

Briar Cliff UNIVERSITY

Physical Therapy Clinic

Emergency Action Plan (EAP): The Briar Cliff Clinic

Created: 09/30/2021; Revised: 11/15/2021, 02/06/2022; 03/02/2022

All policies and procedures of the *Emergency Action Plan* effective ___(date)___.

To be used in training during first-year orientation and second-year EMR course.

Reviewed and Approved By:

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Medical Emergency Action Plan:

Location: Briar Cliff University Mayfair Campus

Address: 4280 Sergeant Road, Suite 100, Sioux City, IA 51106

Directions:

- Heading northwest on Sergeant Road: After the stop light at the intersection of Sergeant Road and Southern Hills Drive, take an immediate left into the lane heading up towards the Mayfair campus. Take the first right at the intersection of the lane and the entrance to the clinic will be on your left with *Briar Cliff University* above.
- Heading north on Southern Hills Drive: Head north on Southern Hills Drive, pass the Hickory Plaza and Hickory Lane on the left-hand side, and continue north until you get to a stone sign marked Mayfair Center on the left-hand side of the road. Take that entrance directly in front of the sign. Continue on that entrance road passing the building on your right-hand side that is almost made of all windows and you get to the backside of the building with a parking lot on the left. You are now in the parking lot with the entrance being on the right hand side marked with *Briar Cliff University* above.

Medical Supplies Needed:

AED, BVM, rescue inhaler, Epi-Pen, vacuum splint kit, tourniquets

Procedure:

1. Designee or front desk worker for the night calls 911 from his or her personal cell phone to activate EMS. This person will instruct EMS to the Briar Cliff University Mayfair campus located at _____ (see address listed above) _____. Directions above indicate how to get to the entrance of this clinic.
2. The designated caller should stay on the line until EMS arrives on site. The caller has the responsibility of flagging down EMS by standing outside the entrance to the building and directing them to the parking lot of Suite 100. They should direct emergency personnel to the front entrance and have the doors unlocked for easy access. While on the phone, the caller also has the responsibility to communicate the number of victims involved, the condition of the victim(s), and provide any other information the dispatcher needs, including the type of emergency. Other staff and students on campus that night have the responsibility to clear the hallways or rooms and assist with EMS getting into the building.
3. A qualified emergency rescuer provides emergency care until EMS personnel arrive. This will be under the direction of the clinic supervisor that night. When EMS personnel arrive, it is the job of the physical therapy student(s) or clinic supervisor to provide pertinent information such as method of injury, vital signs, treatment rendered, and medical history of the patient while also helping assist with emergency care, as needed.

4. Once EMS arrives, the patient's emergency contact should be contacted by the front desk worker if the patient does not already have the individual present. See Appendix B for *Emergency Contact Form*.
5. The student physical therapist that was working with the patient should accompany the patient to the hospital if the patient came alone or an emergency contact could not be reached.
6. The clinic supervisor that night should notify the Program Director to have administration notified of the emergency event.
7. If possible, the clinic supervisor that night should obtain the patient's medical history and insurance information and either provide it with EMS before they leave or fax it to the hospital of transport.
8. An appropriate emergency report (see Appendix A) should be completed, given to the program director, and placed in a secure location for liability purposes.

Emergencies:

Weather Emergencies ¹

See posted signs in various locations throughout the building for the following weather emergencies:

- Fire
 - All campus buildings are monitored by a fire alarm system that will automatically sound fire alarms in the building, if conditions are appropriate. All individuals are expected to leave the building until the fire department allows reentrance. Any tampering with fire alarms or other safety equipment is considered a felony offense and violators may be prosecuted and/or be subject to disciplinary action.
 - Fire extinguishers are located in various locations at Briar Cliff University and at Mayfair. See posted signs for location of nearest fire extinguisher. See Appendix C for procedure.
- Tornado
 - Quickly make your way to the tornado shelter area outside of the bathrooms or elevator hallway, located at the northwest corner of Mayfair.
 - Stay away from glass windows and doors, place protection over your head, and lay as close to the floor as possible. See Appendix D for procedure.

Active Killer ²

See posted signs in various locations throughout the building for a brief active shooter procedure.

