POLICY TITLE: Response to Medical Emergencies

Submitted by: Daniel Castellanos, MD
Title: Chief of Quality Improvement & Patient Safety

Approved by: Quality Improvement Patient Safety Committee (QIPSC)

Committee Chair: Daniel Castellanos, MD
Title: Chief of Quality Improvement & Patient Safety

Creation Date: 08/2017
Effective Date: 09/2017
Review Date: 09/2017, 09/2022
Revision Date: 11/2020, 09/2025

SUMMARY & PURPOSE: To delineate a process to respond to a potential medical emergency that can occur to a patient, visitor or employee that demonstrates any symptoms of instability or illness (“Individual”) at the Herbert Wertheim College of Medicine (“HWCOM”) clinical locations including contacting Emergency Medical Systems ("EMS") (ambulance or fire rescue).

SCOPE/APPLICABILITY: This policy applies to an Individual at any of the HWCOM Clinical Locations: FIU Health Modesto Maidique, (“MMC”), Green Family Foundation NeighborhoodHELP Mobile Health Centers and Household visits and the Linda Fenner 3D Mobile Mammography Center where faculty and students provide care to patients. This policy excludes the clinical locations where faculty and students are providing patient care in affiliated clinical hospitals, outpatient and diagnostic centers as the policies and procedures of those institutions will govern the process to respond to a medical emergency.

POLICY: If an Individual demonstrates any symptoms of instability or illness in the presence of an HWCOM faculty member or student at any of the HWCOM Clinical Locations that may require emergent care, any staff member of an HWCOM Clinical Location (“Staff Member”) can initiate the emergency medical response plan described in this policy. Emergency medical care shall be initiated when there is a reason to believe that an impending or confirmed medical emergency is occurring. The Individual requiring emergent care will not be left unattended and a staff Member will remain with the patient until help arrives.

Note: Modesto Maidique Campus emergencies: Responding outside the FIU Health MMC Center.
An emergency can happen anywhere, any time. It is important for all of us to know how to react and respond. If a medical emergency occurs in any location on the FIU MMC campus, the first responder, whether that person is a student, faculty, or staff shall alert the Emergency Response Team by calling the
Florida International University Police Department at 305-348-5911 or from an inside campus phone extension 7-5911. They will assist in dispatching Fire rescue to the correct location on campus.

The FIU Health Faculty practice located on the Modesto A. Maidique campus is not set up to administer medical emergencies; such cases are best managed by emergency medical services and FIU police. Obtain basic information, such as name and date of birth. Stay with the Individual until 911 arrives. Complete an incident report.

For emergencies occurring in the HWCOM Clinical Locations:

This policy includes procedures which address the following topics:

1. Initiation of Emergency Response
2. Site Operations during Emergency
3. Emergency Equipment and Supplies
4. Documentation of Event and Follow-up
5. Responding Outside the Center

DEFINITIONS:

HWCOM Clinical Locations:
For the purposes of this policy, HWCOM clinical locations refer to FIU Health Modesto Maidique ("MMC"), Green Family Foundation NeighborhoodHELP Mobile Health Centers and Household visits and the Linda Fenner 3D Mobile Mammography Center.

AED:
An Automated External Defibrillator (AED) is a portable device that checks the heart rhythm and can send an electric shock if necessary to the heart to try to restore a normal rhythm. AEDs are used to treat sudden cardiac arrest.

Emergency Equipment:
AED, ambu-bag with mask, EKG, oxygen, glucometer, blood pressure machine, pulse oximeter and medications. Note: Not all HWCOM clinical locations have the same emergency equipment. All HWCOM Clinical Locations have AED’s. The FIU law enforcement Department carries an AED for the Green Family Foundation NeighborhoodHELP Household visits.

Emergency Response Team:
The team may or may not consist of a physician, physician associate, technician, clinical personnel (CMA, RN, LPN, paramedics), and non-clinical personnel (registration, front desk staff, other office staff)
Note: These members may differ for each of the HWCOM clinical locations.

Emergency Medical Systems:
("EMS") (Ambulance or fire rescue). The Miami-Dade Fire Rescue Department ("MDFRD") provides emergency medical services to Miami-Dade County, and Broward Sheriff’s office ("BSO") provides emergency services to Broward County.

Basic Cardiac Life Support:
("BLS") American Red Cross reaffirms that the goals of BLS are to provide aide, reduce morbidity and mortality and prevent further illness or injury by promoting recovery. The aide can be initiated by anyone, in any situation. This includes promptly recognizing several life-threatening emergencies, providing care and early use of an AED if necessary.
**Instability and/or illness:** An event that you believe threatens someone’s life or wellbeing in such a manner that immediate medical care and attention is needed to prevent an impairment of health that can get worse.

