

The purpose of this Alert is to remind all providers of service of their responsibility to assure the immediate health and welfare of individuals they serve. When people who know the individual best see significant changes in an individual's medical condition, immediate medical attention should be obtained. When in doubt, seek medical attention immediately! We hope to raise awareness that in a medical emergency every second counts.

All DD Employees are required to be trained, annually, on identification and reporting of Major Unusual Incidents (MUIs) and Unusual Incidents (UIs) prior to direct contact. This training includes the review of any Health and Welfare Alerts released since the previous calendar year's training.

For questions or comments, please contact the MUI/Registry Unit at (614) 995-3810.
dodd.ohio.gov

Last year, the individuals we served (approximately 92,000) experienced 703 medical emergencies, 1,619 significant injuries, and 5,016 unscheduled hospitalizations. This

information obtained from the Incident Tracking System, is critical for so many reasons. It illustrates that like all of us, the individuals we serve needed medical interventions and supports. It guides our efforts for preventive medical care for individuals, as well as system-wide.

Additionally, this data shows that our support professionals acted quickly to get needed treatment and advocate for those in their care. **In most situations, the actions of staff prevented future injury and in some cases saved lives through performing abdominal thrusts/back blows to a choking individual, or CPR for someone in a cardiac crisis.**

The MUI Unit identified some cases where a delay in providing health care services caused health and welfare concerns. In some instances, the agency provider or family members asked to be contacted prior to obtaining medical treatment for an individual. In a few cases, the delay in contacting a supervisor/family caused grave outcomes for the individuals served. While providers must be respectful of the wishes of family members, providers also must assure that appropriate medical care and treatment is given.

Discussions should occur annually, at each individual's Individual Service Plan (ISP) meeting, related to emergency medical treatments. In many cases, families and guardians sign emergency medical consent forms to assure that immediate medical attention is provided as necessary.

Often these forms contain the name of the preferred hospital and physician. Generally, County Boards and providers should NOT agree to delay calling 911 until the guardian

or family is notified. If a guardian or family has special concerns regarding medical care, these should be addressed at the ISP meeting and in the ISP itself.

The fact that a supervisor, family member or guardian has asked to be contacted immediately does not relinquish the provider's responsibility to assure the health and well-being of the individual. Any unnecessary delays in medical treatment can have tremendous negative outcomes up to and including the death of an individual.

When to call 911 for Emergency Assistance

This listing may not be all-inclusive and should be updated to meet the needs of the individuals you serve.

- The person appears very ill; sweating, skin looks blue or gray
- Severe, constant abdominal pain
- Bleeding heavily, despite direct pressure
- Blood pressure of 200 or above for upper number and/or 120 or above for lower number
- Blood pressure below 90 for upper number, when normally above 90
- Pulse (heart rate) is less than 40 or greater than 140
- Difficulty breathing and/or severe wheezing
- Chest pain
- Fainting or loss of consciousness
- Change in responsiveness
- Fall with severe head injury (fall on face, bleeding, change in level of consciousness). Do not move; keep warm
- Fall, unable to get up on own and normally would be able to do so, or in a lot of pain when lying still or trying to get up. Do not move; keep warm
- Fall, limb deformity noted (bone sticking out, swelling, unusual position of arm, leg). Do not move; keep warm
- First time seizure; roll to side, protect head, and move obstacles that may pose a threat

Continued on page 2

When to call 911 for Emergency Assistance

Continued

- Seizure lasting 5 + minutes; one seizure right after the other; person does not wake up after the seizure; person does not start breathing within one minute after seizure stops (is CPR needed?).
- Repeated vomiting/diarrhea for less than 12 hours, but not responding normally
- Any bloody or “coffee grounds appearance” looking vomit/diarrhea
- Sudden loss of vision

The Power of One Person

Your fast actions can save a life!

- Effective CPR immediately after sudden cardiac arrest can **double or triple a victim’s chance of survival!**
- Chance of survival decreases 7-10 percent *per minute* if no CPR.
- Failure to act in a cardiac emergency can lead to unnecessary deaths.
- Sadly, less than eight percent of people survive who suffer cardiac arrest in a non-hospital setting.
- CPR attempts always should be started *immediately*, unless a Do Not Resuscitate (DNR) order is in place, and should continue until effective, or until death has been determined by a medical professional.



Communicating with EMS/Hospital Staff prior to and while the individual receives Emergency Treatment

- **Alert EMS operator to symptoms and what actions have been taken**
- **Provide concise information about individual’s health** (both current and history). Remember: EMS and hospital staff will not have time to read through a lot of documents.
- **Medical Information should include:**
 - Copy of current medications or Medication Administration Record
 - Allergy Information
 - Reason for visit
 - Diagnosis
 - Family/Guardian information
 - Provider On-call/Contact Information
 - Person’s insurance card

Best Practice is that a knowledgeable and comforting support person (family, provider, friend) accompany individuals on all medical appointments. This becomes even more critical in emergency situations. If this is not possible, a call should be made to the hospital providing information.

You can request a “sitter service” to provide support to the individual until someone can be there.

- **Ensure that any dietary concerns** (diet textures including NPO orders, adaptive equipment) are communicated.
- **Ensure that any items such as glasses, hearing aids or communication devices are provided.** Make sure medical staff knows how the person communicates and the best way to communicate with them.
- **Check accommodations that may need to be made** (e.g., for some patients with autism, fluorescent lights can create problems, for *patients with pica, removing objects, such as gloves, from the waiting and examining rooms.*

Think about taking some items that will provide the person comfort while in the hospital. Items, such as, a favorite game, magazines, pictures or notebook, can help ease some anxiety during this stressful time.

Additional Resources:

American Red Cross

<http://www.redcross.org/take-a-class>

American Heart Association

<http://www.heart.org/HEARTORG/>

Health Care for Adults with IDD

<http://vkc.mc.vanderbilt.edu/etoolkit/>

DODD’s Health and Welfare Toolkit

dodd.ohio.gov

IMPORTANT: When people who know the individual best see significant changes involving medical concerns, immediate medical attention should be obtained. When in doubt, seek medical attention immediately!

Every second counts! Don’t waste time making notifications, making sure the person is clean, dressed or hair is combed. The most important thing is that the person is being cared for and emergency help is on the way.

Remember, the health and welfare of the individuals we serve depends on quick, decisive, action to obtain emergency medical services. Let’s work together to make sure that every second counts.

For Questions or Comments:

For questions or comments regarding this alert, please contact the MUI/Registry Unit.

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