



**SIERRA-
SACRAMENTO
VALLEY
EMERGENCY
MEDICAL SERVICES
AGENCY**

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October 20, 2011

To: All S-SV EMS Field Providers and Personnel
All S-SV EMS Base / Modified Base Hospitals

From: Vickie Pinette, Regional Executive Director
Troy M. Falck MD, Medical Director

Re: S-SV EMS Agency Prehospital Care Policy Manual Update #47

EFFECTIVE DATE OF IMPLEMENTATION – December 1, 2011

Enclosed is the **S-SV EMS Agency Policy Manual Update #47**. Prior to the **implementation date of these Polices/Protocols**:

- S-SV EMS approved prehospital service providers are responsible for distribution of these updated policies and protocols to their personnel. Prehospital service providers are also responsible for providing any necessary orientation to all BLS, LALS & ALS field personnel regarding the provisions and requirements of these new and/or updated policies and protocols.
- Base/Modified Base Hospital Medical Directors and Base/Modified Base Hospital Coordinators are responsible for providing orientation to emergency department physicians and MICN personnel.
- **The LALS (Advanced EMT) updated treatment protocols are not included with this update packet to avoid confusion. These protocols will be provided separately to the provider agencies that utilize Advanced EMT personnel as well as their base hospitals. These updated policies will also be posted and available on our website.**

Please advise all field and base/modified base hospital personnel that these new and/or updated S-SV EMS policies/protocols have the approval of S-SV EMS Agency committees, Regional Executive Director and the Medical Director. Therefore, all policies and procedures shall be strictly adhered to and are the basis for CQI activities.

All policies and protocols included in S-SV EMS Policy Manual Update #47 will be updated on the S-SV EMS website (www.ssvems.com) prior to the June 1, 2011 date of implementation. Please feel free to contact the S-SV EMS Agency with any questions you may have regarding this update.

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REFERENCE	TITLE	ACTION	UPDATE COMMENTS
N/A	Table of Contents	Replace	Revised to reflect changes to policies, i.e. - new, removed, title changes
211	Regional Continuous Quality Improvement Committee Bylaws	Replace	Updated to add additional members to the committee from S-SV EMS northern counties
220	S-SV EMS Agency Policy Actions	Replace	Additional language clarifying that individual provider agencies cannot develop internal policies or protocols that contradict S-SV EMS Agency policies and protocols
474 / 474 A,B,C,D	EMT / Public Safety AED Program: Service Provider Requirements and Responsibilities	Replace	Updated to be consistent with Title 22 Regulations. Updated language regarding annual report documentation requirements.
475 / 475-A	EMT / Public Safety AED Program: Application And Approval Process	Replace	Updated to be consistent with Title 22 Regulations and to simplify application requirements
500	Index V	Replace	Revised to reflect changes to policies, i.e. - new, removed, title changes
505-A	Hospital Capabilities List	Replace	Addition of STEMI and Stroke Receiving Centers (Previously released - effective 7-1-2011)
506-A	Interfacility Transport of Cardiovascular STEMI Patients	Add	New policy for IFT of STEMI patients from STEMI Referring Facilities to STEMI Receiving Centers
605	Prehospital Documentation	Replace	Updated language removing references to the S-SV EMS written PCR and adding information regarding the use of ePCR and data collection
700	Index VII	Replace	Revised to reflect changes to policies, i.e. - new, removed, title changes
701	ALS Inventory	Replace	Additional of the Bone Injection Gun (B.I.G®) as an approved IO device, clarification on EZ-IO® adult needle size requirements and correction / addition regarding transtracheal catheters required for use with a manual Jet Ventilation device.
702	Fireline Paramedic Inventory	Replace	Addition of Amiodarone for consistency with the updated FIRESCOPE suggested inventory list
800	Index VIII	Replace	Revised to reflect changes to policies, i.e. - new, removed, title changes
812	Base / Modified Base / Receiving Hospital Contact	Replace	Updated to be consistent with previous changes to other policies
830 / 830-A	Suspected Child Abuse Reporting Guidelines	Replace	Simplified policy language, updated CPS contact information for all counties in the S-SV EMS region
832 / 832-A	Suspected Elder or Dependent Adult Abuse Reporting Guidelines	Replace	Updated APS / Ombudsman contact information for all counties in the S-SV EMS region

REFERENCE	TITLE	ACTION	UPDATE COMMENTS
843	Monitoring of Pre-existing Blood Transfusion During Interfacility Transports	Replace	Removal of item C "Patients will be hemodynamically stable at time of transport" under 'Procedure' (Page 2 of 3)
862	EMS Aircraft Utilization & Quality Improvement	Add	New policy guidelines for EMS aircraft utilization and QI
C-8	Chest Pain or Suspected Symptoms of Cardiac Origin	Replace	Updated title, minor grammatical changes
C-8 (LALS)	Chest Pain or Suspected Symptoms of Cardiac Origin	Replace	Updated title, minor grammatical changes
M-6	General Medical Treatment Protocol	Replace	Updated language regarding Blood Glucose check
M-6 (LALS)	General Medical Treatment Protocol	Replace	Updated language regarding Blood Glucose check
N-1	Altered Level of Consciousness	Replace	Updated language regarding the use of naloxone in patients with an advanced airway to be consistent with language in Protocol R-2
N-1 (LALS)	Altered Level of Consciousness	Replace	Updated language regarding the use of naloxone in patients with an advanced airway to be consistent with language in Protocol R-2
N-2	Seizure	Replace	Routine review update, no significant changes.
N-2 (LALS)	Seizure	Replace	Routine review update, no significant changes.
E-8	Nerve Agent Treatment	Replace	Routine review update, no significant changes.
E-8 (LALS)	Nerve Agent Treatment	Replace	Routine review update, no significant changes.
P-2	Neonatal Resuscitation	Replace	Updated to be consistent with AHA 2010 ECC / PALS guidelines
P-2 (LALS)	Neonatal Resuscitation	Replace	Updated to be consistent with AHA 2010 ECC / PALS guidelines
P-6	Bradycardia - With Pulses	Replace	Updated to be consistent with AHA 2010 ECC / PALS guidelines
P-6 (LALS)	Bradycardia - With Pulses	Replace	Updated to be consistent with AHA 2010 ECC / PALS guidelines
P-8	Tachycardia - With Pulses	Replace	Updated to be consistent with AHA 2010 ECC / PALS guidelines

REFERENCE	TITLE	ACTION	UPDATE COMMENTS
P-8 (LALS)	Tachycardia - With Pulses	Replace	Updated to be consistent with AHA 2010 ECC / PALS guidelines
901	EMT Certification and Recertification	Replace	Additional language regarding application processing
902	AEMT Certification and Recertification	Replace	Additional language regarding application processing
903	EMT / AEMT Denial of Certification / Accreditation, Incident Investigation, Determination of Action, Notification and Administrative Hearing Process	Replace	Additional language regarding certification / accreditation action appeals process
904	EMR Certification and Recertification	Replace	Additional language regarding application processing
913	Paramedic Accreditation to Practice	Replace	Additional language regarding application processing
915	Mobile Intensive Care Nurse Authorization / Reauthorization	Replace	Additional language regarding application processing
1100	Index XI	Replace	Revised to reflect changes to policies, i.e. - new, removed, title changes
1101	Intraosseous Infusion	Replace	Removal of device specific insertion procedure language, addition of the Bone Injection Gun (B.I.G®) as an approved IO device.
1101-A	Intraosseous Infusion - Optional Humeral Site	REMOVE	Language incorporated into Intraosseous policy #1101
1110	Infrequently Used Skills - Verification of Maintenance	Replace	Updated language in 'Cross References' section
1110-A	Infrequently Used Skills - Competency Verification Summary	Replace	Updated language regarding powered IO devices
1110-J	Infrequently Used Skills - Powered IO Device Skills Verification Form	Replace	Removal of device specific insertion procedure language, addition of the Bone Injection Gun (B.I.G®) as an approved IO device.

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**SIERRA – SACRAMENTO VALLEY EMS AGENCY
PREHOSPITAL CARE POLICY / PROTOCOL MANUAL**

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- M-2** Shock / Non-Traumatic Hypovolemia
- M-5** Ingestions & Overdoses
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Neurological

- N-1** Altered Level of Consciousness
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Obstetrics / Gynecology

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SIERRA-SACRAMENTO VALLEY
EMERGENCY MEDICAL SERVICES AGENCY

REGIONAL CONTINUOUS QUALITY IMPROVEMENT COMMITTEE
BYLAWS

1. NAME

This Committee shall be referred to as the REGIONAL CONTINUOUS QUALITY IMPROVEMENT COMMITTEE, hereinafter referred to as the “COMMITTEE”.

2. IMPLEMENTATION AUTHORITY

- A. The COMMITTEE is established by the Medical Director of the Sierra-Sacramento Valley Emergency Services Agency (AGENCY). The AGENCY is a Multi-County Joint Powers Agency responsible to receive base hospital and service provider input and direction specific to prehospital medical care in the JPA region.
- B. The COMMITTEE is created pursuant to the requirements of *California Health and Safety Code Section 1157.7* and *California Code of Regulations, Title 22, Division 9, Prehospital Emergency Medical Services, Chapter 12, EMS System Quality Improvement*.

3. DEFINITIONS

“Emergency Medical Services System Quality Improvement Program” (or EMS QI Program) refers to methods of evaluation that are composed of structure, process and outcome evaluations which focus on improvement efforts to identify root causes of problems, intervene to reduce or eliminate those causes, and take steps to correct the process and recognize excellence in performance and delivery of care.

4. STATEMENT OF PURPOSE

- A. To promote region-wide standardization of prehospital continuous quality improvement.
- B. To monitor, evaluate and report on quality of prehospital training, care and transportation, including compliance with laws, regulations, policies and procedures and recommend revisions and/or corrective action as necessary.
- C. To make recommendations specific to EMS provider, hospital and AGENCY data collection and dissemination.

5. DUTIES

- A. Participate with AGENCY in monitoring, collecting data on, and evaluating state required and optional EMS System indicators from the EMS providers and hospitals within the AGENCY’s jurisdiction.

- B. Collaborate with AGENCY in monitoring, collecting data on, and evaluating locally identified indicators.
- C. Re-evaluate, expand upon and revise (annually, or as needed) locally developed indicators used by the COMMITTEE for EMS quality improvement.
- D. AGENCY will provide a follow-up status report to the COMMITTEE on all cases presented until the case CQI loop is closed.
- E. All patient care records and other confidential materials will be returned to the AGENCY at the end of the meeting.

6. MEMBERSHIP

VOTING MEMBERSHIP will include the following representatives from the AGENCY's region appointed by the AGENCY:

- A. The following number of base, modified base or receiving hospital physician or RN quality improvement representatives:
 - Five (5) representatives from the Colusa, Nevada, Placer, Sutter, Yolo and Yuba group of counties
 - Two (2) representatives from the Butte, Shasta, Siskiyou and Tehama group of counties
- B. The following number of ALS contracted 9-1-1 transport service provider quality improvement representatives:
 - Five (5) representatives from the Colusa, Nevada, Placer, Sutter, Yolo and Yuba group of counties
 - Two (2) representatives from the Butte, Shasta, Siskiyou and Tehama group of counties
- C. The following number of public EMS provider quality improvement representatives (a minimum of one BLS provider representative must serve on the committee):
 - Five (5) representatives from the Colusa, Nevada, Placer, Sutter, Yolo and Yuba group of counties
 - Two (2) representatives from the Butte, Shasta, Siskiyou and Tehama group of counties
- D. One ALS or BLS non-contracted transport service provider quality improvement representative
- E. Two air ambulance quality improvement representative
- F. One ALS Air Rescue quality improvement representative
- G. One Level I, II or III Trauma Hospital physician or nursing quality improvement representative
- H. One EMT training program quality improvement representative
- I. One paramedic training program quality improvement representative

A minimum of one primary and one alternate physician must serve on the committee.

Each Member shall have an alternate available to assume the member's responsibilities in their absence.

Members will be appointed by the AGENCY in a fair and equitable way from a group of interested and qualified candidates in such a manner to ensure adequate representation of all counties and disciplines of the EMS system.

NON-VOTING MEMBERSHIP will include a representative of the AGENCY. In addition, any representative from the categories listed above may attend meetings if confidentiality requirements are met.

7. OFFICERS

The COMMITTEE shall elect a Chair and Vice-Chair.

8. TERMS

- A. Officers shall be elected by the COMMITTEE for yearly terms commencing July 1 through June 30th.
- B. If the Chair's office is vacated prior to the term's end, the Vice-Chair will assume the duties for the remainder of the term and a new Vice-Chair will be elected.
- C. If the Vice-Chair's office is vacated prior to term's end, a replacement will be elected.
- D. Members shall serve at the will of the COMMITTEE, or until removed, resigned or replaced.
- E. Members who are unable to attend a regularly scheduled meeting should notify the AGENCY of their absence prior to the meeting and should attempt to send an alternate in their place. Members who are absent from more than two regularly scheduled meetings within a calendar year may be removed and replaced with another representative from the same category of representation.

9. MEETINGS, VOTING, QUORUM

- A. Meetings shall be held on a regular basis, no less than four (4) times in a calendar year. Meeting dates and times to be set or modified as agreed to by COMMITTEE.
- B. Special meetings may be called by the AGENCY Medical Director or the Chair as appropriate or upon written request of a majority of COMMITTEE members.
- C. A quorum to conduct business shall consist of a minimum of five eligible voting members.
- D. The Chair will preside over meetings and participate with the AGENCY in the preparation of the agenda.

- E. Meetings will be conducted in a fair and professional manner.
- F. The COMMITTEE shall operate under commonly accepted parliamentary procedures and Robert's Rules of Order shall govern the conduct of meetings when applicable.
- G. Votes shall be recorded as:
 - In Favor
 - Opposed
 - Abstain
- H. The AGENCY will be responsible for preparing the Agenda and taking and maintaining minutes.

10. AMENDMENT OF BYLAWS

Any rule or procedure of the COMMITTEE may be enacted, amended, repealed or suspended by a majority vote of the total voting membership present.

11. CONFLICT OF INTEREST

Members and officers shall disclose any direct personal or pecuniary (monetary) interest in any subject or conversation before the COMMITTEE and will abstain from voting on any motion relative to that subject.

12. CONFIDENTIALITY

To the extent Evidence Code Section 1157.7 is applicable, closed meetings will occur when business addressed by 1157.7 is being transacted. The COMMITTEE'S 1157.7 business, records and minutes shall be considered confidential and all members are prohibited from any unauthorized disclosures.

Members and attendees will sign a statement of confidentiality as a condition of participation.

13. EFFECTIVE DATE

These Bylaws shall be effective upon approval by the COMMITTEE.

Approved SIGNATURE ON FILE Date: 12/01/2011

SIERRA-SACRAMENTO VALLEY EMS AGENCY PROGRAM POLICY

REFERENCE NO. 220

SUBJECT: S-SV EMS AGENCY POLICY ACTIONS

PURPOSE

To provide a mechanism for development of a new policy/protocol, and revision or deletion of an existing policy/protocol (hereinafter referred to as "Policy Action").

AUTHORITY

California Health and Safety Code, Division 2.5, Sections 1797.107, 1797.171, 1797.172, 1797.176, 1797.202, 1797.220 and 1798

California Code of Regulations, Title 22

POLICY

Consideration will be given to suggestions/requests from S-SV EMS system participants for the development of new policies/protocols or the revision of existing policies/protocols.

All policy actions shall be placed on the S-SV EMS Agency Regional Medical Control Committee (MCC) meeting agenda for two meetings, at minimum, before final action is taken.

No EMS service provider shall develop or institute a patient care policy/protocol that conflicts with any S-SV EMS Agency policy/protocol. This does not apply to EMS Aircraft treatment protocols developed by individual providers for their RN or other higher level of care personnel.

PROCEDURE

- A. Proposed policy actions will be drafted by the S-SV EMS Agency.
 1. Input may be solicited from appropriate individuals, agencies, organizations and/or S-SV EMS Agency regional advisory committees.
 2. The S-SV EMS Agency may establish an ad hoc task force, as necessary, to discuss selected policy actions.
 3. The "draft" will be reviewed and revised by the Agency, as often as necessary, throughout the process.

