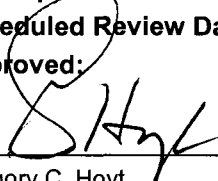
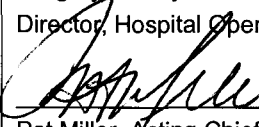
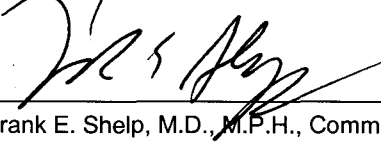
 <p><b>Georgia Department of Behavioral Health &amp; Developmental Disabilities</b> DBHDD</p>	<p align="center"><b>Policy # 03-207-CS</b></p> <p align="center">Page 1 of 6</p>
<p><b>Chapter:</b> Hospital Operations <b>Subject:</b> Automated External Defibrillator Use for Central State Hospital</p>	
<p><b>Applicability:</b> State Hospitals, state-operated Crisis Stabilization Programs, and group homes operating beds that are part of the hospital bed count</p>	<p><b>Effective Date:</b> April 1, 2010 <b>Full Implementation Date:</b> June 1, 2010 <b>Scheduled Review Date:</b> June 2011</p>
<p><b>References:</b> Official Code of Georgia Annotated (O.C.G.A.) 31-11-53.1 and DHR Rules and Regulations 290-5-30</p>	<p><b>Approved:</b></p>
<p><b>Attachments:</b> Attachment A: Emergency Cart and AED Locations for Central State Hospital Attachment B: Emergency Cart/Equipment Inspection Check for Central State Hospital Attachment C: Medical Emergency Flow Sheet</p>	<p> 3-29-10 _____ Gregory C. Hoyt Date Director, Hospital Operations</p> <p> 3/30/10 _____ Pat Miller, Acting Chief of Staff Date</p> <p> 3/30/10 _____ Frank E. Shelp, M.D., M.P.H., Commissioner Date</p>

## ***AUTOMATED EXTERNAL DEFIBRILLATOR USE for Central State Hospital***

### **POLICY**

State Hospitals shall implement defibrillation as indicated in the event that individuals require cardio-pulmonary resuscitation. Automated External Defibrillators (AED) shall be available, readily accessible, and utilized for defibrillation. The Medical Emergency Response System shall be activated.

### **INTRODUCTION**

When individuals experience an emergent medical condition, Georgia State Hospitals, state-operated Crisis Stabilization Programs (CSP), and group homes operating beds that are part of the hospital bed count shall immediately notify Emergency Medical Services (EMS) and shall provide timely Basic Life Support (BLS) and Basic First Aid (BFA) in accordance with the DBHDD Policy 03-205-CS, Medical Emergency Response System for Central State Hospital. Staff shall implement defibrillation as indicated in the event that individuals require cardio-pulmonary resuscitation. Early defibrillation is critical for pulse-less, non-responsive individuals experiencing sudden cardiac arrest caused by Ventricular Fibrillation (VF) and Ventricular Tachycardia (VT). VF and VT deteriorate to asystole if not treated. The AED shall be used only when the individual is not responsive, is not breathing, and has no pulse. The AED shall not be used if the individual has a known "Do Not Resuscitate" (DNR) order.

The AEDs and related supplies are stored with the Emergency Carts. AEDs and Emergency Carts shall be available on living units and in, or proximate to, areas of the hospital buildings and grounds

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where individual consumers gather. AEDs shall be checked and maintained so that they are readily accessible and available for use at the scene of a medical emergency in a timely manner. The number of locked doors between the area of potential use and the AED should be minimized, and must be master keyed so that any available staff can access the AED. When there are AEDs located in areas that do not have an Emergency Cart, those areas shall be specified in the **Emergency Cart and AED Locations for Central State Hospital (Attachment A)**. Hospitals shall routinely evaluate the presence and operability of AEDs.

Only staff members who are trained and competent to operate the AED shall do so. Based on job functions, staff shall have applicable training, certification, and re-certification to operate the AED in accordance with DBHDD Policy # 03-203, Cardio-Pulmonary Resuscitation, Automated External Defibrillator and First Aid Certification Requirements. At regular intervals, hospitals shall evaluate AED use during evaluation(s) of the Medical Emergency Response System and shall utilize performance improvement processes to resolve identified improvement opportunities.

