



# Medical Emergency Response Plan

UT Department of Theatre • 206 McClung Tower • Knoxville, TN 37996

## APPLICATION

This plan shall be placed into effect at any time a Medical Emergency occurs.

## PURPOSE

The Medical Emergency Response Plan (Medical ERP) addresses the immediate need for medical assistance in the event of traumatic injury or illness of any building occupant. It also assigns specific duties for effective evaluation, care, transportation and follow-up procedures of emergency situations. This ERP can be applied by any building occupant and specifically details the duties and responsibilities of Faculty and Staff for the Department of Theatre.

## FIRST AID KITS

First Aid Kits are maintained by the Department in several locations throughout our facilities which are noted below. Exact locations are indicated by appropriate signage in the area. In addition, an Automated Electronic Defibrillator (AED) is located in a cabinet at the bottom of the Booth Stair beside Concessions.

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|-----------------------------------|--|
| 1. CBT Booth Stair [199S1]        | wall mounted (removable) – lowest level by AED           |
| 2. CBT Booth [C202]               | beside SM station  |
| 3. Wardrobe Room [D102]           | on wall beside makeup cabinets                           |
| 4. Lab Theatre Dimmer Room [E203] | wall mounted (removable)                                 |
| 5. Lab Theatre Prop Closet [E202] | Shelf 3, Slot 1  |
| 6. Scene Shop [S122]              | wall mounted (fixed) to the left of the loading door     |
| 7. Prop Shop [S012E]              | by the entrance to the sink room                         |
| 8. Costume Shop Bathroom [W011B]  | wall mounted (removable) – just inside the shop entrance |
| 9. Carousel Booth [100]           | wall mounted (removable)                                 |
| 10. Carousel Dressing Room [105]  | wall mounted (removable) – beside Hallway entrance       |
| 11. HPER Studio [B020]            |  |
| 12. Main Office Workroom [T205]   | located at the left end of the shelving unit             |

Items stocked in each kit are as follows:

Bandages and Dressings	
Qty	Item
1	Box of Assorted Bandages
2	Triangular Bandages (Non-Sterile)
2	Gauze Roller Bandages
1	Ace Bandage
5	Woven Knuckle Bandages
1	Roll of Waterproof Adhesive Tape
1	Box 4x4 Sterile Gauze Pads (10 Units)
5	3x4 Sterile Non-Adherent Pads
5	2x3 Sterile Non-Adherent Pads
2	Sterile Eye Pads

Medicine*	
Qty	Item
1	Box-Triple Antibiotic Ointment (10 Units)
10	Alcohol Prep Pads (Antiseptic Wipes)
10	Packets of Burn Cream
10	Packets of Benadryl
10	Packets of Aspirin
10	Packets of Advil/Ibuprofen
10	Packets of Antacid
10	Packets of Diotome/Pepto Bismol
10	Single-Use Eyedroppers
<b>* Medicine is not stocked in the Lab or HPER</b>	

Tools			
1	First Aid Manual	1	Scissors
1	Instant Cold Pack	1	Tweezers
2	Pair of Non-Latex Gloves	1	CPR Breathing Barrier

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**FIRST RESPONSE**


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In the event of a Medical Emergency, the first responsible person on-site shall become the First Responder. It is important that any subsequent responders follow the directions of the First Responder. The First Responder shall be responsible for coordinating the response as indicated in the following checklist. At no time should a First Responder place themselves or others in harm's way to render assistance.

1. Survey and assess the situation including assessment of potential hazards. If a performance is in progress and the victim is in the audience or stage house, immediately stop the show.
2. Designate a specific person to:
  - A) Call 911.
  - B) Retrieve First Aid supplies.
  - C) Meet and escort responding emergency personnel.
  - D) Assist in crowd control.
  - E) Notify the Manager-on-Duty (during performances)
    - Manager on Duty contact information is posted beside the main Box Office entrance.
    - Notify the Department Emergency Contact at all other times.
    - Keith Kirkland      c.865-387-5073      h.865-742-3218      o.865-974-6011
3. If trained, render First Aid until emergency personnel arrive. Remember to calm and reassure the patient.
4. Complete a [Report of Occurrence](http://riskmanagement.tennessee.edu) (available from: <http://riskmanagement.tennessee.edu>)
5. If the injury was to an on-the-job employee, use the Worker's Compensation Checklist to initiate the proper mechanisms within the University.