Effective Date: 12/01/2011
Next Review Date: 09/2014
Approved:

Date last Reviewed / Revised: 09/11
Page 1 of 3

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S-SV EMS Medical Director

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S-SV EMS Regional Executive Director

SUBJECT: S-SV EMS AGENCY POLICY ACTIONS

B. Approval process of policy actions will occur as follows:

1. Proposed policy actions ("draft" policies) will be placed on the agenda of the S-SV Regional Medical Control Committee (MCC).
 - a. The proposed policy actions will be reviewed and discussed. No final action will be taken the first time the "draft" policy is placed on the meeting agenda.
 - b. S-SV will incorporate recommendation(s) of the MCC into the "draft" and place the revised "draft" policy on the MCC agenda as a "Final Review and Approval" agenda item.
 - c. At minimum, a proposed policy action will be placed on the MCC meeting agenda for two meetings. If further recommendations are received, the proposed policy action will be placed on the agenda, as necessary, until a consensus is reached by the committee.
 - d. Recommendation(s) of the advisory S-SV Regional Medical Control Committee will be taken under consideration by the S-SV Medical Director.
2. Routine review of existing S-SV EMS Agency Policies/Protocols:
 - a. Each existing S-SV EMS Agency policy/protocol should be reviewed at least every three years.
 - b. Policies/protocols may be reviewed on a more frequent basis if necessary due to regulatory, standard of care, or other changes.
 - c. The process indicated above will be used for the routine review of existing policies/protocols.

C. Implementation of Policy Actions will occur as follows:

1. New policies/protocols will be assigned an S-SV EMS policy/protocol number.
2. An effective date and next review date will be assigned to all policies/protocols.
3. The Regional Executive Director and the S-SV EMS Medical Director will sign the policy/protocol.
4. Appropriate parties will be notified of the action:

SUBJECT: S-SV EMS AGENCY POLICY ACTIONS

- a. Policy/protocol updates are normally scheduled for release on a bi-annual basis for June 1st and December 1st implementation.
 - b. Policy/protocol updates may be released more frequently if necessary due to unique circumstances.
- D. Some Policy Actions may require immediate action to maintain compliance with state regulation or law, or to preserve medical control and/or system integrity. Policy Actions of this type may be implemented by the S-SV EMS Agency as urgency measures, and scheduled for discussion at the next regularly scheduled MCC advisory committee meeting.

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SIERRA-SACRAMENTO VALLEY EMS AGENCY PROGRAM POLICY

REFERENCE NO. 474

SUBJECT: EMT / PUBLIC SAFETY AED PROGRAM: SERVICE PROVIDER REQUIREMENTS AND RESPONSIBILITIES

PURPOSE:

To establish the requirements and responsibilities of an S-SV approved EMT / Public Safety Automatic External Defibrillation (AED) Service Provider

AUTHORITY:

California Health & Safety Code, Division 2.5, Section 1797.80, 1797.90, 1797.170, 1797.177, 1797.182, 1797.220, 1798.2 and 1798.104.

California Code of Regulations, Title 22, Division 9, Chapters 1.5 and 2

POLICY:

Any service provider wishing to utilize the AED as a skill for EMT and/or Public Safety employees shall be approved as an EMT / Public Safety AED Service Provider by the S-SV EMS Agency.

An EMT / Public Safety AED Service Provider shall meet all requirements set forth by State law, regulations and S-SV EMS policy.

A. EMT / PUBLIC SAFETY AED PERSONNEL REQUIREMENTS FOR AUTHORIZATION:

1. Eligibility:

In order to be eligible for initial authorization by an approved EMT / Public Safety AED provider, an individual shall meet / complete all of the following:

- a. Affiliation with an approved EMT / Public Safety AED service provider.
- b. Orientation to the EMT / Public Safety AED service provider's AED.
- c. Current and valid certification, within California, as an EMT, EMR, or proof of completion of First Aid, as required for Public Safety personnel.
- d. Current and valid certification in American Heart Association Healthcare Provider, American Red Cross, or equivalent CPR.

Effective Date: 12/01/2011
Next Review Date: 06/2014
Approved:

Date last Reviewed / Revised: 06/11
Page 1 of 6

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S-SV EMS Medical Director

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S-SV EMS Regional Executive Director

**SUBJECT: EMT / PUBLIC SAFETY AED PROGRAM:
SERVICE PROVIDER REQUIREMENTS AND RESPONSIBILITIES**

- e. Public safety personnel not currently certified as an EMT must meet / complete the following additional requirements:
 - Successful completion of an S-SV EMS approved four (4) hour Public Safety AED training program.
 - Successful completion of an S-SV EMS approved AED written and skills examination.

2. Maintaining Authorization:

An authorized individual shall meet / complete all of the following requirements on an ongoing basis:

- a. Maintain EMT / EMR certification; or maintain First Aid as required for Public Safety personnel.
- b. Maintain certification in American Heart Association Healthcare Provider, American Red Cross, or equivalent CPR.
- c. Maintain compliance to service providers AED skill proficiency requirements.
- d. Participate in organized training sessions and/or structured clinical experience (e.g., ER). Acceptable education topics include airway management, patient assessment, review / update of patient treatment protocols, run reviews and/or AED program updates.

**B. EMT / PUBLIC SAFETY AED PROGRAM TRAINING
REQUIREMENTS:**

Initial Training Requirements:

For initial training of all public safety personnel who are not certified as an EMT, the AED Service Provider agency shall utilize a Public Safety AED Program, including final written and skills examinations, approved by the S-SV EMS Agency. This AED training shall meet the following requirements:

1. Provide for a minimum of four (4) hours of initial training in Public Safety AED (excluding testing).
2. Provide all training equipment necessary to ensure a sound Public Safety AED Training Program (i.e., manikins, AED devices, audiovisual aids, etc.).

**SUBJECT: EMT / PUBLIC SAFETY AED PROGRAM:
SERVICE PROVIDER REQUIREMENTS AND RESPONSIBILITIES**

3. Utilize only S-SV authorized AED instructors. To be approved as an AED instructor, individuals shall submit an 'AED Instructor Application', (Reference No. 474-A) to the S-SV EMS Agency. Approval for authorization to instruct AED personnel shall be based on either:
 - a. Completion of an American Red Cross or American Heart Association recognized instructor course (or equivalent) including instruction and training in the use of an AED, or
 - b. Be approved by the S-SV EMS Agency Medical Director and meet the following requirements:
 - Be AED accredited or able to show competence in the proper utilization of an AED, and
 - Be able to demonstrate competence in adult teaching methodologies.

Ongoing Training Requirements:

The AED Service Provider agency shall provide training and skill maintenance requirements on an ongoing basis for all AED personnel (including EMT, EMR and Public Safety First Aid).

Individual verification of AED skills proficiency (to include airway management, patient assessment, treatment protocol and/or AED program updates) is required a minimum of every six months to ensure continued competency of AED approved personnel.

NOTE: If the organized training session(s) is provided by an AED service provider that is not an approved CE provider: The AED service provider shall be responsible for maintaining the following documentation associated with the training:

1. Session title.
2. Session objectives.
3. Session outline.
4. Attendance roster that includes, topic/title, date, time, and instructor signature.
5. Instructor qualifications: Instructors shall meet AED Instructor requirements.

**SUBJECT: EMT / PUBLIC SAFETY AED PROGRAM:
SERVICE PROVIDER REQUIREMENTS AND RESPONSIBILITIES**

C. RECORDS/DATA COLLECTION:

1. A Patient Care Report (PCR) Form shall be completed (with a cardiac rhythm printout attached) for each patient on whom the defibrillator device is applied. AED personnel shall be responsible for providing clear, concise, complete and accurate documentation. In addition to data normally recorded on the PCR Form, the report shall include specific information related to the AED program, including:
 - a. Time of patient collapse.
 - b. Was cardiac arrest witnessed?
 - c. Was bystander CPR performed?
 - d. Did AED indicate “Shock Advised”?
 - e. Total number of shocks delivered.
 - f. Did pulse return after defibrillation?
2. The provider agency shall develop procedures for collection, disposition, and retention of all pertinent medical records in accordance with S-SV EMS Policy ‘Prehospital Documentation’ Reference No. 605. Such records shall include the PCR Form and AED device printout recording for each patient on whom the automatic or semiautomatic defibrillator device is applied. Pertinent medical records shall be maintained for a minimum of seven (7) years from the date of the incident.
3. All relevant records for EMT / Public Safety AED Program monitoring and evaluation shall be available for review by the S-SV EMS Agency.
4. On an annual basis, by April 15, the provider agency shall complete and submit to the S-SV EMS Agency the following:
 - a. AED Program Annual Update Form, Reference No. 474-B.
 - b. EMT / Public Safety AED Program Annual Report, Reference No. 474-C.
5. The provider agency shall maintain and update as necessary the following:

A list of all EMT / Public Safety AED Authorized personnel, to include the following:

 - EMT / EMR certification or public safety first aid expiration date.

**SUBJECT: EMT / PUBLIC SAFETY AED PROGRAM:
SERVICE PROVIDER REQUIREMENTS AND RESPONSIBILITIES**

- American Heart Association Healthcare Provider, American Red Cross, or equivalent CPR expiration date.
- Proof of compliance to service providers' AED skills proficiency requirements. AED Skills Verification Record (Reference No. 474-D) or equivalent.

Note: This information shall be provided to the S-SV EMS Agency upon request.

D. EMT / PUBLIC SAFETY AED CONTINUOUS QUALITY IMPROVEMENT (CQI) PROGRAM REQUIREMENTS:

EMT / Public Safety AED Service Providers shall have sufficient staff to assure:

1. Timely and competent review of all EMT / Public Safety AED managed cardiac arrest cases.
2. Accurate documentation of required data.
3. Compliance to S-SV EMS policies and treatment protocols.
4. Analysis of system performance.
5. Compliance to S-SV EMS CQI requirements, as outlined in S-SV Policy "Continuous Quality Improvement, Reference No. 620.

E. MAINTENANCE OF EQUIPMENT:

1. The AED shall be checked after each use, on a weekly basis, and according to equipment manufacturer specifications.
2. The Operator's Checklist for AED shall be completed after each use and on a weekly basis.

F. OTHER PROGRAM REQUIREMENTS:

1. The service provider shall maintain a roster of all authorized AED personnel which includes:
 - a. Date of CPR certification expiration.
 - b. Date of the EMT / EMR certification expiration. For Public Safety Personnel, date of renewal of required first aid training.
 - c. Date of demonstration of skills proficiency / organized training sessions / education.

**SUBJECT: EMT / PUBLIC SAFETY AED PROGRAM:
SERVICE PROVIDER REQUIREMENTS AND RESPONSIBILITIES**

An authorized individual who fails to maintain S-SV / Service Provider authorization requirements shall not perform AED until all requirements are met.

2. The service provider shall notify the S-SV EMS Agency, in writing, of any change in program instructor designation. All new instructors shall meet / complete all program instructor requirements, prior to providing course instruction.

CROSS REFERENCES:

Prehospital Care Policy Manual

EMT Public Safety AED Program: Base Hospital Medical Control Requirements, Reference No. 375

EMT / Public Safety AED Program: Application and Approval Process, Reference No. 475

Continuous Quality Improvement Process: Reference No. 620

AED Treatment Guidelines, Reference No. 895

SIERRA-SACRAMENTO VALLEY EMS AGENCY AED INSTRUCTOR APPLICATION

REFERENCE NO. 474-A

NAME	
MAILING ADDRESS	
CITY	ZIP CODE
PHONE #	PHONE #
E-MAIL ADDRESS	FAX #
AED SERVICE PROVIDER	
<p><i>Approval for authorization to instruct AED personnel, shall be based on either:</i></p> <p>(1) Completion of an American Red Cross or American Heart Association recognized instructor course (or equivalent) including instruction and training in the use of an AED, or</p> <p>(2) Be approved by the local EMS agency medical director and meet the following requirements:</p> <p style="margin-left: 40px;">(1) Be AED accredited or able to show competence in the proper utilization of an AED, and</p> <p style="margin-left: 40px;">(2) Be able to demonstrate competence in adult teaching methodologies.</p>	

SIGNATURE OF APPLICANT **DATE**

Submit this application, with appropriate supporting documentation, to:

**Data Analyst
S-SV EMS Agency
5995 Pacific Street
Rocklin, CA 95677**

**Phone #: (916) 625-1714
Fax #: (916) 625-1730**

S-SV EMS AGENCY USE ONLY					
<i>Date rec'd</i>	<i>Reviewed by</i>	<i>Approval based on:</i>		<i>Approval date</i>	<i>Renewal date</i>
		<i>(1)</i>	<i>(2)</i>		

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**SIERRA-SACRAMENTO VALLEY EMS AGENCY
AED ANNUAL PROGRAM UPDATE FORM**

REFERENCE NO. 474-B

Year:	
Department:	
Address:	
Phone #:	
Fax#	
E-mail address:	
Chief:	
Program Contact Person:	
AED Program Principal Instructor	
AED Equipment Brand Name & Model #	
# of Public Safety personnel authorized to perform AED	
# of EMR / EMT personnel authorized to perform AED	

Submit completed form (*no later than April 15th* of the current year) to:

**Data Analyst
S-SV EMS Agency
5995 Pacific Street
Rocklin, CA 95677**

**Phone (916) 625-1702
Fax # (916) 625-1730**

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SIERRA-SACRAMENTO VALLEY EMS AGENCY PROGRAM POLICY

REFERENCE NO. 475

SUBJECT: EMT / PUBLIC SAFETY AED PROGRAM: APPLICATION AND APPROVAL PROCESS

PURPOSE:

To establish the initial application process and procedure for approval of EMT / Public Safety Automatic External Defibrillation (AED) Service Providers in the S-SV EMS region.

AUTHORITY:

California Health & Safety Code, Division 2.5, Section 1797.80, 1797.90, 1797.170, 1797.177, 1797.182, 1797.220, 1798.2 and 1798.104.

California Code of Regulations, Title 22, Division 9, Chapters 1.5 and 2

POLICY:

An EMT / Public Safety AED Service Provider shall meet all requirements set forth by State law, regulations and S-SV EMS policy.

A. EMT / PUBLIC SAFETY AED PROGRAM APPLICATION FOR APPROVAL REQUIREMENTS:

1. Any service provider requesting to utilize automated external defibrillation (AED) as a skill for EMT and/or an optional skill for Public Safety employees shall submit an S-SV EMS EMT / Public Safety AED Service Provider: Application for Approval, packet to the S-SV EMS Agency (Reference No. 475-A).
2. All applicant agencies shall fully complete the application packet. Incomplete applications will not be processed. The required information/documentation of a complete application includes the following:
 - a. **A letter of intent** to provide AED services from an AED Service Provider chief officer expressing willingness to abide by all S-SV EMS Agency policies, procedures and AED program requirements.
 - b. **A description of the geographic area** within which EMT / Public Safety AED will be utilized.

Effective Date: 12/01/2011
Next Review Date: 07/2014
Approved:

Date last Reviewed / Revised: 07/11
Page 1 of 3

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S-SV EMS Regional Executive Director

**SUBJECT: EMT / PUBLIC SAFETY AED PROGRAM:
APPLICATION AND APPROVAL PROCESS**

- c. **Training program** – outline, objectives and name of S-SV EMS authorized AED instructor(s). (Policy Reference No. 474).
- d. **Letter of support** from the local base / modified base hospital or the local ALS provider documenting acceptance of the AED program. The base / modified base hospital or the ALS provider will be responsible for reviewing all AED uses for QI purposes.
- e. Specify the **type** (automatic or semiautomatic) **and the brand name of the AED equipment** proposed for use.
- f. A written service provider **Continuous Quality Improvement (CQI)** Program, including name(s) of personnel responsible for the program. (Policy Reference No. 620)
- g. AED service provider **policies and procedures** (Policy Reference No. 474) to:
 - Provide orientation of AED authorized personnel to the AED.
 - Ensure continued competency of AED authorized personnel.
 - Collect and report data to the S-SV EMS Agency.
 - Provide for collection, disposition and retention of all pertinent medical records.
- h. Personnel information:
 - Number of proposed EMT / Public Safety AED personnel to be employed.
 - Number of vehicles staffed with EMT / Public Safety AED personnel.
 - Proposed number of EMT / Public Safety personnel to be trained / authorized to utilize an AED.
 - Proposed target date for beginning service.

