

DANIELLE'S LAW IN-SERVICE: IS THIS A LIFE-THREATENING EMERGENCY?

TRAINERS ANSWER KEY

DIRECTIONS:

In a small group, discuss the following scenarios to determine if the situation is a life-threatening emergency requiring a 911 call. Decide how you would handle the situation. Choose a group leader as spokesperson in the event you are asked to share your answers with the larger group.

SCENARIO #1: You provide individual supports to Suzie in her own home. One afternoon, as she is walking down the driveway to get her mail, you witness Suzie trip over an uneven patch on the sidewalk and fall to her knees. She cries out in pain and does not immediately stand up. When you reach her to offer assistance, you notice that both her knees are skinned and bleeding. You help her to her feet.

This is NOT a life-threatening emergency. Basic first aid would be appropriate.

SCENARIO #2: Ilene is volunteering at a food bank where she helps to stack and sort the canned goods into different bins. She does not realize one of the metal bins has a jagged edge and when she reaches past it, she slices her forearm and it begins to bleed. The cut is long and painful, but not deep. You help her to clean the wound and stop the bleeding.

This is NOT a life-threatening emergency. However, medical attention would be necessary for assessment of the need for stitches as well as a possible tetanus shot for prevention of serious infection due to the metal bin.

SCENARIO #3: Will calls you to say he cannot go to work today because he has a sore throat, a runny nose, and a cough. He says he did not sleep well last night and is very tired. He is sniffling the whole time you are on the phone and his voice sounds very scratchy. He says he is starting to get the chills and is going back to bed.

This is NOT a life threatening emergency. Monitoring and/or follow up to check in on this individual would be appropriate to ensure the person's condition does not worsen over the next few days and whether a doctor's visit may be needed.

SCENARIO #4: You are assisting Carmen during her shower. She is seated in a shower chair and as you help her dry off, you hear a wheezing sound when she breathes. You lean closer and hear a whistling noise every time she breathes in. You know Carmen has a history of asthma and has asthma medications. After Carmen takes her asthma medications, she is still wheezing strongly.

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This IS a life-threatening emergency. Trouble breathing following medical protocols for asthma (e.g. inhaler, medication, nebulizer treatment) should be considered life-threatening. The person could stop breathing during transport to the hospital, thus 9-1-1 must be called.

SCENARIO #5: Frank is finishing his breakfast. He has not shown much appetite this morning, and has only picked at his food, which is unusual for him. Throughout the meal, he has rubbed at his left shoulder and arm and made grimacing faces. He nods every time you ask if he feels okay. As he passes you his dishes to put in the sink, you notice he is sweating and pale. He starts to rub his chest and says it feels like someone is standing on his chest.

This IS a life-threatening emergency. Signs of a heart attack must always be addressed by immediate 9-1-1 call. The person could go into cardiac arrest during transport to the hospital, thus 9-1-1 must be called.

SCENARIO #6: One night, Ida gets up to use the bathroom and trips over the outstretched legs of her roommate sitting next to her. She falls and doesn't quite catch her fall with her hands. You witness her head hit the carpet. She gets up right away, rubbing her head. She is crying a little bit and says that it hurts. When you check her head, she has very faint redness and a little swelling on the left side of her forehead.

This is NOT a life-threatening emergency. However, medical attention would be appropriate if the swelling worsens or if there is persistent pain. If the person experiences worsening of condition or serious head injury symptoms (see below Scenario #7), this would rise to a life-threatening emergency and thus 9-1-1 would need to be called.

SCENARIO #7: You are assisting several people from the van to their day program to start the day when Carlos slips on some ice and falls backwards, hitting his head on the pavement. He doesn't move right away and seems stunned by the fall. You ask him if he is okay and attempt to sit him up, but he doesn't really respond although his eyes are open.

This IS a potential life-threatening emergency as the person could have a concussion. A serious head injury can result in death. Head injuries resulting in confusion, disorientation, dizziness, delayed response, excessive sleepiness immediately following the injury, severe pain, vomiting, or blurred vision should be considered a serious head injury and 9-1-1 must be called.

SCENARIO #8: Jerome is sitting in his chair, working on a puzzle, when his body stiffens, then he begins to breathe deeply before he becomes unconscious. He slumps back in the chair and begins to have jerky movements. You loosen the shirt around his neck and ensure he is breathing. Jerome has a known seizure disorder, so you know to time the seizure as he typically has seizures that last about 2-3 minutes a few times a week. After 3 minutes have passed, the jerky movements stop and he opens his eyes and starts to sit up. He is breathing fine now but appears tired.

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This is NOT a life-threatening emergency. Typical seizures lasting less than 5 minutes do not require activation of the emergency response system. Staff should follow any medical protocols already in place and document the seizure according to agency policy.

SCENARIO #9: Molly is out to eat with her friends at the mall when she begins to make gurgling sounds while swallowing. She begins to cough and some food comes out of her mouth. She continues to sound like she is gagging and her eyes are watering. She appears to stop breathing and you jump up to use back blows and abdominal thrusts to assist her. It works right away and a piece of food comes out.

This IS a potentially life threatening emergency. Calling 9-1-1 is warranted due to the use of back blows and abdominal thrusts. Internal damage such as swelling of the airway can occur within minutes to hours following a choking incident involving manual removal of airway obstruction. In addition, food coming up does not mean the airway is fully cleared.

SCENARIO #10: June has stage 4 cancer and is receiving hospice care and has a DNR. As per a recent planning meeting, June must be repositioned by staff every three hours as she is no longer able to move on her own. While being repositioned, staff were unaware the bed rail was in the down position, and June fell out of bed, hitting her head on the night stand before landing on the floor. She was bleeding profusely from a deep laceration to her head. June immediately complained of a severe headache. Moments later, she reported changes to her vision and began to have difficulty speaking.

This IS a life threatening emergency. Calling 911 is required because the the injury is not related to her terminal illness. Staff should call 911 and advise the responding medical personnel of hospice status and DNR order and follow recommendations.

SCENARIO #11: You are a job coach assisting Harry at his new job in the kitchen at the local restaurant. Harry is in charge of food preparation today and is chopping salad items at the counter with a sharp knife. Just as you turn to leave since he is doing well on his own, you hear him cry out in pain. The palm of his hand has a long gaping cut across the whole width of his hand. It is bleeding profusely. You grab a clean towel, wrap it around his hand, and apply pressure. The blood continues to soak right through the thick towel.

This IS a life-threatening emergency. Serious/severe bleeding that does not stop with basic first aid could lead to impairment or dysfunction of the body part if not immediately addressed. Serious/severe bleeding can also progress to shock, which is life-threatening and can result in organ failure and 9-1-1 must be called.



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