

Help

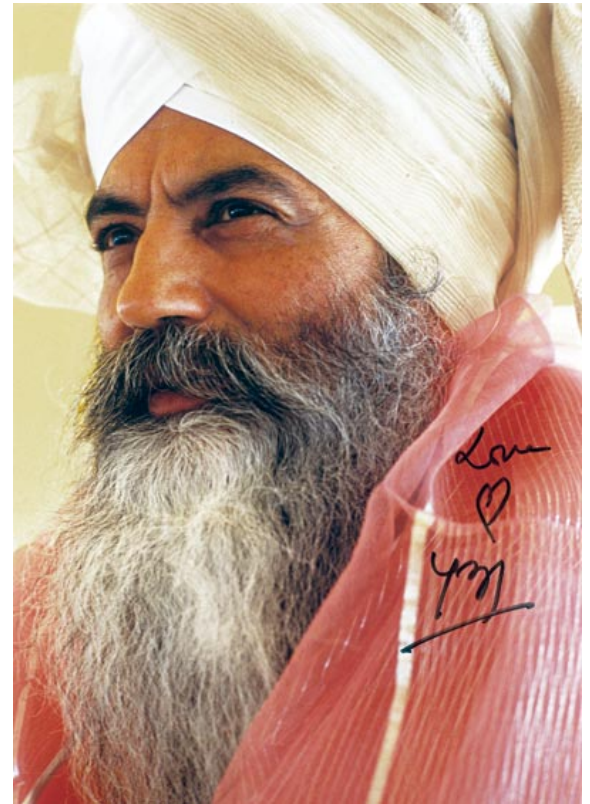
Handling Medical Emergencies at Events, for Event Professionals.

*The information offered here is intended to bring to mind your experience in my ***Help***! **Handling Medical Emergencies at Events, for Event Professionals** presentation, and to encourage you to further your organizational preparedness and first aid training and to procure the supplies and equipment required to successfully manage medical emergencies events. —David*

Presence, Grounding, & Attention.

We can learn a lot from Yogis. Yogis desire to control their bodies, their minds, and their hearts. They do this in a clear, focused, step-by-step manner. You can use some of the techniques of the Yogi to help you manage medical emergencies at events.

The yogi brings us two big gifts from their practice: **Presence of mind** and **grounding**. Why do we need those things? Because often enough, when you have a medical emergency at an event, you encounter chaos!



With all that's usually going on at an event, it's easy to have a sudden, dramatic, medical emergency make our heads explode.

That's not good.

You need to give the medical emergency that just happened your best attention.

And attention —good attention—is an outward manifestation of Presence. To be able to give someone or something your best attention, you have to be fully present.

How do you become present? By grounding.

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When we think of “grounding”, words like “meditation” come to mind. How wonderful it would be if we had time to do that! But we don’t.

So here’s what we can do. Before you go to the scene of the incident, take a couple of slow, deep breaths.

Take a moment — or two — to let your mind come to a rest and settle into your body.

Some smart person once said: “go slow to go fast.” This is that.

It sounds simple and perhaps trite, but taking this moment to collect yourself, to get grounded, *before* you engage, will have a direct bearing on the outcome of the next thing that you do.

The objective is for you to have your mind clear so you can be fully present to the situation.

The dictionary, by the way, defines what we've been talking about as “mindfulness”. But don't get wrapped up in that. Just appreciate that we're using a cool technique in the service of doing something really, really important.



Situational Awareness!

There's something else you need to have in your *mental* first aid kit to be able to handle a medical emergency safely and professionally. It's called "**situational awareness**".

This guy, we hope, had it.

Emergency medical services personnel and firefighters are taught situational awareness by learning to do something called "surveying the scene" of the incident before entering or engaging.

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The intention is for them to understand as much of the situation as possible by asking four big questions:

1. Is the scene safe for you to enter?
2. What appears to have been the cause of the incident?
3. How many people appear to be injured or ill?
4. And given what appears to have happened, how might the situation develop in the immediate and near future?



And you get to answer another, big question:

5. How is the rest of the event responding?

It's important to *notice what's going on with the rest of the event*, and what *might* be going on in the near future, given the incident taking place and the expected flow of the event.