B. EMT / PUBLIC SAFETY AED PROGRAM APPROVAL PROCESS:

1. The S-SV EMS Agency shall notify the service provider submitting its application for AED service provider approval within seven (7) days of receiving the request that:
 - a. The application has been received;
 - b. The application contains or does not contain the requested information; and
 - c. What information, if any, is missing from the application.

**SUBJECT: EMT / PUBLIC SAFETY AED PROGRAM:
APPLICATION AND APPROVAL PROCESS**

2. Program approval or disapproval shall be made, in writing, to the applicant within a reasonable period of time, after receipt of all required documentation. This time period shall not exceed thirty (30) days.

**C. EMT / PUBLIC SAFETY AED PROGRAM IMPLEMENTATION
REQUIREMENTS**

1. Prior to implementation of an S-SV EMS approved EMT / Public Safety AED Program; the service provider shall complete and maintain a list of all EMT / Public Safety Authorized Personnel, to include the following information:
 - EMT / EMR certification or public safety first aid expiration date.
 - American Heart Association Healthcare Provider, American Red Cross, or equivalent CPR expiration date.
 - Proof of completion of an initial four (4) hour AED training program and successful completion of written and skills examinations.
(Required only for personnel not certified as an EMT)

Note: This information shall be provided to the S-SV EMS Agency upon request

2. An approved EMT / Public Safety AED service provider and their authorized personnel shall be recognized statewide.

CROSS REFERENCES:

Prehospital Care Policy Manual

EMT / Public Safety AED Program: Base Hospital Medical Control Requirements, Reference No. 375.

EMT / Public Safety AED Program: Service Provider Requirements and Responsibilities, Reference No. 474.

Continuous Quality Improvement Process, Reference No. 620.

AED Treatment Guidelines, Reference No. 895.

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SIERRA-SACRAMENTO VALLEY EMS AGENCY AED SERVICE PROVIDER APPLICATION

REFERENCE NO. 475-A

SERVICE PROVIDER	CHIEF OFFICER
CONTACT PERSON	AED INSTRUCTOR
MAILING ADDRESS	
CITY	ZIP CODE
PHONE #	FAX #
E-MAIL ADDRESS	

Attach the following:

<i>DESCRIPTION</i> (For detailed description, see S-SV Policy Reference No. 475.)	<i>ENCLOSED</i>	<i>APPROVED</i> (S-SV use only)
a. Letter of Intent to provide AED service		
b. Description of geographic area		
c. Training program outline		
d. Letter of support from base / modified base hospital or ALS provider		
e. Defibrillator information		
f. CQI program		
g. Policies and procedures - AED orientation, AED competency, medical records, & data		

SIGNATURE OF APPLICANT

DATE

Submit this application, with appropriate supporting documentation, to:

**Data Analyst
S-SV EMS Agency
5995 Pacific Street
Rocklin, CA 95677**

**Phone (916) 625-1702
Fax # (916) 625-1730**

<i>S-SV EMS Agency Use Only</i>			
<i>Date Received</i>	<i>Reviewed By</i>	<i>Date Approved</i>	<i>Letter Sent</i>

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SIERRA-SACRAMENTO VALLEY EMS AGENCY

**RECEIVING HOSPITAL / PATIENT DESTINATION
SECTION V**

SUBJECT: INDEX

REFERENCE NO. 500

505 Patient Destination

505-A Hospital Capabilities Reference

506 Cardiovascular STEMI Receiving Centers

506-A Interfacility Transport of Cardiovascular STEMI Patients

507 Stroke System Triage & Patient Destination

510 Emergency Department Downgrade and/or Cessation

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SIERRA SACRAMENTO VALLEY EMS AGENCY PROGRAM POLICY

Updated 07-2011

SUBJECT: S-SV EMS BASE / RECEIVING HOSPITALS

REFERENCE NO. 505-A

Hospital Name	County	Base Mod. Base Receiving	Level I / II Trauma Center	Level III Trauma Center	Level IV Trauma Center	Labor and Delivery	Pediatric Trauma Center	Burn Receiving Center	STEMI Receiving Center	Stroke Receiving Center
Biggs Gridley Memorial Hospital	Butte	Receiving			X					
Enloe Medical Center	Butte	Base	X			X			X	X
Feather River Hospital	Butte	Base				X				
Oroville Hospital	Butte	Base		X		X				X
Colusa Regional Medical Center	Colusa	Modified Base			X	X				
Sierra Nevada Memorial Hospital	Nevada	Modified Base				X				X
Kaiser Roseville Medical Center	Placer	Modified Base				X			X	X
Sutter Auburn Faith Hospital	Placer	Modified Base								X
Sutter Roseville Medical Center	Placer	Base	X			X			X	X
Tahoe Forest Hospital	Placer	Modified Base				X				
Kaiser North Sacramento	Sacramento	Receiving								X
Kaiser South Sacramento	Sacramento	Receiving	X			X				X
Mercy General Hospital	Sacramento	Receiving				X			X	X
Mercy Hospital Folsom	Sacramento	Receiving				X				
Mercy San Juan Medical Center	Sacramento	Base	X			X			X	X
Methodist Hospital	Sacramento	Receiving				X				X
Sutter General Hospital	Sacramento	Receiving								X
Sutter Memorial Hospital	Sacramento	Receiving				X			X	X
UC Davis Medical Center	Sacramento	Base	X			X	X	X	X	X
Fairchild Medical Center	Siskiyou	Base			X	X				
Mercy Medical Center Mt. Shasta	Siskiyou	Base		X		X				
Mayers Memorial Hospital	Shasta	Base			X	X				
Mercy Medical Center Redding	Shasta	Base	X			X			X	X
Shasta Regional Medical Center	Shasta	Base		X					X	X



SIERRA SACRAMENTO VALLEY EMS AGENCY PROGRAM POLICY

Updated 07-2011

SUBJECT: S-SV EMS BASE / RECEIVING HOSPITALS

REFERENCE NO. 505-A

Hospital Name	County	Base Mod. Base Receiving	Level I / II Trauma Center	Level III Trauma Center	Level IV Trauma Center	Labor and Delivery	Pediatric Trauma Center	Burn Receiving Center	STEMI Receiving Center	Stroke Receiving Center
Fremont Medical Center - L&D	Sutter	L & D Only				X				
St. Elizabeth Community Hospital	Tehama	Base		X		X				
Sutter Davis Hospital	Yolo	Modified Base				X				X
Woodland Memorial Hospital	Yolo	Modified Base				X				X
Rideout Memorial Hospital	Yuba	Modified Base		X					X	

S-SV EMS MCI CONTROL FACILITIES

Control Facility	County / Area of Responsibility
Enloe Medical Center	Butte and Colusa Counties
Rideout Memorial Hospital	Sutter and Yuba Counties
Sierra Nevada Memorial Hospital	Western Slope of Nevada County
Sutter Roseville Medical Center	Western Slope of Placer County
Tahoe Forest Hospital	Tahoe Basin and Eastern Slope of Nevada and Placer Counties
Woodland Memorial Hospital	Yolo County
UC Davis Medical Center	When requested by Woodland Memorial Hospital and agreed to by UCDMC, to handle patient dispersal for those MCI events that occur in Yolo County but patient dispersal will be primarily into Sacramento County
In progress	Shasta County / Siskiyou County / Tehama County

SIERRA-SACRAMENTO VALLEY EMS AGENCY PROGRAM POLICY

REFERENCE NO. 506-A

SUBJECT: INTERFACILITY TRANSPORT OF CADIOVASCULAR “STEMI” PATIENTS

PURPOSE:

To provide guidelines for the interfacility transfer of patients diagnosed with ST-elevation myocardial infarction (STEMI) and who may require emergent percutaneous coronary intervention (PCI). This system of care is consistent with national standards of achieving a STEMI Referring Facility arrival-to-STEMI Receiving Center first intervention time of less than ninety (90) minutes for walk in patients, and a 911 call-to-STEMI Receiving Center first intervention time of less than 120 minutes for EMS patients initially transported to a STEMI Referring Facility.

AUTHORITY:

California Health and Safety Code, Division 2.5, Chapter 2 § 1797.67 & 1797.88, Chapter 6 § 1798.102, 1798.150, 1798.170 & 1798.172

California Code of Regulations, Title 13, § 1105©, Title 22, Division 9, Chapter 4, § 100169

DEFINITIONS:

- A. **Cardiovascular STEMI Receiving Centers (SRCs)** – S-SV EMS designated facilities that have emergency interventional cardiac catheterization capabilities available on a 24/7 basis.
- B. **STEMI Referring Facilities (SRFs)** – Facilities that do not have emergency interventional cardiac catheterization capabilities.

POLICY:

The Emergency Departments (EDs) of SRFs play a critical role in the care of the STEMI patient. The optimal system of care for STEMI patients consists of a well coordinated relationship between the early recognition and care by ED staff at SRFs followed by definitive care at SRCs after rapid transfer by EMS transport provider agencies.

While an SRC should be considered as the destination of choice for STEMI patients, for those patients who do not meet the patient destination criteria for immediate

Effective Date: 12/01/2011

Date last Reviewed / Revised: 10/11

Next Review Date: 10/2014

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Approved:

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S-SV EMS Medical Director

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S-SV EMS Regional Executive Director

SUBJECT: INTERFACILITY TRANSPORT OF CADIOVASCULAR “STEMI” PATIENTS

transport to a SRC and are transported instead to a SRF and for those patients who walk in to a SRF it is vital to identify these patients quickly, provide initial stabilizing treatment, and simultaneously make contact with the appropriate SRC for possible transfer and emergent PCI.

GUIDELINES:

A. INITIAL TREATMENT GOALS

Patients arriving at SRF by EMS or non-EMS:

1. ECG obtained within ten minutes of patient arrival
2. If STEMI is identified:
 - a. Consider transferring all STEMI patients who are candidates for primary PCI
 - b. <30 minutes at SRF ED (door in/door out)

B. TIMELINES (Goal: <90 minutes SRF arrival-to-SRC first intervention for walk in patients and <120 minutes 911 call-to-SRC first intervention time for EMS patients initially transported to a SRF)

1. <30 minutes 911 call to SRF ED (if EMS patient)
2. <30 minutes at SRF (door in/door out)
3. <30 minutes to complete paramedic or critical care interfacility transport
4. <30 minutes at SRC before coronary intervention

If SRF arrival-to-SRC first intervention is anticipated to be longer than 90 minutes, then administration of lytic agents should be considered in patients that meet thrombolytic eligibility. The goal for door to thrombolytics is <30 minutes for these patients. Contact the SRC early to discuss coordination of subsequent care.

PROCEDURE:

In the event that an acute STEMI patient needs to be transferred to a SRC, the SRF ED should:

- A. Immediately after a STEMI patient is identified at the SRF, contact the SRC ED Physician to arrange an ED to ED transfer.

SUBJECT: INTERFACILITY TRANSPORT OF CADIOVASCULAR “STEMI” PATIENTS

1. The SRC ED Physician will assist in advising the appropriateness for transfer for emergent PCI. The SRC ED Physician will contact the SRC Interventional Cardiologist as needed.
 2. SRC facilities have agreed to accept STEMI patients at all times irrespective of payer source unless the SRC is on internal disaster diversion (including Cardiac Catheterization Lab equipment out-of-service) or other patients already being treated would prevent the patient from receiving intervention in less than 90 minutes from SRF arrival.
- B. Contracted Advanced Life Support (ALS) provider agencies should be utilized when agreements are in place and the ALS transport unit is available within ten (10) minutes of the initial transport request. The jurisdictional ALS provider agency may be contacted via 911 when the contracted ALS provider is not available.
1. Unless medically necessary, avoid using medication drips that are outside of the paramedic scope of practice to avoid any delays in transferring of STEMI patients.
 2. If patient care has been initiated that exceeds the paramedic scope of practice, the SRF may consider sending one of its nurses or other qualified medical staff with the transporting paramedic unit if deemed necessary due to patient’s condition. Nurse staffed critical care transport units may also be utilized if necessary and the response time is appropriate.
- C. Provide the ambulance transport team with a complete patient report and all appropriate documentation (diagnostic lab, x-ray, physician and nursing notes, etc.). However, do not delay transport of the patient if complete documentation is not available. If complete documentation is not sent with the transport team, this information may be faxed to SRC when it becomes available.

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SIERRA-SACRAMENTO VALLEY EMS AGENCY PROGRAM POLICY

REFERENCE NO. 605

SUBJECT: PREHOSPITAL DOCUMENTATION

PURPOSE:

To define the responsibilities and requirements of prehospital personnel and service provider agencies in the initiation, completion and distribution of prehospital documentation.

AUTHORITY:

California Health and Safety Code, Division 2.5, Sections 1797.202, 1797.204, 1797.220, 1798 and 1798.220.

California Code of Regulations, Title 22, Chapter 2, 3 and 4.

POLICY:

A. Prehospital documentation shall be completed as follows:

1. ALS / LALS / BLS transport and ALS / LALS non-transport prehospital personnel shall complete patient care documentation for every response where patient contact is established.
2. ALS / LALS / BLS transport and ALS / LALS non-transport prehospital personnel shall complete appropriate documentation for all cancelled calls including:
 - a. "Code 4" or cancelled calls prior to arrival at scene.
 - b. "No patient contact" calls defined as arrival on scene and unable to locate any patient, or no direct interaction with patient.
3. BLS non-transport prehospital personnel shall complete patient care documentation for the following types of responses:
 - a. An AED is utilized.
 - b. An EMT optional skill is performed.
 - c. An RAS / AMA is completed by BLS personnel.

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Date last Reviewed / Revised: 07/11

Next Review Date: 07/2014

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S-SV EMS Regional Executive Director

SUBJECT: PREHOSPITAL DOCUMENTATION

- B. Prehospital patient care documentation includes the following:
 - 1. A written or electronic Patient Care Report (PCR).
 - 2. An S-SV EMS Interim Patient Care Report (Reference No. 605-A) or an equivalent interim patient care report form utilized in addition to the PCR.
- C. A PCR is a legal medical record and the primary source of information for provider, base / modified base hospital and S-SV EMS Agency Continuous Quality Improvement (CQI) review.
- D. Prehospital personnel shall be responsible for providing clear, concise, complete, legible and accurate prehospital documentation.
- E. Any form of falsification of prehospital documentation shall be considered a serious infraction subject to disciplinary certification / accreditation action by the S-SV EMS Agency and/or referral to the appropriate licensing authority.

PROCEDURE:

A. PCR UTILIZATION

Prehospital service provider agencies who are required to complete prehospital documentation as indicated by this policy must utilize one of the following forms of documentation:

- 1. An ePCR system:
 - a. All S-SV EMS approved ALS / LALS / BLS transport and ALS / LALS non-transport providers must utilize one of the following ePCR systems:
 - The S-SV EMS Agency selected ePCR system.
 - An equivalent 'CEMSIS' (California Emergency Medical Services Information System) compliant ePCR system.
- 2. A written PCR:
 - a. A written PCR may be utilized by BLS non transport providers for prehospital documentation purposes as required by this policy.
 - b. A written PCR shall include, at a minimum, all data elements listed in the following appropriate policy(s):
 - EMT / Public Safety AED Program: Service Provider Requirements and Responsibilities, Reference No. 474.

SUBJECT: PREHOSPITAL DOCUMENTATION

- EMT Optional Skill: Service Provider Application, Approval Process, Requirements and Responsibilities, Reference No. 477.
- Patient Initiated Release at Scene (RAS) or Patient Initiated Refusal of Service Against Medical Advice (AMA), Reference No. 850.

B. DOCUMENTATION / COMPLETION OF THE PCR

1. Patient information documented on the PCR provides a medical record of the patient's assessment, history, treatment rendered, response to treatment and all other pertinent medical information regarding the patient.
2. The certification name(s) and certification / license number(s) of appropriate prehospital personnel rendering patient care on a responding unit are required to be documented on the PCR. The primary prehospital patient care provider shall sign the PCR. An electronic signature is acceptable if an ePCR system is utilized for prehospital documentation.
3. All pertinent supporting patient care documentation (including but not limited to completed RAS / AMA forms, DNR / POLST forms, patient medication lists and cardiac monitor strips) shall be attached to the PCR.

