Medical Emergency Response and Adverse Incident Report Training

Linda Lipscomb, RN, BSN
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Prevention is the KEY!

• **GOAL**: To prevent or minimize severe outcomes of urgent events through:
  
  – Having an updated Medical History
  
  – Recognition of signs and symptoms associated with potentially life threatening events
  
  – Knowledge of the correct actions and location of equipment in an emergency situation
Dental School
Emergency Supplies
and Equipment
AED Wall Box Locations

– **Ground floor:**
  • Next to School Store

– **1st, 2nd, 3rd, and 4th floor:**
  • Look for AED signs off the main hallway
Emergency Cart Locations

- **Ground through 4th floors:**
  - Located adjacent to the AEDs in hallways off the main corridor on the 1st-4th floors
  - Look for and follow the AED signs to locate a cart!
    - SCG Sedation Room Emergency Cart is used in the event of an emergency unless it is unavailable (cart from hall in Urgent Care Clinic underneath the AED is a back-up)
  - Located in the central atrium area
    - 5th through 7th floors
Emergency Cart Supplies

• All Emergency Carts:
  – Contain the basic supplies needed to manage a Dental School emergency until EMS arrives
    • Medications are to be administered by a doctor or nurse
  – **DO NOT** contain narcotics
  – Are **ONLY** to be opened in the event of an emergency situation

• Notify a nurse if a cart is opened
White Emergency Cart Binders

• Located on top of carts:
  – Contain Emergency Response Worksheet
  – Pen and pad of paper
  – Refusal of Ambulance forms
  – BLS Algorithm
Wheelchair Locations

1st floor:
- Special Patient Clinic - reception desk
- Oral Surgery/ Urgent Care - main reception desk/waiting area

2nd floor:
- In GP reception desk/waiting area
- In the nurse’s office; room 2318

3rd floor:
- In the GP reception desk/waiting area

4th floor:
- In the nurse’s office; room 4317

NOTE: Wheelchairs are signed out and returned after use
Recognition
“İ don’t feel very well”

• What do you do next?
• How do you get help?
• What should you assess?
What do you do next?

For All Victims...Getting help is the #1 priority!!

1) **ALWAYS** Call for help before doing anything else
2) Send someone to retrieve the nearest emergency cart
3) Position the victim to protect him or her from injury (dental chair or floor)
4) **NEVER** LEAVE THE PATIENT ALONE!
How do you get Help?

If the victim’s in distress:

Page the Dental School Emergency Response Team

Dial 9-410-389-1324* or press the button on the clinic phone marked EMERGENCY
- Wait for 3 beeps
- Enter nearest room/quad number, or the code specific to your area (front desks, ground and lower level, atrium area/guards desk--the code for your area is located on your pink emergency information sign near your phone)*
  - then press the # sign
  - hang up, and return to assist with the emergency

*Notes: if paging from a cell phone, do not dial 9 first
Press the button labeled Emergency.
How do you get Help?

If the victim is unconscious:

1st, Call Campus Police Emergency Line* (711)
- Send someone to the 1st floor lobby to alert the officer,
- and escort emergency personnel (EMS) when they arrive

2nd, Always, Page Dental School Emergency Response Team
- 9-410-389-1324 or
- Press ‘Emergency’ speed dial button on clinic wall phones
- After 3 beeps, enter location followed by the # sign
- Retrieve the nearest Emergency Cart and AED and be prepared to begin BLS
- If it is an after hours situation notify a nurse the next business day
- NEVER LEAVE THE PATIENT ALONE!

*Note: DO NOT dial 9 prior to phoning the Campus Police Emergency line (711)
Role of the Emergency Response Team:

- To offer assistance as needed during any type of adverse incident

Denise Fraling, LPN

Linda Lipscomb, RN, BSN

Cynthia Idzik-Starr, DDS

Marvin Leventer, DDS

Janet Naglik, RN
Role of Nursing Staff

• Members of the SOD Emergency Response Team
• Each nurse has her own duties but all nurses work as a team
  – Cross trained
• Non emergency services provided by SOD nurses
  – Blood pressure readings
  – Glucometer checks
  – INR test when needed

Note: if you can’t locate a nurse, it is ok to use the emergency pager system, if a non emergency service is needed.

