

## When Should You Call 911 for Emergency Medical Services?

***Sometimes it's difficult for employers and employees to determine whether a medical condition warrants a 911 emergency response.***

Consequently, injured or ill workers often end up in hospital emergency rooms when they could have received safe, cost-effective care in a workplace clinic, via a telehealth contact center or at a local non-emergency medical facility.

This WorkCare Fact Sheet discusses when to call 911 for first responder, emergency medical technician (EMT) or paramedic assistance, what to do while on a call and what to expect when help arrives.

### When to Call 911

A medical services call to 911 or emergency responders at the workplace is typically made when there is a reason to believe immediate care is needed to prevent death or serious damage to health. If there is any doubt, health care professionals recommend calling 911 and letting the dispatcher or an emergency responder evaluate the situation.

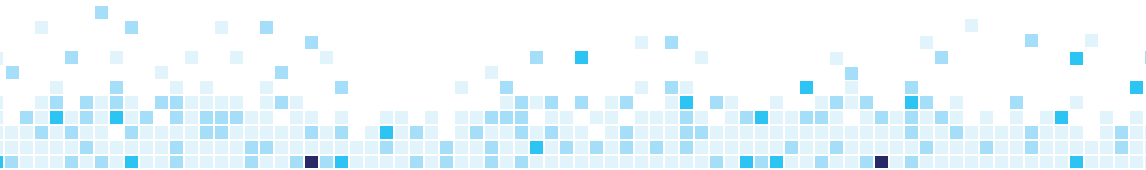
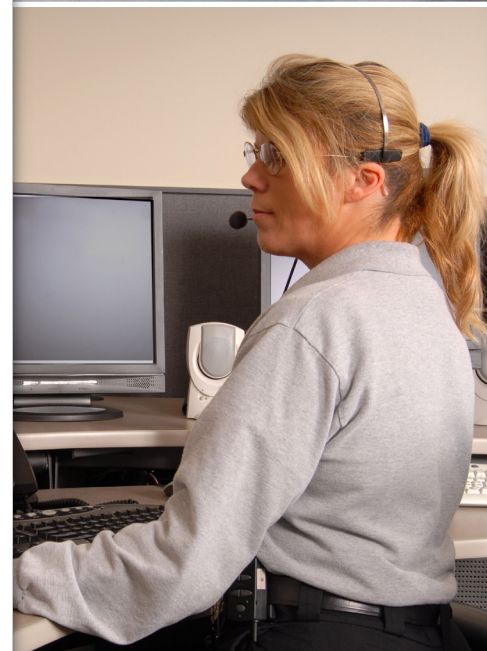
Dispatchers and first responders are trained in advanced first aid, cardiopulmonary resuscitation (CPR) and the use of automated external defibrillators (AEDs). Other skills include critical incident stress management, domestic violence de-escalation, hazardous materials handling and suicide intervention.

Thomas Blessing, a WorkCare paramedic and occupational health technician at a large construction site in Pennsylvania, said he would “much rather get there and not be needed as opposed to not getting called or being called too late to make a difference.” He also noted that a 911 call addresses workplace safety and liability concerns with immediate assessment by professionally trained personnel.

The American College of Emergency Physicians recommends calling 911 if you can answer any of these questions in the affirmative:

- Is the condition life-threatening?
- Could the condition rapidly worsen on the way to the hospital without emergency transport?
- If the victim is moved by non-medical professionals, is it likely to increase health risk or cause further injury?
- Do injured or ill people need the skills and equipment provided by paramedics or EMTs?

Texting to request emergency services is not yet a common practice in the U.S. It's best to call unless texting is the only option.



## Emergency Medical Conditions

The following are among reasons to call 911 rather than attempt to transport someone to a hospital or wait to visit a clinic or doctor's office:

