General Orientation AY 2025-2026
Emergency Preparedness in the Healthcare Setting

Emergencies can pose a danger anywhere. They are particularly dangerous in the healthcare setting since patients often rely on healthcare workers to provide and maintain a safe environment! Healthcare facilities will have plans for addressing patient and staff safety when emergencies occur. As a healthcare professional, it is your responsibility to make sure you know how to respond to many different types of emergencies!

Learning Outcomes:

During this component of General Orientation, you will review content that will prepare you to:

1. Compare basic types of environmental emergencies in healthcare settings: fire, shelter-in-place or evacuation, infrastructure failure, weather, mass casualty, bomb threat, terrorist attack, security, & infant/child abduction.
2. Apply appropriate emergency actions to maintain a safe environment for patients, families, and staff.
3. **All Clinical Healthcare Roles:** Practice communication safeguards for healthcare providers during patient emergencies.
4. **All Clinical Healthcare Roles:** Choose emergency procedures and resources for patient emergencies.

Documenting Completion ... The learning outcomes will be the basis of the General Orientation QUIZ if your role is required to complete a quiz. If your role only requires an ATTESTATION, you will not be asked specific questions from this content. BUT you are responsible for reviewing and understanding the content for application in the healthcare setting.

Unsure of YOUR requirements, check the handout that was provided to you for accessing the online orientation.

Emergency Plans

Emergency Plans exist for each type of potential emergency in the healthcare setting. To ensure that emergencies can be handled efficiently at the internal and community levels, standardized organization and communication plans have been developed and are often implemented to support healthcare teams.

The Hospital Emergency Incident Command System (HEICS) provides healthcare organizations with a consistent command structure and communication flow with other hospitals and community responders.

The National Incident Management System (NIMS) uses a systematic approach to integrate the best of existing processes and methods into a unified national framework for incident management. This system may be combined with the HEICS depending on the scope of the emergency.

Types of Emergencies

To be prepared, you must know the emergency codes and related plans used to alert the facility staff about a potential emergency! While the actual codes often vary by facility, the basic actions in emergency plans will be the same!

Some healthcare roles will have specific responsibilities when an emergency occurs. These will be discussed with you during your facility orientation or assigned to you when an actual emergency or practice drill occurs. Let's look at the basics of how each emergency should be handled!

Fire Emergencies

A fire needs three elements to burn: **Oxygen, Heat, and Fuel.** Remove any of these elements and the fire will go out!

Causes of Healthcare Fires

According to OSHA, there are eight primary causes of fire in the healthcare setting. Fires are particularly dangerous in a healthcare facility where many individuals have limited ability to move to safety.

Cooking Fires

Cooking is the #1 cause of fire in today's healthcare facilities. These fires are caused by cooking oils and fats, and cooking equipment, such as microwaves, ovens, deep-fat fryers, toasters, and open flames. Microwave fires are problematic in staff and patient areas. Never leave a microwave oven unattended if in use.

Smoking

Smoking WAS the most common cause of fire in healthcare facilities. Since most facilities are now "Smoke Free," the number of fires reported to be caused by smoking or smoking materials has decreased.
Fires from smoking now generally occur when individuals attempt to "hide" their smoking. **Most facilities ban all smoking materials and the use of electronic cigarettes in their Smoke-Free policies. If you smoke, be sure to follow organizational smoking policies.**

Medical & Electrical Equipment

Healthcare facilities have a lot of medical and electrical equipment that can result in overtaxed circuits and outlets. Extension cords should NOT be used to power electrical equipment. All equipment should be checked by the user to be sure it is not malfunctioning. If the equipment is not working properly, tag it according to the facility policy for maintenance. Equipment should have routinely scheduled maintenance. Turn equipment off when not in use. Keep areas clear of clutter around equipment and any related fan intakes.

Laundry Equipment

The large number of linens found in the healthcare environment creates lint that can be a source of fire in dryer vents or other electrical equipment. All linens should be stored away from heat or electrical sources. Dirty linens should be disposed of promptly. Never put trash or other materials down a linen chute. Linens soiled with chemicals or grease should be cleaned using recommended practices for hazardous materials.