If you know in advance that you have a patient coming that needs a glucometer check, or an INR, contact a nurse in advance to advise her a test will be needed and approximately when it will be needed.
If you are alone after hours:

How do you get Help?

Call Campus Police Emergency Line (711), and provide the nature and location of the emergency

- Campus Police will call an ambulance, and send additional help

Remember: **DO NOT** dial 9 first when phoning 711
Help is on the way-

What should you assess?

Remember the **C – A – B** ’s of basic life support

1) Assess the **circulation** (blood pressure, skin color)
2) Assess **airway** and position patient to keep it open
3) Assess **breathing** (labored, rapid, shallow)
4) Be prepared to start Basic Life Support (BLS)
5) Administer oxygen – tanks are located on/or adjacent to red emergency carts
6) Obtain medical history & circumstances related to incident
   -TAKE NOTES FOR THE ADVERSE INCIDENT REPORT!
How to Administer Oxygen Correctly

1) Turn wrench counterclockwise to open Tank

2) Check gauge
   (Okay if not in red zone)

3) Determine mode of oxygen delivery
   - Nasal cannula for respiratory support
   - Mask for respiratory distress

4) Attach tubing of mask, or cannula to the nipple on the gauge
USE 100% Oxygen Mask
For Respiratory Distress or Breathing Difficulty

1) Set flow at 10-15 liters/min

2) Be sure bag fills up with oxygen
Help is on the way-

• Once **first aid has begun**, the victim should not be left unless...
  – another rescuer takes over
  – emergency medical personnel arrive and take over
  – the scene becomes unsafe
Emergency / Adverse Incidents

Include, but are not necessarily limited to the following scenarios*

*Note: Attending faculty are expected to offer support as needed until, and after, the emergency response team arrives
Syncope (fainting)

Symptoms:
- Pallor (pale, cold, clammy); lightheaded; nauseous; ultimately loss of consciousness

Treatment:
1) Lower the victims head and raise their feet (if the victim is on the floor put something under their feet)
2) Break ammonia capsule & wave under the victim’s nose to arouse
3) Start oxygen at 2-4L/min
4) If nauseous, turn the victims head to side
5) Check vital signs (respiration, pulse, BP)
Airway Obstruction

Symptoms:

• Choking; difficulty breathing in; blue tint to skin, lips or nail beds; inability to speak

Treatment for a conscious victim:

• Perform the abdominal thrusts (Heimlich Maneuver) according to BLS guidelines

Treatment for an unconscious victim:

• Place patient on his or her back and perform CPR per BLS guidelines (Alert Campus Police to send for an ambulance by phoning 711)
Suspected Aspiration of an object, and/or, the patient “swallowed something”

• **If patient is having trouble breathing:**
  1) Call 711
  2) Page the Dental School Emergency Response (ER) team
     - 9-410-389-1324 or
     - Press pink ‘Emergency’ speed dial button on clinic wall phones

• **Treatment for patients without respiratory distress:**
  1) Keep patient calm
  2) Watch for signs of airway obstruction
  3) **X-ray is required to rule out aspiration**- see Radiology Request packets for instructions on nurses’ office doors:
     - Room 1326 (1st floor)
     - Room 2318 (2nd floor)
     - Room 4317 (4th floor)
Asthma Attack

Symptoms:

• Difficulty breathing, difficulty breathing out; wheezing or whistling sounds

Treatment:

1) Sit the victim up (makes it easier to breathe)

2) Have victim’s use own inhaler medication

3) Allow the victim to use the inhaler (two inhalations of Albuterol are usually necessary before improvement is noted)

4) If symptoms don’t subside, or condition worsens
   - Page the Dental School Emergency Response (ER) team
     - 9-410-389-1324 or
     - Press pink ‘Emergency’ speed dial button on clinic wall phones
     - Enter location followed by the # sign
Hyperventilation

