



Millersville University

Medical Emergency Guidelines

Department of Environmental Health and Safety

EHS Standard Operating Procedure- 4.1

1. PURPOSE

Medical emergencies, including traumatic injuries and mental health crises, can occur to anyone at any time while on the Millersville University Campus. The purpose of this procedure is to outline the steps that should be taken in the event of a medical emergency involving staff, students, faculty, or visitors.

2. SCOPE

This procedure applies to all Millersville University faculty, students, and staff.

3. MEDICAL EMERGENCY

An emergency medical condition manifests itself by acute symptoms of sufficient severity, which may include pain or other acute symptoms, such that the absence of medical attention could reasonably be expected to result in serious jeopardy to the health of a patient.

If you or someone else is having a medical emergency or has sustained an injury, **call 911**.

4. MENTAL HEALTH CRISIS

A mental health crisis is a life-threatening situation in which an individual is imminently threatening harm to self or others, severely disoriented or out of touch with reality, has a severe inability to function, or is otherwise distraught and out of control. More information can be obtained by visiting the [Counseling & Human Development Center](#) or [Behavioral Intervention Team](#) websites.

If someone is displaying symptoms of a mental health crisis and is aggressive, hostile, making threats, or engaging in self-injurious behaviors, call 911.

Medical Emergency Procedure-FAQ's

Medical Emergency

What should I do if a STUDENT or EMPLOYEE sustains an injury or is having a medical emergency?

- Call 911.
- Give your name, describe the nature and severity of the medical problem, and provide the location of the victim. Do not hang up until released by the emergency operator.
- Remain calm, and if possible, send someone to meet emergency responders outside and direct them to the person's location. DO NOT move the victim unless the person is in immediate danger.
- If the individual is awake and responding, the individual has the right to determine their own health care needs and the response to those needs. When in doubt, call 911 and let the responding police or EMTs help the individual with that assessment.
- In case of minor injury or illness, students may choose to be seen at Health Services or have a trained person provide the appropriate first aid.

What are ways I can provide assistance to someone having a medical emergency?

- Check breathing and check for a pulse. If there is no pulse and you are capable, perform CPR and use an AED.
- Control any serious bleeding by applying direct pressure to the wound and use a Stop the Bleed kit if one is readily available.
- If the emergency is related to a known or suspected overdose, retrieve Narcan from the wall mounted box installed by any AED and administer in accordance with the instructions provided.

Who needs to be contacted if a STUDENT has an emergency? If an incident occurs while a student is engaged in academic activities, the incident should also be reported to the Chair and the Dean of the appropriate department. In the event of a serious injury or illness, the Dean will contact the Provost.

What can I do as a person with a medical condition? Persons with serious or unusual medical problems are encouraged, before an incident, to notify their supervisors or instructors of the medical problem and the standard emergency treatment related to that problem.

What should I do if I sustain an injury while at work? Seek medical treatment.

Who should be contacted if an EMPLOYEE has a serious injury or illness? An employee should then notify their first line supervisor after an injury. In the event of a serious injury or illness, the supervisor will contact the EHS Director, and the appropriate Associate Vice President, Vice President, or other designated department head.

Mental Health

What should I do if someone is having a mental health crisis and is aggressive, hostile, or presenting a threat to themselves or others? Call 911.

What should I do if I am concerned about someone that is having mental health struggles or other worrisome behavior? Contact the Behavioral Intervention Team at (717) 871-7070.

What are signs of a mental health crisis?

- Has acted upon or making serious threats of suicide
- Making serious threats towards another person
- Severely impaired by use of alcohol or other drugs
- Acts with anger or rage
- Acts with recklessness
- Displays highly erratic or unusual behavior
- Has frequent and abrupt changes in mood

Other warning signs include:

- Be agitated or even aggressive
- May be withdrawn or uncommunicative
- Speak incoherently with unconnected thoughts
- May talk about suicide or not wanting to be alive
- DO NOT ignore such talk

What should I do if a STUDENT is having a mental health crisis during a weekday (non-hostile or aggressive, etc.)? Escort the individual to the Counseling Center after confirming they are open. The counseling center can be reached at 717-871-7821.

What should I do if a STUDENT is having a mental health crisis outside of Counseling Center hours (non-hostile or aggressive, etc.)? Call 911 or Crisis Intervention at 717-394-2631. For the Suicide and Crisis Lifeline, call or text 988.