Heating Equipment

As a critical component of the healthcare facility infrastructure, the heating/cooling and hot water production equipment are common sources of healthcare fires. This equipment is inspected frequently to be sure it is functioning as it should. While your role may not be directly related to the maintenance of this equipment, you still have some responsibilities! Keep heating/air vents free of clutter or other objects that could block airflow and cause the unit to overheat. Portable heaters are generally prohibited.

Electrical Wiring

Healthcare facilities have a lot of medical and electrical equipment plugged in that can result in overtaxed circuits and outlets. Extension cords should NOT be used to power electrical equipment. Some outlets are wired to emergency generators so that they still work during a power outage. These outlets are typically marked and are **RED** in color.

Trash

Trash fires can occur both inside and outside of the healthcare facility. They may be due to the spontaneous combustion of chemicals, a nearby heat source, or even due to malicious activity. Dispose of all waste in the proper receptacle and don't overload trash containers. Keep trash containers away from heat sources. Dispose of all chemicals, oils, and grease as outlined by facility policy.

Medical Gases

Medical gases in the healthcare setting may be piped throughout the facility or stored in portable cylinders. The most common gases are oxygen, carbon dioxide, nitrogen gas, nitrous oxide, and helium. The medical vacuum system and medical air are also components of the facility's medical gas system.

These gases may be accessed via color-coded wall outlets or from a portable or fixed tank. Each patient care area will have access to medical gases through a headwall system for each bed/stretcher. Surgical, procedural, laboratory, and pharmaceutical areas will have access to additional gases appropriate for these areas.

Portable oxygen tanks are also found throughout a healthcare facility and are mostly used during patient transport. Portable tanks should always be stored in a secure manner that prevents accidental tipping of the tank.

Medical gases can be a fire hazard or create a missile hazard if a pressurized tank becomes damaged. In case of emergencies, there are shut-off valves for all piped and portable medical gases. There are specific roles assigned to monitor piped and portable medical gases and to approve the turning off medical gases if needed. Always follow the instructions of your supervisor related to the use of medical gases.

Fire Safety: RACE

In a fire, we race to action. The acronym RACE will remind you what to do in a fire using:

"R" **Rescue** or **Remove** anyone in immediate danger if possible.

"A" **Activate** the **Alarm** by pulling the fire alarm

"C" **Confine** the Fire - Close doors to prevent the fire from spreading!

"E" **Extinguish** or **Evacuate**! Use a fire extinguisher if the fire is small - or - evacuate if there is immediate danger from smoke or flame, or as directed by facility leadership or the fire department.

Fire Alarms

Fires are particularly dangerous in a healthcare facility where many individuals have limited ability to move to safety.

Located throughout the facility are fire alarm pull stations that can be activated to alert the entire facility of a fire. There are also smoke and heat detectors located throughout the buildings that can also trigger an alarm. These alarms also alert the local fire department that there is a fire in the facility. The alert will also cause an alarm to sound throughout the facility and may activate emergency lights in corridors. Typically, an overhead announcement will alert staff about the location of the fire or smoke and a designated team will deploy to the area to assist until the fire department arrives.

Doors that have been designated as Fire Doors will automatically close when a fire alarm is activated to contain the fire and related smoke. These doors are made of special materials to prevent the fire from spreading throughout the facility. Sprinkler systems are also located throughout the building to release water when triggered by a buildup of heat.

Types of Fires

There are five basic types of fires, and each type needs a specific fire extinguisher to control it.

1. Type A fires burn ordinary combustibles such as wood, paper, and cloth.
2. Type B fires are caused by flammable liquids such as oils, paint solvents, and other chemicals.
3. Type C fires are found in electrical equipment in electrical panels, motors, and wiring. This includes computer equipment such as laptops, desktops, servers, etc.
4. Type D fires are combustible metals such as titanium and magnesium.
5. Type K fires are found in commercial cooking equipment and appliances where vegetable or animal oils are used.

In the healthcare setting, you can expect to see **Types A, B, C, & K.**

Types of Extinguishers

Fire extinguishers are categorized by the class of fire they are designed to extinguish. They may be a single class (such as "A' of "C" or a multi-class such as "BC". **The class is clearly listed on the extinguisher.** In the healthcare environment, fire extinguishers are located throughout the buildings and should be the appropriate class for the expected type of fire in the area.

