Title:
Rapid Response Team Model for a School for Autistic Children

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Session Title:
Rising Stars of Nursing Invited Posters - Group 2

Slot (superslotted):
RSG STR 2: Friday, September 26, 2014: 10:00 AM-10:30 AM
Slot (superslotted):
RSG STR 2: Friday, September 26, 2014: 11:45 AM-1:00 PM
Slot (superslotted):
RSG STR 2: Friday, September 26, 2014: 3:00 PM-3:30 PM

Keywords:
Resources and Training

References:

Learning Activity:

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<th>TEACHING/LE ARNING METHOD</th>
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**Gain an understanding of the physical resources, supplies, and work flow measures that need to be initiated to implement a rapid response team in a special needs school.**

- Emergency medication
- Current authorizations
- Individualized backpacks
- Medication and first aid supplies
- Individualized medical charts
- Accessible emergency packets

**Method of communication:**
- Walkie-talkie

**Presentations:**
- Participant feedback
- Sample backpack and emergency packet

**Group Discussion:**
- What is the current protocol for responding to medical emergencies and can we improve our response?

**Speaker:**
- Kimberly Mihelich, RN

**Duration:**
- 10 minutes
Abstract Text:

Abstract for a Model for Rapid Response Team Implementation in a School for Autistic Children

Rapid response teams have been utilized in industries and acute care for decades. However, in other settings change to the more efficient and preferred model has been slow. Research overwhelmingly supports that public schools have action plans in place for medical emergencies such as seizures, collapsed student, anaphylaxis, and hazardous ingestion. It is even more crucial for schools with a high population of students with medical conditions that predispose them to emergencies. Many states now recommend and have enacted legislation allowing for unlicensed assistive personnel to administer emergency medications. This article suggests a change model to provide adequate resources and training to implement a cohesive team of unlicensed assistive personnel to form a rapid response unit to assist with medical emergencies in a population of special needs students.

Key components of a successful rapid response team include having physical resources available including: secure emergency individualized backpacks with medication and first aid supplies, up-to-date individualized medical charts with an emergency packet accessible, flow sheets that are timely, relevant and directive, and a communication system. Of equal importance is providing extensive training to unlicensed assistive personnel in the form of instructive movies, handouts, power point presentations, 1:1 instruction, group training, mock code drills, and small group manipulation of medication administration.
practice supplies. It is also crucial to have an open door policy of communication whereby staff feel comfortable sharing their experience during a crisis and problem solving collaboratively to improve workflow problems. Lastly, after an event has occurred all key players should meet to discuss what went well, what should improve, and to affirm the value and participation of each of the team members.

It is helpful to have a culture of transparency, shared governance, collaboration, positive peer support and positive communication. With these attributes in place, it is possible to implement a highly functional rapid response team comprised primarily of unlicensed assistive personnel to respond to medical emergencies in a school for children with special needs. This concept is also easily transferrable to environments where the population of students does not have such complex medical needs.