All of this information gathering has to be accomplished very quickly.

Sometimes it's simple and relatively straightforward.

You might hear, "a guest fell".

But at other times, things aren't so straightforward. So you need to look and listen carefully before engaging.

Assessment.

assessment noun

*: the action or an instance of making a judgment about something :
the act of assessing something*

Before you can make decisions about what, if any, action you need to take on behalf of the individual or individuals involved in the incident, you need to know more about their situation.

And before you do *that*, you want to carefully and politely **create physical space around the person or persons involved.**

Why? Because...

1. It creates calm for the patient.
2. It establishes a privacy zone.
3. It helps keep the other event participants focused on the event.
4. You can get a clearer picture of the scene.
5. It will give an ambulance crew room to work.

If *you* are calm, cool, and collected, you'll project that to everyone involved, and *ideally*, to the whole event.

The idea is to manage the medical emergency and collect useful information about the incident while you keep the rest of the event running smoothy.



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Start by finding out what the person or persons involved perceived as as having happened, as well as the perceptions of the bystanders.

You want to find out is what *caused* the thing to happen, which is not necessarily the most important part of what's going on. It's not always immediately obvious, either, especially in the case of people who are involved who have pre-existing medical conditions.

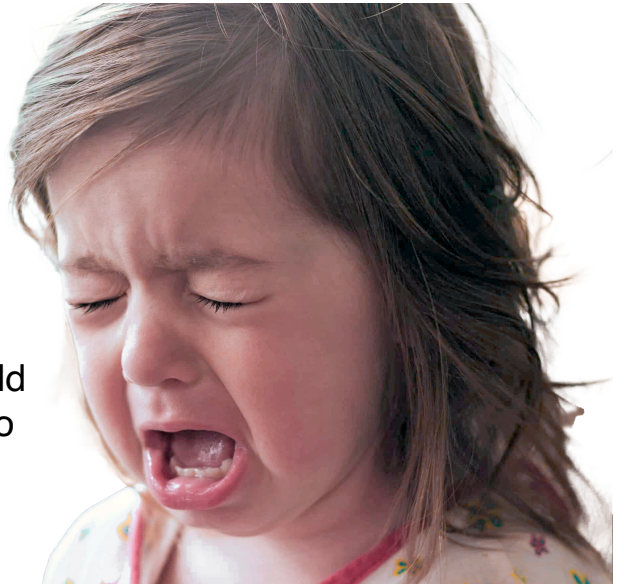
Age Matters

Notice is if the involved individual is very young or very old. A yes to either of those is a vote in favor of calling 911, a decision that we'll address in detail shortly.

For our purposes, we're going to set the “very young” bar at about five years old.

Very Young

Very young children can be plenty noisy, but they are less *verbal*, and less able to interpret and communicate what's going on with their bodies. And medical things can happen very quickly with them, so that should predispose you to calling 911. There are also consent considerations with children, which we're going to talk about in a little while.



Very Old

Likewise, we're going to set the “very old” barrier at 70 years old. While it's true that it's not so much the age as the mileage, I think this is a reasonable guideline. And you are more likely to make your assessment based on observation, then you are to wait until the point where you learn the age of the individual.

Older bodies have suffered the slings and arrows of life, so pre-existing conditions are *more* rather than less common. And an older

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body's ability to deal with physical trauma is diminished. So, to use a phrase from the emergency medical services, they can go south really quickly. That means that you want to be thinking *more* rather than less about calling 911.

Question the Bystanders

People, which is to say guests, see and hear things. So it's valuable for you to ask the bystanders, "Did you see what happened?" Also, relatives and friends may be familiar with the person, and their medical history. That said, you need to distinguish between what they saw and what they *thought* they saw. Direct observation matters.

Some people may tell you things that are opinions rather than facts. And remember that people panic and make stuff up—which is one of the reasons that you projected calm and created physical space between them and the emergency.

Decision Time!

So now it's time to make command decisions.

There is an emergency medical services protocol that make sense here about who is in charge of the incident: The first person to come upon the incident controls the scene and the situation until they hand it off to someone of equal or greater training. This is about providing the best possible patient care and control of the overall situation. Make sense?



