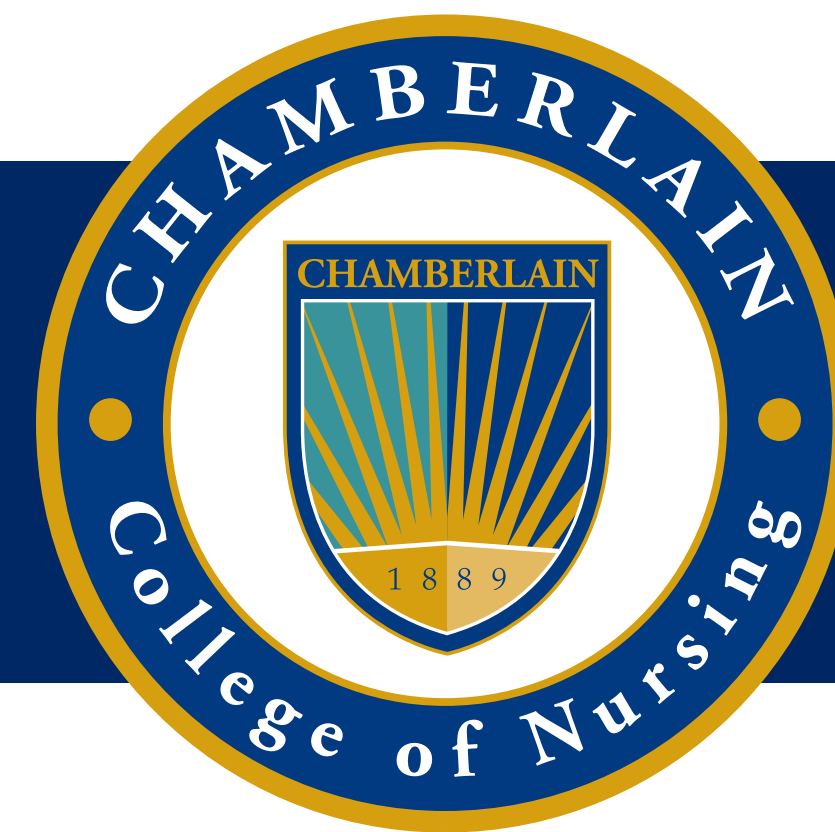


A MODEL FOR RAPID RESPONSE TEAM IMPLEMENTATION IN A SCHOOL FOR CHILDREN WITH AUTISM



Kimberly Mihelich – Chamberlain College of Nursing Student

chamberlain.edu

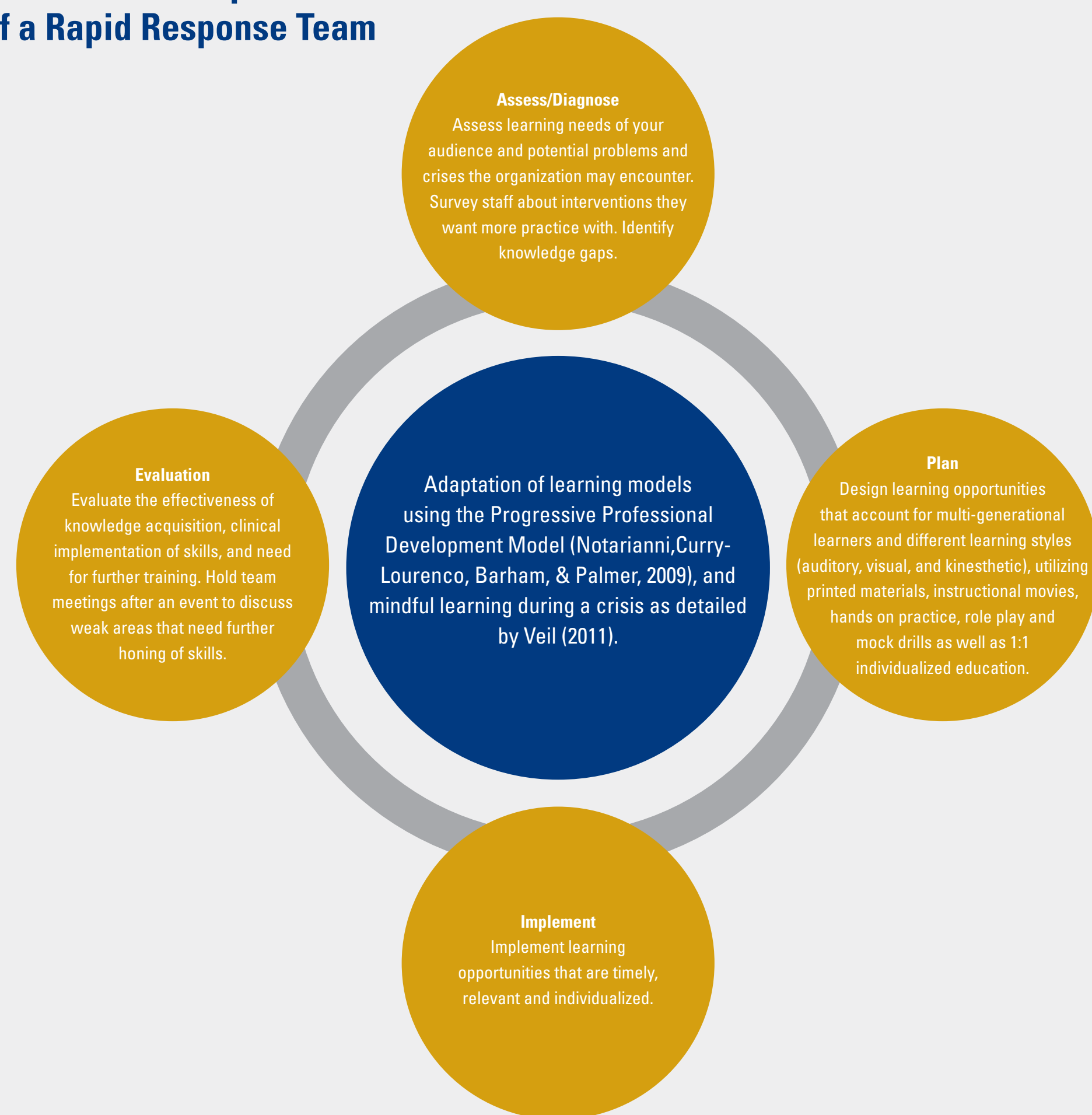
Background

Schools that educate special needs students are at greater risk for experiencing an emergency medical crisis within their population because the students frequently have comorbidities that predispose them to being medically vulnerable. These conditions include seizure disorders, anaphylactic allergies, chromosomal, musculoskeletal, metabolic and autoimmune disorders. However, at The Birchtree Center (TBC) school for children with autism we have demonstrated the creation of a rapid response team consisting of highly trained unlicensed assistive personnel and a supervising nurse has vastly improved our response to student medical emergencies.

Purpose & Hypothesis

Using a two-pronged approach of providing physical resources and training, a school nurse can create a rapid response team in a school for special needs students and improve the efficiency and effectiveness of emergency medical responses and increase overall staff confidence that there is a coordinated plan in place for the management of such events.

Training of Unlicensed Assistive Personnel for Implementation of a Rapid Response Team



Materials & Methods

Physical materials needed:

- Individualized backpacks for students with emergency medications that are stored in a secured location. Backpacks should contain the student's medication, the most recent physician authorization and first aid supplies for administering the medication (gloves, etc.). Backpacks are used for populations of students that go out into the community for learning opportunities and to practice social skills.
- Stock epinephrine not assigned to one student which is available as permitted by individual state laws
- Emergency specific flow sheets that serve to document student symptoms and response to treatment and are directive toward staff regarding specific tasks that need to be done. These are kept in emergency backpacks, each classroom, and common areas on brightly colored clipboards.