C. MINIMUM PATIENT CARE DOCUMENTATION REQUIRED TO BE LEFT WITH THE PATIENT AT THE RECEIVING FACILITY AT TIME OF DELIVERY

The following minimum prehospital patient care documentation, when available to prehospital personnel, shall be completed by the primary patient care provider and left at the receiving facility at the time of patient delivery:

1. Date of incident & incident number
2. Call location
3. EMS unit number
4. Patient name, sex, age, date of birth, address, city and telephone number
5. Chief complaint
6. Patient weight
7. PQRST / time of symptom onset (including time of incident and mechanism of injury for all trauma patients)
8. Pertinent medical history
9. Medications
10. Medication allergies
11. Vital signs (including GCS, BP, pulse, respirations, pain scale, cardiac rhythm and SpO2 as appropriate)
12. Treatment rendered (including time, type of treatment, medication, dose, route, response and total IV volume infused)
13. Name, title and ID of the prehospital provider completing the documentation

SUBJECT: PREHOSPITAL DOCUMENTATION

There are no exceptions to this requirement. It is the preference of the S-SV EMS Agency that a completed PCR be left at the receiving hospital at the time of patient delivery. However, prehospital personnel may satisfy this requirement with the completion of the S-SV EMS Interim Patient Care Report (Reference No. 605-A) or an equivalent interim patient care report form that includes, at a minimum, all of the information listed above.

D. DISTRIBUTION OF THE COMPLETED PCR

1. The completed PCR shall be distributed as follows:

a. Service provider agency.

b. Receiving hospital:

- In instances when a completed PCR is not left with the patient at the receiving hospital at the time of patient delivery (i.e. when an interim patient care report is utilized), a copy of the completed PCR shall be provided to the receiving hospital within 24 hours.
- When patient care is transferred from one ALS / LALS provider to another provider for transportation, the ALS / LALS non-transporting provider shall send a copy of their completed PCR to the receiving hospital within 24 hours.

c. Base / modified base hospital:

- In instances where a base / modified base hospital is utilized for medical control that is not the receiving facility (including AMA patients and RAS patients that require base / modified base hospital contact), a copy of the completed PCR shall be sent to the base / modified base hospital that was utilized within 24 hours.
- In instances where an AED or an EMT optional skill is utilized by BLS personnel, a copy of the completed PCR shall be sent to the provider's base hospital within 24 hours.

d. S-SV EMS Agency:

- In instances when an AED or EMT Optional Skill is utilized by a BLS service provider, a copy of the completed PCR shall be sent to the S-SV EMS Agency within 7 days.

2. S-SV EMS service provider agencies shall be responsible for maintaining the PCRs for all patient care responses in accordance with all applicable laws, regulations, Government Codes and policies. The PCR shall be made available to the S-SV EMS Agency upon request.

SUBJECT: PREHOSPITAL DOCUMENTATION

E. PREHOSPITAL DOCUMENTATION TRAINING

Each service provider agency is responsible for training their appropriate prehospital personnel in the initiation, completion and distribution of required prehospital documentation.

F. PREHOSPITAL DATA SUBMISSION

ePCR data shall be provided to the S-SV EMS Agency in the following manner:

1. Prehospital service providers utilizing the S-SV EMS Agency selected ePCR system shall complete a data sharing agreement with the S-SV EMS Agency.
2. Prehospital service providers not utilizing the S-SV EMS Agency selected ePCR system shall establish a process with the S-SV EMS Agency ePCR vendor to allow for EMS data submission. This data shall include, at a minimum, all CEMSIS data elements. Data shall be submitted to the S-SV EMS Agency data system on a minimum of a monthly basis, no later than the 15th day of the following month.

CROSS REFERENCES:

Prehospital Care Policy Manual

Alternate Transport Vehicle Policy, Reference No. 416

EMT / Public Safety AED Program: Service Provider Requirements and Responsibilities, Reference No. 474

EMT Optional Skill: Service Provider Application, Approval Process, Requirements and Responsibilities, Reference No. 477

Patient Initiated Release at Scene (RAS) or Patient Initiated Refusal of Service Against Medical Advice (AMA), Reference No. 850

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SIERRA-SACRAMENTO VALLEY EMS AGENCY

**EQUIPMENT / SUPPLIES / VEHICLES
SECTION VII**

SUBJECT: INDEX

REFERENCE NO. 700

- 701** ALS Service Provider Inventory
- 702** Fireline Paramedic Inventory
- 703** LALS Service Provider Inventory
- 704** BLS Ambulance Service Provider Inventory
- 705** ALS / LALS Unit Inspection
- 710** Management of Controlled Substances
- 715** Biomedical Equipment Maintenance

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SIERRA-SACRAMENTO VALLEY EMS AGENCY PROGRAM POLICY

REFERENCE NO. 701

SUBJECT: ALS INVENTORY

PURPOSE:

To establish a standardized inventory on all S-SV approved Advanced Life Support EMS response vehicles.

AUTHORITY:

California Health and Safety Code, Division 2.5, Sections 1797.204, 1797.220

California Code of Regulations, Title 22, Division 9, Section 100173

California Code of Regulations, Title 13

California Vehicle Code, Section 2418.5

Emergency Medical Services Authority Guidelines and Recommendations,
Highway Patrol Handbook 82.4

POLICY:

All S-SV approved ALS EMS response vehicles shall carry the following equipment and supply inventory. Reasonable variations may occur; however, any exceptions or additions shall have prior approval of the S-SV EMS Agency.

For inventory list see attached table

Effective Date: 12/01/2011
Next Review Date: 12/2014
Approved:

Date last Reviewed / Revised: 12/11
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Sierra-Sacramento Valley EMS Agency			
EQUIPMENT AND SUPPLY SPECIFICATIONS - ALS			
	MINIMUM QUANTITY REQUIRED		
	ALS Transport	ALS NON Transport	BIKES
RADIO EQUIPMENT			
Mobile UHF Med-Net Radio	1	1	0
Portable UHF Med-Net Radio OR Portable Cell Phone	1	1	1
MISCELLANEOUS EQUIPMENT & SUPPLIES			
Map Book (covering the areas the ambulance provides service)	1 each	1 each	0
D.O.T Emergency Response Guidebook	1	1	0
FIRESCOPE Field Operations Guide (FOG)	1	1	0
Hazardous Materials medical management reference	1	1	0
Approved ePCR	1	1	1
RAS / AMA Forms	10 each	5 each	5 each
Triage Tags	10 each	10 each	0
Infection control packs (per crew member)	1 pk each	1 pk each	1 pk
Antiseptic hand wipes or waterless hand sanitizer	10 / 1	10 / 1	10 / 1
Covered waste container (red bio hazard bags acceptable)	1	1	0
Adult & Pediatric BP cuff	1 each	1 each	1 each
Thigh BP cuff	1	1	0
Stethoscope	1	1	1
Flashlight or Penlight	1	1	1
Bedpan or Fracture pan	1	0	0
Urinal	1	0	0
Sharps container	1	1	1
Padded soft wrist & ankle restraints	1 set	1 set	0
Pillows, sheets, pillow cases, towels	2 each	0	0
Blankets	2	2	0
Emesis basin / disposable emesis bags	2	2	0
Length based Pediatric Resuscitation Tape (Broselow)	1	1	1
Ambulance cot with straps to secure patient to cot and necessary equipment to properly secure cot in vehicle	1	0	0
Collapsible stretcher (Breakaway Flat) with straps to secure patient	1	0	0
Thermometer (optional)	1	1	0
BIOMEDICAL EQUIPMENT & SUPPLIES			
Monitor / Defibrillator Equipment & Supplies			
Portable Monitor/Defibrillator - Battery operated, with ECG printout, capable of synchronized cardioversion. (Transcutaneous Pacing, Waveform Capnography, &/or 12 Lead capability optional).	1	1	0
AED with cardiac monitoring and manual defibrillation capabilities (optional in place of portable monitor / defibrillator above for bike teams only)	0	0	1
Spare monitor/ defibrillator battery	1	1	as needed
Defibrillator paddles - adult & pediatric with defibrillation gel pads or paddle conduction gel OR Hands free defibrillator patches - adult & pediatric	1 set each	1 set each	1 set each
Electrode leads (wires)	2 sets	2 sets	1 set
ECG paper	2 rolls	2 rolls	as needed
Adult disposable ECG electrodes	4 sets	2 sets	2 sets
Pediatric disposable ECG electrodes	2 sets	1 set	2 sets
Miscellaneous Biomedical Equipment & Supplies			
Pulse Oximeter	1	1	1
Capnometer (optional)	1	1	1
Co-Oximeter (optional)	1	1	1
Glucometer	1	1	1
Glucometer test strips	10	10	5
Lancets	10	10	5
AIRWAY / OXYGEN EQUIPMENT & SUPPLIES			
Oxygen Delivery			
"H" or "M" oxygen tank mounted in ambulance	1	0	0
Wall mounted oxygen regulator with liter flow mounted in ambulance	1	0	0

Sierra-Sacramento Valley EMS Agency EQUIPMENT AND SUPPLY SPECIFICATIONS - ALS

	MINIMUM QUANTITY REQUIRED		
	ALS Transport	ALS NON Transport	BIKES
AIRWAY / OXYGEN EQUIPMENT & SUPPLIES (cont.)			
"D" or "E" portable oxygen cylinder ("C" size acceptable for bike teams)	2	1	1
Portable oxygen regulator with liter flow	1	1	1
Adult non-rebreather oxygen mask	6	2	1
Pediatric oxygen mask	2	2	1
Nasal cannula	6	2	1
Hand held nebulizer	2	1	1
Aerosol / nebulizer mask	2	1	0
Bag-Valve Device (with O2 inlet, reservoir & one way valve)			
Adult (1000 cc bag vol.)	1	1	1
Pediatric (450 - 500 cc bag vol.)	1	1	0
Bag-Valve Mask (transparent)			
Large (adult)	1	1	1
Medium (adult)	1	1	0
Small (adult)	1	1	0
Child	1	1	1
Neonatal	1	1	1
BLS Airways			
Oropharyngeal Airways (sizes 0-6 or equivalent sizes)	2 each	2 each	1 each
Nasopharyngeal Airways (sizes 24-34 Fr. or equivalent sizes)	2 each	2 each	1 each
Suction Equipment & Supplies			
Suction catheters - 6 fr, 8 fr, 10 fr, 14 fr	2 each	2 each	0
Tonsillar tip suction handle	2	2	0
Portable mechanical suction unit (manual suction device including adult & pediatric suction tubes acceptable for bike teams)	1	1	1
Advanced Airway Equipment & Supplies			
Laryngoscope handle	1	1	1
Batteries - extra set	2	2	1
Bulb - extra bulb for adult and pediatric blade	1 each	1 each	1 each
Miller (straight blade) sizes 0-4	1 each	1 each	1 each
Macintosh (curved blade) sizes 3-4	1 each	1 each	1 each
Magill forceps - adult & pediatric	1 each	1 each	1 each
Water soluble lubricant (K-Y jelly or equivalent)	4	1	1
Topical vasoconstrictor (Neosynephrine or equivalent)	1	1	1
2% Lidocaine jelly	1 tube	1 tube	1 tube
Cuffed endotracheal tubes, sizes 2.5, 3.0	2 each	2 each	1 each
Cuffed endotracheal tubes, sizes 3.5, 4.0, 4.5, 5.0, 5.5, 6.0, 6.5, 7.0, 7.5, 8.0, 8.5	2 each	2 each	1 each
Cuffed endotracheal tube, size 9.0	2 each	2 each	0
Endotracheal tube stylettes - neonatal, child & adult	1 each	1 each	1 each
Flex Guide ETT introducer - caudal tip 15 fr x 70 cm	2	2	1
ET tube holder	2	2	1
Esophageal Tracheal Airway Device - Adult 37 and 41 Fr OR King Airway Device - Size 3, Size 4, Size 5	1 each	1 each	0
End tidal CO2 detector device - disposable single patient use colorimetric device (adult & pediatric) or disposable capnography circuit	2 each	2 each	1 each
Esophageal Intubation Detector Device (EDD) (optional for providers using waveform capnography)	2	1	1
Meconium aspirator	1	1	0
Airway airflow monitor (optional)	2	2	0
Inspiratory Impedance Threshold Device (optional)	2	2	0
S-SV approved CPAP equipment	2	1	0
Manual Jet Ventilator device OR ENK Flow Modulator Kit	1	1	1
Adult and Pediatric Transtracheal Catheter or minimum 12 ga x 3" catheter for use with the manual Jet Ventilator device (if carried)	1 each	1 each	1 each

Sierra-Sacramento Valley EMS Agency			
EQUIPMENT AND SUPPLY SPECIFICATIONS - ALS			
	MINIMUM QUANTITY REQUIRED		
	ALS Transport	ALS NON Transport	BIKES
AIRWAY / OXYGEN EQUIPMENT & SUPPLIES (cont.)			
Needle thoracostomy kit with minimum 14 ga X 3 " catheter specifically designed for needle decompression	1	1	1
IMMOBILIZATION EQUIPMENT & SUPPLIES			
Ked	1	1	0
Long spine board with straps	2	2	0
Pediatric spine board	1	1	0
Foam-filled or equivalent S-SV approved head immobilization device	2 pair	2 pair	0
Traction splint: Hare, Sager or equivalent	1	1	0
Arm & leg splints (i.e. cardboard, SAM type, vacuum)	3 each	3 each	0
Tape (optional) *Type approved by SSV EMSA Medical Director	1 roll	1 roll	0
Cervical Collars (rigid) - large, medium, small, pediatric <u>OR</u> adjustable adult & pediatric	2 each	2 each	0
OBSTETRICAL EQUIPMENT & SUPPLIES			
OB Kit containing a minimum: sterile gloves, umbilical cord tape or clamps (2), dressings, towels, bulb syringe and clean plastic bags.	2 kits	1 kit	1 kit
Stocking head cap (infant)	2	2	0
BANDAGING EQUIPMENT & SUPPLIES			
Triangle bandages	4	4	4
Adhesive tape rolls 1" & 2" rolls	2 each	2 each	1 each
Sterile 4x4 compresses	12	12	4
Non sterile 4x4 compresses	50	50	10
Kling/Kerlix in 2", 3" or 4" rolls	10	6	4
Trauma dressing (10"x30" or larger universal dressings)	4	2	1
Surgipads (optional)	6	6	2
Band-Aids	1 box	1 box	10
Sterile petroleum impregnated dressing	4	4	2
Asherman Chest Seal (optional)	1	1	1
Cold packs and heat packs	2 each	2 each	2 each
Gloves (unsterile) various sizes	1 box each	10 each	2 pr each
Sterile saline for irrigation	2 liters	2 liters	0
Potable water	2 liters	2 liters	0
Bandage shears	1 pr	1 pr	1 pr
S-SV EMS Agency approved commercial tourniquet device (optional)	1	1	1
IV / MEDICATION ADMINISTRATION EQUIPMENT & SUPPLIES			
Catheter over needle- 14 ga, 16 ga, 18 ga, 20 ga	6 each	4 each	2 each
Catheter over needle- 22ga, 24ga	2 each	2 each	2 each
Micro-drip & Macro-drip venosets <u>OR</u> Selectable drip tubing	4 each	2 each	1 each
Blood administration tubing (optional)	6	4	2
IV extension	2	2	0
IV extension	4	2	1
Saline Locks (optional)	2	2	1
IV start pack or equivalent with tourniquets	4	4	2
Alcohol wipes & Betadine swabs	20 each	10 each	8 each
Chlorhexidine swabs/skin prep	5 each	5 each	2 each
Syringes / Needles / Medication Administration Devices			
TB / 1 cc syringe	3	2	2
3 - 5 cc syringe	3	2	2
10 - 12 cc syringe	3	2	2
20 cc syringe	1	1	1
50 - 60 cc syringe	1	0	0
22 ga, 25 ga safety injection needles	2 each	2 each	2 each
Vial access Cannulas	2 each	2 each	2 each
Mucosal Atomization Device (MAD)	4	2	0
Arm boards - (short, long)	2 each	1 each	0