For instance, an "ABC" fire extinguisher would be found in the various facility hallways. A "C" extinguisher would be in the electrical panel area of the facility. A "K" extinguisher would be found in the kitchen area.

Using a Fire Extinguisher: PASS

We use the “PASS” acronym for the steps needed to use a fire extinguisher.

“P” **Pull** the pin to unlock the handle and allow you to discharge the pressurized chemical inside the extinguisher.

“A” **Aim** the fire extinguisher at the base of the flames directing the chemical spray at the source of the fire.

“S” **Squeeze** the handle slowly to discharge the chemical from the nozzle. Releasing the handle will stop the flow.

“S” Use a **Sweeping** motion to apply the extinguisher contents and smother the flames with the chemical. Continue squeezing and sweeping until the fire is out or the extinguisher is empty.

Should you fight a Fire?

You should fight the fire **If:**

- You have called for help and your call has been acknowledged.
- It is small - fires can double in size within 2-3 minutes.
- You have the proper extinguisher for what is burning. An ABC fire extinguisher will work on most fires - but use a CO_2 extinguisher for electronic equipment!
- The fire will not block your exit - keep your back to the exit in case you need to retreat quickly!
- You know how to use the extinguisher - think PASS! You will not have time to read the instructions!

You should ***not*** fight a fire **If:**

- The fire is spreading rapidly.
- You are unsure of how to use the fire extinguisher.

- You don't know what is burning.
- There is too much smoke and you are at risk for smoke inhalation.

Fire Safety: Your Responsibilities

Everyone is responsible in the healthcare environment!

On your first day in the healthcare setting:

1. Find the location of the fire alarms, extinguishers, and exits.
2. Determine at least two routes of escape should you need them.

Every day you are in the healthcare setting you should:

- Never block access to fire alarms or fire protection equipment with furniture, equipment, or patient care items such as stretchers, IV poles, and wheelchairs.
- Keep ALL hallways clear of equipment to allow patient and staff movement.
- Report any visitors or patients using smoking materials in unauthorized areas to your supervisor.
- Use care when working with flammable chemicals and gases to prevent sparks or static electricity.

Evacuation Strategies

Emergencies that necessitate evacuating patients and staff from an area of the facility - or the entire facility - may present with or without warning. When there is an actual or impending life-threatening danger that disrupts patient care or safety, the complex decision must be made to "Shelter in Place" or evacuate a component of—or the entire—facility. Facility leadership will make evacuation decisions and notify those in the facility of what type of evacuation needs to occur. This is not a simple process!

Patient and staff movement during a "Shelter in Place" or a Partial or Total Evacuation may be:
Horizontal - moving to a safer place on the same level of the structure.
Vertical - moving to another floor of the structure - usually down and toward an exit if a Total Evacuation is later needed.

Patients are usually moved in the following order:

1. Ambulatory
2. Non-Ambulatory
3. Critical

Evacuation of patients will generally require assistance from ALL staff in the facility. Be sure to follow the instructions of facility leadership on how to assist with moving patients.

Moving Patients

Patients are moved depending on the type of emergency situation. They may be moved using wheeled devices - or physically carried, depending upon the reason for evacuation and the availability of elevators.

Wheeled Evacuation:

Wheeled evacuation is the safest technique for both patients and staff. The goal of wheeled evacuation is to move patients from one area of the hospital to another on the same level. This strategy is also appropriate to move patents to other levels of the organization ONLY IF it is safe to use the elevators. Stretchers, beds, and wheelchairs are used to transport patients as appropriate for their condition. It is important that all available individuals assist with transporting patients to a safe location! Follow the instructions of the clinical staff to assist as needed.

Vertical Evacuation:

The goal of this type of evacuation is to move patients to a safe location on another floor or outside the building. Since carrying patients is a difficult process, a nurse will identify how each patient should be carried unless there is immediate danger. Always choose a carry technique that will be less risky to the patient and the staff.

Blanket Drag

The Blanket Drag can be used to quickly move patients out of danger until additional help is available.

Slide the patient onto a blanket using a logroll technique. Place the patient on the blanket diagonally with their head two feet from one corner of the blanket. Secure the blanket around the patient.
Keep your back as straight as possible and use your legs to pull the patient quickly to safety.

