
BLOOD PRESSURE SCREENING SCOPE OF PRACTICE AND SCREENING GUIDELINES

Document Review

Name	Title	Date of Review
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Acronyms:

SLCo: Salt Lake County

SLCoHD: Salt Lake County Health Department

MRC: Medical Reserve Corps

EMS: Emergency Medical Services

BP: Blood Pressure

BLS: Basic Life Support

CPR: Cardio-pulmonary Resuscitation

PURPOSE:

Blood Pressure Screening guidelines and protocols are necessary for the Salt Lake County (SLCo) Medical Reserve Corps (MRC), as this unit is requested to perform blood pressure screenings at numerous community events. Therefore, it is imperative to define the inclusion and exclusion criteria of patients and set forth the policies and guidelines needed to perform blood pressure screenings and operate a screening station at community events such as screening booths at health and wellness fairs.

This document:

1. Outlines the requirements and protocols to perform blood pressure screenings.
2. Sets forth policies, and the inclusion and exclusion criteria for patients requesting a blood pressure screening.
3. Outlines the provision of information to patients.
4. Outlines Volunteer Requirements.
5. Outlines Health and Wellness (Blood Pressure) Station requirements.

SCOPE:

1. This policy and related protocols are intended for use in public gatherings of groups of persons including, but not limited to, health fairs and community service events.
2. This policy is designed to give clear guidelines to Salt Lake County Medical Reserve Corps (MRC) volunteers for provision of blood pressure screenings and related information for general prevention and health behaviors.
3. This policy will apply to MRC volunteers who are asked to assist potential clients who meet the client profile (below).
4. MRC Volunteers are expected to use good clinical judgment and complete all required documentation.
5. Any client that exceeds the capabilities of the volunteer will be referred to local Emergency Medical Services (EMS) or a local healthcare provider, as necessary.

Required Equipment:

1. Stethoscope
2. Blood pressure gauge
3. Pen to record blood pressure
4. Blood pressure machine and corresponding power cords
5. Required documentation for staff/volunteers
6. Patient screening results handout

Inclusion Criteria:

Potential patients to be provided a screening must:

1. Be alert and oriented to person, place, time and events.
2. Have no complaints of acute chest pain or symptoms of active cardiac distress.
3. Be able to communicate adequately and understand what is being communicated to him/her.

Exclusion Criteria:

Patients excluded from screenings include:

1. Any patient that has an observed emergent medical need (i.e. cardiac distress, uncontrolled bleeding, altered level of consciousness, diabetic emergency, or any condition that is deemed to be emergent).
2. Any patient that feels that they are having a medical emergency and/or requests transportation to a medical facility.
3. Any patient who does not meet all requirements in the Inclusion section.

MRC volunteers staffing a blood pressure screening station are expected to use good clinical judgment and complete all required documentation. Client participation in the screening is voluntary, and the volunteer has no authority to make demands on the client. Volunteers are expected to treat clients with courtesy and compassion.

Volunteers will call 911 for any patient asking to be transported to a medical facility for any reason.

VOLUNTEER REQUIREMENTS:

1. Volunteers may staff blood pressure screening stations at approved local events. Volunteers providing this support must have appropriate training and be familiar with the instrumentation being used.
2. Volunteers without appropriate training may assist with documentation and administrative tasks but will not perform screening procedures.
3. All volunteers screening clients must have a current American Red Cross or American Heart Association Cardiopulmonary Resuscitation (CPR) (BLS for the Healthcare Provider) card. Volunteers are encouraged to have an American Red Cross or American Heart Association First Aid card as well.
4. Prior to each event, the staff will review the Blood Pressure Screening Scope of Practice and Screening Guidelines, sign in, and set up the station.
5. Volunteers must wear a surgical mask when interacting with patients and while on site at any MRC event.

STAFFING:

1. Staffing is based on the event and number of participants, with a minimum of two volunteers who meet the volunteer requirements outlined in this policy per shift and per location.
2. Volunteers are required to display their personal MRC badge, carry another form of photo ID, and wear the provided uniform (MRC Polo, Jacket, Vest) or other approved uniform (scrubs).
3. Volunteers will record the client's screening results and follow-up instructions on the appropriate documents. Volunteers will retain a log of screenings given and provide the client with a document containing the screening results (Appendix A).

BLOOD PRESSURE SCREENING STATION SET-UP:

1. All screening stations are to be set up in an area that is safe for the volunteer and anyone being screened. If at any time the area becomes unsafe, the volunteer is to gather equipment, move to a safe area, and notify the MRC Unit Coordinator or on-site individual in charge immediately.
2. Supplies and equipment will be delivered to screening stations by the MRC Unit Coordinator or his/her designee.
3. All volunteers will sign in and sign out.
4. Qualified volunteers will use only unit approved supplies. Volunteers may not utilize personal supplies (i.e personal stethoscopes, blood pressure equipment, etc.) unless they have been approved by the MRC Unit Coordinator or Medical Director.
5. Only approved MRC volunteers may perform screenings and provide information on behalf of the MRC.
6. Between patients the volunteer will sanitize hands and any equipment and/or objects in high touch areas.
7. Volunteer will sanitize Stethoscope and Blood Pressure cuff or other equipment with appropriate cleaning solution between patients. The cleaning solution shall be 70-90% Ethanol Alcohol or 70% Isopropyl Alcohol and be wiped onto the equipment and let air dry. This cleaning shall occur in-between patients and at the end of the day before equipment is stored.