What should I do for an EMPLOYEE having a mental health crisis? If an Employee is displaying symptoms of a mental health crisis and is not hostile, making threats, or engaging in self-injurious behaviors, refer the employee to the State Employee Assistance Program (SEAP)

SEAP

Phone: 1-800-692-7459

Hours of Operation: 24/7

Where can I get more information regarding mental health? More information can be obtained by visiting the [Counseling & Human Development Center](#) or [Behavioral Intervention Team](#) websites.

After an Incident

What needs to be done after a STUDENT injury? If a University employee was present, they should complete the [Student Accident Report Form](#) and email it to the EHS Director. The EHS Director may conduct an investigation to evaluate the root cause and develop lessons learned or corrective actions.

The report or information contained within will only be shared with individuals directly involved in the care of the individual or those directly involved in the health and safety of the individual named in the report.

If an incident occurs while a student is engaged in academic activities, the incident should also be reported to the Chair and the Dean of the appropriate department.

In the event of a serious injury or illness, the Dean will contact the Provost to coordinate notifications, class cancellations or relocation, and other associated affairs. The Provost may contact communications and marketing to initiate the crisis communications process.

What needs to be done after an EMPLOYEE injury? Contact Human Resources when possible. Complete and submit an Employee's Report of Injury. Ask your supervisor to do the same. [Employee's Report of Injury](#); [Employer's Report of Occupational Injury or Disease](#).

In the event of a serious injury or illness, the supervisor will contact the EHS Director, and the appropriate Associate Vice President, Vice President, or other designated department head to coordinate notifications, class cancellations or relocation, and other associated affairs. Marketing and communications may be contacted to guide the crisis communications process.

What should I do if there are housekeeping concerns following an incident? Housekeeping should be requested for any bodily fluids, cleaning, or trash removal needs. Contact Facilities at 717-871-7875 to request assistance. For incidents that are beyond the capabilities of Housekeeping, facilities may contract services to assist.

What services are available for witnesses and responders? Responders or witnesses to incidents involving a significant emergency may need emotional support and help so as not to damage their emotional health. Any employee who takes part in delivering emergency care to a victim, or who witnesses the event, and who needs critical stress debriefing or other emotional support services should contact the State Employee Assistance Program at 800-692-7459. Students involved or affected by an incident should contact the Millersville University Center for Counseling and Human Development 717-871-7821 or Crisis Intervention at 717-394-2631.

REFERENCES

American Medical Association Advocacy Resource Center- Medicaid- Definition of Emergency Medical Condition and Emergency Medical Services

Penn Foundation Articles of Interest- Warning Signs of a Mental Health Crisis and How to Respond

Pennsylvania Department of Labor and Industry- Workers' Compensation & the Injured Worker Pamphlet

Power of Positivity- 15 Signs Someone is Facing a Mental Health Crisis

PsychCentral- What is a Mental Health Crisis?

Robert Morris University- Student Incident/Injury Report Form

University of Virginia- Emergency Procedures Guide

University of Wyoming- Emergency Response Plan

Attachment A



Student Incident/Injury Report Form

Please complete form within 24 hours of incident occurring. Form can be submitted electronically to the Director of Environmental Health and Safety (EHS@millersville.edu) or by printing and submitting in-person.

Incident Information

Name of person involved in incident or injured:- _____
Date of Incident: _____ Time of Incident: _____

Location of Incident, be specific to building, room, area, or location on premises:

Injured Person Details

Name of injured person: _____ Home Phone Number: _____
Cell Phone Number: _____ Email: _____
Address: _____
Age: _____

Please List any Witness(es) to Incident

Name: _____ Phone Number: _____
Name: _____ Phone Number: _____

Incident Details

Was injured person involved in an event when incident occurred? _____

What type of event was injured person involved in if any? (Check those that apply)

Sporting Recreational League Conference/Meeting Other

Was a release/waiver signed if involved in an event? Yes No

Was event equipment involved in the incident? Yes No

Describe equipment involved: _____

Was the equipment owned by MU?: Yes No

Injury Description

Nature of injury: (Circle all that apply)

Strain/Sprain	Fracture	Laceration/Cut	Bruising	Scratch/Abrasion
Dislocation	Burn/Scald	Internal	Foreign Body	Chemical Reaction
Needle Stick	Amputation	Other		