When staff, volunteers, or visitors experience a medical emergency, staff shall immediately notify EMS, specifying that the individual is not a consumer residing in the hospital or CSP. On site staff shall provide BLS and BFA as indicated until EMS arrives. Staff shall implement defibrillation as indicated when cardio-pulmonary resuscitation is required.

## DEFINITIONS

- A. Automated External Defibrillator (AED): A computerized defibrillation device that is attached with adhesive pads to the chest wall of a pulse-less victim. The AED recommends shock delivery only if the victim's heart rhythm is one that a shock can treat. The AED provides visual and voice prompts to guide the actions of the person utilizing the device.
- B. Basic First Aid (BFA): The provision of immediate care to an injured or acutely ill person. BFA is the temporary assistance that is rendered until medical/nursing personnel arrive on the scene.
- C. Basic Life Support (BLS): A group of actions and interventions used to resuscitate, treat, and stabilize individuals experiencing cardiac or respiratory arrest. BLS actions and interventions include recognition of a cardiac or respiratory emergency or stroke, activation of the Medical Emergency Response System (MERS), cardiopulmonary resuscitation (CPR), use of an Automated External Defibrillator (AED), and relief of foreign-body airway obstruction.
- D. Emergency Cart: A cart with multiple drawers and storage areas containing emergency medical supplies, small equipment, medication, oxygen, suction, AED, and other emergency equipment that is stored in a centrally located area immediately accessible to staff. Emergency Medications shall be kept in locked drawers, and/or in a separate locked box located in or on the cart. If a bag is used to transport emergency equipment to designated locations, it shall be supplied and maintained consistent with cart requirements.
- E. Emergency Medical Services (EMS): The planned configuration of community resources and personnel designed to respond to medical emergencies and provide immediate care to persons who are experiencing an unexpected illness or injury. Personnel from fire departments or paramedic units are referred to collectively in this policy as EMS. EMS is accessed by calling 911.

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- F. Medical Emergency Response System: A system to organize, train, equip, and provide immediate on-site response, assessment, and initial care of individual consumers who have an emergent medical condition pending the arrival of Emergency Medical Services (EMS) and transfer to an acute care hospital as applicable.
- G. Nurse Manager/Supervisor (NM/S): The senior on-site Registered Nurse (RN) who shall respond to medical emergencies within 15 minutes.

## PROCEDURES

- A. When individuals experience an emergent medical condition, the Medical Emergency Response System shall be activated. If the individual is unresponsive, has no pulse, and is not breathing, CPR shall be initiated and continued until the AED is brought to the location.
- B. When the AED is brought to the location, the individual shall be disconnected from any equipment that is not defibrillation protected or that may interfere with the operation of the defibrillator.
- C. Specific steps shall be followed to use the AED in order to determine if defibrillation should be applied. The staff member shall:
1. Open the AED carrying case and turn the power on.
  2. Select the correct size electrode pad (adult or child, based on size/age of individual). Use only approved self-adhesive, single use, disposable defibrillation electrodes within the listed expiration date.
  3. Peel the backing away from the electrode pads, wipe away excess moisture from the individual's skin, and attach pads to the individual's bare chest per the diagram on the pads and/or instruction manual. To assure good contact, it may be necessary to shave chest hair. Do not place electrodes over trans-dermal patches, an implanted defibrillator, or a pacemaker.
  4. Attach the AED connecting cables to the AED box if the cables are not pre-connected.
  5. Suspend rescue breathing and chest compressions to assure that no one is touching the individual in order to allow the AED to analyze the rhythm.
  6. Affirm that all staff have stepped back from the individual by loudly stating: "CLEAR".

Note: Some AEDs require the operator to push a button that allows the AED to analyze the heart rhythm; others will do that automatically. The AED may take five to 15 seconds to complete the analysis.

- D. The AED will tell the operator if defibrillation (a shock) is advised.
- E. If the AED advises a shock, the operator shall loudly state "CLEAR" and visually check to ensure that no one is in contact with the individual.