Taking charge can feel scary, but do it confidently, with resolve, with a smile on your face!

Calling 911.

Should 911 be called? And if so, when?

Here is the answer for you to use when you have this decision to make: **When in doubt, make the call, and do it quickly.** It's far better to call them and not need them than to need them and not call them.

Time matters, and critically so in pre-hospital emergency medicine. The first hour can make all the difference in terms of outcome for the person involved.



Here's the guiding principle. If you remember nothing else, remember this:

The perceived potential outcome of the patient is *always* the deciding factor for an ambulance being called or not.

You want to avoid further harm to the individual(s) involved. Things can go south remarkably quickly. You want that to happen in an ambulance or at a hospital, not at your event.

Making the Call

So the next thing to do is to assign someone to make the 911 call *for* you and to act as communicator between 911 and you. Why do it like this?

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Because the 911 call can tie the caller up for quite while with questions and answers and instructions. You need to be free to take care of the individuals involved, control the scene, and take care of the rest of the event.

Interfacing with the Ambulance Crew

You'll want to assign another person to meet the ambulance at the point of entry to the venue.

By the way, the person driving the ambulance is often wondering, "Where the heck *is* this place?!" Besides having your 911 caller give as specific an address as possible of where you are, it valuable to have people out at the road, or the entrance, or wherever it is that the ambulance is likely to arrive, to direct them into the proper place.

One person — this time it's you, unless you've handed off control of the situation — talks to the ambulance crew when they meet the patient. This is about clarity and continuity of information.



Speaking of calm, if you're able, and it is safe for the patient's condition to do so, move them into another space, away from the rest of the flow of the event. This is especially important if you're dealing with a heat-related emergency and you're outside. Somewhere quiet, cool, and peaceful is ideal, with access to where the ambulance will arrive if you've called one.

Medical Conditions You Might Encounter.

There are a variety of common medical emergencies that you might encounter at an event, including...

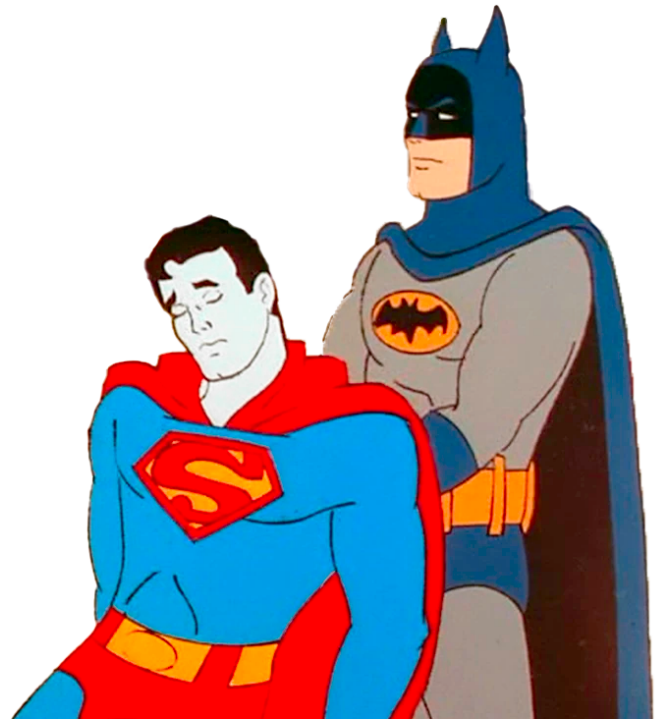
- Fainting.
- Bleeding.
- Seizures.
- Heat-Related Medical Conditions.
- Trip And Fall-Related Injuries.

The severity of all of these things can vary from no big deal to life-threatening, call 911 right now, medical emergencies.

Fainting

The most common medical emergency at weddings is fainting. Fainting can present in an “it’s-about-to-happen” kind of way, to a “they-hit-the-floor-hard” kind of way.

You want to consider every fainting situation as serious and worthy of investigation, and often a trip to the hospital.



