



Provide a system for families to communicate with and advocate for their family members within the emergency response system in their community.

The Dodge County EMS Association Medical Alert Program Supports . . .

People of all ages with a long term, chronic illness or condition which:

1. Is severe enough to restrict growth, development or ability to engage in usual activities.
2. Has been or is likely to be present or persist for 12 months to lifelong.
3. Is complex enough to require specialized health care, psychological or educational services of a type or amount beyond that required generally by people.
4. Requires use of technology for survival.

When enrolling in the local Medical Alert program, you provide health information about the enrollee on a brief Medical History Form. This information is given to the EMS provider(s) who participate in the local Medical Alert Program and serve the area(s) where the enrollee lives or spends time (such as school). It is also given to the local hospital emergency department staff.

When a call involving the person is received, the information you have provided is reviewed by responding emergency personnel prior to reaching the scene.

The enrollee's medical information is kept confidential by all participating staff and is protected under Wisconsin Statute 146.82.

The Medical Alert Program is locally-based around the resources and needs identified in a community. Each local program has one or more people in the role of "Facilitator". The Facilitator makes sure (facilitates) that the flow of information about an enrollee moves from patient/caregiver to local emergency services, dispatchers, and emergency department staff. The Facilitator can be a staff member of the EMS or Emergency Department, or a community volunteer. The Facilitator coordinates the Local Medical Alert program, working to assure that protocols are in place, information is current, and all parties are communicating to meet the patient's needs.

The Dodge County EMS Association Medical Alert Program.

People living in a community who have special health care needs may require emergency services more frequently, and have unique needs during an emergency. If local emergency medical personnel know of these people and the nature of their condition ahead of time, they are able to respond more efficiently and effectively to an emergency call.

Medical Alert Works To . . .

Improve health outcomes for people with special needs during emergencies. Strengthen the preparation and effectiveness of local Emergency Medical Services (EMS) by providing knowledge and training on special needs specific to the patient within the community before an emergency.

How do I sign my myself or family member up?

Contact the emergency medical service provider in your area to see if they participate in a local Medical Alert Program. They will put you in touch with the local program Facilitator. The Facilitator will answer any questions you may have, and begin gathering the information needed to enhance care to yourself or family member during an emergency call.

What if there is no Local Medical Alert Program nearby?

If there is no Medical Alert Program active in your community, tell the EMS service that you are interested in having one available. In many cases, the Local Medical Alert program was developed and is managed by parents of a person with special health care needs.

Who are the EMS providers in my area?

Check the yellow pages for your local Emergency Medical Service. You can view all licensed EMS providers in Wisconsin by location on the Department of Health & Family Services webpage at www.dhfs.wisconsin.gov.

Department Members of The Dodge County EMS Association.

Allenton, Ashippun, Beaver Dam, Brooks Ambulance, Brownsville, Burnett, Clyman, Fox Lake, Hartford, Horicon, Hustisford, Iron Ridge, Juneau, Kekoskee, Lebanon, Life Star Ambulance, Lomira, Lowell/Reeseville, Mayville, Neosho, Randolph, Theresa, Waterloo

How is the Patient History information distributed and updated?

Once you have completed the Medical Alert History form and have signed a release of information, the Facilitator will share the information with identified EMS providers and emergency departments. The Facilitator will contact you once or twice a year to update the file. It is the responsibility of the patient/caregiver to alert the local Medical Alert Facilitator to any changes in the current medical needs of the enrollee as they occur.

ASHIPPUN FIRST RESPONDERS
920-474-4223

or

Ashippunfire.com

or

Ashippun Fire Department

W2464 Oak St.

P.O. Box 146

Ashippun, WI 53003

Ashippun's Medical Alert Facilitator
Dawn Christ 920-625-2126

THE MEDICAL ALERT PROGRAM IS SPONSORED AND COORDINATED THRU THE DODGE COUNTY EMS ASSOCIATION. MEMBERS OF THE DODGE COUNTY EMS ASSOCIATION INCLUDE YOUR LOCAL EMS AND FIRST RESPONDER AGENCY. CONTACT THEM FOR MORE INFORMATION OR YOU CAN CALL 920-386-2283 FOR CONTACT INFORMATION

Medical Alert

The Medical Alert is a program developed to help get a better emergency response for individuals with special health needs.

Special health needs include the following, but are not limited to heart conditions, seizures, asthma, and diabetes. People with special health needs are at a higher risk for emergencies. If an emergency happens and 9-1-1 is called a first responder group and/or an ambulance service will respond. To ensure that your special health needs are properly cared for please enroll in our Medical Alert Program. Emergency medical personnel need to be made aware of these special needs in our community and the nature of their condition before an emergency occurs. People enrolled in the Medical Alert Program will be identified to the responding agencies.

When called to respond to the emergency allowing the emergency personnel to prepare for your special health needs.

You will have the security of knowing that your special needs will be met. Medical Alert Program participants and their families can be assured that Program Facilitators, Emergency Dispatchers and local EMS Providers will maintain the confidentiality of all information that pertains to each participant enrolled. It is the responsibility of all care providers to perform their roles and responsibilities in a manner that preserves the dignity of people with special health care needs and their families by maintaining confidentiality of information.

To enroll contact your local First Responder group or EMS

Patient number _____

Date: _____

MEDICAL ALERT ENROLLMENT FORM

Participant's name: _____

If minor, parent or guardian name: _____

Date of birth: _____

Address: _____ City _____

Phone # _____ Cell # _____

Contact name _____

Phone # _____ Cell # _____

Special health need, please describe: _____

Medications: (If more lines needed please add a page)

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

7. _____ 8. _____ 9. _____

Technology used plus any technical or special equipment used in treatment:

Treatments: _____

Physician name: _____ Phone # _____

Preferred hospital: _____

Allergies:(If more lines needed please add a page)

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

Any other information: _____

Patient/Parent Signature: _____ Date: _____

Send completed form to: Ashippun Fire Department, ATTN. Medical Alert
W2464 Oak St. P.O. Box 146 Ashippun, WI 53003