Do you have a process to verify that the employee's CPR/First Aid training includes a hands-on, in person demonstration of first aid and CPR competency verified?
    - Providers should demonstrate a reasonable effort to verify that any CPR/First Aid certificates submitted by staff are valid.
      - For example, contacting American Red Cross to verify certificates.
- **12 VAC 35-105-520. Risk Management:**
  1. Does your risk management plan help minimize the risk of staff not **immediately** contacting 911 emergency services in the event of an emergency?
- **12 VAC35-105-530. Emergency preparedness and response plan:**
  1. Does your emergency preparedness and response plan/policy include measures for staff to **immediately** contact 911 emergency services in the event of an emergency?
    - Staff should be trained to identify emergencies, and to call 911 immediately, rather than first contacting supervisory staff.
  2. Do emergency drills include medical emergency scenario drills to assess if staff members are able to demonstrate **immediately** contacting 911 emergency services in the event of a medical emergency?
    - Practical CPR drills, including role-play activities, may help clinical staff and management identify potential problems and recommend strategies for implementing CPR in actual situations.
      - For example, staff can practice with mannequins on a hard surface, or simulate taking people out of beds and wheelchairs, depending on the needs of the individuals.
- **12 VAC 35-105-620. Monitoring and Evaluating Service Quality:**
  1. Is there a quality improvement plan to identify where improvements in service delivery are needed to include assessing if staff members are able to identify an emergency and **immediately** contacting 911 emergency services when an emergency occurs?

- Providers should conduct and document a debriefing after any incident when life-saving measures are performed and as needed, with the appropriate supervisory staff and involved staff, for quality improvement purposes.
  - Providers should also address the emotional support needs of staff and individuals involved in the situation. The provider's root cause analysis as required in **12VAC35-105-160.E** should also evaluate debriefing strategies.
- **12 VAC 35-105-160E: Root Cause Analysis:**
  1. Does your root cause analysis evaluate that appropriate actions were taken such as **immediately** contacting 911 services during a life-threatening emergency?
    - For example, if an individual died from a choking event, a focus on the emergency response to the event would be appropriate. However, if the individual went to the emergency room after a choking event the RCA would likely focus on the events that led to the choking event, such as why did the individual choke.
- **12VAC35-105-700. Written policies and procedures for crisis or emergency interventions; required elements:**
  1. Does your policy clearly outline actions to be taken in the event of an emergency and that all staff members are to **immediately** contact 911 emergency services in the event of a medical emergency before contacting any supervisory staff within the agency?
  2. Does your policy outline how to recognize a behavioral emergency in which it may be more appropriate to contact crisis services such as REACH?
  3. Is there documented evidence that all staff were trained on the policy?
  4. Do all staff have training/competency in understanding the population they are working with, and when an emergency exists? Is there documented evidence of this competency?
- **12 VAC 35-105-720. Health Care Policy:**
  1. Does your health care policy meet regulation requirements and include when staff should **immediately** contact 911 emergency services? Is there documented evidence of all staff being trained in the policy?
  2. Do all staff have training/competency in understanding the population they are working with, and when an emergency exists? Is there documented evidence of this competency?
- **12 VAC 35-105-750. Emergency Medical Information:**
  1. Does all staff know how to access the individual's emergency medical form in the event of an emergency in order to give 911 emergency services accurate and up to date medical information for the individual?

If you have any questions related to the content of this memo, please feel free to reach out directly to your assigned licensing specialist or Angelica Howard, Specialized Investigation Unit "SIU" Manager, at [angelica.howard@dbhds.virginia.gov](mailto:angelica.howard@dbhds.virginia.gov).

Sincerely,

*Jae Benz*

Jae Benz  
Director, Office of Licensing, DBHDS