**Symptoms:**
- Accelerated breathing rate *not* accompanied by wheezing; lightheadedness

**Treatment:**
1) Allow the victim to sit upright
2) Speak calmly and encourage the victim to regulate their own breathing
3) If the episode continues, have the victim breathe into a small paper bag, or into their own cupped hands placed over their mouth and nose
4) **DO NOT** administer oxygen
Mild Allergic Reaction

Symptoms:
  • Mild rash and or itching

Treatment:
  1) Reassure the victim
  2) Closely monitor vital signs
  3) DDS, MD, RN, or LPN will administer 25-50 mg of Benadryl (diphenhydramine) by mouth

2) If symptoms progress to swelling or itching of throat, or breathing difficulty occurs, call 711 immediately, followed by a page for the Dental School ERT
Sudden Moderate to Severe Allergic Reaction

Symptoms:

- Hives, swelling/itching of the face, lips, tongue, or throat; difficulty breathing, chest tightness

Treatment:

1) Call 711 and immediately page Dental School Emergency Response Team if the team has not already been paged

2) Start Oxygen via mask at 10-15 L/min

3) EpiPen ® (to be administered by DDS, MD, RN, or LPN) is located in emergency cart adjacent to AED on floors G-4
   - 0.3mg Epinephrine Auto Injector for adults
   - 0.15mg Epinephrine Auto Injector for children up to 60lb. (located in emergency cart adjacent to the AED on the 3rd floor only)

4) Monitor CAB’s and be prepared to start BLS
Local Anesthesia Overdose

**Symptoms:**
- Slurred speech, agitation, disorientation, heart palpitations

**Treatment:**
1. Start Oxygen via nasal cannula at 2-4 L/min
2. Monitor vital signs and be prepared for Basic Life Support
3. As anesthesia wears off, symptoms will subside and victim may be released
4. If vital signs begin to deteriorate, call 711, and page Dental School ERT
Aggressive Behavior

**Symptoms of increasing aggression (potential for violence against others):**

- Hostile, loud, angry tone of voice, unable to calm down and listen to reason, invading the personal space of others, fists clenched

**Treatment:**

1) Step away from the situation; **do not** try to intervene once the signs of aggression have escalated to the point of potential violence

2) Page Dental School ERT they will assist as needed and/or file an incident report

3) Phone Campus Police (711) as soon as aggressive behavior becomes physically threatening
   - Police will safely escort the aggressive person from the building
Seizure Signs and Symptoms

General Signs:
• Warning aura (disorientation, blinking, or blank stare)

**Convulsive Type:**
• Uncontrolled muscle movements; muscle rigidity; unconsciousness

  -or-

**Non Convulsive Type:**
• Victim may wander and/or seem unaware of their surroundings and be unresponsive momentarily
  
  -Note seizure type and duration

• Postictal Phase (after any type of seizure) – sleepiness, confusion, amnesia, slow recovery
Seizure

Treatment:

• **Convulsive Type**
  1) Position to protect from injury (dental chair or floor)
      - Cushion/protect head
      - Remove all items nearby that could cause injury
      - Do not restrict victim’s movements unless they are in danger
  2) Maintain open airway
      - DO NOT put anything in patient’s mouth (remove instruments, etc)
      - Loosen tight clothing around victim’s neck
      - Position person on their side to prevent aspiration should vomiting occur
      - Start oxygen after seizure

• **Non Convulsive Type**
  1) Protect from Injury
      - Do not shake or otherwise try to arouse victim
      - If patient is wandering, follow and steer from danger
Stroke Recognition

Symptoms:
- Decreased level of consciousness
- Slurred speech, asymmetric smile
- Sudden loss of vision in one or both eyes
- Unilateral weakness, numbness, tingling

Treatment:
1) Insure 711 has been notified, and the Dental School Emergency Response Team has been paged
2) Maintain airway
   - Semi sitting position is best
   - Start Oxygen via nasal cannula at 2-4 L/min
3) Monitor vital signs
4) Try to keep victim calm
Potential Heart Attack-Symptoms