Note that the Blanket Drag **puts the patient's airway at risk** and should only be used for short distances. Monitor the patient's airway closely.

Two-Person Carry

The Two-Person Carry works well for moving patients up or down stairs or through narrow areas.

One person supports the patient's torso by grasping the patient from behind and holding the patient's arms, which should be folded across the body. The other person stands between the knees of the patient and grasps the patient's thighs to support the lower body. The patient may then be carried to safety.

Never use the Two-Person Carry to move an individual who has an injured neck, back, or pelvis. Closely monitor the patient's condition and airway during transport.

Two-Handed Seat Carry

The Two-Handed Seat Carry can be used for longer distances for conscious or unconscious patients.

Move the patient to a sitting position. Each staff member should reach under the patient's knees and behind the patient's shoulders, grasping the other staff member's wrists.

Using your legs to stand, lift the patient and walk together, carrying the patient to safety.

Evacuation Complete!

Once you have moved the patient, how do you communicate with others that the room is clear? When all patients and/or staff are out of a room or area, close the door and put a piece of dressing tape on the door at the door handle height.

Environmental Emergencies

Weather or environmental emergencies can be serious and lead to catastrophic events within a facility. Depending on the nature of the emergency, you may have anywhere from seconds to days to prepare for the pending emergency.

Earthquake:

While earthquakes are more prevalent in certain parts of the country than others, many areas have the potential for an earthquake to happen. The aftermath of an earthquake may result in several internal emergencies for the healthcare facility and/or many mass casualties seeking medical care.

Since this type of emergency will have little to no warning, you must first protect yourself and then respond to the emergencies that result from the earthquake!

So, what should you do in an earthquake?

- First, DROP to the ground or floor,
- Take COVER by getting under a sturdy desk or table, and
- Then HOLD ON to it until the shaking stops.

If there isn't a table or desk near you, drop to the ground in an inside corner of the building and cover your head and neck with your hands and arms. Do not try to run to another room just to get under a table. Once the shaking has stopped, report to your supervisor for further instructions!

Severe Storm Readiness:

Severe thunderstorms may or may not be declared a specific emergency within the healthcare facility. But these storms can produce strong wind damage, cause power surges or outages, and even escalate into a tornado.

Whenever a severe thunderstorm approaches:

- Turn off any non-critical electrical equipment and postpone the use of electrical equipment until the worst of the storm passes.
- If you are working with a computer, be sure to SAVE your work frequently to minimize data loss should a power outage occur.
- Avoid using water since metal pipes can conduct electricity from a lightning strike.
- Stay away from windows; close blinds and curtains if present.
- Avoid using corded phones.

If the facility experiences a power outage, this becomes an internal emergency that has specific response requirements by staff. Check with your supervisor for specific assignments!

Tornado:

Traditional weather safety for tornadoes involves moving to the interior of the building and the lowest floor. This must be adapted a bit for a healthcare facility since vertical movement of patients in a hospital is difficult and seldom done unless absolutely necessary. Healthcare facilities often have large windows in public spaces and patient care areas. Since these windows are a source of danger in wind-related emergencies, they should be avoided.

Patients should be moved to safer, interior spaces when tornados are predicted to track over a healthcare facility. Moving patients generally require assistance from all available staff members - clinical and non-clinical! **Report to your supervisor for further instructions!**

Following a tornado in the community, or if the facility sustained damage from the winds, other emergency plans may be implemented depending on the scope of damage. **Your supervisor will direct your next actions!**

Inclement Weather:

Some weather-related emergencies will be identified as "impending" well before the fact so that adequate plans can be made. These emergencies can lead to widespread loss of power, water, and sewer; flooding; mass casualties; and even healthcare staffing shortages.

Should one of these emergencies be predicted for your community during your assigned time within the healthcare facility, be sure to check with your supervisor for any specific steps you should take.

