

LLE Medical Emergency First-Responder training



Past Incidents include:

- **Serious injury leading to paralysis**
- **Diabetes – high blood sugar**
- **Slips, trips, and falls leading to bruises, sprains, and broken appendages**
- **Lacerations from sharp objects (head, shoulder, hands)**
- **Chest pains**
- **Sudden cardiac arrests**
- **Electrical shocks**
- **Needle stick from blood-lancet**
- **Sudden-onset dizziness, vomiting, ringing in ears**
- **Back pain, dizziness**
- **Stroke**
- **Head wound**
- **Allergic reaction**

Outline:



- **Call for Medical Emergency Response Team (MERT)**
- **First Aid Kits and Automated External Defibrillators (AEDs)**
- **Scene management**
 - **Scene Safety**
 - **Patient care**
 - **Scene coordinator**
 - **Crowd control**
- **Post incident follow-up**
- **Bloodborne pathogens**
- **Clean up**
 - **Protocols**
 - **Waste management**
- **Blood control kits**
- **Narcan instructions**

First Response Calls

Emergency Numbers

During working hours:

5-5101

After hours:

9-911



- **When an event occurs that requires immediate medical attention:**
 - **Call LLE Reception to report the need for medical assistance**
- **The receptionist will ask the caller several questions and then broadcast an announcement requesting the assistance of the Medical Emergency Response Team**
- **The caller should stay with the patient until responders arrive;**
- **A first responder should let the receptionist know help has arrived or to page for help again**



Eight AED cabinets also contain Narcan (Naloxone) and Bleeding Control Kits.

Locations of AEDs and First Aid Kits are indicated on the LLE Building Map

Is the Scene Safe?

- **Avoid exposing yourself to hazards** such as fire, laser beams, radiation, electricity, chemicals, or bodily fluids
- **Secure area hazards** or move the patient to a safe location
- **Always Wear Personal Protection Equipment (PPE)***
 - *Don gloves and eyewear while traveling to the scene
 - Nitrile gloves, a face mask, and safety glasses (with side-shields when handling body fluids)
 - First-aid cabinets in bathrooms and public areas contain items to treat minor injuries, as well as PPE to protect the caregivers



- **Wash thoroughly** - If you contact body fluids promptly call the Occupational & Environmental Medicine (OEM) Blood Exposure Hotline 585-275-1164. Faucet handles should also be disinfected

Cleanroom garments are NOT required when responding to emergencies, but don't ignore hazards such as lasers, machinery, high voltage

Roles and Responsibilities



Lead Scene Coordinator* – The person who delegates roles, and manages scene (coordination, communication, etc.)

Lead Patient Care* – the person directly interacting with the patient

Support Patient Care* – the person supporting the Lead Patient Care; verifying important questions are addressed; documenting responses, communicating patient needs to others who can help

Runner/relay – the person who informs Reception that MERT has arrived on scene and if/when 9-1-1 has been called; waits for and escorts professional responders (EMT's, FD, etc.)

Roles and Responsibilities – as needed



Crowd control – One person should assess the scene and assign appropriate crowd control measures (someone with a head bump attracts far less attention than a major medical event)

Disperse ALL non-first-responders (including Senior Leadership) from all paths the patient might travel (the area itself, lobbies, railings above lobbies, paths of egress, etc)

Freight Elevator – 1-2 people to hold the nearest large-capacity elevator (only needed if EMTs are responding to 2nd/3rd floors)

Lead Scene Coordinator

***** Verifies scene safety *****



Assigns roles for:

- Lead Patient Care
 - Support Patient care
 - Relay
 - Crowd control
- } Who calls 9-1-1?

Liaison for communication:

- Does the patient care team need anything?
- Status updates from runners/relays

Post-emergency:

- Coordinate clean-up
- Complete LLE Emergency Response Report Form
 - Or assign to Lead Patient Care
- Schedule a de-brief (if appropriate) with scene responders
 - What worked well? What can be improved? Lessons learned
 - Cc: Karen and Jake on the invite

Patient Care



Lead Patient Care

- Patient caregiver should **always ask patient for permission** to attend to them first (unless patient is unconscious)
- If feasible, have same gender caregiver attend to patient
- The individual working with the patient should **stay with** the patient; and be the one to call 9-1-1 if necessary
 - If 9-1-1 is called, be sure to provide the **correct** address: 250 E. River Rd and **specify East vs West** entrance
- If in doubt about a patient's safety, or if a patient exhibits any of the following, call 911:
 - Altered mental status
 - Potential threat to self or others
 - Unable to verbalize rational reasons for refusing care
- If a patient refuses care/ambulance, encourage them to reconsider and let EMTs convince patient to go/stay

Support Patient Care



Support Patient Care

- **Stay behind the Lead Patient Care (only Lead should interact with patient to reduce confusion, movement, and/or stress)**
- **Support Lead by:**
 - **Coaching through interview questions**
 - **Writing down responses**
 - **Additional support as-needed**

Patient Interview Questions

Patient interview cards are provided in the cover packets of every first aid kit

Patient Info

- Name
- Age
- Gender
- Medications
- Allergies
- Emergency Contact info

Medical

- What's going on?
- Has this happened before?
- Do you take medications for this?
- Who should we call?