Classic:
• Chest pain that may be crushing or radiate to the left arm, jaw or throat

Atypical:
• Back pain, especially between the shoulders, accompanied by
  – Fatigue
  – Weakness, and or dizziness
  – Shortness of breath
  – Indigestion, or nausea
Potential Heart Attack-Treatment

1) **Call 711 and the Dental School ERT** (note the location of the nearest AED so it is readily available if needed)

2) Sit patient in a dental chair (lower head if victim is dizzy or faint), and start oxygen at 4 L/min via nasal cannula unless victim is having trouble breathing (use bag mask at 10-15 L/min)

3) Encourage patient to **chew** an adult aspirin, 325mg

4) If continued chest pain, check blood pressure, if systolic is **greater** than 100 mm Hg:
   - DDS, MD, RN, LPN: place 0.4mg nitroglycerine under victim’s tongue
   - Repeat if the victim has no relief within 5 minutes, **after checking systolic blood pressure has not dropped below 100 mm Hg**
     - **DO NOT** administer more than 3 doses of nitroglycerin
     - **DO NOT** administer if systolic BP is **less than** 100mm Hg

5) Continually monitor vital signs every 5 minutes, and be prepared to start BLS
• Initiate chest compressions before giving rescue breaths (C-A-B rather than A-B-C)
  – 30 compressions before attempting 2 breaths
• Compression rate should be at least 100/min
• Compression depth for adults has been changed to at least 2 inches (5 cm)
• Compressions for children at least 1/3 the anterior posterior diameter of the chest
Hypertension

<table>
<thead>
<tr>
<th>Stage</th>
<th>Systolic</th>
<th>Diastolic</th>
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</thead>
<tbody>
<tr>
<td>Stage 1</td>
<td>140-159</td>
<td>90-99</td>
</tr>
<tr>
<td>Stage 2</td>
<td>&gt;160</td>
<td>&gt;100</td>
</tr>
</tbody>
</table>

Recommendations for Stage 2 Hypertension:

- **Have the patient’s BP rechecked by a dental school nurse**
  - **Patient stable** other than BP
    1) Refer patient to a physician for medical consultation
    2) Routine dental treatment delayed
  - **Patient exhibits signs of uncontrolled hypertension** (severe headache, blurred vision, nose bleed)
    1) Immediately page the Dental School ER team
    2) Depending on ER team medical assessment and patient cooperation, the patient will either be transported to a hospital emergency department, or be strongly encouraged to see their doctor
Hypoglycemia- Low Blood Sugar

Symptoms:

• Finger stick/glucometer check < 60 (see a nurse for glucometer checks), skin is cold and clammy, or victim may be sweating. Victim feels weak or shaky

Treatment:

• Responsive Victim:
  - Provide source of sugar (see Dental School Nurse)

• Semi Conscious Victim with gag reflex:
  - Place contents of (3) sugar packs between cheek and teeth (located in emergency carts); call the Dental School ER Team

• Unconscious Victim:
  1) Call 711 and verify the Dental School Emergency Response Team has been paged
  2) Assess CAB’s, and be prepared to start BLS
Hyperglycemia- High Blood Sugar

Symptoms:

• Blood sugar via glucometer check of > 300 (may be the result of infection; often accompanied by blurred vision, weakness, lethargy, headache, irritability, anxiety, nausea, and fruity smelling breath)

Treatment:

• Victim without symptoms:
  - Refer to primary care provider (medical consult in hand)
• Unconscious Victim:
  1) Call 711 and verify Dental School ER Team has been paged
  2) Assess CAB’s, and be prepared to start BLS

Note: For routine treatment, patients with a blood sugar level >200 are referred to their primary care provider for medical consultation and dental treatment may be delayed – consult with supervising faculty
Fire and Fire Evacuations

• If a fire occurs, pull a red fire pull alarm (located throughout the building)