External Emergencies & Plans

External emergencies generally refer to incidents that produce mass casualties. There are a variety of situations that can result in large numbers of individuals being injured that include:

- Large Transportation-Related Accidents
- Weather-Related Accidents
- Industrial Accidents
- Large Fires
- Civil Unrest
- Terrorist Acts

While the cause of the casualties will vary, the impact is the same - the healthcare facility's ability to manage the inflow of patients will be taxed. To meet this challenge, the facility will activate its **Mass Casualty Emergency Plan.**

The Key Components of these Plans will include:

- Caring for current patients
- Triaging the incoming patients
- Providing emergency care
- Maintaining a secure environment
- Communicating with families
- Communicating with the press
- Sustaining the healthcare staff

Your **Role** will vary based on your skill set and role in the healthcare facility. When a mass casualty occurs, always immediately report to your supervisor to determine how you can best assist.

Internal Emergencies:

Internal Emergencies within a healthcare facility may occur due to routine use, or as a result or in conjunction with other emergencies. All facilities will have a communication strategy and action plan to deal with the various types of internal emergencies. Always follow the specific instructions of your supervisor in these situations. Spend some time reviewing the following internal emergencies to learn what to expect and what potential actions you may need to take. Depending on the extent of the emergency, transferring patients may become necessary.

Lack of Medical Gas & Vacuum

When there is a loss of Medical Gases and/or Vacuum, you should expect that there will be medical gas alarms sounding, a loss of oxygen and other medical gases, as well as vacuum system failure.

Potential actions will include:

Using portable oxygen and other medical gases as needed.

Patients dependent on oxygen may need to be hand ventilated.

Portable suction may be indicated for some patients to keep drainage tubes patent.

Widespread or extended loss may require non-clinical staff to assist with transporting patients or equipment.

Loss of Information Systems

The loss of information systems is generally caused by power failures, infrastructure failure, loss of Internet access, and malware, such as ransomware attacks. Depending upon the cause, all systems may be affected, or just specific systems. When there is a loss of information systems follow the instructions for system downtime procures for the system affected.

Loss of Nurse Call System

The loss of the Nurse Call System can be caused by system malfunction, Infrastructure damage or loss of related information systems. Depending upon the cause, the entire system may not function, or just an isolated patient care area. The loss of the Nurse Call System results in the loss of patient contact resulting in the following actions to communicate with patients:

- Use the bedside patient telephones if available.
- Increase patient rounding by staff and volunteers.
- Patients may need to be moved in order to monitor care needs more safely.

Elevator Malfunction

The loss of elevators may be a single elevator, or multiple elevators depending on the cause. These failures are typically caused by malfunction of an individual elevator, infrastructure damage and power failures. If people are stuck in the elevator, they may use an emergency phone or alarm within the elevator, or their cell phone to summon help. In widespread elevator malfunctions, patients will not easily be transported from one floor to another.

Potential actions include making sure the local maintenance department has been notified of the malfunction. These individuals may be able to open the elevator doors to release anyone trapped inside. It is important to stay in contact with anyone in the elevator until help arrives.

Loss of Power

The loss of power may be caused by loss of community power, infrastructure damage, and generator failure. Healthcare facilities will have emergency generators that will turn on when a power outage occurs. These generators are wired directly to the RED power outlets and key equipment throughout the facility. Even if the generators are working, expect to have some lights out as electricity is directed toward critical equipment. If the generators are not functioning, there will be a total loss of power and all related systems.

Loss of power is a critical emergency in a healthcare setting, so follow instructions from facility leadership to maintain patient safety. All healthcare professionals may be asked to assist in making frequent patient rounds since the nurse call system will most likely not be functioning. Potential additional actions when the generators are functioning include ensuring that all life support systems and other critical equipment are plugged into a red outlet. These are located throughout the facility and in each patient care area. If the generators are not working, use flashlights as needed. Clinical professionals may be needed to assist with lifesaving patient care activities as needed such as ventilating patients.

Loss of Drinking Water

The loss of drinking water will typically be caused by infrastructure failure or contamination of the community water source. Tap water will be unsafe to drink and ice from ice machines is unsafe for consumption. This will also impact dietary services related to the preparation of food for patients and staff.

Potential actions will be to use bottled water for drinking and any other activity that requires potable water. Be sure and place “DO NOT DRINK” signs on all drinking fountains and sinks. Label ice machines “DO NOT USE”

Loss of All Water

The loss of ALL water will typically be caused by infrastructure failure or loss of the community water source. Expect drains to back up leaving sinks and toilets inoperative. While this is an inconvenience, the loss of water also renders the fire sprinkler system useless, which is a major patient safety concern.