Trauma

- What happened?
- Where do you feel pain?
- Are you feeling dizzy?
- (bleeding) Are you taking a blood thinner?

Should the patient be moved?

Do you NEED to move the patient?

- Unless there are reasons to move a patient, generally best not to.
- How to decide if patient should be moved?
 - What hazards are present?
 - Secure hazards if possible, else remove patient from hazard area
 - What is the nature of injury/illness?
 - e.g., vomit or aspiration risk? - roll on side while stabilizing spine
 - Is privacy needed?
 - Can you make the patient more comfortable, at-ease?
 - e.g., provide a chair, cover with a coat/blanket, provide cushion under head, etc.

What happens when you call 911?



- City of Rochester - [How 911 Works - What Happens When You Dial 911](#)
- Video - [Tips for making a 911 call in a medical emergency](#)
- Video – [What to expect when you call 911 in a medical emergency](#)

Dispatcher may provide instructions. Follow them!
Stay on line until told to disconnect

Typical questions:

- **What is the address of your emergency?**
- **What is the nature of your emergency?**
- **What is your call-back number?**
- **What happened?**
- **Are you with the patient now?**
- **How are they?**
- **Is she/he breathing?**

Unable to Provide Address? Give:

- ▶ **Nearest Street**
- ▶ **Nearest Highway Intersection**
- ▶ **Description of the Location**
- ▶ **Name of a Business**
- ▶ **Landmarks**

The 911 Dispatcher will notify University Public Safety

Medical emergency follow-up



- Encourage the patient to seek medical evaluation and treatment
- Report all workplace injuries* to LLE Human Resources (HR); (Dave VanWey, Steve Stagnitto)
 - HR will prepare and submit a UR Employee Incident Report

<https://shib2.its.rochester.edu/idp/profile/SAML2/Unsolicited/SSO?jsessionid=90646AB8B4650478BBD0ADCC3AC34894?execution=e1s1>

*** see UR Policy 271 – Workers’ Compensation Insurance**

<http://www.rochester.edu/working/hr/policies/pdfpolicies/271.pdf>

Failure to promptly report a workplace injury can jeopardize the patient’s right to receive Workers’ Compensation

Bloodborne Pathogens (BBP)

Use extreme care when handling bodily fluids

- Contact with other people's blood and bodily fluids can spread disease through BBP. These diseases can be extremely serious
- Hepatitis B can survive in dried blood up to 7 days
- Common routes of infection in the workplace are:
 - Infected fluid entering through a break in the skin barrier, such as an open sore, or dry cracked skin
 - Infected fluid splashing onto mucous membranes (such as the eyes) while cleaning up a spill

**Treat all blood and body fluids as though they are infectious -
Wet or Dry!**

Bloodborne Pathogens (con't)



Wash thoroughly after every emergency response

- If you contact bodily fluids promptly call the Occupational & Environmental Medicine (OEM) Blood Exposure Hotline 585-275-1164.
- Disinfect contaminated surfaces, including floor, tables, chairs, door knobs, faucet handles
- LLE First aid providers are strongly encouraged to complete Bloodborne Pathogen Training on UR MyPath:
 - Open MyPath, login using UR NETID credentials
 - Search “bloodborne”
 - Select “EHS Bloodborne Pathogens Training (current year)”

Minimize risk of exposure to bloodborne pathogens

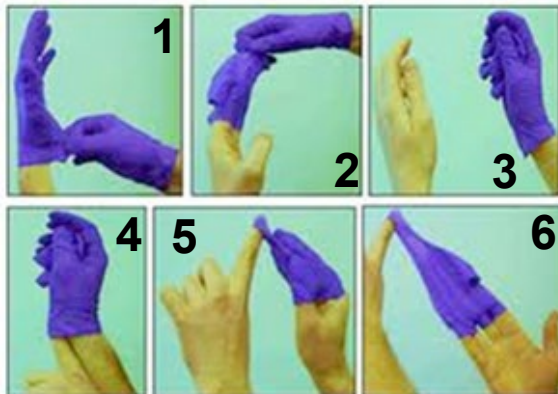
- **Always** wear nitrile gloves, a face mask, and safety glasses with side-shields when handling body fluids



or



- Clean up potentially infectious spills using a 10% bleach solution, letting it set or soak in for 10 minutes to kill any pathogens (bleach available from the building facilities staff)
- Properly remove and dispose of soiled gloves in red biohazard bag



