SOUTHERN NEVADA COMMUNITY HEALTH CENTER
POLICY AND PROCEDURE

DIVISION:	Administration	**NUMBER(s):**	CHCA-005
PROGRAM:	Clinical Services-FQHC	**VERSION:**	1.00
TITLE:	Behavioral Health Medical Event and Panic Button	**PAGE:**	1 of 3
		EFFECTIVE DATE: Click or tap here to enter text.	
DESCRIPTION:	Process for handling patients experiencing a mental health crisis and in need of immediate need of inpatient treatment.	**ORIGINATION DATE:** August 9, 2022	
APPROVED BY: **FQHC CHIEF OPERATIONS OFFICER:**		**REPLACES:** New	
Randy Smith	Date		
DISTRICT HEALTH OFFICER:			
Fermin Leguen MD, MPH	Date		

I. PURPOSE

To provide timely and appropriate response in the event of an immediate medical or security need in the Behavioral Health (BH) Clinic.

II. SCOPE

Applies to Workforce members that provide Behavioral Health services to individuals at Southern Nevada Community Health Center (SNCHC), including other Workforce members, visitors and clients.

III. POLICY

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

IV. PROCEDURE

A. Behavioral Health (BH) Medical Emergency

NOTE: This emergency does not fall under the Dr. Bluebird policy (CS-ADM-001-C). For patients experiencing a mental health crisis and i need of immediate access to a higher level of behavioral health/mental resources up to and including a Legal 2000 72 Hour Hold, the following process will be followed:

1. BH Provider will remain with the patient and call 911 from their office
2. BH Provider will call extension 1130 to alert security from their office.
3. BH Provider will remain with the patient, and text/call Nurse Supervisor.
4. SNHD Security Personnel will respond to the location to manage the environment and provide security and safety.
5. Security Personnel will direct medical and police personnel to the location. Upon arrival of medical and police personnel, BH Provider will provide the necessary medical information.
6. BH Provider/Team will contact designated family and/or significant others and provide the necessary information about transport and admission.
7. BH Provider will follow-up with patient as appropriate.

B. Panic Button

1. As necessary to ensure a safe environment for staff, patients, and visitors, BH Provider will active the panic button.
2. Security Personnel and Nurse Supervisor will receive the following text message. “Interview Room X. (Ext. XXXX) at FQHC area needs immediate help! An incident has occurred that requires immediate action by SNHD Security at Ryan White clinic. Please take appropriate measures.”
3. Security Personnel will respond to the location and manage the environment.
4. Security Personnel will attempt to deescalate the situation. If necessary, personnel will call 911.
5. BH Provider will follow-up with patient.

V. REFERENCES

Not Applicable

VI. DIRECT RELATED INQUIRIES TO

(Subject Matter Expert Title)
(Department Name)
(Department Extension, if applicable)

HISTORY TABLE

Table 1: History

Version/Section	Effective Date	Change Made
Version 0		First issuance

VII. ATTACHMENTS

Form No. CHCA-005 FRM-1, SNHD Clinical Services Medical Event Form

SNHD CLINICAL SERVICES MEDICAL EVENT FORM

☐Client ☐Visitor ☐Employee	Date:	Dr. Bluebird Response: ☐ Yes ☐No

NAME	DOB	WEBIZ #	Time of Response: AM/PM Time of Conclusion: AM/PM

Facility: ☐Main ☐HND ☐ELV ☐Other Specific Location:

DESCRIPTION OF EVENT

Initial Assessment (circle all that apply):

ORIENTATION	**ALERT LETHARGIC NONRESPONSIVE**	**Comments:**
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/Response (continue on back if needed)

911 Called: ☐ **Yes** ☐ **No** **Security Contacted/Present:** ☐ **Yes** ☐ **No**

Final Assessment (circle all that apply):

ORIENTATION	**ALERT LETHARGIC NONRESPONSIVE**	**Comments:**
SPEECH	**NORMAL SLURRED UNABLE TO RESPOND**	
GAIT	**STEADY REQUIRES NO ASSISTANCE REQUIRES MINIMAL ASSISTANCE REQUIRES MODERATE ASSISTANCE UNABLE TO MAINTAIN BALANCE**	

Outcome: Check all that apply

☐ Recovered and left premises. ☐ Accompanied by family/friend. ☐Other _____
☐ Advised of need for transportation assistance from SNHD.
☐Client refused advice regarding transportation assistance and left premises.
☐Client left premises with transportation assistance from ☐ Family/friend ☐ EMS ☐Other _____
☐Client refused transport from paramedics/ambulance.

Staff	Print Name/Title_____ Signature_____ Initials_____	Print Name/Title_____ Signature_____ Initials_____
	Print Name/Title_____ Signature_____ Initials_____	Print Name/Title_____ Signature_____ Initials_____
Follow up Actions		

Supervisor to send directly to CS Administration for Review
Supervisor (if clinic related): Name _____ Signature_____ Date_____

Recv'd CS ADM on _____
Chief Administrative Nurse: Name _____ Signature_____ Date_____
If applicable Cc'd to: Program Manager ____ Director of CS _____