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**CALLING IN AN EMERGENCY**


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If you are designated to call in an emergency, be prepared to provide the dispatcher with the following information:

1. Name
2. Exact address/location
3. Phone number you are calling from
  - this phone should remain manned until the emergency passes or EMS personnel arrive
4. Number of injured
5. Type of emergency
6. Medical situation/suspected injury
7. Present condition of the patient
8. Status of any First Aid treatment being rendered.
9. Specific directions to the venue and location to meet escort

Additional information may be requested by the dispatcher. Please remain on the line until the dispatcher ends the call.

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**VENUE ADDRESSES/DIRECTIONS**


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Our facilities are located at the corner of Andy Holt Avenue and Melrose Place. For the Lab Theatre, responders should be directed to this intersection as the closest point of access. For the Clarence Brown and Lab Theatres, direct responders to go around the back of the building to the small lot located between the Clarence Brown and Art and Architecture buildings.

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**CLARENCE BROWN THEATRE**


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1714 Andy Holt Ave.  
Knoxville, TN 37916-3702

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**CAROUSEL THEATRE**


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1710 Andy Holt Ave.  
Knoxville, TN 37916-3702

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 EMERGENCY INJURY ASSESSMENT FLOWCHART
 

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Many conditions may be life-threatening, but three in particular require immediate action:

**Respiratory Arrest****Circulatory Failure****Severe Bleeding**

Respiratory arrest and/or circulatory failure can set off a chain of events that will lead to death. Severe and uncontrolled bleeding can lead to an irreversible state of shock in which death is inevitable. Before caring for lesser injuries, the first aider should follow the ABC method to check for life-threatening conditions:

**Primary Survey**

**Airways** – Establish responsiveness, position the victim, and ensure adequate breathing. If there are no signs of breathing, artificial ventilation must be given immediately.

**Bleeding** – Make a careful and thorough check for any bleeding. Control serious bleeding.

**Circulation** – In cases of circulatory failure, a person trained in cardiopulmonary resuscitation (CPR) should check for a pulse, and if none is detected, start CPR at once.

In making the primary survey, **do not** move the victim any more than is necessary. Rough handling or unnecessary movement might cause additional pain and aggravate injuries. If the patient is unconscious or there are any complications with any of these components, activate EMS immediately; otherwise proceed to the secondary survey.

**Secondary Survey**

When the life-threatening conditions have been controlled, the secondary survey should begin. The secondary survey is a head-to-toe examination to check carefully for any additional unseen injuries that can cause serious complications. If the victim is conscious, explain that you are going to perform the head-to-toe survey and inform him/her what you are going to do at each step in the process. Be reassuring at all times.

**Neck** – Examine for neck injury – tenderness, deformity, medical identification necklace, etc. Spine fractures, especially in the neck area may accompany head injuries. Gently feel/look for any abnormalities. If a spinal injury is suspected, stop the survey until the head can be stabilized.

**Head** – Without moving the head, check for blood in the hair, scalp lacerations and contusions. Gently feel for possible bone fragments or depressions in the skull. Loss of fluid or bleeding from the ears and nose is an indication of possible skull fracture.

**Chest** – Check the chest for cuts, impaled objects, fractures and penetrating (sucking) wounds by observing chest movement. When the sides are not rising together or one side is not moving at all, there may be lung and rib damage.

**Abdomen** – Gently feel for cuts, penetrations and impaled objects; look for spasms and tenderness.

**Lower Back** – Feel for deformity and tenderness.

**Pelvis** – Check for grating, tenderness, bony protrusions and depressions in the pelvic area.

**Genital Region** – Check for any obvious injury.

**Extremities** – Check for discoloration, swelling, tenderness, and deformities which are sometimes present with fractures/dislocations. Paralysis in the arms and legs indicates a fractured neck. Paralysis in the legs indicates a fractured back. Check for a medical bracelet.