Small biohazard bags are located in each First Aid Kit; larger bags are available in the Safety Office Rm 1414

Disposal

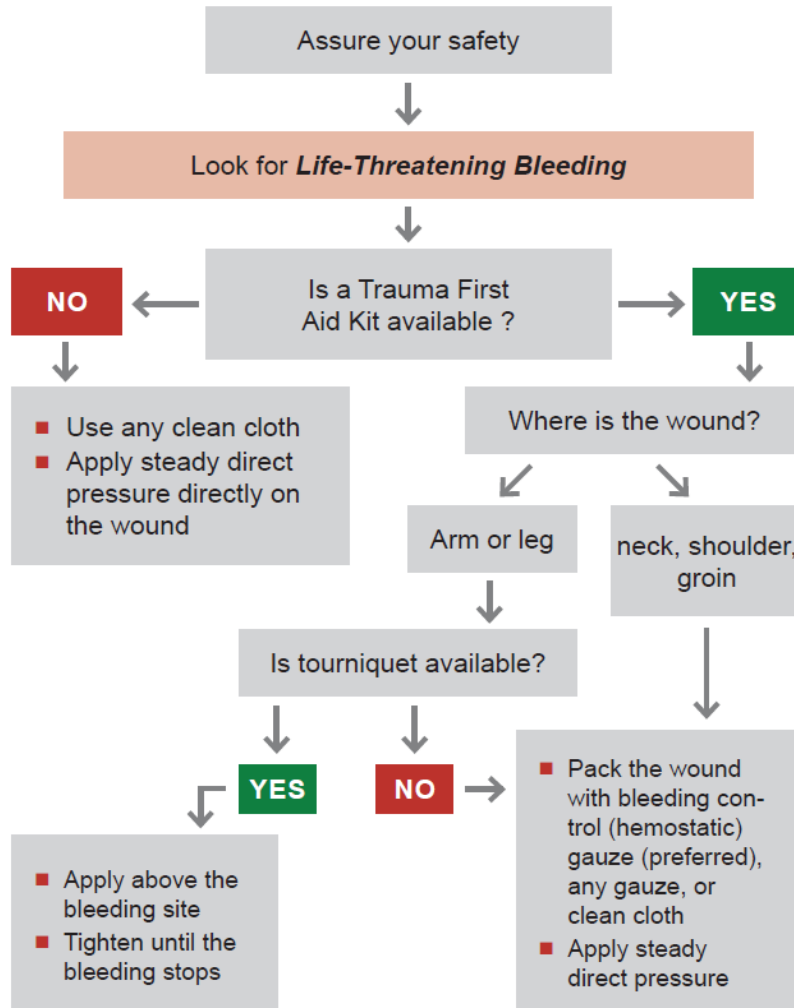
- **Dispose of sharps such as needles, lancets and razor blades in designated sharps containers**



- **Use a properly labeled sharps container or bag for disposal, put in the hazardous waste storage area on the shipping dock, and call the University Hazardous Waste Management Unit (275-2056) for pick-up**



“Stop the Bleed” – Bleeding control kit



“Stop the Bleed” Bleeding-Control Kits are in every UR Public Access Defibrillator cabinet (contents shown below)



The Hartford Consensus: Improving Survivability

<https://youtu.be/Yv7Fzyb2CFo>

Flow-chart Source:

<https://www.bleedingcontrol.org/~media/bleedingcontrol/files/stop%20the%20bleed%20booklet.ashx>

Narcan/Naloxone instructions

- **Identify opioid overdose and check for response**
 - **Ask person if he/she is OK and shout name**
- **Signs of opioid overdose:**
 - **Will not wake up or respond to your voice or touch**
 - **Breathing is very slow, irregular, or has stopped**
 - **Center part of their eye is very small, “pinpoint pupils”**
- **Narcan use:**
 - **Open Narcan package**
 - **Gently insert the tip of the nozzle into either nostril**
 - **Press plunger firmly to deliver dose of Narcan Nasal Spray**

Narcan/Naloxone instructions (continued)



- Patient recovery:
 - Move the patient onto their side after administering Narcan
 - Watch patient closely
 - If patient does not respond after 2-3 minutes another dose may be administered

BEWARE: Patient may wake up in an extremely violent state!

Naloxone = generic name; NARCAN = brand name

NARCAN training video - Instructions for administration of NARCAN® Nasal Spray 4mg (<https://youtu.be/tGdUFMrCRh4>)

Follow-up report



Once the event is over, complete LLE's Emergency Response Report Form (located under "Related Links" on LLE's [Safety Training Page](#)).

- Who provided first aid assistance
- Observations
- Patient condition
- Scene
- Hazards
- Care provided
- What went well
- What could went wrong
- What could be improved

We may elect to host a post-incident follow-up meeting, depending on the severity of the event and the desires of the responders