Dealing with no water requires the limited use of water and toilets. For handwashing, rely on alcohol-based hand sanitizer. Bottled water will be needed for drinking and other activities that require potable water. Most importantly, monitor all areas closely for fire.

Loss of Heat/Air Conditioning

The failure of heating and air conditioning can be caused by system malfunction, infrastructure failure, power failure, or loss of natural gas or water from a community source. Expect that the building will be hot or cold. Surgeries or procedures that require a controlled temperature may be limited or canceled. Potential actions will include keeping patients as comfortable as possible using blankets or fans as needed. Depending on the external temperature and the expected duration of the outage, patients may need to be transferred to other facilities.

Steam Failure

Steam is used for many different systems in the healthcare setting. The loss of steam can be related to a system malfunction, infrastructure failure, power failure, or the loss of natural gas or water from a community resource. With this type of emergency, there will be no building heat or hot water. Laundry and surgical sterilizers will be inoperative. Dietary will have potentially limited cooking equipment to prepare patient and staff meals.

Potential actions will include keeping the patients warm with extra blankets. You will need to limit or not use hot water depending on the outage. Conserve sterile materials and all linens. Provide snacks to patients as needed.

Security Emergencies

Personal or Security Emergencies can arise from many situations. Any security emergency can be a frightening time within a healthcare facility.

In conjunction with local authorities, facility security personnel will usually direct security measures based on the nature and scope of the emergency. Some key safety measures include:

- Make sure you are wearing your identification badge in clear sight.
- All exterior doors may be locked to prevent unauthorized entry into the facility.
- Security checkpoints may be established within the facility to monitor or control movement.
- Patients and visitors are to remain in their patient care area with the door closed.

Regardless of the situation, cooperate with security personnel.

Bomb Threats

The focus on homeland security and the potential for terrorist activity has increased our awareness of security in public places. Healthcare facilities, like all public locations, occasionally receive security threats such as a bomb threat or even a bomb detonation.

Bomb Threat Emergency Plans include components for telephone threats and for finding or receiving a suspicious package. Anyone working in the healthcare environment can be involved or affected by such a threat.

If a threatening **call** is received,

- Record the calling number if caller ID is available.
- Prolong the call if possible, to detect any background noise that may indicate where the caller is located.
- Note the gender, accent, and any other distinguishing characteristics of the caller.
- Report the call immediately.

Be alert for any suspicious **letter, package, or bag** left unattended in the facility.

- If you find something odd, suspicious, or clearly dangerous, immediately report it.
- Do NOT attempt to move or open it.
- Keep others away from the area.

Abduction

Healthcare facilities with pediatric populations are at high risk for abduction threats. Healthcare organizations take pediatric security very seriously and will have special safeguards such as infant and pediatric security alarms and special identification badges to strengthen security. Anyone who works in a pediatric area will receive special instructions on security practices for the facility.

Some general safety measures related to abduction threats include:

- Be alert to individuals repeatedly visiting "just to see" an infant or child, or unusually questioning hospital procedures and layout of the floor or nursing unit.
- Watch for attempts to take uniforms or other forms of hospital identification. Never give your identification information to another individual.
- If a security alarm sounds, immediately assist with securing the area. Be observant of any suspicious behavior. Anyone carrying an infant or child could be a suspect. Monitor individuals carrying large bags from a clinical unit. Know that a disturbance in another area of the hospital can be a diversion to facilitate an abduction attempt.

 **Role-Specific Information:**

Non-Clinical Health Care Professionals skip to the "Conclusion" on the last page of this document.
All other Healthcare Professionals, please continue with Medical Emergencies below.

Medical Emergencies

Patient emergencies can be frightening events for everyone involved - the patient, family, and healthcare providers. Patients can experience a slow change in their condition, a sudden change, or an actual cardiopulmonary arrest. Should a patient or other individual become unresponsive and without a pulse or respirations, all healthcare professionals should know how to initiate the cardiopulmonary arrest protocol in your assigned facility. CPR should be initiated for any individual that does not have a "Do Not Resuscitate" order.

These emergencies require healthcare providers to respond immediately! As with all emergencies, facilities will have a specific phrase or word to communicate the type of emergency to other healthcare workers. Most organizations will have a team of specially trained healthcare professionals who will respond to the emergency to care for the patient, but you may need to assist until this team arrives!