Sierra-Sacramento Valley EMS Agency EQUIPMENT AND SUPPLY SPECIFICATIONS - ALS

	MINIMUM QUANTITY REQUIRED		
	ALS Transport	ALS NON Transport	BIKES
IV / MEDICATION ADMINISTRATION EQUIPMENT & SUPPLIES (cont.)			
Blood Tubes (optional)	4	2	0
Vacutainer holder (optional)	1	1	0
Vacutainer needles (optional)	4	4	0
Vials or pre-filled syringes - Sterile Normal Saline for injection (optional)	2	2	1
INTRAOSSUEOUS ACCESS EQUIPMENT & SUPPLIES			
ALS provider vehicles must stock the equipment and supplies to establish IO access on a pediatric patient at a minimum. Additional approved IO equipment may be stocked as an option in the minimum quantities listed below.			
Pediatric Manual IO Device (minimum requirement)			
Jamshidi ® Illinois device with 15 ga adjustable length needle	2	1	1
Powered IO Devices (optional)			
Bone Injection Gun (B.I.G. ®) - Pediatric (in place of manual IO device)	2	1	1
Bone Injection Gun (B.I.G. ®) - Adult	2	1	1
EZ-IO ® Power Driver	1	1	1
EZ-IO ® 15 mm Pediatric Needle Set (in place of manual IO device)	2	1	1
EZ-IO ® Adult Needle Set (at least one needle set shall be 45 mm length)	2	1	1
Lidocaine HCl 2% (100mg/5ml) for use with powered IO devices only	1	1	1
IV SOLUTIONS			
Normal saline - 1000 cc bag	8	3	2
Normal saline - 250 cc bag	2	1	0
MEDICATIONS			
Activated charcoal (50 gm)	1	1	0
Adenosine 6 mg - vial or pre-filled syringe	5	5	5
Albuterol - 2.5mg (pre-mixed w/NS). If not premixed; Normal Saline 2.5cc, without preservatives, is required for dilution of each dose.	3	2	2
Amiodarone 3 ml - 150 mg (50 mg/ml)	6	6	6
Aspirin (chewable)	1 bottle	1 bottle	1 bottle
Atropine 1 mg/1ml vial	6	6	4
Benadryl (50 mg/ml)	2	2	2
Benadryl elixir - 100 mg	1	1	1
Calcium Chloride 10% - (1 gm/10ml)	4	2	1
Dextrose 50% (25gm/50ml)	2	2	1
Dextrose 25% (12.5gm/10ml)	2	1	0
Dopamine 400 mg	1	1	0
Epinephrine 1:1,000	4 mg	2 mg	2 mg
Epinephrine 1:10,000 (1mg/10ml)	8	4	4
Furosemide 40 mg (10mg/ml)	2	2	2
Glucagon 1mg (1unit)	1	1	1
Glucose paste OR Glucose solution (oral prepackaged)	2	2	1
Mark-I / Duo Dote Nerve Agent Antidote Kits (optional)	(Optional)	(Optional)	(Optional)
Naloxone (Narcan) 2.0 mg	4	4	2
Nitroglycerin 0.4 mg/tab (1/150) bottle OR Nitroglycerine spray actuation	2	1	1
Pralidoxime Chloride (2-PAM) 1 gm / 20 ml vial (optional)	(Optional)	(Optional)	(Optional)
Sodium Bicarbonate (50mEq/50ml)	2	1	1
Zofran (4mg/2ml vial)	4	2	2
Zofran Oral Disintegrating Tablets (ODT) 4 mg	4	2	2
Controlled Substances			
Midazolam (Versed) 5 mg/cc concentration	20 - 60 mg	20 - 60 mg	20 mg (Optional)
Morphine HCL 10 mg/ml unit dose	20-60 mg	20-60 mg	20 mg (Optional)
Double lock container system for controlled meds.	1	1	1
Controlled substance log sheet	1	1	1

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SIERRA-SACRAMENTO VALLEY EMS AGENCY PROGRAM POLICY

REFERENCE NO. 702

SUBJECT: FIRELINE PARAMEDIC INVENTORY

PURPOSE:

To establish a standardized inventory for S-SV approved Advanced Life Support (ALS) Provider accredited paramedics, when requested through the statewide Fire and Rescue Mutual Aid System, to respond to and provide ALS care on the fireline at Wildland fires.

AUTHORITY:

California Health and Safety Code, Division 2.5, Sections 1797.204, 1797.220

California Code of Regulations, Title 22, Division 9, Sections 100165 and 100167

POLICY:

California Code of Regulations Title 22, Division 9, Section 100165 (l) states:

“During a mutual aid response into another jurisdiction, a paramedic may utilize the scope of practice for which s/he is trained and accredited according to the policies and procedures established by his/her accrediting local EMS agency.”

All S-SV approved ALS provider accredited paramedics responding to Wildland fires to provide ALS care on the fireline shall carry the following ALS inventory in their pack while on the fireline. Reasonable variations may occur, however, any exceptions or additions shall have prior approval of the S-SV EMS Agency.

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SUBJECT: FIRELINE PARAMEDIC INVENTORY

**FIRELINE PARAMEDIC
(ALS) PACK INVENTORY****ALS AIRWAY EQUIPMENT:**

- Laryngoscope handle
- Extra batteries and bulb (1 ea)
- Miller /McIntosh-adult sizes
(Light-weight disposable
Recommended)
- Water soluble lubricant (1)
- ET tubes cuffed 6.5-8.5 (1 ea)
- Stylette (adult)
- ET tube holder
- Capnostat Sensor
- Rescue Airway
- Needle Thoracostomy Kit (1)
- Esophageal intubation
detector device
- 2% Lidocaine jelly (1 tube)
- Topical vasoconstrictor (1)

**IV / MEDICATION ADMIN
SUPPLIES:**

- Saline 0.9% IV 1000 ML (1)
- IV Administration Set-
Macro-Drip (2)
- Venaguard (2)
- Alcohol Preps (6)
- Betadine Swabs (4)
- IV start pack with Tourniquet
(2)
- Razor (1)
- Adhesive Tape (1)
- IV Catheters (2 ea)
14, 16, 18, 20 ga,
- 10 cc Syringe (2)

- TB Syringe (2)
- 18 ga. Needle (4)
- 25 ga. Needle (2)
- FDA approved drill type device for
adult IO access (1 optional)

MISCELLANEOUS:

- Sharps Shuttle (1)
- Double Lock Container System (1)
- Controlled Substance Log Sheet (1)
- Controlled Substance Seals (4)
- FEMT-P Pack Inventory Sheet (1)
- Cellular Phone & D/C Charger (1)
- PCR (6)
- AMA Forms (3)
- Antiseptic hand wipes (10)
- Red Bio-Hazard Bags (2)

BIOMEDICAL EQUIPMENT:

- Monitor defibrillator or Compact
Semi-Auto AED with screen (1)
- Monitor/AED defibrillator patches
adult (2)
- Monitor/AED Spare Batteries (1)
- Monitor/AED electrode wires (1 set)
- EKG Paper (1 spare roll)
- Adult disposable EKG electrodes (2
sets)
- Pulse Oximeter (1 Optional)
- Glucometer (1)
- Glucometer test strips (5)
- Spare glucometer lancets (5)

SUBJECT: FIRELINE PARAMEDIC INVENTORY

MEDICATIONS:

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Aerosolized Beta 2 Specific Bronchodilator with spacer (4) <input type="checkbox"/> Amiodarone 150 mg (3) <input type="checkbox"/> Aspirin-Chewable 80 mg (1 bottle) <input type="checkbox"/> Atropine Sulfate 1 mg/1ml vial (2) <input type="checkbox"/> Dextrose 50% (25gm/50ml) Pre-Load (1) <input type="checkbox"/> Diphenhydramine 50 mg Vials (2) | <ul style="list-style-type: none"> <input type="checkbox"/> Diphenhydramine Elixer 100 mg (1) <input type="checkbox"/> Epinephrine 1:10,000 Pre-Load Syringes 1 mg/10ml (2) <input type="checkbox"/> Epinephrine 1:1000 1 mg/1ml Ampules (4) <input type="checkbox"/> Glucagon 1mg/unit (1) <input type="checkbox"/> Glucose Paste (1) <input type="checkbox"/> Midazolam-Versed 5 mg/5ml or Diazepam (valium) 10 mg/ml (4) <input type="checkbox"/> Morphine Sulfate 10 mg/ml (6) <input type="checkbox"/> Naloxone-Narcan 2 mg (2) <input type="checkbox"/> Nitro Spray 1/150 (1) |
|--|--|

Additional items for re-stock should also be maintained and secured in vehicle or in the Medical Unit trailer.

NOTE: Providers should stock sufficient quantities of medical supplies and medications- especially controlled substance medications, to avoid mid-incident restock. Incident Medical Units may not be capable of re-supplying controlled substances (Narcotics). Narcotics should be secured as per S-SV EMS Agency policy and the Fireline Paramedic providers SOP.

In addition to the required ALS equipment listed above, the following BLS items, or equivalents, shall also be available on the fireline. The Fireline Paramedic should report to the incident with the full compliment of EMS supplies ready to work. The incident will re-supply the Fireline Paramedic to the best of its ability.

**BASIC LIFE SUPPORT (BLS)
PACK INVENTORY**

- | | |
|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Airway, Oral Pharyngeal Kit (1) <input type="checkbox"/> Biohazard Bag (2) <input type="checkbox"/> Bag Valve Mask (1) <input type="checkbox"/> BVM Mask lg adult (1) <input type="checkbox"/> Space Blanket (1) <input type="checkbox"/> Bandage, Sterile 4x4, Compress (6) <input type="checkbox"/> Bandage, Triangular, (2) <input type="checkbox"/> Cervical Collar, Adjustable (1) <input type="checkbox"/> Cold Pack (3) | <ul style="list-style-type: none"> <input type="checkbox"/> Dextrose Oral (1) <input type="checkbox"/> Dressing, Trauma, 10x30 (4) <input type="checkbox"/> Eye Wash (1 bt) <input type="checkbox"/> Pen Light or flashlight (1) <input type="checkbox"/> Gloves, Latex (L, M, S) (2 pr) <input type="checkbox"/> Coban Wraps/Ace bandage (2 ea) <input type="checkbox"/> Kerlix, Kling, 4.5, Sterile (4) <input type="checkbox"/> Mask, Face, Disposable w/eye shield (1) <input type="checkbox"/> Pad, Writing (1) |
|---|---|

SUBJECT: FIRELINE PARAMEDIC INVENTORY

- Pen
- Pencil (wet environments)
- Pin, Safety (in triangular dressing kit)
- Splinter Kit (1)
- Scissors, Medic (1)
- Sheet, Burn (2)
- Stethoscope (1)
- Sphygmomanometer (1)
- Splint, Moldable
- Suction, Manual, V-Vac (1)
- Tape, 1 Inch, Cloth (2 rolls)
- Petroleum Dressing (2)
- Thermometer, Digital (1)
- Triage Tags with ties waterproof (6)
- PCRs (Incident PCR for BLS)

SIERRA-SACRAMENTO VALLEY EMS AGENCY

FIELD POLICIES & TREATMENT PROTOCOLS SECTION VIII

SUBJECT: INDEX

REFERENCE NO. 800

- 801** EMT Scope of Practice
- 802** Advanced EMT Scope of Practice
- 803** Paramedic Scope of Practice
- 804** Emergency Medical Responder (EMR) Scope of Practice
- 812** Base / Modified Base / Receiving Hospital Contact
- 818** Ventricular Assist Device (VAD)
- 820** Determination of Death - Public Safety, EMT, AEMT & Paramedic Personnel
- 823** Do Not Resuscitate (DNR)
- 823-A** EMSA DNR Form
- 823-B** POLST Form
- 825** Crime Scene Management
- 830** Suspected Child Abuse Reporting Guidelines
- 830-A** Suspected Child Abuse Report
- 832** Suspected Elder and Dependant Adult Abuse Reporting Guidelines
- 832-A** Suspected Elder & Dependant Adult Abuse Report
- 835** Medical Control at the Scene of an Emergency
- 836** Hazardous Material Incidents
- 837** Multiple Patient / Casualty Incidents
- 837-A** MCI – Response Procedures
- 837-B** MCI – Organizational Chart
- 837-C** MCI – Position Responsibilities
- 838** Physician on Scene

SIERRA-SACRAMENTO VALLEY EMS AGENCY

FIELD POLICIES & TREATMENT PROTOCOLS SECTION VIII

SUBJECT: INDEX

REFERENCE NO. 800

- 840** Medical Control for Transfers Between Acute Care Facilities
- 841** Intravenous Infusion of Magnesium Sulfate, Nitroglycerin, Heparin & / or Amiodarone During Interfacility Transports
- 842** Automatic Transport Ventilator Use During Interfacility Transports
- 843** Monitoring of Pre-Existing Blood Transfusion During Interfacility Transports
- 844** ALS / LALS Transfer of Patient Care
- 848** Cancellation or Reduction of ALS / LALS Response
- 850** Patients Initiated Release at Scene (RAS) or Patient Initiated Refusal of Service Against Medical Advice (AMA)
- 850-A** S-SV EMS Refusal of Care Form
- 851** Treatment & Transport of Minors
- 852** Violent Patient Restraint Mechanisms
- 853** Tasered Patients Care & Transport
- 860** Trauma Triage Criteria
- 862** EMS Aircraft Utilization & Quality Improvement
- 872** EMT Administration of Epinephrine by Auto-Injector for Suspected Anaphylaxis &/or Severe Asthma
- 877** EMT Esophageal Tracheal Airway Device Treatment Guidelines
- 883** Prohibition on Carrying Weapons by EMS Personnel
- 890** Communication Failure
- 895** AED Treatment Guidelines

SIERRA-SACRAMENTO VALLEY EMS AGENCY

**FIELD POLICIES & TREATMENT PROTOCOLS
SECTION VIII**

SUBJECT: INDEX

REFERENCE NO. 800

Adult Patient Treatment Protocols (BLS/ALS)

Cardiovascular

- C-1** Pulseless Arrest
- C-5** Return of Spontaneous Circulation
- C-6** Tachycardia with Pulses
- C-7** Bradycardia
- C-8** Chest Pain or Suspected Symptoms of Cardiac Origin

Respiratory

- R-1** Airway Obstruction
- R-2** Respiratory Arrest
- R-3** Acute Respiratory Distress
- R3-A** Continuous Positive Airway Pressure (CPAP)

Medical

- M-1** Allergic Reaction / Anaphylaxis
- M-2** Shock / Non-Traumatic Hypovolemia
- M-3** Phenothiazine / Dystonic Reaction
- M-5** Ingestions and Overdoses
- M-6** General Medical Treatment
- M-7** Nausea / Vomiting (From Any Cause)

Neurological

- N-1** Altered Level of Consciousness

SIERRA-SACRAMENTO VALLEY EMS AGENCY

**FIELD POLICIES & TREATMENT PROTOCOLS
SECTION VIII**

SUBJECT: INDEX

REFERENCE NO. 800

N-2 Seizure

N-3 Suspected CVA / Stroke

Obstetric/Gynecology

OB/G-1 Childbirth

Environmental

E-1 Heat Stress Emergencies: Hyperthermia

E-2 Cold Stress Emergencies: Hypothermia

E-3 Frostbite

E-7 Hazardous Material Exposure

E-8 Nerve Agent Treatment

Trauma

T-1 General Trauma Management

T-2 Tension Pneumothorax

T-6 Isolated Extremity Injury – Including Hip or Shoulder Injuries

T-8 Uncontrolled Extremity Bleeding

T-10 Burns Thermal & Electrical

Pediatric Patient Treatment Protocols (BLS / ALS)

P-1 General Pediatric Protocol

P-2 Neonatal Resuscitation

P-3 Apparent Life Threatening Event (ALTE)