Prevention:

1. Do not allow unknown individuals into the building, unless given permission by faculty member

2. If someone needs to be let into the building, make sure the supervising physical therapist is present and have been given permission first before letting them in
3. Don't leave doors propped open
4. Report concerns or suspicions immediately to the supervising therapist in charge that night

Signs Someone is Carrying a Concealed Handgun: ³

1. The outline of the gun shows through clothing or through sweat marks
2. Consciously or unconsciously touching their gun, most often near the waistline
3. Waistline of pants will be awkwardly sagging
4. Constantly adjusting their clothing
5. Wearing oversized garments of clothing for their frame size
6. Favoring a certain side of their body as to conceal the weapon from view or reaching to shake your hand with the left hand
7. Wearing clothes that don't match the weather
8. A shortened stride length on the side of the concealed gun due to the weight of the gun
9. Bracing near their waistline during activities

Behaviors of Concern (usually demonstrate more than just one):

- Easily frustrated
- Socially withdrawn
- Show signs of depression
- Blames others for their problems
- Fails to take responsibility for their actions
- Want to retaliate against perceived injustice
- Exhibits angry or argumentative behavior
- Boast about "getting even" plans
- Hypersensitive to criticism
- Fascination with weapons

Preface:

The first person to identify an active killer in the building should, if safe to do, dial *93 on any landline in the building to alert everyone in the clinic of an active killer situation. Spaces in Mayfair have been equipped with equipment necessary to distract the active killer and provide a level of protection for students so they may attempt to escape.

Ways of Survival (see Appendix E):

1. RUN
 - a. Should be first choice, if possible
 - b. Have a predetermined escape route in mind

- c. Once you have escaped the building, meet at the rendezvous location of the upper East parking lot of Mayfair to establish headcounts
 - d. Help others escape, if possible
 - e. Leave belongings behind
 - f. Help prevent others from entering an area where the active killer might be
 - g. Call 911 after you are out of the building and safe
2. HIDE
- a. If means of escape or running isn't possible, choose this option
 - b. Be out of view
 - c. Turn out the lights
 - d. Lock and/or block the door from being easily opened by moving large items in front of it
 - e. Silence anything that makes noise, such as your phone
 - f. Hide behind large, dense items
 - g. If possible, dial 911; if killer is close, leave line open and let dispatcher listen in on the call
3. FIGHT
- a. Only choose this option if running/escaping or hiding isn't possible
 - b. Gather materials that you may be able to fight with
 - c. Once the attacker with a gun has entered the room, do any of the following *as a group*:
 - i. Run around
 - ii. Shout at the perpetrator
 - iii. Throw objects at the individual
 - iv. Prepare to disarm and subdue the individual
 - d. When attempting to take down an attacker with materials or brute force, act with great speed, aggression, and violence; do not stop until the attacker is down
 - i. When to charge killer using a gun:
 - 1. Semi-automatic gun: slide stays back
 - 2. Revolver: once the cylinder is opened
 - 3. Generally, you have about 1.5 seconds between reloading; attack the shooter during this reloading time (usually people can cover about 30 feet in 1.5 seconds)
 - ii. How to charge a killer with a knife:
 - 1. Try to aim and throw objects at the killer's arm holding the knife or in the face (eyes, ears, nose, or throat)
 - e. Once they are down, move the attacker's weapon(s) away; check for any hidden weapons

To warn others:

- If you are near a landline, dial *93 to intercom the building that there is an active killer in the building
- Call 911 from landline or mobile device to provide police with known information about the situation
 - Information to provide:
 - Location of active killer
 - Number of attackers
 - Physical description of killers, if possible
 - The number of weapons and types of weapons being used by attacker
 - The number of potential victims at the scene

When police arrive:

- Remain calm
- Slowly put down items in your hands
- Keep hands visible at all times
- Follow the directions of officers

After an Active Killer Situation:

- Form a triage
- Most severe wounds should be addressed and treated first
- Stop any bleeding through compression bandage, gauze, or tourniquet
- If using a tourniquet, find non-stretchy material and wrap the material several inches proximal to the wound; find a pen or pencil to use as you tie a knot for making a tourniquet
- If applying a tourniquet, mark the time the tourniquet was applied
- Be prepared to obtain vitals and provide information to EMS as they arrive
- Debriefing

Mass Casualties Incident

Procedure: ^{4,5}

1. Call 911
 - a. Provide the following information to the dispatcher:
 - i. Who you are, your role, and a call-back number
 - ii. Location of the incident
 - iii. Number of patients, severity of injuries, and number of ambulances required
 - iv. Note of any situations that may affect the scene such as weather or any difficulties when accessing scene
2. Screening

