

YELLOW DOT+ PROGRAM

Preparing for a Medical Emergency for Hershey's Mill Residents

HM AdHoc Safety Committee

INTRODUCTION

History
Common Sense




HERSHEY'S MILL SECURITY MEDICAL EMERGENCIES 2023



312 Security Calls required EMS care and transport to hospital

129 additional Security Calls with EMS required no transport to hospital

- ❖ Dozens of calls annually where resident is alone and/or unresponsive, incoherent or unable to make decisions
- ❖ 6 to 10 times annually where HM Security staff is required to perform CPR/AED

Appropriate care in the "Golden Hour" of medical emergencies can make all the difference

How can we Help our First Responders? How can we Help Ourselves?



Provide them with essential information about our health, hospital, emergency contacts, and physicians

This emergency information packet contains 3 items:

- 1) One-page Medical Information form
- 2) PennDOT Yellow Dot Program
- 3) Medical ID on Smartphone/Android



TOPIC ONE - HOME

- **Yellow Dot+** Envelope on the Refrigerator
- One-page (two-sided) medical information form that includes emergency contacts, physicians, chronic medical problems, medications, allergies, and recent surgeries

Medical Information

PLEASE PRINT

Name: _____ Address: _____
 Date Completed: _____ Date of Birth: _____

Emergency Contacts

Name: _____ Relationship: _____
 Address: _____
 Phone Number: _____
 Primary Physician: _____
 Other Physician: _____ Specialty: _____
 Other Physician: _____ Specialty: _____

Medical Conditions - Check the Box or Boxes that Apply

Cardiac	<input type="checkbox"/> Anemia
<input type="checkbox"/> Atrial Fibrillation	<input type="checkbox"/> Anticoagulant use
<input type="checkbox"/> Irregular Heart Rate	<input type="checkbox"/> Renal failure
<input type="checkbox"/> Congestive heart failure	
<input type="checkbox"/> Pacemaker	Endocrine
<input type="checkbox"/> Hypertension	<input type="checkbox"/> Diabetes (Type I or Type II)
<input type="checkbox"/> Angina	<input type="checkbox"/> Thyroid abnormalities
<input type="checkbox"/> None	<input type="checkbox"/> Adrenal insufficiency or corticosteroid use
Pulmonary	Neurology
<input type="checkbox"/> COPD	<input type="checkbox"/> Stroke or TIA
<input type="checkbox"/> Asthma	<input type="checkbox"/> Dementia
<input type="checkbox"/> None	<input type="checkbox"/> Migraine Headaches
Malignancy (type)	<input type="checkbox"/> Seizure Disorder
<input type="checkbox"/> None	<input type="checkbox"/> Parkinson's Disease
	<input type="checkbox"/> None
Ophthalmology	Gastrointestinal
<input type="checkbox"/> Contact Lenses	<input type="checkbox"/> Inflammatory Bowel Disease
<input type="checkbox"/> Glaucoma	<input type="checkbox"/> Gastrointestinal Bleeding
<input type="checkbox"/> Vision impairment or blindness	<input type="checkbox"/> None

Advance Directives or Living Will: Y N Power of Attorney: Y N
 Health Care Proxy: Y N Preferred Hospital or System: _____

2-sided form - please complete the other side.