Examples but not limited to:

- Severe difficulty breathing, especially that does not improve with rest
- Chest pain
- A fast or slow heartbeat, $< 50$, $> 120-150$ at rest especially if associated with shortness of breath or feeling faint
- Unresponsiveness
- Difficulty speaking, numbness, or weakness of any part of the body
- Sudden dizziness, mental changes (confusion, very odd behavior, difficulty walking)
- Sudden blindness or vision changes
- Heavy bleeding from the mouth, nose, vagina, or anus
- Bleeding from any wound that will not stop with direct pressure
- Broken bones visible through an open wound, or a broken leg
- Choking
- Allergic reaction, especially if there is any difficulty breathing
- Poisoning or drug overdose
- New severe headache
- Sudden intense severe pain

**Debrief:** An informal discussion of the team members that were part of the Emergency Response Team after an emergency occurs. The discussion would involve positive outcomes, lessons learned and if any changes need to occur before the next unforeseen emergency.

**Against Medical Advice Form:** This form is utilized when patient refuses transfer to higher level of care that may be deemed necessary by the provider or EMS team. The risks, benefits and alternatives of transfer are explained to the patient in their preferred language (English, Spanish, Creole).

**Preferred Language:** For the purposes of this policy, this is the language that the patient feels most comfortable in communicating with the provider and reviewing and signing documents that may be required by the clinical setting.

**PROCEDURES:**

1. **Initiation of Emergency Response**
   
   A. Every Staff Member certified in BLS is responsible for being ready and initiating BLS if necessary. Bring emergency equipment that is available at your location. Be prepared. At FIU Health MMC and the Green Family Foundation NeighborhoodHELP Mobile Health Centers, additional emergency equipment utilized as ordered by the provider. This may or may not include oxygen, Intravenous fluids, EKG, and medications.
   
   B. At the FIU Health MMC campus, first responder will ask for “Help.” Anyone can assist in calling 911 (EMS) first, followed by alerting the Florida International University Police Department by calling 305-348-5911 or from in house phone 7-5911. The Green Family Foundation NeighborhoodHELP Mobile Health Centers, Household and the Linda Fenner 3D Mobile Mammography Center should call 911.
C. The Emergency Response Team is comprised of the following:
   - Team Lead – This is usually the first provider responder if a provider is present at the time of the emergency. Otherwise, if no provider is available the senior clinical person can lead the team.
   - Clinical Staff Member, if available
   - Non-clinical Staff Member
   
   Note: Emergency Response Team members will vary depending on clinical locations and staff availability.

D. Staff members can reassure other patients in the waiting area that there may be care delays due to an emergent situation and that EMS is in route. Apologize for any delays and extended wait times, and/or ascertain that the other patients are not left unattended.

E. The Emergency Response Team will remain with the ill Individual until EMS arrives. All attempts will be made to provide privacy. The individual will be transferred to a room if it is safe, and they are stable. If the Individual is not stable, provide care in the area that they are located. Vital signs can be obtained as frequently as necessary. Each emergency is unique and may be different. If a provider is present, follow his/her orders and directions.

F. Demographic Information on the Individual: If the Individual is not an established patient, attempt to collect basic information (name, date of birth, insurance card, identification card, list of medications). You can obtain information from them or any other accompanying friend or family member. Register the patient in the electronic medical record and document care provided. Note: Emergency response is not delayed registering the patient. Treat the patient first and then obtain the necessary basic information to register. Obtain at minimum the name and date of birth of the patient.

2. HWCOM Site Operations During Emergency
   A. Staff Members will be notified immediately of an emergency and location of the emergency. The Emergency Response Team will address the emergency.
   B. Be prepared. All HWCOM Clinical Locations have an AED except for Green Family Foundation NeighborhoodHELP Household visits. Staff should be aware of where the AED and all emergency equipment is located. At FIU Health MMC and Green Family Foundation NeighborhoodHELP Mobile Health Centers, additional emergency equipment may be utilized as ordered by the provider. The remaining staff will continue to manage the patient flow and keep other patients apprised of the emergency and delays. Do not leave the other patients unattended.

3. Emergency Equipment and Supplies
   A. Bring AED to any emergency and any additional equipment requested by the provider (oxygen, EKG, glucometer) as determined by the equipment available in your clinical area. The FIU Law Enforcement carries AED for the Green Family Foundation NeighborhoodHELP Household visits.
   B. AED logs, defibrillation pads, oxygen tank logs are checked after every emergency at each clinical location to maintain emergency readiness for the following emergency.

4. Documentation of Event and Follow Up
   A. Important items to document: name, date of birth, date, time. WHO, WHAT, WHEN, WHERE interventions provided. Was the Individual in stable condition when transferred to higher level of care? Was the patient stabilized and discharged home?
B. The incident report is completed by the person with the most knowledge of the incident. Documentation can be written on paper and later scanned into the electronic record if the individual is a registered patient. If the patient is unregistered, please proceed to register the patient.