- Up-to-date student medical charts with an emergency "EMT" packet on the chart with current information available in the event the child needs to be transferred to the hospital

Results

An anonymous qualitative analysis was conducted amongst all the 1:1 instructors and staff who work directly with the students. Excluded from the survey were staff who had worked at the school less than six months and did not have experience with crisis response prior to Code Blue implementation, non-clinical administrative staff who do not have student contact and members of the Code Blue team who have invested a lot of time and training into this initiative, and could possibly have biased positive feelings toward the team. Seventy percent of eligible staff submitted their survey by the deadline. The survey consisted of a 5-point Likert scale in which all respondents were asked to analyze their opinion of the safety of the school since the implementation of the team, the availability for 1:1 staff to get help if their student is having a crisis, and the efficiency of responding to a crisis.

School Safety

- 8 percent of respondents agreed that TBC was safer
- 92 percent strongly agreed the school was safer

Availability of Help

- 20 percent of respondents agreed help was readily available to respond to medical crises
- 80 percent strongly agreed help was readily available

Efficiency

- 8 percent of respondents agreed TBC was able to respond to student medical needs more efficiently
 - 92 percent strongly agreed that staff were able to respond more efficiently
- Respondents overwhelmingly conveyed positive opinions toward the Code Blue initiative.

Recommendations

The implementation of a rapid response team can be replicated in other schools using a two pronged approach of obtaining supplies and training unlicensed assistive personnel to work under the direction of an RN. A recommended area for future study is to conduct a qualitative survey among the staff regarding crisis response efficiency and effectiveness, as well as feelings of safety and security among the staff prior to implementation of the rapid response team, and contrast this with an identical post implementation survey.