• Evacuate the building using the stairwells

• If you or a patient are unable to safely take the stairs, proceed to the elevator glass enclosed ‘area of rescue assistance’ Notify a Dental School Fire Warden (stay with a patient)

• Do not leave a leave a patient under sedation or in surgery, let a Fire Warden know and they will alert the Fire Marshal/Fire Department of your location, should an evacuation be necessary

• Once out of the building, cross the street and stay away from the building until an “all clear” is announced
Fire follow-up

- All Dental School fires, no matter how minor must be reported to the University Department of Environmental Health and Safety, Fire Marshall, at 6-3494

- A Dental School Adverse Incident Report must also be completed even if an injury has not occurred
Injury- Needle Sticks or Sharps

And exposures to blood or other potentially infectious materials

1) Remove sharp item responsible for exposure to prevent double exposure
2) If exposure is believed to have occurred to the hands and glove tear is not obvious, save gloves aside for leak testing
3) **DO NOT** dismiss patient
4) Wash the affected area with soap and water, or flush mucous membranes (eyes) with water at the nearest eyewash station (prep dispense or dental lab)
5) Page the Dental School Emergency Response team
   - 9-410-389-1324 or
   - Press pink ‘Emergency’ speed dial button on clinic wall phones, after beeps, enter room location followed by the # sign
Mandatory Post Exposure Follow-up

Follow-up with a physician at Student and Employee Health* at 408 W. Lombard Street is no longer required.

However, you must consult with a dental school nurse and/or Dr. James Baronas at UMIC for:

• Post-exposure counseling, and risk assessment
  • Dr. Baronas can be reached anytime by phone for exposure risk assessment by phoning the BBPE Hotline (410-328-5144)
  • All exposures must be reported to a dental school nurse

*Called UM Immediate Care (UMIC); open 7am-5pm Mon-Fri.
Post Exposure Follow-up when Emergency Response Team Staff are unavailable

– After 5pm, or after 7pm on C-3 Clinic days:

  • Exposure Management Policy and procedure is located on/or adjacent to nurses’ and PCC’s doors

  -and-

  • Bloodborne Pathogen Exposure Hotline contact info is located on Student Injury packets in Nurses’ office door bins
Post Exposure Follow-up when Emergency Response Team Staff are unavailable- continued

- Notify a nurse the next business day for all exposures:
  - Even if the Needlestick hotline advises the exposure is considered very low risk or a non exposure by hospital standards

- Before source patient dismissal, inquire if patient is willing to return for bloodborne pathogen testing (testing takes 20 min, and requires no blood draw other than a finger stick)
  - If patient agrees, inform the dental school nurse of the date and time during your incident report
Injury- Victim Ambulatory

Treatment:

• **Always** page the Dental School Dental School ER Team for assistance with first-aid as follows:

  **Injured eyes**

  1) Flush thoroughly with cool water for several minutes at eye wash stations located in prep dispense, and laboratory areas

  2) If eye flushing provides no relief, or object is visibly embedded in the eye--- loosely bandage both eyes to minimize eye movements, keep victim calm, and call 711 for emergency medical transport

• **Bruising**

  - Treat with instant ice packs until victim can get home or to their doctor, if necessary

• **Minor cuts and abrasions (non exposures)**

  - Cleanse with soap and water, and bandage as needed
Injury - victim **not** able to walk and/or move

**Treatment:**

- **DO NOT TRY TO MOVE THE VICTIM!**
  1) Call 711 and verify the Dental School Emergency Response Team has been paged if the team is not present
  2) Assess CAB’s and be prepared to start BLS
  3) Provide oxygen supplement as needed
  4) Monitor BP
  5) Protect victim from further injury
  6) Remain calm!
Emergency/Adverse Incident Reporting

- Nurse Naglik oversees the online Adverse Incident Database. If an Emergency/Adverse Incident occurs when no nurse is available, take down all pertinent info (name, what happened, first aid rendered, faculty present) and forward to Ms. Naglik.

- A dental school nurse is required to review any adverse incident involving a patient, visitor, student, or staff member.