**Back Surfaces** – Injuries underneath the victim are often overlooked. Examine for bony protrusions, bleeding and obvious injuries.

Following the secondary survey, a decision must be made as to whether to activate EMS personnel. If there is any question as to whether an injury requires EMS activation, the decision should ALWAYS be to activate EMS and allow the dispatcher and/or responding personnel make the decision.

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## GUIDELINES TO PROVIDING FIRST AID FOR SPECIFIC INJURIES/ILLNESSES

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The following guidelines provide a basic outline when providing First Aid for common medical emergencies. Remember, rendering First Aid is the 3<sup>rd</sup> step to responding to a Medical Emergency.

### **Abrasions/Wounds**

Irrigate wounds and abrasions with clean running tap water for 5 minutes or until there appears to be no foreign matter in the wound. If running water is unavailable, use any source of clean water. Apply antibiotic ointment or cream only if the victim's wound is an abrasion or is superficial.

### **Anaphylaxis**

1. Check for special medications that the person might be carrying to treat an allergic attack, such as an auto-injector of epinephrine (for example, EpiPen). Administer the drug as directed — usually by pressing the auto-injector against the person's thigh and holding it in place for several seconds. Massage the injection site for 10 seconds to enhance absorption. After administering epinephrine, have the person take an antihistamine pill if he or she is able to do so without choking. Look for a medical emergency ID bracelet or necklace.
2. Have the person lie still on his or her back with feet higher than the head.
3. Loosen tight clothing and cover the person with a blanket. Don't give anything else to drink.
4. If there's vomiting or bleeding from the mouth, turn the person on his or her side to prevent choking.
5. If there are no signs of circulation (breathing, coughing or movement), begin CPR

### **Asthma**

First Aid providers may assist the victim in using prescribed bronchodilator medication. They are not expected to make a diagnosis, but they can assist the victim under the following conditions:

- The victim states that he or she is having an asthma attack and has medications or an inhaler.
- The victim identifies the medication and is unable to administer it without assistance.

### **Bleeding**

Control external bleeding by applying pressure over the bleeding area until bleeding stops or EMS rescuers arrive. The important factors in successful control of bleeding are to apply pressure firmly and for a long time. Methods of applying pressure include

- Manual pressure on gauze or other cloth placed over the bleeding source. If bleeding continues, do not remove the gauze; add more gauze on top and apply more pressure.
- An elastic bandage firmly wrapped over gauze to hold it in place with pressure.

Tourniquets are not recommended as a method of controlling bleeding except in extreme circumstances due to the complications which can arise through their use.

### **Cardiac Problems**

1. Check the ABC's (airway, breathing, and circulation)
2. Administer CPR/Use AED (located at bottom of Booth Stair beside Concessions) as needed.
3. Treat for shock
4. Put injured in a comfortable position
5. Await EMS

### **Major Fracture/Joint Dislocations**

1. Treat for shock
2. Apply basic First Aid—DO NOT ATTEMPT TO REDUCE FRACTURE/DISLOCATION
3. If the injured must be moved, splint, making sure the injured continues to have pulse and sensation
4. Await EMS

**Heat Illness**

1. Move victim to a cooler location
2. Remove excess clothing
3. Determine severity of the illness
4. Monitor the ABC's (airway, breathing, and circulation)
5. Attempt to cool the body. Do NOT give fluids if not sweating.
6. Stay with injured at all times
7. Await EMS

**Seizures**

1. Do NOT restrain the victim during a seizure or place any object into a victim's mouth.
2. Protect the head with a pillow or other soft material.
3. Following the seizure place the victim in a recover position to maintain an open airway.
4. Await EMS

It is not unusual for the victim to be unresponsive or confused for a short time after a seizure.