- a. Check for scene safety for you and for others to work; if scene is safe, begin rendering care
 - b. Quickly assess and prioritize injured people by the ARPM acronym:
 - i. Ability to get up and walk (ambulatory)
 - ii. Respiratory status: if patient is unable to actively keep airway open, clear the mouth of any foreign objects and maintain an open airway through proper patient positioning; also check respiration rate
 - iii. Perfusion status: check capillary refill and pulses
 - iv. Mental status: determine the patient's LOC by using the AVPU (Alert, Voice, Pain, Unresponsive) scale
 - c. Screening and tagging should take no longer than 30 secs per patient; this can be managed by delegating responsibilities to others
3. Tagging
- a. Use tagging system that allows for identifying the following patient statuses:
 - i. Ambulatory or walking wounded: if the patient can clear the area and receive first aid elsewhere, he/she is tagged as green
 - ii. Immediate: if the patient needs immediate care and transport to a medical facility, he/she is tagged as red; this might be a patient who is unconscious or cannot follow simple commands, requires active airway management, has a respiratory rate >30, has a delayed capillary refill >2 secs, has absent pulses, or requires bleeding control for severe hemorrhages
 - iii. Delayed: a patient is tagged yellow if he/she is breathing, has a pulse, their LOC is within normal limits, and they are non-ambulatory; this type of patient may have a severe injury but a delay in their treatment will not reduce their chance of survival
 - iv. Deceased: if a patient is not breathing or has no pulse after attempts to manage after CPR, he/she is marked black
4. Prioritizing Care
- a. Identify and care for the patients who are most in need of care; patients tagged as immediate have priority and should be treated and transported to correct any life-threatening conditions
 - b. Relinquish command as more highly trained personnel arrive

Cardiovascular Emergency

Signs & Symptoms: ⁶

- Low BP: 90/60 mmHg or less
- High BP: 200/110 mmHg or higher
- Chest pain (angina), even if light or barely noticeable
- Trouble breathing (dyspnea), mild with some difficulty
- Acute illness or fever

- Excessive fatigue
- Mental confusion or dizziness
- HR: >50 bpm with low level exercise, assuming not on a Beta-blocker
- Severe leg pain with exercise/activity
- Pale (pallor)
- Cold sweat
- Uncoordinated (ataxia)
- Changes in heart sounds

Procedure:

All students and staff must be CPR certified. In the event of a cardiac emergency, assess the patient's vital signs and inform the supervising therapist for that night. If a patient has one of the above signs or symptoms, continually monitor the patient and prepare for administration of CPR and AED, if needed. If a patient has no pulse, begin CPR and have someone get the AED which is located on the wall in the hallway between the ADL suite and Peds room. Have someone activate EMS and inform the dispatcher of the situation. Provide appropriate care until EMS arrives. If a patient's signs and symptoms resolve and vital signs return to normal levels without having to administer CPR or AED, call the emergency room (ER) physician that night for possible transportation to the emergency room. If a patient is cleared to go home by the ER physician, have them receive a ride home from the clinic.

Diabetic Emergency

Reference Values:

- Normal Values:
 - 70-100 mg/dL
 - Hgb A1C <5.7%
- Low Value:
 - <60 mg/dL
 - If <60, patient is at risk for diabetic shock
- High Value:
 - >300 mg/dL
 - If >300, patient is at risk for diabetic ketoacidosis
 - Hgb A1C 5.7-6.4% (pre-diabetic)
 - Hgb A1C >6.5% (diabetes mellitus)

General Considerations with Exercise:

- Glucose levels usually decrease with exercise, except in:
 - Untreated diabetic
 - Type I DM
 - Type II with blood glucose >300

Signs & Symptoms: ⁷

- Hypoglycemia: Diaphoresis, irritability, lack of muscular coordination, inability to follow commands, unresponsiveness, seizures, tachycardia, hypotension, increased respiratory rate, tingling, visual changes
- Hyperglycemia: Lethargy, acetone breath (fruity odor), dehydration, polyuria, thirst, confusion, nausea and vomiting, weak and rapid pulse, panting

Procedures:

Mild Hypoglycemia (patient is conscious, able to follow directions, and swallow): ⁸