P-4 Pulseless Arrest

SIERRA-SACRAMENTO VALLEY EMS AGENCY

**FIELD POLICIES & TREATMENT PROTOCOLS
SECTION VIII**

SUBJECT: INDEX

REFERENCE NO. 800

- P-6** Bradycardia – With Pulses
- P-8** Tachycardia – With Pulses
- P-10** Foreign-Body Airway Obstruction
- P-12** Respiratory Arrest
- P-14** Respiratory Distress – Wheezing
- P-16** Respiratory Distress – Stridor
- P-18** Allergic Reaction / Anaphylaxis
- P-20** Shock
- P-22** Overdose &/or Poisoning
- P-24** Altered Level of Consciousness
- P-26** Seizure
- P-28** Burns Thermal & Electrical
- P-30** Isolated Extremity Injury – Including Hip and Shoulder Injuries
- P-32** Nausea / Vomiting (From Any Cause)
- P-34** Uncontrolled Extremity Bleeding

Adult Patient Treatment Protocols (LALS)

Cardiovascular (LALS)

- C-1** Pulseless Arrest
- C-5** Return of Spontaneous Circulation
- C-6** Tachycardia with Pulses
- C-7** Bradycardia
- C-8** Chest Pain or Suspected Symptoms of Cardiac Origin

SIERRA-SACRAMENTO VALLEY EMS AGENCY

**FIELD POLICIES & TREATMENT PROTOCOLS
SECTION VIII**

SUBJECT: INDEX

REFERENCE NO. 800

Respiratory (LALS)

- R-1** Airway Obstruction
- R-2** Respiratory Arrest
- R-3** Acute Respiratory Distress

Medical (LALS)

- M-1** Allergic Reaction / Anaphylaxis
- M-2** Shock / Non-Traumatic Hypovolemia
- M-5** Ingestions and Overdoses
- M-6** General Medical Treatment

Neurological (LALS)

- N-1** Altered Level of Consciousness
- N-2** Seizure
- N-3** Suspected CVA / Stroke

Obstetrics / Gynecology (LALS)

- OB/G-1** Childbirth

Environmental (LALS)

- E-1** Heat Stress Emergencies: Hyperthermia
- E-2** Cold Stress Emergencies: Hypothermia
- E-3** Frostbite
- E-7** Hazardous Material Exposure
- E-8** Nerve Agent Treatment

SIERRA-SACRAMENTO VALLEY EMS AGENCY

**FIELD POLICIES & TREATMENT PROTOCOLS
SECTION VIII**

SUBJECT: INDEX

REFERENCE NO. 800

Trauma (LALS)

- T-1** General Trauma Management
- T-6** Isolated Extremity Injury: Including Hip or Shoulder Injuries
- T-8** Uncontrolled Extremity Bleeding
- T-10** Burns Thermal & Electrical

Pediatric Patient Treatment Protocols (LALS)

- P-1** General Pediatric Protocol
- P-2** Neonatal Resuscitation
- P-3** Apparent Life Threatening Event (ALTE)
- P-4** Pulseless Arrest
- P-6** Bradycardia – With Pulses
- P-8** Tachycardia – With Pulses
- P-10** Foreign-Body Airway Obstruction
- P-12** Respiratory Arrest
- P-14** Respiratory Distress – Wheezing
- P-16** Respiratory Distress – Stridor
- P-18** Allergic Reaction / Anaphylaxis
- P-20** Shock
- P-22** Overdose and / or Poisoning
- P-24** Altered Level of Consciousness
- P-26** Seizure
- P-28** Burns Thermal & Electrical

SIERRA-SACRAMENTO VALLEY EMS AGENCY

**FIELD POLICIES & TREATMENT PROTOCOLS
SECTION VIII**

SUBJECT: INDEX

REFERENCE NO. 800

P-30 Isolated Extremity Injury – Including Hip and Shoulder Injuries

P-34 Uncontrolled Extremity Bleeding

**SIERRA-SACRAMENTO VALLEY EMS AGENCY
PROGRAM POLICY**

REFERENCE NO. 812

SUBJECT: BASE / MODIFIED BASE / RECEIVING HOSPITAL CONTACT

PURPOSE:

To provide for delineation of the circumstances in which EMS field provider personnel shall make base / modified base / receiving hospital contact for medical control or patient reporting purposes on EMS calls.

AUTHORITY:

California Health and Safety Code, Division 2.5, Sections 1797.220, 1798, 1798.2, 1798.102.

California Code of Regulations, Title 22, Division 9, Chapters 2, 3 and 4.

POLICY:

- A. S-SV EMS field personnel shall make appropriate hospital contact according to the requirements contained in this policy.
- B. Base / modified base hospital contact is required by EMS personnel to perform procedure(s) and/or administer medications(s) that are identified in S-SV policy / protocol as 'Base / Modified Base Hospital Physician Order Only'. In the event of communication failure those procedures/medications shall not be performed / administered.
- C. When requesting to speak directly to a base / modified base hospital physician, EMS personnel shall advise the hospital staff member who initially answers the telephone or radio of the reason for the request (AMA approval, destination consultation, medication or procedure approval, treatment consultation, etc.).

PROCEDURE:

- A. Contact with the base / modified base hospital that is in closest proximity to the incident shall be made for any of the following circumstances:

Effective Date: 12/01/2011
Next Review Date: 10/2014
Approved:

Date last Reviewed / Revised: 10/11
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SIGNATURE ON FILE
S-SV EMS Medical Director

SIGNATURE ON FILE
S-SV EMS Regional Executive Director

SUBJECT: BASE / MODIFIED BASE / RECEIVING HOSPITAL CONTACT

1. For authorization to administer medications and/or perform field procedures that are delineated in S-SV EMS policies and protocols as "Base /Modified Base Hospital Physician Order Only."
2. For any of the following classes of patients refusing assessment, treatment and/or transportation:
 - a. Released at Scene (RAS) patients meeting the following criteria:
 - RAS within the previous 24 hours
 - Children 3 years of age or under
 - Patients age 4 years to 17 years old without a responsible adult signature
 - b. All Against Medical Advice (AMA) patients.
3. For destination decision consultation on the following classes of patients:
 - a. Trauma patients who meet the following criteria as defined in S-SV EMS 'Trauma Triage Criteria' policy (Reference No. 860).
 - Anatomic and/or Physiologic criteria when the time closest trauma center is a Level III Trauma Center (*Note: contact shall be made with that Level III Trauma Center for these patients)
 - 'Mechanism of Injury Criteria' only, with or without meeting any of the 'Special Considerations Criteria'.
 - 'Special Considerations Criteria' only when prehospital personnel determine that transport to a trauma center may be in the best interest of the patient.
 - b. When there is initiation of an ALS / LALS protocol and transport to a facility other than the most accessible is being considered

EXCEPTION:

The following classes of patients meeting criteria for transport directly to a designated specialty care facility

- STEMI patients identified with a 12 Lead EKG

If a STEMI patient identified with a 12 Lead EKG is within the authorized catchment area of a designated or recognized STEMI Receiving Center, contact shall be made with the designated or recognized STEMI receiving center.

SUBJECT: BASE / MODIFIED BASE / RECEIVING HOSPITAL CONTACT

- Stroke patients

If a patient is identified as meeting stroke symptom criteria and the patient is within the authorized catchment area of a Stroke Receiving Center, contact shall be made with the Stroke Receiving Center.

- Trauma patients

If a patient meets Anatomic and/or Physiologic Trauma Triage Criteria, contact shall be made with the appropriate designated trauma center.

***Note – These exceptions do not apply to patients that require transport to the closest facility (i.e. – unable to establish an airway, CPR in progress)**

4. For any patient who, in the opinion of the EMS field provider, requires the additional input or judgment of the base / modified base hospital for appropriate management.

- B. S-SV EMS field personnel shall make contact directly with the destination facility for any patient who does not meet the above criteria or when base / modified base contact is made and the patient is authorized / directed to be transported to a facility other than the base / modified base hospital initially contacted.

CROSS REFERENCES:

Policy and Procedure Manual

Patient Destination, Reference No. 505

S-SV EMS Base / Receiving Hospitals List, Reference No. 505-A

Cardiovascular “STEMI” Receiving Centers, Reference No. 506

Stroke System Triage and Patient Destination, Reference No. 507

Trauma Triage Criteria, Reference No. 860

Communication Failure, Reference No. 890

Chest Pain or Suspected Symptoms of Cardiac Origin, Reference No. C-8

Suspected CVA / Stroke, Reference No. N-3

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SIERRA-SACRAMENTO VALLEY EMS AGENCY PROGRAM POLICY

REFERENCE NO. 830

SUBJECT: SUSPECTED CHILD ABUSE REPORTING GUIDELINES

PURPOSE:

To provide guidelines for the identification of suspected child abuse and the procedure for reporting such suspicions by prehospital care personnel.

AUTHORITY:

California Penal Code, Chapter 916 (Part 4, Title 1, Chapter 2, Article 2.5), Sections 11164 - 11174.3.

DEFINITIONS:

Agencies authorized to accept mandated reports: Police Department, Sheriff's Department, Child Protective Services (CPS). School District Police and security departments are not included.

Child: Any person under the age of eighteen (18).

Mandated reporter: Includes, but not limited to: paid firefighters, EMRs, EMTs, AEMTs, paramedics, teachers, peace officers, any healthcare practitioner, clergy member, child care custodian, or an employee of a child protective agency.

Neglect: The negligent failure of a parent or caretaker to provide adequate food, clothing, shelter, medical/dental care, or supervision.

Physical abuse: A physical injury, including death, to a child that appears to have been inflicted by other than accidental means.

Sexual abuse: Sexual assault on, or the exploitation of a minor. Sexual assault includes: rape, rape in concert (aiding or abetting or acting in concert with another person in the commission of a rape), incest, sodomy, oral copulation, penetration of genital or anal opening by a foreign object, and child molestation. It also includes lewd or lascivious conduct with a child under the age of fourteen years, which may apply to any lewd touching if done with the intent of arousing or gratifying the sexual desires of either the person involved or the child. Sexual exploitation refers to conduct or activities related to pornography depicting minors, and promoting prostitution by minors.

Effective Date: 12/01/2011

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Next Review Date: 07/2014

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S-SV EMS Regional Executive Director

SUBJECT: SUSPECTED CHILD ABUSE REPORTING GUIDELINES

PRINCIPLES:

- A. The purpose of reporting suspected child abuse/neglect is to protect the child, prevent further abuse of the child and other children in the home, and begin treatment of the entire family. The infliction of injury, rather than the degree of that injury, is the determinant for intervention by CPS and law enforcement.
- B. California Penal Code, Sections 11166 and 11168, requires that mandated reporters promptly report all suspected non-accidental injuries, sexual abuse, or neglect of children to local law enforcement and/or to CPS.
- C. It is the job of law enforcement, CPS and the courts to determine whether child abuse/neglect has, in fact, occurred. It is not necessary for the mandated reporter to determine child abuse, but only to suspect that it may have occurred. Children under the age of five, especially less than six months, are at highest risk.
- D. Under current law, all healthcare professionals are mandated to report suspected child abuse/neglect that they have knowledge of or observe in their professional capacity. They are required to sign a statement, for their employer, acknowledging their understanding of this requirement. Any person who fails to report as required may be punished by six months in jail and/or a \$1,000 fine.
- E. When a mandated reporter has knowledge of or has observed child abuse or neglect, that individual is required to report to the local law enforcement and/or to the CPS immediately or as soon as practically possible by telephone and shall complete the suspected child abuse report form within 36 hours. When a mandated reporter is not performing their job duties, they become discretionary reporters and are not required by law to report.
- F. When two or more mandated reporters are present at scene and jointly have knowledge of a known or suspected instance of child abuse/neglect, the telephone report can be made by a selected member and a single written report may be made and signed by the selected member of the reporting team. Any member who has knowledge that the designated reporter failed to uphold their agreement, shall thereafter make the report. If EMS personnel are not selected as the designated reporter, they shall document the name and agency of the appointed team member in their prehospital documentation to indicate that the reporting obligation has been met.
- G. Those persons legally required to report suspected child abuse have immunity from criminal or civil liability for reporting as required.

POLICY:

- A. The primary purpose of the Department of Justice (DOJ) Suspected Child Abuse Report form SS 8572 (Reference No. 830-A) is to make all agencies aware of possible abuse/neglect. This will lead to a thorough investigation, and protection

SUBJECT: SUSPECTED CHILD ABUSE REPORTING GUIDELINES

of the child. In order to facilitate this process, it is recommended that a prompt verbal report be made to both the local county Child Protective Services (CPS) and local law enforcement. However, if the child is in imminent danger, local law enforcement should be notified immediately.

- B. To make a verbal report to CPS, call the local county CPS office (included in this policy). This should be done as soon as possible. Prehospital care providers should be aware of their local law enforcement reporting procedures and telephone numbers for notification.

- C. The suspected child abuse/neglect report is to be completed according to the instructions on the back of the form (Reference No. 830-A). The report shall be filled out as completely and clearly as possible using lay terminology. The completed form shall be sent to the local county CPS and local law enforcement within 36 hours. A copy of the report should be retained by the reporting party. An electronic version of the form and instructions can also be obtained at:
 - http://www.ag.ca.gov/childabuse/pdf/ss_8572.pdf
 - http://www.ag.ca.gov/childabuse/pdf/8572_instruct.pdf

- D. The following information shall be included in the prehospital documentation:
 1. The name of the CPS social worker and/or name, department and badge number of the law enforcement officer.
 2. Time of notification.
 3. Disposition of child if not transported.

CHILD ABUSE REPORTING	
BUTTE COUNTY	
24 HOUR TELEPHONE CONTACT NUMBER:	(888) 268-8822 – Chico Area – North County (800) 400-0902 – Oroville Area – South County
MAIL REPORTS TO (SOUTH COUNTY):	Child Protective Services 78 Table Mountain Boulevard Oroville CA, 95965
MAIL REPORTS TO (NORTH COUNTY):	Child Protective Services 2445 Carmichael Drive Chico, CA 95928
COLUSA COUNTY	
24 HOUR TELEPHONE CONTACT NUMBER:	(530) 458-0280
MAIL REPORTS TO:	Child Protective Services P.O. Box 370 Colusa, CA 95932

SUBJECT: SUSPECTED CHILD ABUSE REPORTING GUIDELINES

NEVADA COUNTY	
24 HOUR TELEPHONE CONTACT NUMBER:	(530) 273-4291 or (888) 456-9380
MAIL REPORTS TO:	Child Protective Services P.O. Box 1210 Nevada City, CA 95959
FAX REPORTS TO:	(530) 273-6941
PLACER COUNTY	
24 HOUR TELEPHONE CONTACT NUMBER:	(916) 872-6549 or (866) 293-1940 (866) 293-1940
MAIL REPORTS TO:	Family & Children's Services 101 Cirby Hills Drive, Ste. 5 Roseville, CA 95678
EMAIL REPORTS TO:	pc_scar@placer.ca.gov
SHASTA COUNTY	
24 HOUR TELEPHONE CONTACT NUMBER:	(530) 225-5144
MAIL REPORTS TO:	Child Protective Services 1313 Yuba Street Redding, CA 96001
SISKIYOU COUNTY	
24 HOUR TELEPHONE CONTACT NUMBER:	(530) 841-4200 or (530) 842-7009 – after hours
MAIL REPORTS TO:	Child Protective Services 1215 South Main Street Yreka, CA 96097
SUTTER COUNTY	
24 HOUR TELEPHONE CONTACT NUMBER:	(530) 822-7227
MAIL REPORTS TO:	Child Protective Services P.O. Box 1599 Yuba City, CA 95991
TEHAMA COUNTY	
24 HOUR TELEPHONE CONTACT NUMBER:	(530) 527-1911 or (800) 323-7711
MAIL REPORTS TO:	Child Protective Services 310 South Main Street Red Bluff, CA 96080
YOLO COUNTY	
24 HOUR TELEPHONE CONTACT NUMBER:	(530) 669-2345 or (888) 400-0022
MAIL REPORTS TO:	Child Protective Services 25 North Cottonwood Street Woodland, CA 95695
YUBA COUNTY	
24 HOUR TELEPHONE CONTACT NUMBER:	(530) 749-6288
MAIL REPORTS TO:	Child Protective Services 5730 Packard Avenue, Suite 100 Marysville, CA 95901
FAX REPORTS TO:	(530) 749-6809

