

HBO2 Emergency Responses

A. FIRE

1. Verify that the fire is in the vicinity (defined by site specific policy) requiring chamber evacuation (PCS B 410)
2. Immediately ascend the patient from treatment pressure at a safe rate (i.e., 3.0 psi/min).
3. Verify that the appropriate fire notifications have been made.
4. Once the chamber is depressurized, evacuate all patients by stretcher, wheelchair, or ambulation to a pre designated safe location by a pre selected route.
5. Close the chamber door and turn off the oxygen supply source before evacuating the facility.

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1. If an exercise or drill, follow your site specific policy.
 2. If an exercise, all chambers have a simulated patient in the chamber and all chambers must be at maximum treatment pressure.
 3. All staff present must participate in the exercise.
 4. Proceed as above.
 5. Document the exercise on the Fire Drill Log (PCS B 410-1F).
 6. Critique fire drill with PD and Safety Director and share results with staff.
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B. SEIZURE INCIDENT

1. Monitor all patients for prodromal signs/symptoms of CNS oxygen toxicity (VENTID).
2. Immediately place any patient showing prodromal signs/symptoms of CNS oxygen toxicity on air by mask or mouthpiece and notify physician (PCS B 422).
3. If a seizure is recognized, notify the physician.
4. Only ascend the chamber upon verification that the patient is breathing or under the direct order of the physician.
5. Ascend the patient at safe rate (3.0 psi/min or slower based upon the patient's condition).
6. STOP the ascent if a seizure recurs or if the patient apneic and resume ASCENT on the order of the physician.
7. Attempt to communicate with the patient during ascent and monitor breathing and airway status.
8. On the surface, assess adequacy of airway, breathing, and vital signs (including blood glucose) and support as necessary.
9. Physician completes a full assessment of the patient and determines disposition.

C. CARDIAC ARREST

1. Identify that the patient is (1) unresponsive and apneic and/or (2) if monitored shows a life threatening dysrhythmia.
2. Notify the physician, center staff, and follow the hospital Code team (or 911) notification.
3. Ascent the patient to the surface at a rate of 5 psi/min (do NOT use the EMERGENCY VENT mode unless specifically instructed to do so by the physician).
4. Have the code cart and defibrillator ready at a safe distance from the chamber.
5. On the surface, evacuate the patient from the chamber, move to a safe distance from the chamber (close the door), verify the arrest, remove oxygen saturated linen and clothing.
6. Treat the patient according to the cause and nature of the arrest.