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 guideline 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 guideline 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 Guideline-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/Visitor 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? _____Y es _____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 educed 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 ☐ AM ☐ PM	3. Starting Time on Date of Injury ☐ AM ☐ 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 ☐ Female ☐

17. Date of Birth	18. Married ☐ Yes ☐ No	19. Number of Children under 18	20. ☐ Full-time ☐ Part-Time	21. Occupation/Job Title 22. Department

23. Place of Injury Employer's Premises: ☐ Yes ☐ No
Give exact location - office, room, area, building name _____
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 ☐ No ☐ Yes (If yes, please describe)	27. Did Injury or Disease Occur Because of Unsafe Act ☐ No ☐ 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

_____