C. The online incident reporting system will be completed in the electronic system, Clarity.

Clarity ICON located on desktop

D. If the patient refuses transfer to higher level of care and the provider or fire rescue deems that patient needs to be transferred and the patient refuses, please complete the Against Medical Advice (AMA) form (See attachment A). Patient must be deemed to have the ability to provide express and informed consent by the provider to sign the form.

E. Notify the HWCOM Director of Operations and Medical Director for MMC. For Green Family Foundation NeighborhoodHELP Mobile Health Centers and the Linda Fenner 3D Mobile Mammography Center contact Medical Director.

F. Follow-up. Try to obtain hospital records (Discharge Summary) for established patients. Record this information in the medical record before the next visit by the care team.

G. A team debrief is recommended after each emergency so that the Emergency Response Team has an opportunity to discuss lessons learned and opportunities for improvement before the next emergent situation.

H. Re-stock all emergency medications and supplies utilized. Check oxygen tanks levels and ensure enough oxygen is available. Return all emergency equipment to their location so they can be easily located for next emergency.
## Suggested Roles and Responsibilities in an Emergency

<table>
<thead>
<tr>
<th>Staff Member</th>
<th>Responsibilities</th>
</tr>
</thead>
</table>
| **Front Desk / Reception / Registration** | 1. Identify patient, visitor, or employee (“Individual”) who is unstable  
2. Alert the emergency care team and provide the Individual’s location  
3. When necessary, activate EMS response, give location and description of the emergency  
4. Alert waiting patients about potential delay  
5. If the Individual is an established patient, print a patient face sheet to provide to emergency responders  
6. If the Individual is a new patient at FIU Health, attempt to collect Individual’s information |
| **Clinical Staff Member (Paramedic, CMA, LPN, RN)** | 1. Bring all emergency equipment to the site of the emergency (AED and other emergency equipment)  
2. Assist with transport to a patient room if stable  
3. Obtain initial set of vital signs; obtain additional vital signs throughout the emergency as warranted  
4. Perform BLS, if indicated  
5. Administer medications as ordered by the physician  
6. Document the emergency |
| (Physicians, Nurse Practitioners, Physician Associates) | 1. Respond to call for assistance  
2. If provider is present, will function as team lead  
3. If no provider is present, the senior clinical person should lead the team response.  
4. Manage the emergency as clinically appropriate  
5. Report to EMS |
| **Additional office staff** | 1. Maintain patient flow  
2. Address needs of family members if present |

**Note:** These are suggested roles and responsibilities for staff but can fluctuate between team members during an actual emergency.

**SUPPORTING/REFERENCE DOCUMENTATION:**
- American Red Cross guidelines BLS: [www.redcross.org](http://www.redcross.org)
- Broward Sheriff’s Office: [http://www.sheriff.org/about_bso/dfres/operations/ems.cfm](http://www.sheriff.org/about_bso/dfres/operations/ems.cfm)

**RELATED POLICIES, PROCEDURES, AND ASSOCIATED FORMS:**
- HWCOM Administrative Policy: *Incident Reporting No.: 200.03.100A*
- Against Medical Advice (AMA) FORM. See attachment A. Available in (English, Spanish, Creole).
ATTACHMENT A:  Against Medical Advice Form (English, Spanish, Haitian Creole)

FIU HEALTH
Refusal of Treatment/Transfer
Against Medical Advice Form

Acknowledgement of Information

(Patient Initial on line) My physician has informed me, in plain language which is understandable by me, that additional medical care is necessary, and that refusal by me of such care and assistance could be hazardous to my health, to potentially include under certain circumstances, disability or death. I acknowledge and understand that I may have a medical problem which may require additional medical attention, and that an ambulance is available to transport me to the hospital for medical care. Instead, I elect to seek alternative medical care and/or refuse further evaluation, treatment and/or transport via ambulance.

Risks:

(Patient Initial on line) The following are the risks associated with not being transferred to a hospital and seeking treatment as advised by my physicians. The medical risks/alternatives have been explained to me and I understand those risks. I am also aware that in the practice of medicine, other unexpected risks or complications not discussed may occur.

Check Risks that Apply: These risks include but are not limited to:
Death □ Additional pain and/or suffering □ Permanent disability/disfigurement □
List other risks as Applicable:

____________________________

Release of Liability

Having read this form and after talking with my physician, my signature below hereby acknowledges that I voluntarily release Florida International University Board of Trustees from any liability resulting from my decision to refuse care and transportation via ambulance and I am declining such care/advice despite the advice of my medical provider. I have read and understand this Acknowledgement of Information, Risks associated with not seeking treatment as advised by my physician.