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- F. As soon as the AED gives the shock, staff shall re-start CPR starting with chest compressions. After two minutes of CPR, the AED will prompt the operator to repeat.
- G. If the AED does not advise a shock, the voice and visual prompts will indicate so and will instruct the operator whether or not CPR is needed.
1. The AED will continue to perform background monitoring of the individual's rhythm while other care is provided.
  2. If CPR is being performed, the staff member should periodically pause for 15 seconds to check the individual and to allow the AED to re-analyze the heart rhythm.
  3. Electrode pads should remain in place on the individual's chest to allow AED monitoring to continue until or unless the AED detects a change in the heart rhythm that may be a shockable rhythm, detects interference with rhythm analysis, or is turned off.
  4. If the AED detects a heart rhythm that could indicate the need for a shock, it automatically analyzes the rhythm to see if a shock is advised, and provides voice and visual cues to the operator to provide the shock.
- H. All general safety considerations shall be followed.
1. Do not use the AED on a person who is conscious, has a pulse, is breathing, is hypothermic, or has sustained major trauma. Follow the prompts as directed by the AED. Do not attempt to discharge the device except as indicated in the "Directions for Use". A defibrillator can cause injury if the device is used improperly.
  2. The use of a radio transmitter/cell phone directly next to the defibrillator is not recommended. The defibrillator produces radio frequency noise that may inhibit receiving communication. Interference may be corrected by repositioning equipment or cables to increase the distance between them.
  3. Do not come in contact with the individual during defibrillation. Any contact with the individual, or equipment connected to the individual, during defibrillation will present a shock hazard.
  4. Do not use if the individual is in or covered by water.
  5. Do not use the device in the presence of flammable agents or where an electric spark could cause ignition or explosion. Do not use if the individual is less than one year of age. Pediatric pads should be used for individuals from ages one to seven years. Adult pads should be used for an individual eight years of age or older. Pads should not touch each other.
- I. After use, the Nurse Manager/Supervisor or designated RN ensures that the ZOLL AED is downloaded, checks to be sure that the green light is on, and connects new AED pads. Downloaded strips are filed in the consumer's medical record. AED supplies used during the Code Blue shall be replenished in accordance with DBHDD Policy 03-205-CS, Medical Emergency Response System for Central State Hospital.

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- J. The presence and functionality of the AED is checked according to procedures established for checking all medical emergency equipment and at intervals described in the Medical Emergency Response System policy.
1. The green light indicates that the AED is functioning properly.
  2. If there is a problem with the AED:
    - a. If a red "X" is present, unplug electrodes, and re-check for the green light to appear. If the green light does not appear, and/or the red "X" continues, place a tag on the AED that says "out of order" and notify the Nurse Manager/Supervisor immediately.
    - b. The Nurse Manager/Supervisor shall remove the AED from the area and a replacement functional AED will be immediately secured
    - c. The Nurse Manager/Supervisor shall notify Biomedical Equipment Management.
  3. The checks shall be documented on the **Emergency Cart/Equipment Inspection Check for Central State Hospital (Attachment B)**.
- K. Safety and operability of the AED shall be ascertained prior to making the equipment available for use, and at intervals recommended by the manufacturer by Biomedical Equipment Management. The equipment included in the program is inspected/tested at required intervals in accordance with manufacturer's recommendations and other appropriate guidelines. All equipment shall be inspected at least annually.
1. Biomedical Equipment Management establishes and maintains a preventative maintenance program for the AED(s) and maintains records on problems and corrective measures.
  2. Use only batteries supplied by Biomedical Equipment Management for operation of the device. ZOLL AED batteries have a multi-year shelf life and the expiration date is noted on the outside of the AED.
- L. If the AED is used during a medical emergency, specific information such as the time, the operator, and the number of shocks, shall be documented on the **Medical Emergency Flow Sheet (Attachment C)** and all documentation requirements associated with the Medical Emergency Response System policy shall be followed. The Nurse Manager/Supervisor, or designated RN ensures the printed download from the ZOLL AED is placed with other documents in the medical record.
- M. Follow all additional instructions in the AED manual for use, care, maintenance, and troubleshooting.

## TRAINING, DRILLS, AND PERFORMANCE IMPROVEMENT REQUIREMENTS

- A. All aspects of DBHDD Policy 03-203 Cardio-Pulmonary Resuscitation (CPR), Automated External Defibrillator (AED), and First Aid Certification Requirements shall be followed. Training content and certification shall be commensurate with AHA or ARC requirements.
- B. Medical Emergency Response System drills shall include simulated use of AED operation.

