

## **CARDIOPULMONARY/AED MEDICAL EMERGENCY DRILL**

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### **PURPOSE**

Patients being monitored in the sleep facility, particularly those with obstructive sleep apnea or pulmonary disease, are at risk for catastrophic cardiopulmonary events. The technologist must identify these events and take an appropriate course of action. The emergency medical drills will train staff to take the appropriate action for a number of potentially lethal cardiopulmonary events.

### **POLICY**

All personnel who interact with patients must be familiar with the emergency procedures and the location of emergency equipment (e.g., barrier mask for resuscitation, AED, Code Cart). All sleep personnel responsible for patient care will maintain a current certificate in basic life support, including cognitive and manikin skills training. All sleep personnel responsible for patient care will be able to identify conditions that trigger an emergency response. These medical emergency drills will be performed to improve staff competence in all real medical emergencies.

### **PROCEDURE**

#### **1.0 Plan the emergency drill**

- 1.1 A cardiopulmonary medical emergency drill should be performed at least annually.
- 1.2 Schedule a date and time for the practice drill.
- 1.3 Key individuals responsible for the coordination/facilitation of the drill must be assigned.
  - 1.3.1 Facilitator identifies all the players in the drill.
    - 1.3.1.1 Assign sleep technicians to sleep rooms for purposes of the drill:
    - 1.3.1.2 One individual observer places mannequin at the designated time in the designated sleep room.
    - 1.3.1.3 One individual is responsible for starting the clock and recording time points and responses (complete the checklist).
- 1.4 Determine the scenario that will be used for the drill.
  - 1.4.1 Option 1—During a scheduled PSG an adult becomes unresponsive, vital signs absent, patient is in cardiac arrest.
  - 1.4.2 Option 2—During split night study patient found in ventricular fibrillation.
- 1.5 Notify the sleep team that a drill may take place within a couple of weeks to allow them time to review the emergency protocols.
  - 1.5.1 Do not disclose exact date or time.
  - 1.5.2 Instruct the staff to respond to the drill as if it was a real emergency.
- 1.6 Assure equipment/supplies are available, including:
  - 1.6.1 Clothed mannequin to represent the patient
  - 1.6.2 AED or Code Cart (as applicable)

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- 1.6.3 Stethoscope
- 1.6.4 EKG monitor
- 1.6.5 CPR masks
- 1.6.6 Oxygen
- 1.6.7 Stop watch

### **2.0 Perform the drill**

- 2.1 Mannequin is placed in the designated sleep testing room.
- 2.2 Facilitator calls out “patient unresponsive in cardiac arrest”. Emergency response is said to be activated.
- 2.3 Observer starts the time clock and fills out the checklist recording all the times at which each event occurs.

### **3.0 After the drill**

- 3.1 Discuss the drill with the sleep team to gain feedback from staff, and discuss/address any concerns.
- 3.2 Inform the team of the evaluation process.

### **4.0 Evaluate the Drill**

- 4.1 What did the sleep team do right?
- 4.2 What could have been done better?

### **5.0 Provide a Summary of the Evaluation**

- 5.1 Areas that went well
- 5.2 Areas for improvement/recommendation
- 5.3 Schedule remediation if necessary
- 5.4 Decide if repeat drill will be necessary
- 5.5 Determine if all other applicable emergency procedures were followed
  - 5.5.1 Contact procedures
  - 5.5.2 Access to front door for ER personnel
  - 5.5.3 Other patient monitored