Conclusions

Rapid response teams can be easily formed with provision of physical resources and training. A rapid response coordinated team approach is superior to individual clinicians seeking help in emergencies and gathering supplies and resources in haste. The team is able to hone their skills in communication, collaboration and documentation of the event. Additionally, several people are able to assess what they see and add to the overall accuracy and details of the event.

A coordinated team response from highly trained unlicensed assistive personnel with a supervising nurse improves the efficiency and response of medical emergencies in schools that serve a special needs population of students. Having a team established also decreases staff anxiety surrounding emergencies and increases their confidence in their ability to aid their students effectively, making everyone feel safer.

References

- Hazinski, M. F. (2004). Response to cardiac arrest and selected life-threatening medical emergencies: the medical emergency response plan for schools: a statement for healthcare providers, policymakers, school administrators, and community leaders. *Circulation, 109*(2), 278-291.
- Johnson, A. L. (2009). Creative education for rapid response team implementation. *The Journal of Continuing Education in Nursing, 40*(1), 38-42.
- Leach, L., & Mayo, A. M. (2013). Rapid response teams: qualitative analysis of their effectiveness. *American Journal Of Critical Care, 22*(3), 198-210. doi:10.4037/ajcc2013990
- Morris, P., Baker, D., Belot, C., & Edwards, A. (2011). Preparedness for students and staff with anaphylaxis. *Journal Of School Health, 81*(8), 471-476. doi:10.1111/j.1746-1561.2011.00616.x
- "No More Seizures Child Records Form." *Epilepsy Foundation*. <<http://www.epilepsy.com/>>.
- Notarianni, M., Curry-Lourenco, K., Barham, P., & Palmer, K. (2009). Engaging learners across generations: the Progressive Professional Development Model. *Journal Of Continuing Education In Nursing, 40*(6), 261-266. doi:10.3928/00220124-20090522-07
- O'Dell, C., O'hara, K., Kiel, S., & Mccullough, K. (2007). Emergency management of seizures in the school setting. *The Journal of School Nursing, 23*(3), 158-165.
- Rosswurm, M. A., & Larrabee, J. H. (1999). A model for change to evidence-based practice. *Image, 31*, 317-322.
- Veil, S. R. (2011). Mindful Learning in Crisis Management. *Journal Of Business Communication, 48*(2), 116-147. doi:10.1177/0021943610382294
- Williams, D., Kirkpatrick-Sanchez, S., Enzinna, C., Dunn, J., & Borden-Karasack, D. (2009). The clinical management and prevention of pica: a retrospective follow-up of 41 individuals with intellectual disabilities and pica. *Journal Of Applied Research In Intellectual Disabilities, 22*(2), 210-215.

MK-0814-050-A STTI Rising Star - Kimberly Mihelich POSTER



Date 08/29/14	Printed At 100%	Agency PF
Time 5:00 PM	Round 1	

Job info

Element	Poster	Pages	1 pg
Live	24 x 36"	Folded Size	
Trim	24 x 36"	VDP	<input type="checkbox"/>
Bleed	26 x 38"	Notes	Uploaded to LCP 08/29/14

CHAMBERLAIN
College of Nursing

Approvals

	APPROVED	APPROVED W/CHANGES	DENIED	DATE	INITIALS
Stephanie Gallo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Pub Info

PRINT	Pub:
	Issue:
	Contact:
OOH	Title:
	Location:
	Prod Co:
	Post Date:
	Quantity:

FINAL CHECKLIST

	INITIALS	INITIALS
Chamberlain Address	<input type="checkbox"/>	<input type="checkbox"/>
Chamberlain Phone 888.556.8CCN (8226)	<input type="checkbox"/>	<input type="checkbox"/>
Chamberlain URL	<input type="checkbox"/>	<input type="checkbox"/>
3-Year BSN Copy	<input type="checkbox"/>	<input type="checkbox"/>
Full Accreditation	<input type="checkbox"/>	<input type="checkbox"/>
Institutional Accred.	<input type="checkbox"/>	<input type="checkbox"/>
Program Accred. BSN, MSN	<input type="checkbox"/>	<input type="checkbox"/>
Program Accred. ADN	<input type="checkbox"/>	<input type="checkbox"/>
State Approval (SCHEV)	<input type="checkbox"/>	<input type="checkbox"/>
State Licensing Code (INDI)	<input type="checkbox"/>	<input type="checkbox"/>
Program Availability	<input type="checkbox"/>	<input type="checkbox"/>
Consumer Disclosure URL	<input type="checkbox"/>	<input type="checkbox"/>
Legal Line	<input type="checkbox"/>	<input type="checkbox"/>
Inventory Code	<input type="checkbox"/>	<input type="checkbox"/>
Production Code	<input type="checkbox"/>	<input type="checkbox"/>
Heat Map Check	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>