SUSPECTED CHILD ABUSE REPORT

To Be Completed by **Mandated Child Abuse Reporters**
Pursuant to Penal Code Section 11166

CASE NAME: _____

PLEASE PRINT OR TYPE

CASE NUMBER: _____

A. REPORTING PARTY	NAME OF MANDATED REPORTER		TITLE		MANDATED REPORTER CATEGORY			
	REPORTER'S BUSINESS/AGENCY NAME AND ADDRESS		Street	City	Zip	DID MANDATED REPORTER WITNESS THE INCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		
	REPORTER'S TELEPHONE (DAYTIME) ()		SIGNATURE		TODAY'S DATE			
B. REPORT NOTIFICATION	<input type="checkbox"/> LAW ENFORCEMENT <input type="checkbox"/> COUNTY PROBATION		AGENCY					
	<input type="checkbox"/> COUNTY WELFARE / CPS (Child Protective Services)		ADDRESS		City	Zip		
	DATE/TIME OF PHONE CALL		OFFICIAL CONTACTED - TITLE		TELEPHONE ()			
C. VICTIM One report per victim	NAME (LAST, FIRST, MIDDLE)			BIRTHDATE OR APPROX. AGE		SEX		
	ADDRESS			Street	City	Zip		
	PRESENT LOCATION OF VICTIM			SCHOOL		CLASS		
	GRADE			PHYSICALLY DISABLED? <input type="checkbox"/> YES <input type="checkbox"/> NO		DEVELOPMENTALLY DISABLED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
	OTHER DISABILITY (SPECIFY)			PRIMARY LANGUAGE SPOKEN IN HOME				
	IN FOSTER CARE? <input type="checkbox"/> YES <input type="checkbox"/> NO			IF VICTIM WAS IN OUT-OF-HOME CARE AT TIME OF INCIDENT, CHECK TYPE OF CARE: <input type="checkbox"/> DAY CARE <input type="checkbox"/> CHILD CARE CENTER <input type="checkbox"/> FOSTER FAMILY HOME <input type="checkbox"/> FAMILY FRIEND <input type="checkbox"/> GROUP HOME OR INSTITUTION <input type="checkbox"/> RELATIVE'S HOME		TYPE OF ABUSE (CHECK ONE OR MORE) <input type="checkbox"/> PHYSICAL <input type="checkbox"/> MENTAL <input type="checkbox"/> SEXUAL <input type="checkbox"/> NEGLECT <input type="checkbox"/> OTHER (SPECIFY)		
RELATIONSHIP TO SUSPECT			PHOTOS TAKEN? <input type="checkbox"/> YES <input type="checkbox"/> NO		DID THE INCIDENT RESULT IN THIS VICTIM'S DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			
D. INVOLVED PARTIES PARENTS/GUARDIANS SUSPECT	VICTIM'S SIBLINGS							
	NAME		BIRTHDATE	SEX	ETHNICITY	NAME		
	1. _____		3. _____		2. _____		4. _____	
	2. _____							
	NAME (LAST, FIRST, MIDDLE)			BIRTHDATE OR APPROX. AGE		SEX	ETHNICITY	
	ADDRESS			Street	City	Zip	HOME PHONE ()	
	BUSINESS PHONE ()			NAME (LAST, FIRST, MIDDLE)		BIRTHDATE OR APPROX. AGE		
	SEX			ETHNICITY		ADDRESS		
	Street			City	Zip	HOME PHONE ()	BUSINESS PHONE ()	
	SUSPECT'S NAME (LAST, FIRST, MIDDLE)			BIRTHDATE OR APPROX. AGE		SEX	ETHNICITY	
ADDRESS			Street	City	Zip	TELEPHONE ()		
OTHER RELEVANT INFORMATION								
E. INCIDENT INFORMATION	IF NECESSARY, ATTACH EXTRA SHEET(S) OR OTHER FORM(S) AND CHECK THIS BOX <input type="checkbox"/> IF MULTIPLE VICTIMS, INDICATE NUMBER: _____							
	DATE / TIME OF INCIDENT			PLACE OF INCIDENT				
	NARRATIVE DESCRIPTION (What victim(s) said/what the mandated reporter observed/what person accompanying the victim(s) said/similar or past incidents involving the victim(s) or suspect)							

DEFINITIONS AND GENERAL INSTRUCTIONS FOR COMPLETION OF FORM SS 8572

All Penal Code (PC) references are located in Article 2.5 of the PC. This article is known as the Child Abuse and Neglect Reporting Act (CANRA). The provisions of CANRA may be viewed at: <http://www.leginfo.ca.gov/calaw.html> (specify "Penal Code" and search for Sections 11164-11174.3). A mandated reporter must complete and submit the form SS 8572 even if some of the requested information is not known. (PC Section 11167(a).)

I. MANDATED CHILD ABUSE REPORTERS

- Mandated child abuse reporters include all those individuals and entities listed in PC Section 11165.7.

II. TO WHOM REPORTS ARE TO BE MADE ("DESIGNATED AGENCIES")

- Reports of suspected child abuse or neglect shall be made by mandated reporters to any police department or sheriff's department (not including a school district police or security department), the county probation department (if designated by the county to receive mandated reports), or the county welfare department. (PC Section 11165.9.)

III. REPORTING RESPONSIBILITIES

- Any mandated reporter who has knowledge of or observes a child, in his or her professional capacity or within the scope of his or her employment, whom he or she knows or reasonably suspects has been the victim of child abuse or neglect shall report such suspected incident of abuse or neglect to a designated agency immediately or as soon as practically possible by telephone and shall prepare and send a written report thereof *within 36 hours* of receiving the information concerning the incident. (PC Section 11166(a).)
- No mandated reporter who reports a suspected incident of child abuse or neglect shall be held civilly or criminally liable for any report required or authorized by CANRA. Any other person reporting a known or suspected incident of child abuse or neglect shall not incur civil or criminal liability as a result of any report authorized by CANRA unless it can be proven the report was false and the person knew it was false or made the report with reckless disregard of its truth or falsity. (PC Section 11172(a).)

IV. INSTRUCTIONS

- **SECTION A - REPORTING PARTY:** Enter the mandated reporter's name, title, category (from PC Section 11165.7), business/agency name and address, daytime telephone number, and today's date. Check yes-no whether the mandated reporter witnessed the incident. The signature area is for either the mandated reporter or, if the report is telephoned in by the mandated reporter, the person taking the telephoned report.

IV. INSTRUCTIONS (Continued)

- **SECTION B - REPORT NOTIFICATION:** Complete the name and address of the designated agency notified, the date/time of the phone call, and the name, title, and telephone number of the official contacted.
- **SECTION C - VICTIM (One Report per Victim):** Enter the victim's name, address, telephone number, birth date or approximate age, sex, ethnicity, present location, and, where applicable, enter the school, class (indicate the teacher's name or room number), and grade. List the primary language spoken in the victim's home. Check the appropriate yes-no box to indicate whether the victim may have a developmental disability or physical disability and specify any other apparent disability. Check the appropriate yes-no box to indicate whether the victim is in foster care, and check the appropriate box to indicate the type of care if the victim was in out-of-home care. Check the appropriate box to indicate the type of abuse. List the victim's relationship to the suspect. Check the appropriate yes-no box to indicate whether photos of the injuries were taken. Check the appropriate box to indicate whether the incident resulted in the victim's death.
- **SECTION D - INVOLVED PARTIES:** Enter the requested information for: Victim's Siblings, Victim's Parents/Guardians, and Suspect. Attach extra sheet(s) if needed (provide the requested information for each individual on the attached sheet(s)).
- **SECTION E - INCIDENT INFORMATION:** If multiple victims, indicate the number and submit a form for each victim. Enter date/time and place of the incident. Provide a narrative of the incident. Attach extra sheet(s) if needed.

V. DISTRIBUTION

- **Reporting Party:** After completing Form SS 8572, retain the yellow copy for your records and submit the top three copies to the designated agency.
- **Designated Agency:** *Within 36 hours* of receipt of Form SS 8572, send **white copy** to police or sheriff's department, **blue copy** to county welfare or probation department, and **green copy** to district attorney's office.

ETHNICITY CODES

1 Alaskan Native	6 Caribbean	11 Guamanian	16 Korean	22 Polynesian	27 White-Armenian
2 American Indian	7 Central American	12 Hawaiian	17 Laotian	23 Samoan	28 White-Central American
3 Asian Indian	8 Chinese	13 Hispanic	18 Mexican	24 South American	29 White-European
4 Black	9 Ethiopian	14 Hmong	19 Other Asian	25 Vietnamese	30 White-Middle Eastern
5 Cambodian	10 Filipino	15 Japanese	21 Other Pacific Islander	26 White	31 White-Romanian

SIERRA-SACRAMENTO VALLEY EMS AGENCY PROGRAM POLICY

REFERENCE NO. 832

SUBJECT: SUSPECTED ELDER OR DEPENDENT ADULT ABUSE REPORTING GUIDELINES

PURPOSE:

To define suspected elder and dependent adult abuse and the required reporting procedures for prehospital care personnel.

AUTHORITY:

Welfare and Institutions Code Section 15630 et seq. California Code of Regulations, Title 22, 100160 and 100075

DEFINITIONS:

Abuse of an elder or a dependent adult means either of the following:

- Physical abuse, neglect, financial abuse, abandonment, isolation, abduction, or other treatment with resulting physical harm or pain or mental suffering.
- The deprivation by a care custodian of goods or services that are necessary to avoid physical harm or mental suffering.

Dependent adult means any person between the ages of 18 and 64 years who:

- Resides in this state and who has physical or mental limitations that restrict his or her ability to carry out normal activities or to protect his or her rights, including, but not limited to, persons who have physical or developmental disabilities, or whose physical or mental abilities have diminished because of age; or
- Is admitted as an inpatient to a 24-hour health facility, as defined in Sections 1250, 1250.2, and 1250.3 of the Health and Safety Code.

Developmentally disabled person means a person with a developmental disability specified by or as described as follows:

- "Developmental disability" means a disability that originates before an individual attains age 18 years, continues, or can be expected to continue, indefinitely, and constitutes a substantial disability for that individual. As

Effective Date: 12/01/2011
Next Review Date: 07/2014
Approved:

Date last Reviewed / Revised: 07/11
Page 1 of 6

SIGNATURE ON FILE
S-SV EMS Medical Director

SIGNATURE ON FILE
S-SV EMS Regional Executive Director

SUBJECT: SUSPECTED ELDER OR DEPENDENT ADULT ABUSE REPORTING GUIDELINES

defined by the Director of Developmental Services, in consultation with the Superintendent of Public Instruction, this term shall include mental retardation, cerebral palsy, epilepsy, and autism. This term shall also include disabling conditions found to be closely related to mental retardation or to require treatment similar to that required for individuals with mental retardation, but shall not include other handicapping conditions that are solely physical in nature.

Elder means any person residing in this state, 65 years of age or older.

Reasonable suspicion means an objectively reasonable suspicion that a person would entertain, based upon facts that could cause a reasonable person in a like position, drawing when appropriate upon his or her training and experience, to suspect abuse.

PRINCIPLES:

- A. EMRs, EMTs, AEMTs, Paramedics, and MICNs, as health care practitioners, are mandated reporters and have a legal obligation to report known or suspected elder or dependent adult abuse under the following circumstances:
 - 1. When the reporter who in his or her professional capacity, or within the scope of his or her employment, has observed or has knowledge of an incident that reasonably appears to be physical abuse, abandonment, abduction, isolation, financial abuse, or neglect; or
 - 2. When the reporter has observed a physical injury where the nature of the injury, its location on the body, or the repetition of the injury, clearly indicates that physical abuse has occurred; or
 - 3. When the reporter is told by an elder or a dependent adult that he or she has experienced behavior, including an act or omission, constituting physical abuse, abandonment, abduction, isolation, financial abuse, or neglect, or the reporter reasonably suspects that abuse.
- B. Any mandated reporter who has knowledge, or reasonably suspects, that types of elder or dependent adult abuse for which reports are not mandated have been inflicted upon an elder or dependent adult, or that his or her emotional well-being is endangered in any other way, may report the known or suspected instance of abuse.
- C. Reports made under this law are confidential. The identity of all persons making reports of elder or dependent abuse is also confidential. This information will be shared only between the investigating and licensing agencies, with the district attorney in a criminal prosecution resulting from the report, by court order, or when the reporter waives the right to remain anonymous.

SUBJECT: SUSPECTED ELDER OR DEPENDENT ADULT ABUSE REPORTING GUIDELINES

- D. When two or more persons who are required to report are present and jointly have knowledge of a known or suspected instance of abuse of an elder or dependent adult, and when there is agreement among them, the telephone report may be made by a member of the team selected by mutual agreement and a single report may be made and signed by the selected member of the reporting team. Any member who has knowledge that the member designated to report has failed to do so shall hereafter make the report. If EMS personnel are not selected as the designated reporter, they shall document the name and agency of the appointed team member in their prehospital documentation to indicate that the reporting obligation has been met.
- E. Reporting is the individual responsibility of the mandated reporter. No supervisor or administrator may prohibit the filing of a required report.
- F. Mandated reporters who report suspected cases of elder or dependent adult abuse, in good faith, have absolute immunity, both civilly and criminally, for making a report of abuse of an elder or dependent adult. This includes taking of photographs of the victim and surroundings to submit with the report.
- G. Under current law, all healthcare professionals are mandated to report suspected Elder / Dependent Adult Abuse that they have knowledge of or observe in their professional capacity. They are required to sign a statement, for their employer, acknowledging their understanding of this requirement. Failure to report physical abuse, abandonment, abduction, isolation, financial abuse, or neglect of an elder or dependent adult, is a misdemeanor, punishable by not more than six months in the county jail, by a fine of not more than one thousand dollars (\$1,000); or both fine and imprisonment. Any mandated reporter who willfully fails to report physical abuse, abandonment, abduction, isolation, financial abuse, or neglect of an elder or dependent adult, where that abuse results in death or great bodily injury, shall be punished by not more than one year in a county jail, by a fine of not more than five thousand dollars (\$5,000), or by both fine and imprisonment.

POLICY:

- A. Reports of physical abuse are to be made immediately, or as soon as possible, by telephone.
- B. When reporting abuse that allegedly occurred in a long-term care facility or Adult Day Health Care Center, contact either the local law enforcement agency or the local Ombudsman Program.
- C. When the abuse is alleged to have occurred anywhere else, contact either the local law enforcement agency or the local county Adult Protective Services.

**SUBJECT: SUSPECTED ELDER OR DEPENDENT ADULT ABUSE REPORTING
GUIDELINES**

- D. **VERBAL REPORT:** Verbal reports are to include the following information, unless unavailable:
1. The name, address, telephone number and occupation of the person making the report.
 2. The name, address, age and present location of the elder or dependent adult.
 3. The names and addresses of family members or any other person responsible for the elder or dependent adult's care.
 4. The nature and extent of the elder or dependent adult's condition.
 5. Date, time and place of the incident.
 6. Any other information, including information that led that person to suspect elder or dependent adult abuse, as requested by the agency receiving the report.
- E. **WRITTEN REPORT:** A written Report of Suspected Dependent Adult/Elder Abuse (832-A or <http://www.dss.cahwnet.gov/Forms/English/SOC341.pdf>) must be completed and submitted to the agency initially contacted within two (2) working days of the verbal report.
- F. The following information shall be included in the prehospital documentation:
1. The name of the APS social worker or Local Ombudsman, and/or name, department and badge number of the law enforcement officer.
 2. Time of notification.
 3. Disposition of Elder or Dependent Adult if not transported.
- G. **VOLUNTARY REPORTS:**
1. Any person who is not a mandated reporter, who knows, or reasonably suspects, that an elder or a dependent adult has been the victim of abuse may report that abuse to a long-term care ombudsman program or local law enforcement agency when the abuse is alleged to have occurred in a long-term care facility.
 2. Any person who is not a mandated reporter, who knows, or reasonably suspects, that an elder or a dependent adult has been the victim of abuse in any place other than a long-term care facility may report the abuse to the county adult protective services agency or local law enforcement agency.