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- C. Following an actual medical emergency or drill, if a staff member does not perform to the required level of competency, re-training may be implemented. Pending re-training and achievement of the specific competency, the staff member shall not operate the AED.
- D. Use of the AED shall be evaluated as a part of the performance improvement processes described in Medical Emergency Response System policy

**REFERENCES**

DBHDD Policy 03-203, Cardio-Pulmonary Resuscitation (CPR), Automated External Defibrillator (AED), and First Aid Certification Requirements

DBHDD Policy 03-205-CS Medical Emergency Response System for Central State Hospital

DBHDD Policy regarding Do Not Resuscitate Orders

Potentially applicable documents, references, or associated policies/procedures:

AED Manufacturers Instruction Guide

## EMERGENCY CART AND AED LOCATIONS FOR CENTRAL STATE HOSPITAL

Locations of Emergency Medical Equipment			
Service Area	Location	Crash Cart/AED	AED Only
<b>Forensics</b>	Cook Blue 1	H1105	
	Cook Blue 2	H1205	
	Cook Green 1	H2105	
	Cook Green 2	H2205	
	Cook Red 1	H3105	
	Cook Red 2	H3205	
	Cook Orange 1	H4105	
	Cook Orange 2	H4205	
	Cook Medical Clinic	S154	
	Cook Active Treatment Mall	Rm 1-11 – Kidd Building	
<b>DDS – Allen Bldg.</b>	Allen Building (Phoenix Center)	Allen Bldg. 307 W	
	Supplies located in Allen Bldg. Clinic 146W	Allen Bldg. 146 W	
<b>DDS Houses</b>	Broad 11	Dining Area	
	Broad 15	Chart Room	
	Supplies located in Allen Bldg. 146W	Rm 146W	
<b>Boland Building</b>	Piedmont Hall 1 South	Rm 162 SE	
	Piedmont Hall 1 North	Rm 120 SE	
	Piedmont Hall 2 East	Rm 120 S	
	Pecan Manor 4	Rm 119 NW	
	Pecan Manor 5 East	Rm 119 N	
	Pecan Manor 5 West	Rm 151 N	
	PSC (Program Service Center) 6 S	RM 121NE	
	Supplies located in Boland 3 clinic	RM 108SW	
<b>Craig Center</b>	Craig 1	Rm 120 NW	
	Craig 2	Rm 127 NW	
	Craig 3	Rm 161 NE	
	Craig 4	Rm 119 NE	
	Craig 5	Rm 120 SE	
	Craig 6	Rm 162 SE	
	Craig 7	Rm 144 SW	
	Supplies located in Craig Nursing Over-House Office	Rm 101 SW	
<b>EWAC</b>	EWAC	Rm 126	
	Supplies located in Allen Bldg 146W	Rm 146W	
<b>Other</b>	OHIS	Rm 1-058	
	NDI	Rm 102	
	Auditorium		Entrance hall on right
	Cafeteria		one in each dining room
	Radiology- Kidd Building	2-116	
	Police Department-Kidd Building		Patrol Car
	Dental Clinic	Rm 110	
	Central Laundry		Rm 119
	Powell 1 Center		Rm 117C –Nursing Office
	Nurse Administrator's Office – <b>mobile crash cart</b>	Rm 106C – Craig Center	

## EMERGENCY CART/EQUIPMENT INSPECTION CHECK FOR CENTRAL STATE HOSPITAL

Location of Cart: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_

*Write lock #'s in designated boxes & initials in other boxes to indicate checks done. Describe discrepancies in "comments". Sign back of form. D=Day E=Evening N=Night*

Date	Cart lock #; lock intact; Indicate in second column new lock number if lock is changed. Note on back of page reason for lock change. No supplies expired			AED Green(✓)appears, pads & batteries not expired.			Primary Oxytote with flow meter and tubing to ambu: > 500 PSI			Auxiliary Oxytote: full with black seal intact			Pulse oximeter battery check OK			Suction tubing intact; vacuum/battery OK <b>**Vacuum Check** 11-7 Wed</b>			Cardiac back board and Ambu-bag present not expired			Drug Kit- expiration dates checked.				
	Lock #	New Lock#		D	E	N	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N		
1																										
2																										
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## EMERGENCY CART/EQUIPMENT INSPECTION CHECK FOR CENTRAL STATE HOSPITAL

\* **Zoll:** If red (X) appears, unplug electrodes, re-insert electrodes, and check for green (✓) to appear. If it doesn't appear, tag the AED as not working and notify supervisor/nurse administrator.