**NOTE:** In Ms. Naglik's absence or if immediate assistance is required, see any nurse.
Emergency / Adverse Incident Reporting

• Examples where an incident report is necessary, include, but may not be limited to the following:

  – If a patient or visitor is injured on the way into the building, or while under treatment
  – If Campus Police were called due to aggressive behavior by a patient or visitor
  – First-aid and/or medication was provided by the Dental School Emergency Response Team
  – If an injury or illness which occurred outside the building may interfere with the duties of the injured or ill staff, faculty, or student
Forms Necessary for Adverse Incidents Involving a Patient or Visitor

- If incident occurred during treatment or on the way into the building:
  - Adverse Incident Report
  - Progress note in patient chart

- If victim refuses to have an ambulance called when recommended, or refuses to go with the ambulance once it arrives:
  - Adverse Incident Report
  - Refusal of Ambulance form (use correct form; adult or minor)

**NOTE:** Forms are available in the white folders located on the top of each emergency cart. Completed forms are scanned into the EPR by a nurse.
Refusal to Sign a Refusal Document

If victim/patient, or guardian of victim/patient will not sign the REFUSAL OF AMBULANCE form

1) Indicate signature was refused, and have document witnessed
2) Have the form scanned into the patient/victim’s chart
3) Complete a chart note stating what happened
4) Have the chart note approved by the Program Director or attending faculty member

NOTE: Forms are available in the white binders located on the top of each emergency cart, and on nurses’ office doors
## Review of forms required to be filled out after an Injury or Emergency Incident

<table>
<thead>
<tr>
<th>Injured Students and Patients</th>
<th>Injured Employees</th>
<th>Injured Volunteers</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Adverse Incident Report <img src="image" alt=" " /></td>
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</tr>
<tr>
<td></td>
<td>2) First Report of Injury <img src="image" alt=" " /></td>
<td>2) JE Authorization form <img src="image" alt=" " /></td>
</tr>
<tr>
<td></td>
<td>3) Accident Witness Statement <em>(indicate if there was no witness)</em></td>
<td>(Note: There is no Injury Packet for volunteers. JE Authorization forms can be obtained from a nurse <em>(check nurses’ door bins after hours)</em></td>
</tr>
<tr>
<td></td>
<td>4) Supervisor’s Report</td>
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<tr>
<td></td>
<td>All forms must be completed and faxed to EHS, corporate or state office, by the department secretary within 3 days, with a copy provided to an SOD nurse</td>
<td></td>
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</tbody>
</table>

⚠️ Adverse Incident Forms, in the old written format, can be found in a bin on nurses’ doors and can be used to record the facts, or write the details on paper until a nurse can enter them online. Never place in a patient’s chart or refer to an incident report in the EPR.
Emergency Response Review

✓ If you are alone with victim, get help before doing anything else
✓ Know the location of the Emergency Cart, AED, phone, and Nurse’s office in your area
✓ Know how to start oxygen and be prepared to start BLS
✓ In the event of an emergency during business hours, be sure someone has been delegated to:

1) Alert the Dental School Emergency Response Team (use the pager number; **DO NOT** waste time looking for an Emergency Response Team member)
2) Have someone alert the security officer in the first floor atrium if 711 was called, and EMS is on the way; **this person is to stay in the atrium/front lobby to provide directions to the location of the emergency when UMB Police and EMS personnel arrive**
3) Retrieve the nearest Emergency Cart (and AED as necessary)

✓ **After hours,**
  - Get help **before** doing anything else
    - Call 711!!! **(Remember, **DO NOT** dial 9 first!)**
Congratulations!

• You have completed your Emergency Response and Adverse Incident training
• Proceed to the post-test
  • Close this window and open the Emergency Response Adverse Incident training quiz
• If you have any questions about any of the material in this presentation contact:

  Linda Lipscomb, RN, BSN
  Oral Surgery RN
  Medical Emergency Response Coordinator
  Room 1326, Oral Surgery Clinic
  Ph: 6-4026