Be aware that restraining the victim may cause musculoskeletal or soft-tissue injury. Also, despite the common conception, placing an object in the victim's mouth is futile because most tongue biting occurs at the onset of seizure activity. In addition, attempts to insert an object may cause dental damage, aspiration, or may injure the rescuer's fingers.

The general principles of First Aid management of seizures are:

1. prevent injury
2. ensure an open airway
3. ensure that the airway remains open after the seizure has ended

**Spinal Injury**

1. Check the ABC's (airway, breathing, and circulation)
2. Administer CPR as needed.
3. Support cervical spine by positioning hands on side of head. DO NOT leave this position until instructed to do so by the EMS responders.
4. Have someone else prevent or treat for shock while you maintain your position at the head.
5. DO NOT ATTEMPT TO MOVE THE INJURED unless he/she is in immediate danger as a result of their physical location.

**Stroke**

1. Administer First Aid/CPR as necessary.
2. Make the victim as comfortable as possible following the stroke. It is not unusual for a victim of stroke to be unresponsive or confused following the stroke.
3. Await EMS

**TENNESSEE'S GOOD SAMARITAN LAW**

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The Good Samaritan Law is a principle of tort law that in layman's terms provides protection for First Aid responders in emergencies should they make an error or medical misjudgment as long as such error is made without malice.. Good Samaritan Laws exist in most states including Tennessee and commonly state the following: A person who sees another individual in imminent and serious danger or peril cannot be charged with negligence if that first person attempts to aid or rescue the injured party, provided the attempt is not made recklessly.

This doctrine in no way mandates that First Aid be provided, but rather encourages emergency assistance by removing the threat of liability for damage done by the assistance. The assistance, however, must be reasonable; a rescuer cannot benefit from the Good Samaritan doctrine if the assistance is reckless or grossly negligent.

Four key elements support a successful invocation of the Good Samaritan doctrine:

1. the care rendered was performed as the result of the emergency
2. the initial emergency or injury was not caused by the person invoking the defense
3. the emergency care was not given in a grossly negligent or reckless manner
4. aid was given with permission whenever possible to obtain it.

The following is the text of the actual Good Samaritan Law from the Tennessee Code.

**Tennessee Code Annotated 63-6-218**

(a) This section shall be known and cited as the “Good Samaritan Law.”

(b) Any person, including those licensed to practice medicine and surgery and including any person licensed or certified to render service ancillary thereto, or any member of a volunteer first aid, rescue or emergency squad that provides emergency public first aid and rescue services, who in good faith:

1. Renders emergency care at the scene of an accident, medical emergency and/or disaster, while en route from such scene to a medical facility and while assisting medical personnel at the receiving medical facility, including use of an automated external defibrillator, to the victim or victims thereof without making any direct charge for the emergency care; or
2. Participates or assists in rendering emergency care, including use of an automated external defibrillator, to persons attending or participating in performances, exhibitions, banquets, sporting events, religious or other gatherings open to the general public, with or without an admission charge, whether or not such emergency care is made available as a service, planned in advance by the promoter of the event and/or any other person or association, shall not be liable to such victims or persons receiving emergency care for any civil damages as a result of any act or omission by such person in rendering the emergency care, or as a result of any act or failure to act to provide or arrange for further medical treatment or care for the injured person, except such damages as may result from the gross negligence of the person rendering such emergency care.

(c) A receiving medical facility shall not be liable for any civil damages as a result of any act or omission on the part of any member of a volunteer first aid, rescue or emergency squad that provides emergency public first aid and rescue services while such person is assisting medical personnel at the receiving medical facility.

(d) If:

1. A volunteer fire squad is organized by a private company for the protection of the plant and grounds of such company;
2. Such squad is willing to respond and does respond to calls to provide fire protection for residents living within a six (6) mile radius of the county surrounding such plant; and
3. The plant is located in a county that does not otherwise provide fire protection to such residents;

then the members of such volunteer fire squad, while providing fire protection within such area outside the plant, shall be liable to suit under the provisions of the Governmental Tort Liability Act, compiled in title 29, chapter 20, part 2.