Bleeding

Bleeding, which is to say, external bleeding that you can see on the body, can be the result of all sorts of injuries, not the least of which is the trip-and-fall variety mentioned above. You might also find that these injuries happen in the kitchen!

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Seizures

The most important thing to do when a person appears to be having a seizure is to protect them from harm. They are at risk of falling and injuring themselves, in particular at risk of their hitting their head on something, at risk of falling into a position that compromises their airway and their ability to breathe. You'll learn how to deal with all of these possibilities in a good first aid class.

At an event, you should always call an ambulance when a person has a seizure, without regard to what family or bystanders might tell you.

Diabetic Emergencies

You might also encounter a diabetic emergency. There are a variety of signs you might see or things a person reports as happening if they are having a diabetic emergency, including increased thirst, tiredness or weakness, headache, nausea and vomiting, shortness of breath, a fruity breath odor, a very dry mouth, difficulty speaking, blurry vision, and confusion. It can be hard to tell whether the person involved is a diabetic and is having a diabetic emergency, or something else is going on. In many cases, you won't know if they are a diabetic unless you get the information from the person involved, or from bystanders that know them.

If it is a diabetic emergency, there two major possibilities, which are diametrically opposed to each other in treatment.

In some cases, the person needs insulin. Don't mess around with this.

Unless the person down or someone close to them is presenting with an insulin delivery device in-hand,



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call 911. They may also need additional fluids and electrolytes, both of which are usually administered intravenously. This problem is most common with people who are type one diabetics. It's likely that the patient or those that know them will know if they are type one, or they might be wearing a medic alert bracelet.

The other alternative, which is not unusual in type two diabetics, is that they need glucose. That's something that you can solve with orange juice or another high-sugar-content juice.

The need for glucose is much easier to deal with, and generally produces immediate results. But if you can't tell which diabetic problem the person is having, and especially if the person is not fully conscious, call 911. Simple and easy.



Heart Attacks

One of the most serious conditions that you can encounter at a event is this one. People who might be experiencing a heart attack need an ambulance, right away, and if their heart has stopped, immediate CPR. Have your automated external defibrillator brought to wherever you and they are, and summon two or three other CPR-trained people to stand behind you, at the ready, in case CPR is needed. Time is of the essence with heart attacks.

Guests as Responders.

There are times in medical emergencies when you will want to use all available resources, including people! Guests sometimes come with skills that can be useful, like being trained as doctors, nurses, or emergency medical technicians. **Find these people if you need them, and use them.** The answer to the question “Is there a doctor

(or a nurse, or an EMT, or a paramedic...) in the house?” is something that you can often determine by asking the host of the event.

First Aid Training.

Just having first aid kits* around is not enough. We need some training in order to do good basic assessments of people experiencing medical emergencies, and to be able to perform effective first aid treatment.

The American Red Cross and community organizations, which sometime include your local ambulance or rescue squad, do first aid training.

They also do CPR training, which is often combined with first aid training. You should have both, and repeat them every year or two. This is the kind of thing that you want to have before you need it.



**American
Red Cross**

* There is a separate handout dedicated to first aid kits.

Automated External Defibrillators.

You may have seen manual defibrillation on television, done by highly trained medical professionals. Automated external defibrillators (AEDs) give the capability to restart a heart to lay users, who need only a basic amount of training in how to use the machine.

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AEDs don't eliminate the need to learn and use CPR, but they increase the odds of survival for the person experiencing the medical emergency.

AED are regulated, and approved in the United States by the Food and Drug Administration. There are 32 of them that are approved for use. None fully replace manual CPR.

Incident Reports.

No matter what kind of medical emergency you experience at your event, from the simple and easy to the life-threatening or beyond, it's vitally important that you keep a written record.

If it's not written down, it didn't happen. You might not like the idea of the time and effort to create a written record of the incident, but lack of a thorough incident report can bite you in the butt later on if the person or persons involved, their or your attorneys, insurance companies, or even the police want to know about this incident.

And the sooner you write things down, the better. We forget things pretty quickly, especially when things get exciting. People's memories after the fact get fuzzy about both what did—and what didn't—happen. And the last thing you want is for your—or someone else's—imagination to be filling in for your memory.