1. Activate EMS. In abiding by the state's practice act for physical therapy and emergency medical care provider services, we can *only assist in the administration* of a glucose injection or giving glucose tablets. ^{9,10} If a patient becomes unconscious, unable to follow directions, or unable to swallow, the assistance with administration is no longer possible. At this point, monitor vitals until EMS arrives. Follow the next steps if the patient is conscious and assistance is able to be provided.
2. Administer 10 g to 15 g of fast-acting carbohydrate (eg, 4 to 8 glucose tablets, 2 T honey)
3. Measure blood glucose level, if able
4. Wait approximately 15 min and remeasure blood glucose
5. If blood glucose level remains low, administer another 10 g to 15 g of fast-acting carbohydrate
6. Recheck blood glucose level in approximately 15 min
7. If blood glucose level does not return to the normal range after a second dosage of carbohydrate, activate EMS
8. Once blood glucose level is in the normal range, patient may wish to consume a snack (eg, sandwich, bagel, apple juice, etc)
9. Monitor vitals and blood glucose levels every 5 min until stable

Acute Asthma Attack

Signs & Symptoms: ¹¹

- Chest tightness (or chest pain in children)
- Coughing
- Prolonged shortness of breath (dyspnea)
- Wheezing (especially after exercise)
- Inability to catch one's breath
- Physical activities affected by breathing difficulty
- Use of accessory muscles to breathe
- Breathing difficulty when exposed to certain allergens or irritants
- Exercise-induced symptoms, such as coughing or wheezing

Procedure: ¹²

Check the patient's short-acting beta-2 agonist inhaler, usually a blue rescue inhaler, for the correct name and expiration. Even if the inhaler has expired, it is better to use it in an acute emergency than not to use one at all. Assist the patient in dosing and have the patient exhale first. Have the patient place the inhaler at or slightly in front of the lips. Have the patient slowly inhale at the same time that they are activating the inhaler to release the dose. The patient should inhale the medication for 2-3 consecutive inhalations, holding his/her breath for 10 seconds before exhaling each time. If symptoms are continuing or worsening, a second dose can be administered 15-20 minutes later. Every 5 min, monitor vitals. If no improvements are made, activate EMS. In abiding by the state's practice act for physical therapy and emergency medical care provider services, we can *only assist in the administration* of medications via an inhaler. ^{9,10} If a patient becomes unconscious, unable to follow directions, or unable to swallow, the assistance with administration is no longer possible. At this point, monitor vitals until EMS arrives. Follow the above steps if the patient is conscious and assistance is able to be provided.

Fracture

Signs & Symptoms:

- Sudden, sharp or shooting pain
- Inability to bear weight
- Swelling
- Obvious deformity
- Trouble moving joint above or below that is exacerbated with movement
- Bruising, redness, or warmth in or around area

Procedure:

Begin by activating EMS and informing them of a possible fracture. Continuously monitor the patient's vital signs. If it is an open fracture, do not splint and wait for EMS to arrive. If it is a possible closed fracture, DO NOT try to reset the fracture. Instruct someone to get the splints located in the storage room. Find the appropriate size and type of vacuum splint for the body part. Splint the extremity in the position that it was found. Check sensation and capillary refill after placing the splint.

Blood Borne Pathogen (BBP) Exposure

The following equipment should be used in the event of a blood borne pathogen exposure:

- EPA-registered disinfectant OR a 10% bleach solution as substitute
- Red biohazard bags
- Exam gloves (sterile or non-sterile)
- Sharps containers
- Brush and dustpan
- Tongs or forceps

Procedure: ¹³

In the event of a BBP exposure, actively wash hands and areas of contact with soap and water vigorously for at least 2 minutes. If eyes become contaminated, actively flush the area for 10 minutes in water or eye wash. Water should flow to the outside of the eye so as to not contaminate other eye. Wear gloves when handling contaminated material. Clean area of exposure with proper cleaning material and dispose of contaminated material in red biohazard bags. Dispose of forceps, tongs, or sharps in a used sharps container to be sterilized. A record should be kept of all those exposed, describing the situation, how it happened, and the care that was rendered. See Appendix D in the Physical Therapy Student Handbook for an Exposure Incident Report form. All those exposed should seek medical care for possible exposure to viral BBPs.