SCREENING GUIDELINES:

Screening:

1. The screening provided by the MRC and its volunteers is intended to serve as a point-in-time “snapshot” of an individual’s blood pressure.
2. The purpose of the screening is to provide general awareness and information on how to improve cardiovascular health, not to provide specific medical advice.
3. Clients will be provided with the results of the screening and directed to seek any medical advice from their Primary Care Provider, Urgent Care Center, or Emergency Department if they have specific questions or concerns.

Use of Electronic Blood Pressure Machine:

1. Press power button to turn on machine. If the machine does not turn on, place the smaller cord into the respective spot on the lower left side of machine and then plug into an outlet. Once the machine turns on, a plug and battery icon appear on the bottom right of screen to show it’s charging status.
2. Place appropriately sized cuff on patients bare upper arm with arrow pointing to appropriate location.
3. Press the white button to initiate blood pressure measurement. If measurement needs to be stopped, press again to cancel.
4. Read vitals given on screen.
5. Remove cuff from the patient’s arm.
6. Press C to clear all information for the current patient. Always press clear between taking vitals on patients.
7. For error codes, tips, and blood pressure variability, please refer to the quick reference cards attached to the basket.

Manual Blood Pressure Process by Auscultation:

1. Position blood pressure cuff on bare upper arm with arrow pointing to appropriate location.
2. Close pressure gauge.
3. Inflate blood pressure cuff until a pulse is no longer detected.
4. Place stethoscope on inside of elbow.
5. Slowly release the air from the blood pressure cuff by loosening pressure gauge.
6. Observe the meter on the gauge and notice when you hear a pulse return (systolic pressure).
7. Continue deflating blood pressure cuff until you can no longer hear the pulse.
8. Notice on the meter at what point you can no longer hear the pulse (diastolic pressure).

For loud environments, use pulsation:

1. Position blood pressure cuff on bare upper arm with arrow pointing to appropriate location.
2. Close pressure gauge.
3. Inflate blood pressure cuff until a pulse is no longer detected.
4. Place index and middle finger of unused hand on inside of elbow.
5. Slowly release the air from the blood pressure cuff by loosening pressure gauge.
6. Observe the meter on the gauge and notice when you feel a pulse return (systolic pressure).
7. Continue deflating blood pressure cuff until you can no longer feel the pulse.
8. Notice on the meter at what point you can no longer feel the pulse (diastolic pressure).

Notify EMS:

1. If the patient's systolic blood pressure is in hypertensive crisis at 180 or higher.
2. If the patient's systolic blood pressure is in hypotensive crisis at 90 or lower.
3. If the patient shows or complains of high blood pressure symptoms (i.e. dizziness, fatigue or confusion, vision problems, headaches, chest pain, etc.).

Provision of Information:

1. Educational handouts on healthy behaviors and other general prevention measures will be distributed to further emphasize the importance of overall health and wellness.
2. Health Educators, Nurses and other qualified Public Health staff may provide general information on preventative behaviors and encourage healthy lifestyle choices.
3. No specific medical advice or advertisement for a specific medical provider will be offered to clients through verbal or written communication.
4. Upon patient request for documented results of the screening, staff will ensure patient privacy by de-identifying any medical records.

PRIVACY AND CONFIDENTIALITY:

All volunteers will protect patient privacy and confidentiality in accordance with the Health Insurance Portability and Accountability Act (HIPAA).

During active operations:

1. All documentation including assessment forms and other logs will be kept out of view of the public and non-essential staff.
2. Documents will be kept in a file folder and the Unit Coordinator or his/her designee will be accountable for safe record keeping.

After active operations cease:

1. Documents will be kept in a locked file cabinet at the Salt Lake County Health Department and will be stored for the sole purpose of recording volunteer actions, care provided, and other necessary accountability.

2. Access will be restricted to those who have a valid need to review a specific set of documents.
3. Records will not be duplicated for the purpose of electronic storage.

DOCUMENT LOCATIONS:

1. A copy of these screening guidelines will be readily available for review by all volunteers and Salt Lake County Health Department Employees by request to the MRC Unit Coordinator.
2. Copies of these guidelines may be found in the Trailer Binder located on the wall of the nose of the Medical Reserve Corps trailer and at the Emergency Management Bureau of the Salt Lake County Health Department.
3. These files will also be saved digitally and may be requested by emailing the SLCo MRC Unit Coordinator.

X

Dagmar Vitek, MD
 Medical Director

Date of Approval: _____

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Bryan Lewis
 SLCo HD MRC Coordinator

X

Robert Jeppessen
 SLCo HD Emergency Manager



Appendix A - Patient screening results handout



Your Screening Results
Filled out by authorized MRC Volunteer

Date: _____

Screener Initials: _____

Glucose: _____

Heart Rate: _____

Blood Pressure: _____ / _____

Screening Notes

**If you have any specific comments or concerns, please seek advice from your Primary Care Provider, Emergency Room, or Urgent Care Center.*