College of Chiropodists of Ontario

OFFICE MEDICAL EMERGENCIES

Guideline for Registrants of the College of Chiropodists of Ontario

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INDEX

Introduction

Medical emergencies, though rare, can happen in any office setting and may be life-threatening. All clinics must be prepared to manage such situations until emergency medical services arrive.

To ensure readiness, all registrants are required to have the following in place at every clinic where they practise:

1. A Written Office Medical Emergency Response Plan
    - Tailored to the specific risk profile of the clinic.
    - Must be updated regularly to reflect current evidence and practice changes.

2. Readily Available Basic Emergency Equipment and Supplies
    - Should be appropriate for the type of practice and patient population (see breakdown below).
    - Includes items like oxygen tanks, blood pressure monitors, and AEDs (if applicable).
    - Equipment must be tested regularly and maintained in working order.

3. Basic Emergency Medication Readily Available
    - Examples include epinephrine, nitroglycerin, glucose and antihistamines.
    - All medication must be within expiry and stored properly.
    - The selection should reflect the clinic's risk profile and patient demographics (see breakdown below).

Clinics are **not expected to function like hospital emergency rooms**, but they must be equipped to handle basic emergencies in a manner consistent with what a reasonably prudent practitioner would be expected to do in that setting.

Office Medical Emergency Plan

To support preparedness and patient safety, the following three recommendations provide a framework for an effective office medical emergency plan.

Recommendation 1: Develop and Maintain a Comprehensive Policy Manual

- Every office should have a policy and procedures manual that includes:
  - A medical emergency response plan
  - A list of specific medical emergency equipment, supplies, and medications

- The manual should be:
  - Tailored to the clinic's risk profile and practice type
  - Based on current research and best practices.
  - Reviewed and updated regularly to reflect changes in evidence and clinical operations.

Recommendation 2: Train Staff and Conduct Regular Emergency Drills

- All staff must:
  - Understand their specific roles during an emergency
  - Participate in regular training, including emergency scenario workshops and/or drills (including an office medical emergency response plan).

Recommendation 3: Maintain Emergency Equipment and Medications

- Offices should adopt a policy to ensure:
  - emergency equipment is tested regularly
  - medications are checked and replaced before expiry.

- This policy should include:
  - Routine testing of equipment (e.g. the oxygen machine/tank)
  - Scheduling on-site inspections and calibrations of the machine/tank
  - Maintaining logbooks for equipment checks and drug inventory.

Office Risk Classification for Medical Emergencies

While every practice is unique, clinics can be categorized based on the **likelihood of a medical emergency occurring** and the **potential severity of its outcome**. This classification helps guide the level of preparedness required.

Low Risk Offices:

- Low patient volume
- Few high-risk patients (low morbidity of patient load)
- Urban location with efficient EMS services and proximity to an emergency room

- Limited scope of practice (e.g. physical therapy modalities, biomechanics, etc.)
- No parenteral medications administered
- No procedures performed in office

Moderate Risk Offices:

- High patient volume
- Many high risk patients (high morbidity of patient load)
- Rural/remote location with:
    - Limited or delayed EMS
    - No nearby hospital
    - Potential for severe weather that impacts emergency response
- Parenteral medications are administered
- Minimally invasive procedures are performed in the office (e.g. nail procedures, simple cutaneous procedures, etc.)

High Risk Offices:

- High patient volume
- Many high risk patients (high morbidity)
- Rural or remote locations with poor EMS access and no nearby hospital
- Risk of severe weather delaying emergency response
- Parenteral medications administered
- Invasive procedures performed in the office, such as:
    - Complex cutaneous procedures involving larger surface areas
    - Soft tissue procedures at or below the subcutaneous tissue layer osseous procedures, etc.)
- May involve minimal sedation

Office Medical Emergency Equipment, Supplies, and Medications

While specific lists of emergency drugs and equipment are provided below, it's important to remember that the foundation of all emergency care is Basic Life Support (BLS)/CPR.

CPR Certification

- All registrants are required to renew their Basic Life Support/CPR certification (CPR Level HCP – CPR Level for Health Care Providers), as a minimum, every 3 years.
- An annual review of emergency protocols is strongly recommended.

Medication Use in Emergencies

- The recommended emergency medications should only be administered:
    - **By routes** the practitioner is trained and comfortable with
    - In **dosages** the practitioner is competent to manage
- Practitioners must **never exceed their training** when administering emergency drugs.

Reviewing Medical History

- A thorough **Medical Health History review** is the **most critical step** in identifying potential risks before treatment.

- Registrants must:
  - Be **fully familiar** with each patient's medical history and current conditions
  - Use this information to **prevent emergencies** during or after care
  - Update and review histories regularly to ensure safe and appropriate treatment

Emergency Supplies for Low-Risk Clinics

Even in low-risk settings, it's important to be ready for unexpected medical situations. Here's what you should **consider** having on hand in a low-risk clinic.

Emergency Medication/Agents

These are the basic medications or agents you should keep in your emergency kit:

- **Oxygen**: Used in almost all medical emergencies to help with breathing. A portable "E" size oxygen cylinder must be ready for immediate use. It should include a regulator capable of delivering oxygen at flow rates up to 15 liters per minute.
- **Aspirin (160-325 mg, chewable, non-coated)**
  Helps if someone is having a heart attack. Only for adult use.
- **Glucose tablets**
  Used to treat low blood sugar in conscious patients.

Emergency Equipment and Supplies

These tools help you respond quickly and effectively:

- A working **telephone** to be able to call 911
- A **stethoscope** and **blood pressure cuff**
- **Basic wound care supplies** (like gauze and bandages)
- A **bag-valve-mask** (manual resuscitator) for both adults and children

It is **strongly recommended** that all Podiatry and Chiropody offices—regardless of risk level—are equipped with an **Automated External Defibrillator (AED)**.