Incident reports should be standard operating procedure for you, and everyone in your organization should know when and how to make them.

You can find examples online of incident report forms similar to the one shown here. You can also draft your own form,

ACCIDENT INCIDENT REPORT FORM

Use this form to report accidents, injuries, medical situations, criminal activities, traffic incidents, or student behavior incidents. If possible, a report should be completed within 24 hours of the event.

Date of Report: _____, 20____

PERSON INVOLVED

Full Name: _____ Address: _____

Identification: ☐ Driver's License No. _____ ☐ Passport No. _____
☐ Other: _____

Phone: (____) ____-____ E-Mail: _____

THE INCIDENT

Date of Incident: _____, 20____ Time: ____:____ ☐ AM ☐ PM

Location: _____

Describe the Incident: _____

INJURIES

Was anyone injured? ☐ Yes ☐ No

If yes, describe the injuries: _____

WITNESSES

Were there witnesses to the incident? ☐ Yes ☐ No

If yes, enter the witnesses' names and contact info: _____

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or even just have a list of what you need to include when you write up a narrative. The important thing is that you create a thorough incident report by writing down as much as you can remember of the facts — what happened, when, to whom, and how assistance was rendered — as accurately as you can, *and do it as soon as possible*.

If you have an employee handbook, this form or list of key points should be in it.

Good Samaritan Laws.

There are what are called Good Samaritan laws to protect people like you and me when we render aid to someone in a medical emergency.

There are three basic elements to most of the Good Samaritan laws:

1. The care was performed as *the result of* the emergency.
2. The initial emergency was *not caused by* the person invoking the Good Samaritan law.
3. The emergency care was *not given in a grossly negligent or reckless manner* (i.e. failure to exercise even the slightest degree of care).

You're rendering first aid because there was a medical emergency; you didn't *cause* the emergency. You made a good faith attempt to render aid. And you were reasonably careful in what you did. (You have to be way outside of the box to run afoul of the third part of the law.)



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There are Good Samaritan Laws enacted in every state in the United States. This link will get you to [a list of all of them](#).

Do You Have A Duty To Act?

No.

Except in the states of Hawaii, Rhode Island, Minnesota, Wisconsin, and New Hampshire.

So, don't worry, do first aid, and know that you're covered by the law!

I hope you find this hand-out useful!

I would love to hear about your experiences with medical emergencies at events, and also get your feedback and questions about the presentation you attended (and about this hand-out!).

You can reach me at david@davidegan.com, or call!—(410) 961-5443.

I'd love to present for your organization, and consult with you around your particular needs.

**David Egan's
Presentations include...**



***Help!* Handling Medical Emergencies at Events, for Event Professionals**

Medical emergencies can, and do, happen at events! How well event professionals are prepared to handle them makes all the difference between a great event (with a successful outcome for the patient) or a disaster.

There's a lot to know. How do you approach and assess medical emergencies at events? How do you keep the event going at the same time? How do you make good decisions about patient care, and when do you need to call 911?

Here's what participants have said about *Help!* Handling Medical Emergencies at Events, for Event Professionals:

*“When something bad happens, what do you do, how do you act and navigate through?...David Egan’s presentation “*Help!* Handling Medical Emergencies at Weddings, for Event Professionals.” is an excellent first step in that journey. Drawing from his own training, David distills the knowledge needed to navigate through medical emergencies and how to develop your process of thought in how to respond to emerging circumstances.”* —Presentation Attendee, Baltimore, MD, 2023