Your Responsibilities

Depending upon your healthcare role, you may or may not be needed after the emergency team arrives. If it is your patient, you may be asked about the patient's activities and status prior to the arrest. You may be called upon to assist with CPR. You may be asked to support any family member that are present during the emergency. You may just be asked to leave the immediate area.

Additional responsibilities include:

- Maintaining your Basic Life Support certification through the American Heart Association to be prepared to provide CPR support to the patient.
- Knowing the resuscitation status of all patients assigned to your care.
- Knowing the location of the emergency or "crash" cart in your assigned area(s).
- Knowing how to summon help or alert others to activate the emergency plan for a cardiopulmonary arrest. Facilities will have an emergency button at the bedside or use a special phone number to dial from internal phones to summon assistance during an emergency.

Emergency Equipment

Emergency carts are located throughout the facility with the supplies and equipment needed to deal with a cardiopulmonary arrest. You should always know the location of the closest emergency cart when in the patient care area. These carts will usually contain standardized equipment such as:

- Airway management supplies
- IV equipment
- Emergency medications
- A defibrillator

Rapid Response Teams

Not all patient changes are sudden ...

Many times, a patient will slowly deteriorate as displayed by subtle changes in their clinical signs or symptoms. Many healthcare facilities have implemented Rapid Response Teams that can be called to the bedside of a patient who is experiencing a change in status. These healthcare professionals come and use a variety of therapeutic modalities to stabilize the patient.

Be sure to find out if your facility uses Rapid Response Teams and how to contact them in pre-emergency situations.

Critical Results

A critical result is any value or interpretation for which a delay in reporting may result in a serious adverse outcome for the patient. A critical test result may be related to lab, radiology, cardiology or some other diagnostic study that requires immediate attention by the care provider.

- A critical test result may only be delivered to a registered nurse, licensed practical nurse, respiratory therapist, pharmacist or licensed independent practitioner such as a physician, dentist, nurse practitioner, or physician assistant.
- All critical results must be written down and read back to verify the test results.
- Students may **NOT** accept this information but may be instructed to provide care based on the result.
- Always check with your supervisor if you have questions related to critical results.

Act FAST

Strokes can happen anywhere, anytime. According to the American Heart Association, in-hospital stroke affects roughly 35,000-75,000 hospitalized people annually in the United States. In a stroke, blood flow is limited to a part of the brain,

and without prompt intervention, the individual may die or have extensive physical and/or mental deficits. This loss of blood flow could be caused by a clot or a weak spot in the vessel that has ruptured allowing blood to leak into the brain. Strokes in the healthcare setting could be related to the reason for hospitalization, or entirely unrelated.

To remember the sudden onset of symptoms, use the "FAST" acronym:
Face (drooping of the face) - Ask the patient to smile.
Arm (arm weakness) - Ask the person to raise their arms.
Speech (slurred speech) - Ask the person to speak.
Time (time counts—immediately call the Rapid Response Team in the hospital or 911 if you are outside the hospital)

Communicating Effectively: SBAR

It is critical for all healthcare providers to use clear and concise communication when dealing with changes in patient conditions, when communicating critical diagnostic results, and for patient handoffs.

Using a technique developed by the military, the **SBAR** (pronounced S-BAR) can provide a framework for communication that will give you some confidence in your ability to communicate with other professionals.

S stands for **Situation**: Clearly identify the patient and explain the situation.
B stands for **Background** Information: Provide relevant background information and current physical assessment status.
A stands for **Assessment**: What is your assessment of the situation?
R stands for **Recommendation** or **Request**: What do you recommend or need from the other healthcare professional.

Be sure to check with your assigned facility to determine if specific communication strategies are required.

Conclusion:

Remember that it is your responsibility to deal effectively and efficiently with a variety of potential emergencies in the healthcare setting. All healthcare professionals have specific roles during emergencies.

Learn the emergency codes that are used in any clinical facility to which you will be assigned.

If you would like additional information about emergency preparedness or have a question, be sure to ask your supervisor.

Remember that there will be content from this material and opportunities to apply what you've learned in the General Orientation Quiz if your role requires a quiz to document completion!