An AED can be lifesaving in the event of a sudden cardiac arrest and is designed to be used by non-medical personnel with minimal training. Having one readily available significantly improves the chances of survival while waiting for emergency medical services to arrive.

Emergency Supplies for Moderate-Risk Clinics

Emergency Medication/Agents

If you practice in a moderate risk clinic, you should include these medications/agents in your emergency kit. However, they should only be used by practitioners trained and comfortable with their administration:

- **Oxygen** – For most medical emergencies. A portable "E" size oxygen cylinder must be ready for immediate use. It should include a regulator capable of delivering oxygen at flow rates up to 15 liters per minute.
- **Epinephrine (for parenteral emergency use)** – For:
  - Severe allergic reactions (anaphylaxis)
  - Asthma attacks not responding to inhalers
  - Cardiac arrest
- **Diphenhydramine (Benadryl)** – For allergic reactions
- **Aspirin (160-325 mg chewable) –** For suspected heart attacks
- **Glucose tablets –** For low blood sugar in conscious patients

Additional recommendations:

- **Aromatic ammonia** – For fainting
- **Midazolam (Versed)** – For seizures
- **Hydrocortisone** or equivalent agent (E.g. Dexamethasone 4 mg PO, IM, IV) – For allergic reactions or adrenal crisis
- **50% Dextrose solution (IV) or Glucagon (IM) –** For low blood sugar in unconscious patients
- **Salbutamol/Albuterol (Ventolin/Proventil) –** For asthma attacks
- **Nitroglycerin (Nitrostat/Nitromist) –** For chest pain (angina)

Emergency Equipment and Supplies

A moderate-risk clinic should have the following on hand:

- **Working telephone to call 911**
- **Stethoscope** and **blood pressure cuff**
- **Basic wound care supplies**
- **Bag-valve-mask** (manual resuscitator) for adults and children
- **Parenteral supplies**, including:
  - Syringes (1cc, 3cc, 10cc, 60cc)
  - Needles (14, 18, 23, 25 gauge)
  - Butterfly needles (19 and 23 gauge)
  - Alcohol swabs
  - Tourniquet
- **Glucometer** (for checking blood sugar)

It is **strongly recommended** that all clinics—regardless of risk level—are equipped with an **Automated External Defibrillator (AED)**.

An AED can be lifesaving in the event of a sudden cardiac arrest and is designed to be used by non-medical personnel with minimal training. Having one readily available significantly improves the chances of survival while waiting for emergency medical services to arrive.

Emergency Supplies for High-Risk Clinics

In a high-risk clinic, these medications should be included in your emergency kit and used only by trained professionals:

Emergency Medications/Agents

- **Oxygen** – For most medical emergencies. A portable "E" size oxygen cylinder must be ready for immediate use. It should include a regulator capable of delivering oxygen at flow rates up to 15 liters per minute.
- **Epinephrine (for parenteral emergency use)** – For:
  - Severe allergic reactions (anaphylaxis)
  - Asthma attacks not responding to inhalers
  - Cardiac arrest
- **Diphenhydramine (Benadryl)** – For allergic reactions
- **Aspirin (160-325 mg chewable) –** For suspected heart attacks
- **Glucose tablets –** For low blood sugar in conscious patients

Additional recommendations**:**

- **Aromatic ammonia** – For fainting
- **Midazolam (Versed)** – For seizures
- **Hydrocortisone** or equivalent agent (E.g. Dexamethasone 4 mg PO, IM, IV) – For allergic reactions or adrenal crisis
- **50% Dextrose solution (IV) or Glucagon (IM) –** For low blood sugar in unconscious patients
- **Salbutamol/Albuterol (Ventolin/Proventil) –** For asthma attacks
- **Nitroglycerin (Nitrostat/Nitromist) –** For chest pain (angina)

Required Equipment & Supplies

A high-risk clinic should have the following on hand:

- Working **telephone**
- **Stethoscope** and **blood pressure cuff**
- **Basic wound care supplies**
- **Bag-valve-mask** (manual resuscitator) for adults and children
- **Parenteral supplies**, including:
  - Syringes (1cc, 3cc, 10cc, 60cc)
  - Needles (14, 18, 23, 25 gauge)
  - Butterfly needles (19 and 23 gauge)

    - Alcohol swabs
    - Tourniquet
    - **Glucometer**
- **Automated External Defibrillator (AED) -** An AED can be lifesaving in the event of a sudden cardiac arrest and is designed to be used by non-medical personnel with minimal training. Having one readily available significantly improves the chances of survival while waiting for emergency medical services to arrive.

Recommended Equipment & Supplies

- **Intubation equipment**:
    - Laryngoscopes (2 sizes)
    - Endotracheal tubes (sizes 3–8)
    - Suction device
- **IV supplies**:
    - Catheters (14, 18, 22, 25 gauge)
    - Normal saline
    - IV pole and tubing

Additional Medications for Clinics Using Sedation

If your clinic uses **minimal sedation** (e.g., nitrous oxide or oral sedatives), you must also include **reversal agents** in your emergency kit:

- **Naloxone (Narcan)** – Reverses opioid overdose
- **Flumazenil (Romazicon)** – Reverses benzodiazepine overdose

*The American Society of Anesthesiologists (ASA) has defined minimal and moderate depths of sedation as follows:

Minimal Sedation:

- Normal response to verbal stimulation
- Cognitive function and coordination may be impaired
- Ventilatory and cardiovascular functions are unaffected

Moderate Sedation:

- Drug induced depression of consciousness
- Patient responds purposefully to verbal commands
- Airway is patent, and spontaneous ventilation is adequate
- Cardiovascular function is usually unaffected