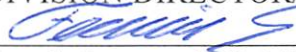
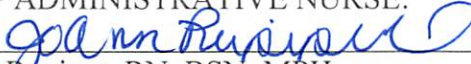




SOUTHERN NEVADA HEALTH DISTRICT
DIVISION POLICY/PROCEDURE/PROTOCOL

DIVISION: Clinical Services PROGRAM: Division Wide	NUMBER: CS-ADM-001- C
TITLE: Medical Event / Dr. Bluebird	ORIGINATION DATE : 6/18/08
APPROVED BY:	EFFECTIVE DATE: 9-18-17
DIVISION DIRECTOR/CHIEF MEDICAL OFFICER:  _____ Fermin Leguen, MD, MPH	LAST REVISION: 09/06/17
CHIEF ADMINISTRATIVE NURSE:  9/7/17 _____ JoAnn Kupiper, RN, BSN, MPH	NEXT REVIEW: as needed

I. PURPOSE

To provide timely and appropriate response in the event of an injury or immediate medical need.

II. SCOPE

Applies to Workforce members that provide medical response services to individuals at Southern Nevada Health District (Health district) including other Workforce Members, visitors and clients.

III. POLICY

The Health District is committed to providing a timely and appropriate response to those in need of immediate medical care and attention.

A. Quality Assurance:

Clinical Services will contact their patient/client within 1-2 business days to inquire about the individual's current health status; actions/calls will be documented on the Medical Event Form.

The Dr. Bluebird Team training requirements include:

1. First aid training
2. Current BLS certification
3. Annual review of this policy

IV. PROCEDURE

A. Roles and Responsibilities

Clinical Services will assign Workforce members within the scope of their practice (clinicians) to the Dr. Bluebird team to respond when "Dr. Bluebird" is announced. At least three Clinical Services clinicians (and one from Security) will respond to each Dr. Bluebird call. Dr. Bluebird team members (within the scope of their practice) will:

1. Respond to the announced location;
2. Provide first aid and/or other appropriate medical response if appropriate;



3. Manage the environment to provide safety, security and privacy for the individual;
4. Assist with communication to family, external emergency medical team (for example with EMS responders if 911 has been called), and with those who have a language barrier;
5. Educate and support the individual as well as any family and/or significant other(s) who may be in attendance;
6. Document actions and observations;
7. Receive first aid training and certification in Basic Life Support (BLS).

B. In the clinical setting and in a non-emergency medical event, Clinical Services staff may provide appropriate medical response to their patients/clients according to their scope of practice and current protocols. If Clinical Services staff activates 911, Security will be notified to assist outside first responders.

C. Activation of Dr. Bluebird/911.

1. In the event of a medical emergency and/or event, Clinical Services Workforce Members may immediately call 911 AND then activate Dr. Bluebird.
2. In the non-clinical setting and in a non-emergency medical event, Clinical Services Workforce Members may activate Dr. Bluebird.
3. To activate 911 and Dr. Bluebird:
911 may be activated on any phone; state the nature of the emergency and location.
Activate Dr. Bluebird by accessing the current paging system and announcing “Dr. Bluebird” at the specific physical location. Announce the page a minimum of three times.

D. Documentation

Responding Clinical Services Workforce members will:

1. Document actions in the patient’s medical record (if patient received services on the day of event).
2. Complete the Clinical Services Medical Event form and route to:
 - a. Clinic Supervisor (if patient received services at their clinic);
 - b. Chief Administrative Nurse.

Chief Administrative Nurse will review and route to Director of Clinical Services/Chief Medical Office and clinic/program manager (if patient received services at their clinic).

V. ATTACHMENTS

1. SNHD Clinical Services Medical Event Form

SNHD CLINICAL SERVICES MEDICAL EVENT FORM

<input type="checkbox"/> Client <input type="checkbox"/> Visitor <input type="checkbox"/> Employee	Date:	Dr. Bluebird Response: <input type="checkbox"/> Yes <input type="checkbox"/> No
NAME	DOB	WEBIZ #
		Time of Response: AM/PM
		Time of Conclusion: AM/PM

Facility: Main HND ELV Other Specific Location:

DESCRIPTION OF EVENT

Final Assessment (circle all that apply):			Initials	Comments
ORIENTATION	ALERT LETHARGIC NONRESPONSIVE			
SPEECH	NORMAL SLURRED UNABLE TO RESPOND			
GAIT	STEADY REQUIRES NO ASSISTANCE REQUIRES MINIMAL ASSISTANCE REQUIRES MODERATE ASSISTANCE UNABLE TO MAINTAIN BALANCE			

TIME	Blood Pressure	Pulse	Resp	Interventions (continue on back if needed)

911 Called: Yes No **Security Contacted:** Yes No

Final Assessment (circle all that apply):			Initials	Comments
ORIENTATION	ALERT LETHARGIC NONRESPONSIVE			
SPEECH	NORMAL SLURRED UNABLE TO RESPOND			
GAIT	STEADY REQUIRES NO ASSISTANCE REQUIRES MINIMAL ASSISTANCE REQUIRES MODERATE ASSISTANCE UNABLE TO MAINTAIN BALANCE			

Outcome

Client recovered and left premises.

Client has been advised of need for transportation assistance from SNHD.

Client refused advice regarding transportation assistance and left premises.

Client left premises with transportation assistance from _____.

Client refused transport from paramedics/ambulance.

Staff	Name _____ Title _____	Name _____ Title _____
	Signature _____	Signature _____
	Name _____ Title _____	Name _____ Title _____
	Signature _____	Signature _____

Follow up Actions

Supervisor (if clinic related) Name _____ Signature _____ Date _____

Chief Administrative Nurse Name _____ Signature _____ Date _____

Cc'd to Manager (if clinic related) Director of Clinical Services/Security/ Safety Officer Date _____ Initials _____