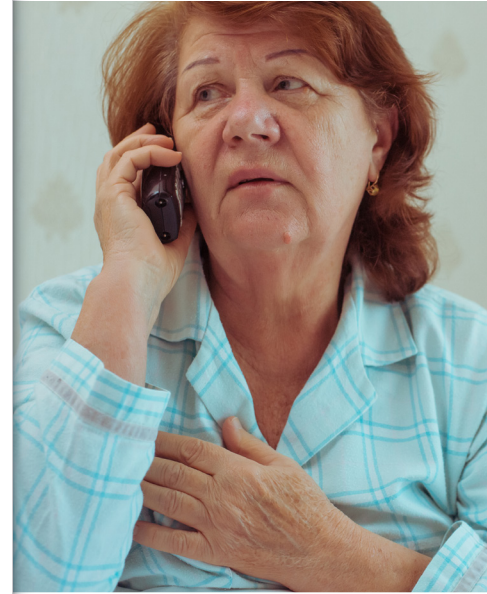
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| <i>Unresponsive/unconscious</i>  | <i>Drowning or choking</i>  |
| <i>Difficulty breathing, especially with faintness, nausea or chest pain</i>   | <i>Allergic reaction with increased heart rate, difficulty breathing, swollen tongue</i>  |
| <i>Heart attack signs including chest pain, squeezing or pressure; pain or discomfort in the arms, back, neck or jaw; shortness of breath; and cold sweat, nausea or light-headedness</i>                                  | <i>Stroke signs including blurry, double or loss of vision; intense sudden headache; nausea or vomiting; numbness, weakness or dizziness; confusion or trouble talking</i>  |
| <i>Extremely hot (hyperthermia) or cold (hypothermia)</i>  | <i>Sudden, intense severe pain</i>  |
| <i>Heavy bleeding from the mouth, nose, vagina or rectum and bleeding from any wound that won't stop with direct pressure</i>  | <i>High fever with lethargy, seizure or complaint of a stiff neck (in children)</i>   |
| <i>Broken bones visible through an open wound</i>  | <i>Threat to commit suicide or hurt someone else</i>  |
| <i>Severe burns and smoke inhalation</i>   | <i>Poisoning or drug overdose</i>   |
| <i>Pneumonia symptoms such as rapid, labored breathing; wheezing or whistling sound while breathing; gurgling sounds in the throat; shortness of breath; high fever, confusion or lethargy; bluish lips or fingernails</i> | <i>Chemical exposure symptoms such as headache; blurred vision; burning eyes, nose, throat, chest or skin; sweating; stomach ache and diarrhea; feeling anxious; difficulty breathing; feeling faint or weak (Note: Symptoms may appear immediately or be delayed.)</i> |

## When Not to Call

It is not recommended to call 911 for sprains and strains that can be relieved with remedies such as elevation, ice, over-the-counter nonsteroidal anti-inflammatory medications or soft bandages. Minor burns and shallow cuts can also be self-treated with first aid. Health officials say neck pain, teeth disorders, hives, pinched nerves, sinus infections, acute upper-respiratory ailments and eye discomfort are among common reasons for unnecessary ER visits that are better handled in other settings.

Most cases involving fever, flu and cold symptoms, or food poisoning, while uncomfortable, can be managed at home with guidance from a nurse or doctor.

While it may appear obvious, other reasons not to call 911 include asking for driving directions or a traffic or weather report; because you are feeling lonely; you are trying to pay a traffic ticket; your pet has a medical emergency; or as a prank.



## While on a 911 Call

As a caller, it's important to remain calm. You will be expected to stay on the line until the dispatcher tells you to hang up. Expect to be asked:

- What is your name?
- What is your phone number?
- What happened?
- Where are you?

The phone you call from may be used to pinpoint your location. It's important to be as specific as possible about where you are, especially when calling from a mobile phone instead of a land line. While on the call, the dispatcher may provide care instructions until help arrives.

In general, it's not safe to move an accident victim with a head, neck or back injury. While waiting for emergency assistance, the American Red Cross recommends keeping the victim calm, quiet and still by putting your hands on either side of his or her head to immobilize it. If the person is in an unsafe place, such as on a busy roadway, he or she may be carefully moved a short distance.

If you mistakenly call 911, stay on the line and tell the dispatcher the call was made in error. Hanging up often triggers a welfare check by law enforcement officers.

## What to Do When Help Arrives

In the workplace, WorkCare paramedics say emergency response personnel will evaluate the person's condition and give advice about the need for transport to a hospital. A supervisor or other employer representative typically will be present and informed when there is a decision to transport.

In non-emergent situations, emergency response personnel may direct an injured or ill employee to the onsite clinic, if there is one, or advise them to be taken by an authorized adult in a privately owned vehicle to a medical facility for follow-up.

If an injured or ill employee is advised to be transported to a hospital by ambulance and waives that option, he or she will be asked to sign a document verifying that they are acting "against medical advice" (AMA).

"If it is an emergent situation and they don't want to go with us, this is okay as long as they are alert/oriented, are capable of understanding their decision and sign our AMA," said Katrina Davis, a paramedic and WorkCare clinic manager at a mining operation in California.

In all cases, it's important to follow established guidelines and company protocols when responding to medical emergencies.

## Related Resources

1. [American College of Emergency Physicians](#)
2. [American Red Cross first aid courses](#)
3. [International Academies of Emergency Dispatch](#)
4. [National Emergency Number Association](#)
5. [911.gov frequently asked questions](#)

## Impact of Non-Emergency 911 Calls

*An estimated 240 million calls are made to 911 annually in the U.S. for all types of situations, including medical emergencies.*

*Among cases that involve transport to a hospital emergency room (ER), the Healthcare Financial Management Association estimates the average cost of a visit is \$1,265.*

*Massachusetts, which has undertaken an initiative to reduce unnecessary ER visits, estimates 39 percent of 2.4 million annual visits in the state could have been safely managed in non-emergent settings. The state's Health Policy Commission projects the potential to save \$351.7 million over five years by educating people about where and when to seek appropriate care, according to a December 2018 report by the Boston Business Journal.*

