



SOUTHERN NEVADA HEALTH DISTRICT DIVISIONAL POLICY AND PROCEDURE

DIVISION:	Primary and Preventive Care/FQHC	NUMBER(s):	PPC-ADM-001-C / CHCA-021
PROGRAM:	Division Wide	VERSION:	1.03
TITLE:	Responding to Medical Emergencies	PAGE:	1 of 6
		EFFECTIVE DATE: Click or tap here to enter text.	
DESCRIPTION: To provide guidance for responding to a medical emergency		ORIGINATION DATE: June 18, 2008	
APPROVED BY:		REPLACES: CS-ADM-001-C, version dated 4/24/2024	
CHIEF MEDICAL OFFICER:			
<div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="display: flex; justify-content: space-between;"> Robin Carter, D.O. Date </div>			
FQHC - CHIEF EXECUTIVE OFFICER:			
<div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="display: flex; justify-content: space-between;"> Randy Smith, MPA Date </div>			
CHIEF ADMINISTRATIVE NURSE & DIRECTOR OF PUBLIC HEALTH AND PREVENTIVE CARE:			
<div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="display: flex; justify-content: space-between;"> Lourdes C. Yapjoco, MSN, RN, CCM Date </div>			
DISTRICT HEALTH OFFICER:			
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I. PURPOSE

To provide a timely and appropriate response to a medical emergency affecting a patient, client, employee, volunteer, student, vendor, contractor, or other person that occurs on or adjacent to a Health District location.

II. SCOPE

Applies to all Workforce members while responding to a medical emergency or while engaged in other activities required to support this response (e.g., training or quality improvement activities). This policy only applies to locations where there are Workforce members trained and equipped to respond. A list of such locations is attached.

III. POLICY

It is the policy of the Health District to train and provide the necessary resources to Workforce members so that they can provide a timely and appropriate response to a medical emergency. Only those Workforce members who are properly licensed and/or trained are authorized to respond.

IV. PROCEDURE**Medical Emergency Response (MER)**

Definition: A coordinated response to a medical emergency occurring in a common area, a programmatic or administrative area, any area immediately outside of but adjacent to the premises of a Health District location. Does not include clinical areas.

A. Assignment of Roles

- 1) Nurses from the Division of Public Health and Preventive Care (PPC) and the Southern Nevada Community Health Center (SNCHC) will be pre-identified to participate. The PPC Division Director and the FQHC Chief Executive Officer (CEO), or their designees, will be responsible for identifying such nurses.
- 2) Medical Emergency Response Teams (MERT) will be assigned on rotation in locations where there are nurses from both PPC and SNCHC (e.g., 280 s. Decatur). Rotation schedule will be set by PPC Division Director and the FQHC Chief Executive Officer (CEO) and submitted to the Chief Administrative Nurse by December prior to the next calendar year.
- 3) Nurses pre-identified to respond will be provided with the appropriate training.
- 4) Security personnel will provide assistance.

B. Activation and Response

- 1) The Medical Emergency Response Team (MERT) is activated by dialing '28' and announcing the incident using plain language communication to reduce confusion and effectively communicate emergency situations.

Medical Team → [Location]

e.g. *“Medical Team → Front of pharmacy”*

- a. This announcement should be made a minimum of three (3) consecutive times.
- b. This activation can be done by any Workforce member, who may also call 911 if appropriate.
- 2) The MERT will respond immediately to the specific location, with at least one nurse bringing an emergency cart and oxygen tank. Security will also respond.
- 3) Upon arrival, the assembled team will:
 - a. Designate someone as the lead who in addition to assisting the other team member(s), will oversee the response and ensure other team member(s) are wearing the appropriate personal protective equipment (PPE).
 - b. Assess the person to determine the nature, extent, and severity of the medical emergency.
 - c. Administer the appropriate response using protocols such as those referenced in this policy.
 - d. Request the assistance of a physician or other provider, additional nursing staff, or administrative staff, if needed, and alert them.
 - e. Request EMS, if needed, and upon their arrival, inform them of the response.
 - f. Secure the area, ensuring safety of the response team and privacy for the person experiencing the medical emergency.
 - g. Inform the person as well as anyone accompanying them (provided the appropriate consents are obtained) of the response, answer any questions and provide appropriate instructions and education.
 - h. Document the response on the Medical Event Form.

C. Follow-up

- A. A member of the response team will contact the person who experienced the medical emergency within one to two (1-2) business days to inquire about their current health status. This information will be documented on the Medical Event Form.
 - a. No follow-up contact is needed for non-patients/non-clients (e.g., visitors to the building only).
- B. Once completed, email the form to medeventreview@snhd.org which is distributed to the District Health Officer, Chief Medical Officer, Chief Administrative Nurse/PPC Division Director, FQHC CEO, FQHC Administrative Manager, the General Counsel or their designee, and Nurse Managers.

Medical Event Response within a Clinical Area

Definition: A coordinated response to a medical emergency occurring within a clinical area.