Allergic Reaction (Anaphylaxis)

Signs & Symptoms: ¹⁴

- Cardiovascular- decreased circulation, tachycardia, low blood pressure
- Respiratory- fast/shallow breaths, wheezing, shortness of breath, difficulty swallowing, trouble talking
- CNS- headache, dizziness, seizure, confusion, anxiety
- Integumentary- rash, itching, hives, cold/clammy, facial swelling
- GI- abdominal pain, nausea, diarrhea

Procedure: ¹⁵

Activate EMS. In abiding by the state's practice act for physical therapy and emergency medical care provider services, we can only assist in the administration of medication via an Epi-Pen. ^{9,10} If a patient becomes unconscious, unable to follow directions, or unable to swallow, the assistance with administration is no longer possible. At this point, monitor vitals until EMS arrives. Follow the next steps if the patient is conscious and assistance is able to be provided. Focus first on the airway, breathing, and circulation. A visual assessment can be made at the areas of the lips, tongue, and oral pharynx for possible signs of angioedema. Further assessment should include having the patient speak to observe for any trouble caused by angioedema. The skin might demonstrate urticaria or angioedema which is also adequate for confirming the diagnosis. When confirmation is made, begin calling 911. If a patient has an Epi-pen, check the name on the device and expiration date. Even if the Epi-pen has expired, it is better to use this device in an acute emergency than not to use it at all. Follow the instructions on the pen and assist with injecting the epinephrine intramuscularly, as soon as possible, into the patient's lateral thigh. If a patient has no improvement in symptoms, an additional one or two doses can be injected at intervals of at least 5 minutes after the first dosage. Unless the upper airway is swollen, place the patient in a supine position with the lower extremities elevated to maximize perfusion to the vital organs. If the patient is vomiting, place them in a side-lying position to avoid aspiration. If a woman is pregnant and undergoing anaphylaxis, place the person laying on

their left side. Continuously monitor the patient's BP, HR, RR, and SpO₂ for any changes until EMS arrives. Keep the patient's airway open and provide CPR, if necessary.

Seizures

Common Triggers:

- Alcohol
- Medications
- Low blood sugar
- Rapidly flashing lights
- High stress
- Lack of sleep

Procedure: ¹⁶

In the event that someone is having a seizure, begin by calling 911. The main objective will be to prevent and protect the patient from any possible injury. Cushion the patient's head with a pillow or any form of support. Do not attempt to restrain or hold down the patient. Furthermore, do not try to attempt to place anything in the patient's mouth or try to pry the patient's mouth open. Once the seizure ceases and head/neck injuries are ruled out, turn the patient on his/her side to prevent aspiration of any possible fluids that may come up. Monitor vitals every 5 min until stable.

Appendix A.

Briar Cliff Pro Bono Clinic Emergency Contact Form

*This information will be extremely important in the event of an accident or medical emergency.
(Esta información será extremadamente importante en caso de accidente o emergencia médica.)*

Name (Nombre): _____

Primary Emergency Contact Name (Nombre del contacto de emergencia principal):

Relationship (relación): _____

Phone (teléfono):

Home (casa):

Cell (celular):

Work (trabajo):

() - _____ () - _____ () - _____

Secondary Emergency Contact Name (Nombre del contacto de emergencia secundario):

Relationship (relación): _____

Phone (teléfono):

Home (casa):

Cell (celular):

Work (trabajo):