List body parts injured if any: _____

Was an ambulance called? _____ Yes _____ No

Was the incident reported to MU Police? _____ Yes _____ No

Treatment sought: _____ Emergency/Hospital _____ First Aid _____ None _____ Other

If treatment was sought please note where: _____

Damaged Property

Was there any property damage? _____ Yes _____ No

Other: _____

Please list any property, equipment or material damaged: _____

Description of damage to the items listed above: _____

Cause of incident/damage: _____

Description of Incident

Describe in detail what happened (who, what, where, when, why):

Describe what action, condition, and/or circumstance caused the incident: _____

Summarize other conditions related to the incident- even contributing factors that may have reduced the severity: _____

Preventative or Corrective Actions

Describe the actions that will be taken to prevent recurrence if any: _____

Signature

Reported by (print name) : _____

Reported by (sign name): _____

Date: _____

Attachment B

MILLERSVILLE UNIVERSITY EMPLOYEE'S REPORT OF INJURY

Name _____ Perner # _____

Address _____
Street City State Zip

Home or Cell number _____ Occupation _____

Department _____

Birthdate _____ Married ___ Yes ___ No Number of Dependents _____

List Any Other Employment _____

Date of Injury _____ Time _____ AM _____ PM _____

Date Injury was Reported _____

Who was Injury reported to _____

Describe fully how injury happened: _____

Injury Witnessed by: _____

What part(s) of your body were injured _____

Did you stop work as a result of your injury _____ When _____

From whom did you receive your first medical treatment _____

Date of first treatment _____

Are you still undergoing treatment _____

Signature _____ Date _____

Attachment C

EMPLOYER'S REPORT OF OCCUPATIONAL INJURY OR DISEASE

**Please complete entire form & return to Human Resources *within 48 hours* {fax 871-7950}.
If you have questions, please call 871-4950**

1. Date of Report (today)		2. Date of Injury		Time of Injury <input type="checkbox"/> AM <input type="checkbox"/> PM		3. Starting Time on Date of Injury <input type="checkbox"/> AM <input type="checkbox"/> PM		4. If Employee Back to Work, Give Date	
5. If Fatal Injury, Give Date of Death			6. Date Supervisor Knew of Injury			7. Date Disability Began			
8. Employer Millersville University					9. Person Making Out This Report (SUPERVISOR)				
10. Employer's Street Address PO Box 1002					11. City, State, Zip Code Millersville, PA 17551-0302				
12. Employee Name (LAST, FIRST, MIDDLE INITIAL)					13. PERNER#				
14. Employee Address (Street, City, County, St, and Zip Code)					15. Employee Telephone Number (Include Area Code)			16. Male <input type="checkbox"/> Female <input type="checkbox"/>	
17. Date of Birth		18. Married <input type="checkbox"/> Yes <input type="checkbox"/> No	19. Number of Children under 18		20. <input type="checkbox"/> Full-time <input type="checkbox"/> Part-Time		21. Occupation/Job Title		
						22. Department			
23. Place of Injury Employer's Premises: <input type="checkbox"/> Yes Give exact location - office, room, area, building name					<input type="checkbox"/> No Give exact location - street, city, county, state				
24. WHAT WAS EMPLOYEE DOING WHEN INJURED? (BE SPECIFIC , IF USING TOOLS OR EQUIPMENT OR HANDLING MATERIAL, NAME THEM AND TELL WHAT HE WAS DOING WITH THEM)									
25. HOW DID INJURY OCCUR? (DESCRIBE FULLY THE EVENTS WHICH RESULTED IN INJURY OR DISEASE. TELL WHAT HAPPENED AND HOW IT HAPPENED. NAME ANY OBJECTS OR SUBSTANCES INVOLVED AND TELL HOW THEY WERE INVOLVED. GIVE FULL DETAILS ON ALL FACTORS WHICH LED OR CONTRIBUTED TO INJURY OR DISEASE)									
26. Did Injury or Disease Occur Because of Mechanical Defect <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please describe)					27. Did Injury or Disease Occur Because of Unsafe Act <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please describe)				
_____					_____				
_____					_____				
28. NATURE AND LOCATION OF INJURY OR DISEASE - DESCRIBE FULLY - INCLUDING PARTS OF BODY AFFECTED									
29. ATTENDING PHYSICIAN AND ADDRESS (IF HOSPITAL INVOLVED - INDICATE)									

SIGNATURE OF PERSON IN 9 ABOVE