Patient Name (Printed Name)  Patient Signature  Date

Provider Name (Printed Name)  Provider Signature  Date

Witness  Date

This serves as the English translation to the consent signed in the patients’ preferred language.
FIU HEALTH

Formulario de rechazo de atención (Spanish)
medica/ transporte contra recomendación medica

Reconocimiento de la información

(Iniciales del paciente en la línea) Mi doctor me informó en un lenguaje sencillo y que entiendo, que necesito más atención médica, y que si rechazo dicha atención médica, puede ser peligroso para mi salud y es posible que bajo ciertas circunstancias resulte en discapacidad o muerte. Reconozco y entiendo que tengo un problema médico que requiere más atención médica y que hay una ambulancia disponible para llevarme al hospital para recibir cuidado médico. Sin embargo, elijo buscar otro cuidado médico alternativo y/o me reúso a que me vuelvan a evaluar, me traten y/o me transporten en la ambulancia.

Riesgos:
(Iniciales del paciente en la línea) Los siguientes son los riesgos asociados con el no ser transferido a un hospital y buscar la ayuda médica recomendada por mis doctores. Me han explicado y entiendo los riesgos/alternativas. También entiendo que en la práctica de la medicina, puede haber otros riesgos o complicaciones inesperadas las cuales no se han mencionado.

Indique los riesgos que aplican: Estos riesgos incluyen pero no se limitan a:
Muerte □ Dolor y/o sufrimiento adicional □ Discapacidad/desfiguración permanente □
Mencione otros riesgos que aplican:

Liberación de responsabilidad

Después de haber leído este formulario y hablado con mi doctor, mi firma al pie del documento confirma que: voluntariamente libre al Consejo de Administración de la Universidad Internacional de la Florida de cualquier responsabilidad que resulte de mi decisión de rechazar el cuidado médico y transporte en ambulancia y que rechazo dicho cuidado/ consejo a pesar de la recomendación de mi proveedor de salud. Yo la leí y entiendo este Reconocimiento de la información, riesgos asociados con el no pedir la ayuda médica tal como lo recomienda mi doctor.

Nombre del paciente (letra de molde) Firma del paciente Fecha

Nombre del proveedor (letra de molde) Firma del proveedor Fecha

Testigo Fecha
Refize tretman / transfè (Creole)
Kont Fòm konsèy medikal

On Rekonèt ke ou Resevisa Enfòmasyon yo.

(Inisyal Pasyan an sou liy lan) ________ Doktè mwen enfòme’m, nan lang ke mwen konprann. Ke adisyonèl swen medikal nesesè, epi le se ke mwen refize swen ak asistans sa yo, ka yon danje pou smite mwen, e nan sètèn sikonstans, andikap oswa lannò. Mwen rekonèt e mwen konprann ke mwen ka gen yon pwoblèm medikal ki ka nesesite plis atansyon medikal, e ke yon aibilans disponib pou transpote’m nan lopital pou swen medikal. Olye de sa, mwen chwazi pou chache lòt swen medikal ak/oswa refize plis evalyasyon, tretman ak/oswa transpò atravè aabilans.

Risik:
(Inisyal Pasyan an sou liy lan) ________ Sa yo se risk ki asosye ak lè mwen pa transfere nan yon lopital ak chache tretman dapré konseje doktè mwen yo. Yo te eksploke’min risk medikal / alternativ yo, epi mwen kouprann risk sa yo. Mwen konnen tou ke nan pritik medisin nan, lòt risk instandi oswa kouplikasyon ki pa te diskite ka rive

Tcheke Risk ki aplike:  Risk sa yo enkli, men yo pa limite a:
Lannò  □ Plis Doule epi/oswa soufrans □ Andikap Pemanan / defigirasyon □
 Lis lòt risk ki aplikab:

_________________________

Responsabilite Anile

Apre ke mwen li fòm sa a epi apre ke’m pale avèk doktè’m, siyati mwen anba a rekonèt ke:
Mwen volonteman anle International University Board of Trustees (Komisyon Konséy Florida Administrasyon Enfòmasyon) de nempòt responsabilite ki soti nan desizyon’m pou refize swen ak transtopasyon atravè aabilans epi mwen refize swen sa a / konseje malgrè konseje doktè mwen an. Mwea li, konprann epi Rekonèt Enfòmasyon, Risk ki asosye ak pa chache tretman kòm doktè’m te konseye mwen.

Non Pasyan (Enprime Non) __________________________ Siyati Pasyan __________________________ Dat __________________________
Non founisè (Enprime Non) __________________________ Siyati founisè __________________________ Dat __________________________

Temwen __________________________ Dat __________________________