\*\***Vacuum Check:** Unplug and run 15 mins. with regulator on high. If it stops or slows during testing, notify supervisor/nurse administrator.

**Comments:** Describe any discrepancies found during the inspection checks and what actions were taken to resolve the problem(s). Include date, time, and initials with each comment. Notify the Charge Nurse and Nurse Manager/Supervisor of all discrepancies. Notify the nurse administrator for assistance when crash cart lock is broken or crash cart has been used/compromised.

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**Initials Identification:**

Printed Name	Signature/Title	Initials	Printed Name	Signature/Title	Initials
Printed Name	Signature/Title	Initials	Printed Name	Signature/Title	Initials
Printed Name	Signature/Title	Initials	Printed Name	Signature/Title	Initials
Printed Name	Signature/Title	Initials	Printed Name	Signature/Title	Initials
Printed Name	Signature/Title	Initials	Printed Name	Signature/Title	Initials
Printed Name	Signature/Title	Initials	Printed Name	Signature/Title	Initials
Printed Name	Signature/Title	Initials	Printed Name	Signature/Title	Initials
Printed Name	Signature/Title	Initials	Printed Name	Signature/Title	Initials

*When this Inspection Check Sheet is completed, forward it to the Nurse Manager or Program Director/Coordinator of centralized program areas, and initiate a new Inspection Check Sheet.*

**Expiration Dates**

AED Electrodes (Adult): \_\_\_\_\_

Ambu Bag (Adult): \_\_\_\_\_

AED Electrodes (Peds): \_\_\_\_\_

Ambu Bag (Peds): \_\_\_\_\_

AED Battery: \_\_\_\_\_

Pulse Oximeter Batteries: \_\_\_\_\_

## MEDICAL EMERGENCY FLOW SHEET

Complete the form as the emergency proceeds. File original in the chart. Copy to Clinical Director, Nurse Executive, Risk Manager.

Individual Consumer Name \_\_\_\_\_

**I. Medical emergency discovered by:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

**II. Condition of individual on discovery: (Check all that apply)**

Responsive  Yes  No Breathing  Yes  No Pulse  Yes  No Arrest/Collapse Witnessed  Yes  No

**III. Nature of the emergency:**

- |  |  |
|--|--|
| <input type="checkbox"/> Cardio-pulmonary arrest (no breathing or pulse) | <input type="checkbox"/> Loss of consciousness                   |
| <input type="checkbox"/> Shock or very low blood pressure                | <input type="checkbox"/> Obvious severe bleeding                 |
| <input type="checkbox"/> Severe respiratory distress                     | <input type="checkbox"/> Choking/foreign body airway obstruction |
| <input type="checkbox"/> Suspected heart attack                          | <input type="checkbox"/> Suspected stroke                        |
| <input type="checkbox"/> Serious bodily injuries/burns                   | <input type="checkbox"/> Drug overdose                           |
| <input type="checkbox"/> Significantly abnormal heart beats              | <input type="checkbox"/> Severe allergic reaction                |
| <input type="checkbox"/> Recurrence of ≥2 seizures within 30 minutes     | <input type="checkbox"/> Significant head trauma                 |
| <input type="checkbox"/> Seizures lasting more than 5 minutes            |  |
| <input type="checkbox"/> Other, specify: _____                           |  |

**IV. Code Blue activation:**

Number dialed: \_\_\_\_\_ By whom: \_\_\_\_\_ Time: \_\_\_\_\_  
 Other reporting method: \_\_\_\_\_ By whom: \_\_\_\_\_ Time: \_\_\_\_\_

**V. Immediate first aid:**

- |   |   |  |   |                |
|---|---|--|---|----------------|
| <input type="checkbox"/> Managed bleeding | Site: _____   | <input type="checkbox"/> Applied pressure/dressing | <input type="checkbox"/> Elevated head  | By whom: _____ |
| <input type="checkbox"/> Managed shock    | <input type="checkbox"/> Limb elevated  | <input type="checkbox"/> Kept warm                 | <input type="checkbox"/> Started IV     | By whom: _____ |
| <input type="checkbox"/> Managed seizure  | <input type="checkbox"/> Prevented injury   | <input type="checkbox"/> Maintained airway         | <input type="checkbox"/> Rolled to side | By whom: _____ |
| <input type="checkbox"/> Managed airway   | <input type="checkbox"/> Performed abdominal thrusts for conscious choking victim |  |   | By whom: _____ |