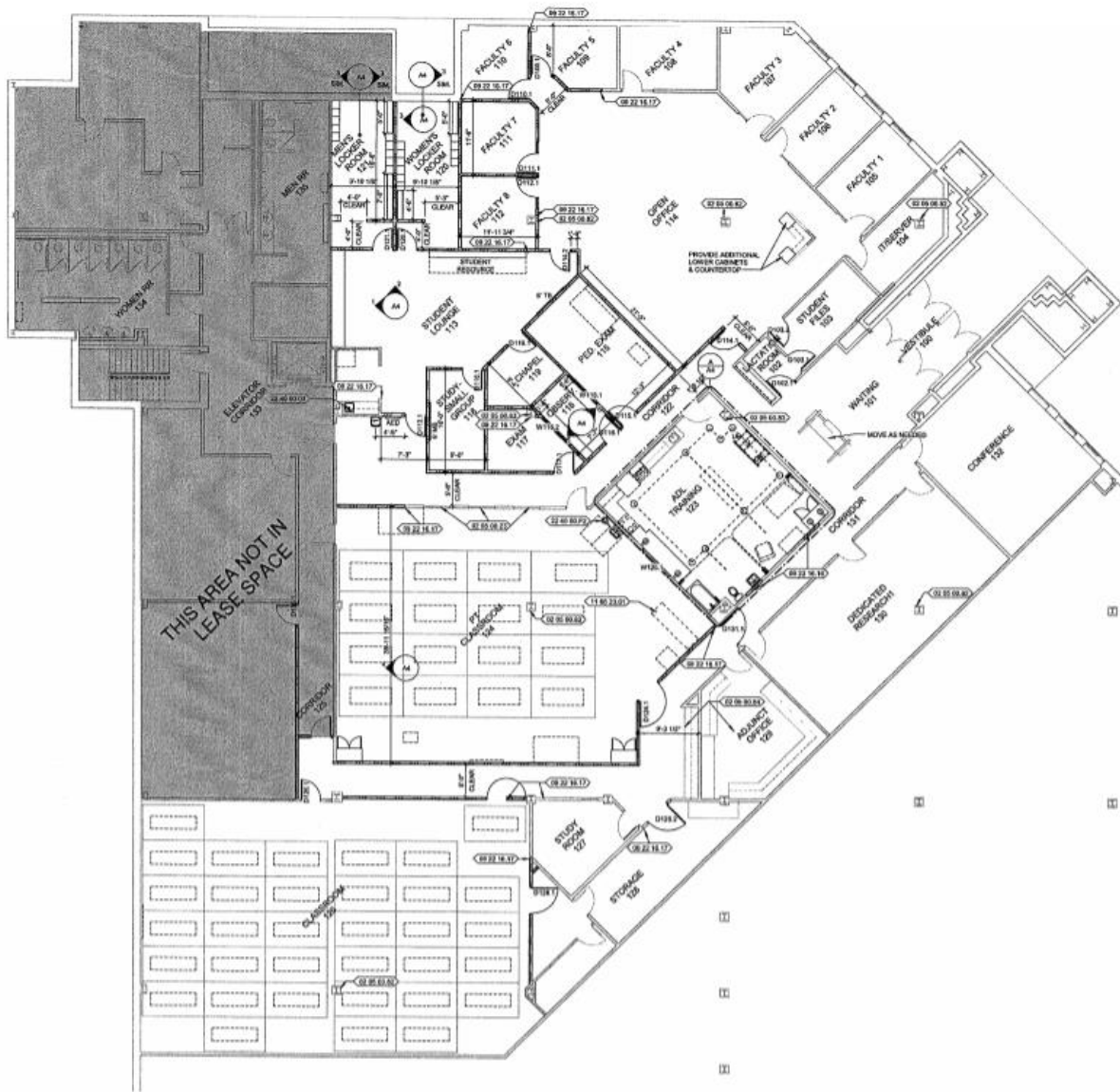
() - _____ () - _____ () - _____

Preferred Local Hospital (hospital local preferido):

****PLACE COMPLETED FORM INSIDE FOLDER MARKED *MEDICAL EMERGENCY/ ACCIDENT REPORT FORMS* IN SECURE BLACK FILING CABINET IN STUDENT RESOURCE ROOM (#144)****

Appendix C.

FIRE Emergency Action Plan



1 MAIN FLOOR PLAN

IN CASE OF FIRE:

1. If fire can be managed safely, find the nearest fire extinguisher indicated on the map
2. If fire is out of control, notify others as you leave the building
3. Find and pull the nearest Fire Alarm Manual Pull Box, if not already activated
4. Find the nearest and safest exit from your location

5. Leave the building and stand at a safe distance away
6. Call 911 and wait outside the building until given the “All Clear”

Appendix D.

TORNADO Emergency Action Plan



IN CASE OF TORNADO:

1. Quickly make your way to the tornado shelter area outside of the bathrooms or elevator hallway, located at the NW corner of the building
2. Stay away from glass windows, mirrors, or doors
3. Place protection over your head

- b. Run around shouting loudly and throwing anything at the active killer, aiming for the face or arm that is carrying the weapon
 - c. Attack with great force at the right moment when killer is reloading or distracted
4. Once the subject is subdued, help most wounded first until police and EMS arrive.

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