A. Assignment of Roles

- 1) Clinic staff will respond to **their own patients or clients within the clinic** as part of a Medical Event Response. Designated Medical Event Response Teams will not be pre-identified or scheduled.
- 2) Clinical staff will be provided with the appropriate training.
- 3) Security personnel will assist.

B. Activation and Response

- 1) An in-clinic response is activated by dialing '28' and announcing "**Medical Team**" followed by the **location** of the person experiencing the medical emergency. This ensures security is notified of any medical event.
 - a. This announcement should be made a minimum of three (3) consecutive times.
 - b. This activation can be done by any clinical staff member, who may also call 911 if appropriate.
 - c. Alternatively, a staff member, upon recognizing that a patient or client is experiencing a medical emergency, may just call out to other staff in the vicinity, alerting them to the situation, requesting their assistance, and informing them of the location.
- 2) Clinic staff in the area will respond immediately to the specific location, with at least one staff bringing along the emergency cart and oxygen tank. Security will also respond.

C. Follow-up

- 1) A member of the response team will contact the person who experienced the medical emergency within one to two (1-2) business days to inquire about their current health status. This information will be documented on the Medical Event Form.
 - a. No follow-up contact is needed for non-patients/non-clients (e.g., visitors to the building only).
- 2) Once completed, a designated Workforce member will black out personal identifiers of the person who experienced the medical emergency prior to emailing the form to medeventreview@snhd.org which is distributed to the District Health Officer, Chief Medical Officer, Chief Administrative Nurse/PPC Division Director, FQHC CEO, FQHC Administrative Manager, the General Counsel or their designee.

Additional Sections

A. Emergency Carts and AEDs

- 1) Emergency carts are pre-positioned at pre-determined PPC and SNCHC locations.

- 2) The type of equipment and supplies needed to stock the carts will be reviewed periodically for appropriateness to a medical event response. An oxygen tank will be placed next to each cart and will be included in its inventory. A checklist will be used to aid in maintaining the inventory, and expiration dates will accompany each of these items to aid in their rotation.
- 3) Staff designated by the PPC and SNCHC location's CHN Manager will be responsible for maintaining the inventory and rotating-out expired items, to be checked on monthly schedule and following every response. Staff will then document their effort by affixing their initials and the date on the checklist. A copy of the checklist will be submitted to the Chief Administrative Nurse or designee every 6 months, on January and July of each year.
- 4) Automated External Defibrillators (AEDs) are pre-positioned throughout SNHD and SNCHC locations.

B. Required Training

- 1) Excluding security personnel, all Workforce members pre-identified to respond to medical events and all providers that may be called-in to assist in such a response will be required to complete the following:
 - a. Basic Life Support (BLS), a training offered by SNHD staff or an outside entity which includes administering CPR and using an AED - every two (2) years.
 - b. Lifesaver Skills Course, a training developed and offered by SNHD staff which includes administering basic first aid - annually.
 - c. Overdose Response with Naloxone Training, a training developed and offered by SNHD staff which includes administering Naloxone (Narcan) to those suspected of overdosing on Opioids - one time.
 - d. Medical Emergency Response, a training which includes reviewing and acknowledging this policy and participating in a mock exercise - annually.

C. Quality Improvement

- 1) Key stakeholders, including the District Health Officer, Chief Medical Officer, Chief Administrative Nurse/PPC Division Director, FQHC CEO, Clinical Staff Physicians, Nursing Managers and Supervisors, the Quality Management Coordinator, and representatives from Security and Legal will meet quarterly to:
 - a. Review events and responses that occurred in the previous quarters, using the completed Medical Event Forms as well as input from the respondents to inform the discussion.
 - b. Identify areas in need of improvement.
 - c. Recommend changes.
 - d. Develop a plan to inform staff of any changes and/or provide additional training.
 - e. In addition to discussing and recommending changes based on the review of past responses, identify and discuss new or emerging recommendations or guidelines that may be relevant and make recommendations for changes, as appropriate.

Responding to Medical Emergencies

Acronyms/Definitions

None

V. REFERENCES

- Administering Epinephrine or Benadryl
- Responding to a syncopal or pre-syncopal episode
- Responding to an opioid overdose
- Managing an adverse reaction to a medication or vaccine

VI. DIRECT RELATED INQUIRIES TO

Chief Administrative Nurse

HISTORY TABLE

Table 1: History

Version/Section	Effective Date	Change Made
Version 3		Changed verbiage of Dr. Bluebird to Medical Emergency Response (MER)
Version 2	04/24/2024	Changed to a Division Wide policy, changed policy numbering for PPC, same policy used by PPC (PPC-ADM-001-C) and FQHC (CHCA-021); updated content
Version 1	09-18-2017	Updated policy, renumbered to CS-ADM-001-C
Version 0	06-10-2008	First issuance

VII. ATTACHMENTS

Attachment No. PPC-ADM-001-C ATT-1, Emergency Cart and AED Locations

Attachment No. PPC-ADM-001-C ATT-2, SNHD Clinical Services Medical Event Form

Attachment No. PPC-ADM-001-C ATT-3, Outreach Emergency Kit Checklist