**VI. Personnel and equipment arrivals: Roles: BLST Leader (TL), Recorder (R), Other (O)**

<u>Hospital personnel:</u>	<u>Role:</u>	<u>Notification *Time:</u>	<u>Arrival Time:</u>
MD notified name: _____	_____	_____	_____
2 <sup>nd</sup> MD arrived name: _____	_____	_____	_____
NM/S notified name: _____	_____	_____	_____
RN arrived name: _____	_____	_____	_____
LPN arrived name: _____	_____	_____	_____
Security/Police notified name: _____	_____	_____	_____

\* Prior to documenting notification times, verify with the person who made notifications. Enter N/A if arrived without notification.

**Outside responders:**  N/A EMS notified at: \_\_\_\_\_ (time) by: \_\_\_\_\_ (Staff Name/Title)

**Responders arrived (Check below):** Time: \_\_\_\_\_ Time: \_\_\_\_\_  
 Paramedic  Yes  No \_\_\_\_\_ Rescue Squad/Ambulance  Yes  No \_\_\_\_\_  
 Fire Department  Yes  No \_\_\_\_\_ Other (specify) \_\_\_\_\_  Yes  No \_\_\_\_\_

Care transferred to EMS at: \_\_\_\_\_ (time) by: \_\_\_\_\_ (Staff Name/Title)

Code Cancelled: Time: \_\_\_\_\_ Reason/By: \_\_\_\_\_ (Staff Name/Title)

**VII. CPR: Performed by (Name/Title): \_\_\_\_\_ Time Initiated: \_\_\_\_\_**

**Airway/oxygen maintenance:** Performed by (Name/Title): \_\_\_\_\_ Time: \_\_\_\_\_  
 Nasal cannula  Simple mask  Bag valve mask O2 Flow rate: \_\_\_\_\_  
 Oropharyngeal (airway)  Small  Medium  Large \_\_\_\_\_  
 Suctioned:  Yes  No Time: \_\_\_\_\_ By whom: \_\_\_\_\_  Oral  Nasal Catheter size: \_\_\_\_\_  
 Amount/type of secretions: \_\_\_\_\_

## MEDICAL EMERGENCY FLOW SHEET

**Circulation/cardiac interventions:**

IV started:  Yes  No

Solution:  D5W  Normal Saline

**Performed by (Name/Title):**

Needle Type/Gauge: \_\_\_\_\_ Site: \_\_\_\_\_

**Time:**

**AED Applied:**  Yes  No  Monitor/defibrillator

Shock advised:  Yes  No Explain intervention: \_\_\_\_\_

**Performed by (Name/Title):**

**Time:**

If yes, complete the following information:

**Time of Shock**

**By Whom(Name/Title) :**

**Response to Shock:**

**Resumed CPR**

**Time:**

_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

**CPR Stopped:**  Yes  No **Time:** \_\_\_\_\_ **Name/Title of person authorizing termination:** \_\_\_\_\_

**Why CPR terminated:**  Responsive to BLS/recovered  Continuing CPR would be futile

Other (specify) \_\_\_\_\_ **Time Pronounced:** \_\_\_\_\_

**VIII. Vital signs, observations, medications:**

Enter the time vital signs or other assessment data taken or medications administered. Attach additional pages as necessary.

Time									
Respirations									
O2 sat									
Pulse									
BP									
Temp									
Blood sugar									
LOC									
Skin color									
Medication dose/route									
Medication dose/route									
Medication dose/route									

**IX. Outcomes:**

Disposition:  Remained at facility  Transport by ambulance  Private vehicle transport Time of transport: \_\_\_\_\_

Transported to: \_\_\_\_\_ Condition at time of transport and response to treatment: \_\_\_\_\_

**X. Family notification:**

Family/other notified: Notified by whom/title: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Yes  No  Individual did not give prior permission If yes, person notified and response/comment: \_\_\_\_\_

**RECORDER SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**NAME (PRINTED):** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**BLST LEADER SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**NAME (PRINTED):** \_\_\_\_\_

**TITLE:** \_\_\_\_\_