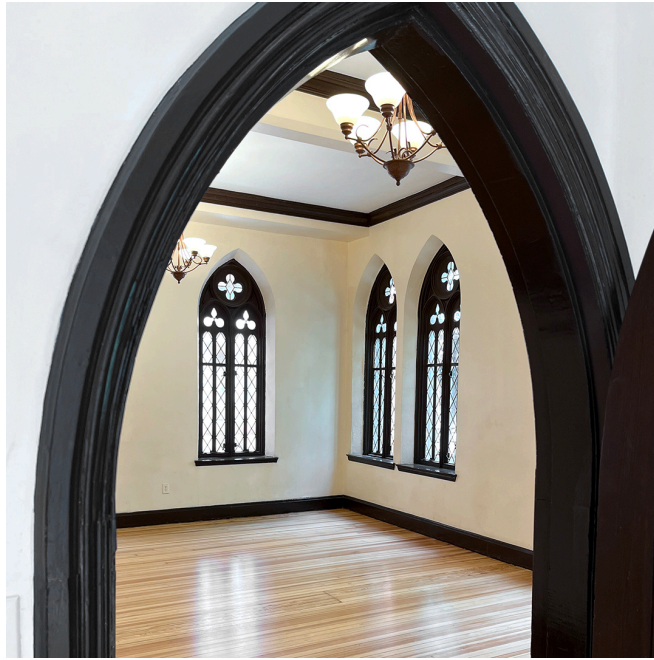
“Clear communication with real life stories to illustrate the need for preparation.” —Presentation Attendee, Baltimore, MD, 2023



How To Build Successful (and Profitable) Relationships With Venues!

Love referral business? Want to be on more venues' recommended event professionals lists? Here's straight talk from an experienced, no-nonsense venue owner on how to do it!

What you deliver to the client is only half the story. That part's easy! Here are lots of down-to-earth, practical, tools, tips, and techniques that you can use the week leading up to, during load-in and set-up, during the event (the easy part!), during load-out, and the week after the event to build your referral network at every venue and at every event. Come learn to wow venues (and everyone else) and grow your business by being the consummate event professional!



Creating An Outstanding Wedding Sales Experience!

Many wedding professionals ignore—or don't know—the keys things that can bring them more weddings, earn them more money, and make them (and their clients) happier. The sales experience you create for prospective clients when they come through your door begins long before “hello”! Done well, that experience is truly powerful, and makes it easy for people to choose you, at your price.

Join us to learn how to do it, and do it well, starting today. You'll get every element, in detail, laid out for you to take home and use right away.



Presentation on Presentations: Changed for Good!

Great slide presentations—and great speakers—engage their audiences. They're entertaining, they're dynamic, they tell stories. And most important, they effectively convey the idea or information that the presenter wants the audience to get. Here's why they work: those presentations don't look anything like the charts and graphs and word-heavy, bullet-pointed, slide presentations that you're used to seeing! The pace is different, the focus is different, and the visual content is vastly different.

In this groundbreaking and provocative session, you'll learn to use a method of slide presentation called "slides as chorus," that will put your presentations into an entirely new class, where people will sit up and take notice of what you have to say, and where you'll truly reach their hearts and minds!

No matter what your purpose in presenting, David Egan will show you how to level up your skills in both content creation and presentation delivery so you can inspire, persuade, and educate your audiences like never before!

**Interested in a presentation
for your organization? Great!**

**Write to David at
david@davidegan.com
or call (410) 961-5443.**

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About David Egan



For over thirty-five years, David Egan's highly-engaging, authentic style of presenting has brought people pretense-free, down-to-earth experiences that are superbly organized, fully researched, and easily accessible.

David has lived and breathed weddings since 2002 at Chase Court, the wedding venue he owns in Baltimore, Maryland. He's sat with thousands of couples as they planned their weddings, listening to what was said and what was unsaid, guiding and supporting them in making good decisions about their weddings.

About David Egan

David writes a column on weddings for Baltimore OUTloud, Maryland's LGBTQ newspaper.

While living in his native New England, David trained as an Emergency Medical Technician in basic and advanced life support and pre-hospital trauma life support, and worked with several professional and volunteer ambulance services.

He has served on the faculty of the Connecticut Emergency Medical Services Annual Conference; designed, staffed, and led emergency medical services for the American Lung Association of Connecticut's multi-day bicycle-tour fund-raising events; and taught workshops on first aid and safety at major national bicycling gatherings.

When he's not doing something wedding (which is most of the time), David enjoys photography and pickleball. He loves primary colors, sports cars, and dark chocolate.

David received a NACE One Award for Wedding of the Year in 2018 for a Harry Potter-themed wedding at Chase Court.

David has been a member of the Baltimore Chapter of the National Association for Catering and Events since 2002.