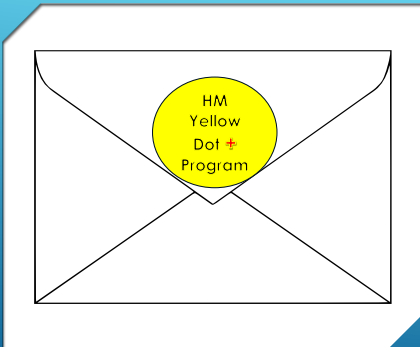
Other significant medical problems None

Medications: Name, frequency of administration, dosage None

Allergies/Reactions None

Surgery in last 5 years None

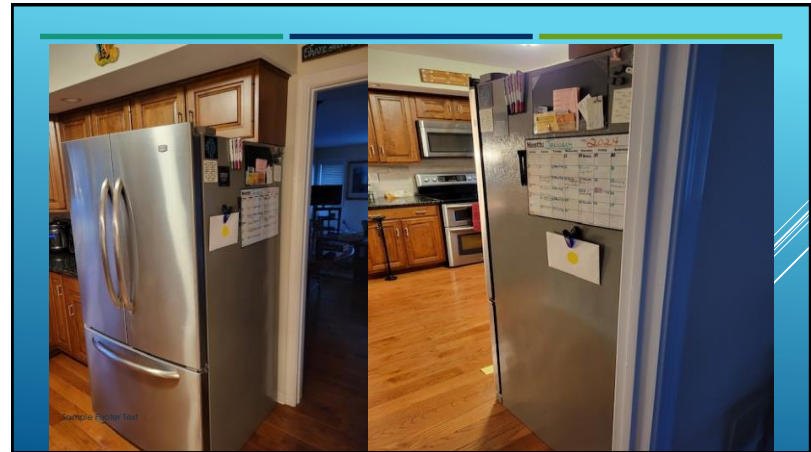
Other pertinent information



YELLOW DOT+ ENVELOPE

Place completed Yellow Form into Yellow Dot+ Envelope

Secure it by magnet to your refrigerator



ANY GENERAL QUESTIONS ABOUT HOW TO USE THE YELLOW DOT+ MEDICAL INFORMATION FORM?

Specific questions about you and your health situation can be discussed after the presentation.



TOPIC TWO - YOUR VEHICLE

- Pennsylvania Yellow Dot Program Pamphlet
- Provides EMS with your health info in emergencies
- Yellow Dot Program recognized and used in 25 states

PA YELLOW DOT PROGRAM

Pennsylvania Yellow Dot Program



This Pamphlet Contains Medical Information

Welcome to Pennsylvania's Yellow Dot Program!

Place sticker here

Medications

Medication	Strength	Dose (How Often)

Allergies

Physician(s)

Name: _____
 City/State: _____
 Other Phone: _____
 Home: _____
 Cell/Text: _____
 Other Phone: _____

Hospital Preference

Name: _____
 Address: _____
 City/State: _____
 Zip: _____
 Phone: _____

Medical Conditions/Recent Surgeries

Emergency Contacts

First Name: _____
 Last Name: _____
 Address: _____
 City/State: _____
 Zip: _____
 Home Phone: _____
 Cell/Text: _____
 Other Phone: _____

Medications

Medication	Strength	Dose (How Often)

Allergies

Physician(s)

Name: _____
 City/State: _____
 Home Phone: _____
 Cell/Text: _____
 Other Phone: _____

PA YELLOW DOT PROGRAM





TOPIC THREE - PREPARING YOUR PHONE

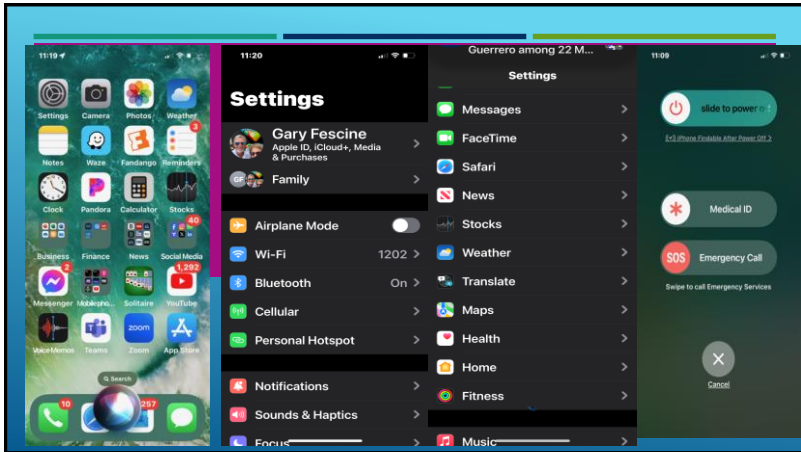
- Personal Logistics
- Medical ID on Smartphone

SETTING EMERGENCY CONTACTS ON YOUR PHONE

2-SIDED INFO SHEET

Apple


Android



“THE WAY TO GET STARTED IS TO QUIT TALKING AND BEGIN DOING.”

▶Walt Disney





YELLOW DOT+ SUMMARY


1. Complete yellow medical information form, place it in white envelope with the yellow dot, and attach envelope by magnetic clip to refrigerator.
2. Pennsylvania Yellow Dot pamphlet for each vehicle. ... affix yellow dot sticker to back window, driver's side and place completed yellow pamphlet in glove box.
3. Program personal smartphone for emergencies. Will allow first responders to access your Medical ID without a password whenever you might need help, but YOU must set it up.

THANK YOU



FIRST RESPONDERS!

Doing all that we can to keep Our Village and Ourselves SAFE



QUESTIONS

- Yellow Medical Info Form in Yellow Dot+ Envelope
- PA Yellow Dot Auto Program
- Setting up Emergency Contacts on Mobile Phones