

## TRAINING UPDATE

**Lab Location:** SGAH & WAH  
**Department:** Field Ops

**Date Distributed:** 10/22/2014  
**Due Date:** 11/30/2014  
**Implementation:** **12/1/2014**

### DESCRIPTION OF PROCEDURE REVISION

<b>Name of procedure:</b>
<b>Outpatient Emergency Assistance    SGAH.P21, WAH.P19 v1</b>
<b>Description of change(s):</b>
<p>Section 5:</p> <ul style="list-style-type: none"><li>• add instruction to not lift patient</li><li>• re-word warning for fainting</li><li>• clarify incident documentation</li></ul> <p><b>This revised SOP will be implemented on December 1, 2014</b></p>

**Document your compliance with this training update by taking the quiz in the MTS system.**

**Approved draft for training (version 1)**

Non-Technical SOP

<b>Title</b>	<b>Outpatient Emergency Assistance</b>	
<b>Prepared by</b>	Leslie Barrett	Date: 7/13/2009
<b>Owner</b>	Samson Khandagale	Date: 7/13/2009

<b>Laboratory Approval</b>		
<b>Print Name and Title</b>	<b>Signature</b>	<b>Date</b>
<i>Refer to the electronic signature page for approval and approval dates.</i>		
Local Issue Date:		Local Effective Date:

<b>Review:</b>		
<b>Print Name</b>	<b>Signature</b>	<b>Date</b>

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**1. PURPOSE**

To describe the actions necessary to provide emergency assistance for patients and customers in the Laboratory area.

**2. SCOPE**

This procedure applies to all Phlebotomy and Client Service staff.

**3. RESPONSIBILITY**

All Phlebotomy and Client Service staff must respond appropriately when a patient requires assistance.

The Field Operations manager is responsible for review and content of this procedure.

**4. DEFINITIONS**

MET – Medical Emergency Team (WAH only), consisting of ED nurse, ED technician, Respiratory Therapist and two Security Officers.

**5. PROCEDURE**

**A. Guidelines**

1. Assistance will be immediate whenever the patient or the people accompanying our customer experience a need for medical intervention.
2. The front desk area will never be left unattended while there are patients in the reception area.
3. Client Service and Phebotomy staff are responsible for observing the customers and/or patients for loss of consciousness.

## B. Response to the bathroom emergency alarm

At SGAH:

1. Knock on the bathroom door.
2. Identify yourself by stating your name and that you are a Laboratory employee.
3. Ask the person if assistance is needed.
4. If no response, send someone to get the immediate supervisor and the nearest physician.
5. Open the door with the key hanging at the front desk and evaluate the situation by aiding the patient appropriately.
6. Seek further assistance from supervisor, manager or other staff as needed.

At WAH:

1. Knock on the bathroom door.
2. Identify yourself by stating your name and that you are a Laboratory employee.
3. Ask the person if assistance is needed.
4. If no response, send someone to get the immediate supervisor and the nearest physician.
5. Roll the door stop upward to recess, and pull door towards you.
6. Call code MET for immediate assistance. Do not move the patient or try to lift a patient that is on the floor.
7. Remain in the area and assist MET team as needed.

## C. Response to a patient needing assistance in the Laboratory area

1. Assist the patient and call/send someone to get the immediate supervisor and the closest physician.  
At WAH: Press Safety buzzer located within drawing rooms; stay with the patient until help arrives.
2. The supervisor will evaluate and activate MET (WAH) or Rapid Response (SGAH)

## D. Medical Emergency or Loss of Consciousness (LOC)

**Procedure:** Ask the patient if they have history of fainting or feeling dizzy when getting their blood drawn. If so, ask the patient to lie down on the examination bed before performing the blood draw.

1. If the patient feels dizzy during the blood drawing procedure:
  - Terminate the procedure
  - Lie the patient down on the floor
  - Stay with the patient
  - Elevate patients legs above the heart
  - Send for the Supervisor and the Pathologist/closest physician
  - Apply moist towels to face

2. If the patient faints:
  - Terminate procedure immediately
  - Ask help from coworker or other persons in the immediate area
  - Prevent the patient from falling
  - Lie the patient down with their head below their heart
  - Raise their feet 8 to 12 inches above their heart (promoting blood flow to the brain)
  - Turn the patients head to the side (preventing tongue from blocking airway)
  - Loosen any tight clothing
  - Apply moist towels to face and neck
  - Keep the patient warm
  - Continue to stimulate the patient by asking them how they feel throughout the process
  - Report incident to the immediate Supervisor and to closest Physician/Pathologist
  - SGAH: Call extension 4444 to activate Rapid Response team
  - WAH: Call hospital operator to activate MET

DO NOT:

- ~~Slap~~ Shake or strike the patient in an attempt to rouse them
- Give the patient anything to drink, NOT even water, until fully conscious (adults: able to carry on a conversation, babies: cries or otherwise respond to outside stimuli)
- ~~Do not allow the patient to stand until weakness feeling passes~~
- Do not lift or assist the patient to stand by yourself. MET or Rapid Response Team member must be present before allowing patient to stand.

**E. Documentation**

1. All incidents must be documented on a Quality Variance (QV) form and submitted to the supervisor or manager.
2. Follow up reporting on the hospital electronic occurrence system is performed by laboratory QA staff.

**6. RELATED DOCUMENTS**

Medical Emergency Team (MET) Instructions, WAH (AG.F248)

**7. REFERENCES**

Adventist Healthcare policies

**8. REVISION HISTORY**

<b>Version</b>	<b>Date</b>	<b>Reason for Revision</b>	<b>Revised By</b>	<b>Approved By</b>
		Supersedes SOP P015.001, S036.000		
000	10/9/2014	Section 5: add instruction to not lift patient, re-word warning for fainting, clarify incident documentation Section 6: add form Footer: version # leading zero's dropped due to new EDCS in use as of 10/7/13	N Maskare	S Khandagale

**9. ADDENDA AND APPENDICES**

None