**SUBJECT: SUSPECTED ELDER OR DEPENDENT ADULT ABUSE REPORTING
GUIDELINES**

ELDER / DEPENDENT ADULT ABUSE REPORTING	
BUTTE COUNTY	
LOCAL OMBUDSMAN	(530) 898-5923 or (800) 822-0109
APS 24 HOUR CONTACT NUMBER	(800) 664-9774
MAIL REPORTS TO	Department of Employment & Social Services P.O. Box 1649 Oroville, CA 95965
FAX REPORTS TO	(530) 538-5093
COLUSA COUNTY	
LOCAL OMBUDSMAN	(530) 898-5923 or (800) 822-0109
APS 24 HOUR CONTACT NUMBER	(530) 458-0280
MAIL REPORTS TO	Department of Social Services 251 East Webster Street Colusa, CA 95932
FAX REPORTS TO	(530) 458-2664
NEVADA COUNTY	
LOCAL OMBUDSMAN	(916) 376-8910 or (530) 274-2825
APS 24 HOUR CONTACT NUMBER	(888) 339-7248
MAIL REPORTS TO	Adult Services 578 Sutton Way, PMB 135 Grass Valley, CA 95945
FAX REPORTS TO	(530) 274-3264
PLACER COUNTY	
LOCAL OMBUDSMAN	(916) 376-8910 or (530) 823-8422
APS 24 HOUR CONTACT NUMBER	(888) 886-5401
MAIL REPORTS TO	Adult Protective Services 101 Cirby Hills Drive Roseville, CA 95678
FAX REPORTS TO	(916) 787-8857
SHASTA COUNTY	
LOCAL OMBUDSMAN	(530) 229-1435 or (530) 229-1816 or (866) 699-6191
APS 24 HOUR CONTACT NUMBER	(530) 225-5798
MAIL REPORTS TO	Department of Social Services 2460 Breslauer Way, P.O. Box 496005 Redding, CA 96049-6005
FAX REPORTS TO	(530) 245-7693

**SUBJECT: SUSPECTED ELDER OR DEPENDENT ADULT ABUSE REPORTING
GUIDELINES**

ELDER / DEPENDENT ADULT ABUSE REPORTING	
SISKIYOU COUNTY	
LOCAL OMBUDSMAN	(530) 229-1435 or (530) 229-1816 or (866) 699-6191
APS 24 HOUR CONTACT NUMBER	(530) 842-7009
MAIL REPORTS TO	Adult Services Department 1215 S. Main Street Yreka, CA 96097
FAX REPORTS TO	(530) 841-4238
SUTTER COUNTY	
LOCAL OMBUDSMAN	(916) 376-8910 or (530) 755-2018
APS 24 HOUR CONTACT NUMBER	(530) 822-7227
MAIL REPORTS TO	Department of Human Services 1965 Live Oak Blvd. Suite C Yuba City, CA 95991
FAX REPORTS TO	(530) 822-7384
TEHAMA COUNTY	
LOCAL OMBUDSMAN	(530) 898-5923 or (800) 822-0109
APS 24 HOUR CONTACT NUMBER	(800) 323-7711
MAIL REPORTS TO	Department of Social Services P.O. Box 1515, Red Bluff, CA 96080
FAX REPORTS TO	(530) 527-4836
YOLO COUNTY	
LOCAL OMBUDSMAN	(916) 376-8910 or (530) 668-5775
APS 24 HOUR CONTACT NUMBER	(888) 675-1115 or (530) 661-2955
MAIL REPORTS TO	Department of Employment & Social Services 25 N. Cottonwood Street Woodland, CA 95695
FAX REPORTS TO	(530) 661-2763
YUBA COUNTY	
LOCAL OMBUDSMAN	(916) 376-8910 or (530) 755-2018
APS 24 HOUR CONTACT NUMBER	(866) 999-9113 or (530) 749-6471
MAIL REPORTS TO	Health and Human Services Agency 5730 Packard Avenue, Suite 1000 Marysville, CA 95901-9987
FAX REPORTS TO	(530) 749-6244

APPENDIX A. FORM SOC 341

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

CONFIDENTIAL REPORT - NOT SUBJECT TO PUBLIC DISCLOSURE

REPORT OF SUSPECTED DEPENDENT ADULT/ELDER ABUSE

DATE COMPLETED: _____

TO BE COMPLETED BY REPORTING PARTY. PLEASE PRINT OR TYPE. SEE GENERAL INSTRUCTIONS.

A. VICTIM Check box if victim consents to disclosure of information [Ombudsman use only - WIC 15636(a)]

*NAME (LAST NAME FIRST)	*AGE	DATE OF BIRTH	SSN	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	ETHNICITY	LANGUAGE (✓ CHECK ONE) <input type="checkbox"/> NON-VERBAL <input type="checkbox"/> ENGLISH <input type="checkbox"/> OTHER (SPECIFY)
*ADDRESS (IF FACILITY, INCLUDE NAME AND NOTIFY OMBUDSMAN)			*CITY	*ZIP CODE	*TELEPHONE ()	
*PRESENT LOCATION (IF DIFFERENT FROM ABOVE)			*CITY	*ZIP CODE	*TELEPHONE ()	
<input type="checkbox"/> ELDERLY (65+)	<input type="checkbox"/> DEVELOPMENTALLY DISABLED	<input type="checkbox"/> MENTALLY ILL/DISABLED	<input type="checkbox"/> PHYSICALLY DISABLED	<input type="checkbox"/> UNKNOWN/OTHER	<input type="checkbox"/> LIVES ALONE	<input type="checkbox"/> LIVES WITH OTHERS

B. SUSPECTED ABUSER Check if Self-Neglect

NAME OF SUSPECTED ABUSER	<input type="checkbox"/> CARE CUSTODIAN (type) _____	<input type="checkbox"/> PARENT	<input type="checkbox"/> SON/DAUGHTER	<input type="checkbox"/> OTHER _____						
	<input type="checkbox"/> HEALTH PRACTITIONER (type) _____	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> OTHER RELATION _____							
ADDRESS	*ZIP CODE	TELEPHONE ()	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	ETHNICITY	AGE	D.O.B.	HEIGHT	WEIGHT	EYES	HAIR

C. REPORTING PARTY: Check appropriate box if reporting party waives confidentiality to: All All but victim All but perpetrator

*NAME (PRINT)	SIGNATURE	OCCUPATION	AGENCY/NAME OF BUSINESS		
RELATION TO VICTIM/HOW KNOWS OF ABUSE	(STREET)	(CITY)	(ZIP CODE)	(E-MAIL ADDRESS)	TELEPHONE ()

D. INCIDENT INFORMATION – Address where incident occurred:

*DATE/TIME OF INCIDENT(S)	PLACE OF INCIDENT (✓ CHECK ONE) <input type="checkbox"/> OWN HOME <input type="checkbox"/> COMMUNITY CARE FACILITY <input type="checkbox"/> HOSPITAL/ACUTE CARE HOSPITAL <input type="checkbox"/> HOME OF ANOTHER <input type="checkbox"/> NURSING FACILITY/SWING BED <input type="checkbox"/> OTHER (Specify)
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E. REPORTED TYPES OF ABUSE (✓ CHECK ALL THAT APPLY).

1. PERPETRATED BY OTHERS (WIC 15610.07 & 15610.63) a. PHYSICAL <input type="checkbox"/> ASSAULT/BATTERY <input type="checkbox"/> CONSTRAINT OR DEPRIVATION <input type="checkbox"/> SEXUAL ASSAULT <input type="checkbox"/> CHEMICAL RESTRAINT <input type="checkbox"/> OVER OR UNDER MEDICATION	b. <input type="checkbox"/> NEGLECT c. <input type="checkbox"/> FINANCIAL d. <input type="checkbox"/> ABANDONMENT e. <input type="checkbox"/> ISOLATION	f. <input type="checkbox"/> ABDUCTION g. <input type="checkbox"/> OTHER (Non-Mandated: e.g., deprivation of goods and services: psychological/mental)	2. SELF-NEGLECT (WIC 15610.57(b)(5)) a. <input type="checkbox"/> PHYSICAL CARE (e.g., personal hygiene, food, clothing, shelter) b. <input type="checkbox"/> MEDICAL CARE (e.g., physical and mental health needs) c. <input type="checkbox"/> HEALTH and SAFETY HAZARDS d. <input type="checkbox"/> MALNUTRITION/DEHYDRATION e. <input type="checkbox"/> OTHER (Non-Mandated e.g., financial)
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ABUSE RESULTED IN (✓ CHECK ALL THAT APPLY)	<input type="checkbox"/> NO PHYSICAL INJURY <input type="checkbox"/> MINOR MEDICAL CARE <input type="checkbox"/> HOSPITALIZATION <input type="checkbox"/> CARE PROVIDER REQUIRED <input type="checkbox"/> DEATH <input type="checkbox"/> MENTAL SUFFERING <input type="checkbox"/> OTHER (SPECIFY) _____ <input type="checkbox"/> UNKNOWN
--	--

F. REPORTER'S OBSERVATIONS, BELIEFS, AND STATEMENTS BY VICTIM IF AVAILABLE. DOES ALLEGED PERPETRATOR STILL HAVE ACCESS TO THE VICTIM? PROVIDE ANY KNOWN TIME FRAME (2 days, 1 week, ongoing, etc.). LIST ANY POTENTIAL DANGER FOR INVESTIGATOR (animals, weapons, communicable diseases, etc.). ✓ CHECK IF MEDICAL, FINANCIAL, PHOTOGRAPHS OR OTHER SUPPLEMENTAL INFORMATION IS ATTACHED.

G. TARGETED ACCOUNT

ACCOUNT NUMBER (LAST 4 DIGITS):	TYPE OF ACCOUNT: <input type="checkbox"/> DEPOSIT <input type="checkbox"/> CREDIT <input type="checkbox"/> OTHER	TRUST ACCOUNT: <input type="checkbox"/> YES <input type="checkbox"/> NO
POWER OF ATTORNEY: <input type="checkbox"/> YES <input type="checkbox"/> NO	DIRECT DEPOSIT: <input type="checkbox"/> YES <input type="checkbox"/> NO	OTHER ACCOUNTS: <input type="checkbox"/> YES <input type="checkbox"/> NO

H. OTHER PERSON BELIEVED TO HAVE KNOWLEDGE OF ABUSE. (family, significant others, neighbors, medical providers and agencies involved, etc.)

NAME	ADDRESS	TELEPHONE NO. ()	RELATIONSHIP
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I. FAMILY MEMBER OR OTHER PERSON RESPONSIBLE FOR VICTIM'S CARE. (If unknown, list contact person.)

*NAME	IF CONTACT PERSON ONLY ✓ CHECK <input type="checkbox"/>	*RELATIONSHIP	
*ADDRESS	*CITY	*ZIP CODE	*TELEPHONE ()

J. TELEPHONE REPORT MADE TO: Local APS Local Law Enforcement Local Ombudsman Calif. Dept. of Mental Health Calif. Dept. of Developmental Services

NAME OF OFFICIAL CONTACTED BY PHONE	*TELEPHONE ()	DATE/TIME
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K. WRITTEN REPORT Enter information about the agency receiving this report. Do not submit report to California Department of Social Services Adult Programs Bureau.

AGENCY NAME	ADDRESS OR FAX #	<input type="checkbox"/> Date Mailed: _____	<input type="checkbox"/> Date Faxed: _____
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L. RECEIVING AGENCY USE ONLY Telephone Report Written Report

1. Report Received by: _____	Date/Time: _____
2. Assigned <input type="checkbox"/> Immediate Response <input type="checkbox"/> Ten-day Response <input type="checkbox"/> No Initial Face-To-Face Required <input type="checkbox"/> Not APS <input type="checkbox"/> Not Ombudsman	Approved by: _____ Assigned to (optional): _____
3. Cross-Reported to: <input type="checkbox"/> CDHS, Licensing & Cert.; <input type="checkbox"/> CDSS-CCL; <input type="checkbox"/> CDA Ombudsman; <input type="checkbox"/> Bureau of Medi-Cal Fraud & Elder Abuse; <input type="checkbox"/> Mental Health; <input type="checkbox"/> Law Enforcement; <input type="checkbox"/> Professional Board; <input type="checkbox"/> Developmental Services; <input type="checkbox"/> APS; <input type="checkbox"/> Other (Specify) _____	Date of Cross Report: _____
4. APS/Ombudsman/Law Enforcement Case File Number: _____	

REPORT OF SUSPECTED DEPENDENT ADULT/ELDER ABUSE GENERAL INSTRUCTIONS

PURPOSE OF FORM

This form, as adopted by the California Department of Social Services (CDSS), is required under Welfare and Institutions Code (WIC) Sections 15630 and 15658(a)(1). This form documents the information given by the reporting party on the suspected incident of abuse of an elder or dependent adult. "Elder," means any person residing in this state who is 65 years of age or older (WIC Section 15610.27). "Dependent Adult," means any person residing in this state, between the ages of 18 and 64, who has physical or mental limitations that restrict his or her ability to carry out normal activities or to protect his or her rights including, but not limited to, persons who have physical or developmental disabilities or whose physical or mental abilities have diminished because of age (WIC Section 15610.23). Dependent adult includes any person between the ages of 18 and 64 who is admitted as an inpatient to a 24-hour health facility (defined in the Health and Safety Code Sections 1250, 1250.2, and 1250.3).

COMPLETION OF THE FORM

1. This form may be used by the receiving agency to record information through a telephone report of suspected dependent adult/elder abuse. Complete items with an asterisk (*) when a telephone report of suspected abuse is received as required by statute and the California Department of Social Services.
2. If any item of information is unknown, enter "unknown."
3. Item A: Check box to indicate if the victim waives confidentiality.
4. Item C: Check box if the reporting party waives confidentiality. Please note that mandated reporters are required to disclose their names, however, non-mandated reporters may report anonymously.

REPORTING RESPONSIBILITIES

Mandated reporters (see definition below under "Reporting Party Definitions") shall complete this form for each report of a known or suspected instance of abuse (physical abuse, sexual abuse, financial abuse, abduction, neglect, (self-neglect), isolation, and abandonment (see definitions in WIC Section 15610) involving an elder or a dependent adult. **The original of this report shall be submitted within two (2) working days of making the telephone report to the responsible agency as identified below:**

- The county Adult Protective Services (APS) agency or the local law enforcement agency (if abuse occurred in a private residence, apartment, hotel or motel, or homeless shelter).
- Long-Term Care Ombudsman (LTCO) program or the local law enforcement agency (if abuse occurred in a nursing home, adult residential facility, adult day program, residential care facility for the elderly, or adult day health care center).
- The California Department of Mental Health or the local law enforcement agency (if abuse occurred in Metropolitan State Hospital, Atascadero State Hospital, Napa State Hospital, or Patton State Hospital).
- The California Department of Developmental Services or the local law enforcement agency (if abuse occurred in Sonoma Developmental Center, Lanterman Developmental Center, Porterville Developmental Center, Fairview Developmental Center, or Agnews Developmental Center).

WHAT TO REPORT

Any mandated reporter who, in his or her professional capacity, or within the scope of his or her employment has observed, suspects, or has knowledge of an incident that reasonably appears to be physical abuse (including sexual abuse), abandonment, isolation, financial abuse, abduction, or neglect (including self-neglect), or is told by an elder or a dependent adult that he or she has experienced behavior constituting physical abuse, abandonment, isolation, financial abuse, abduction, or neglect, shall report the known or suspected instance of abuse by telephone immediately or as soon as practicably possible, and by written report sent within two working days to the appropriate agency.

REPORTING PARTY DEFINITIONS

Mandated Reporters (WIC) "15630 (a) Any person who has assumed full or intermittent responsibility for care or custody of an elder or dependent adult, whether or not that person receives compensation, including administrators, supervisors, and any licensed staff of a public or private facility that provides care or services for elder or dependent adults, or any elder or dependent adult care custodian, health practitioner, clergy member, or employee of a county adult protective services agency or a local law enforcement agency, is a mandated reporter."

Care Custodian (WIC) "15610.17 'Care custodian' means an administrator or an employee of any of the following public or private facilities or agencies, or persons providing care or services for elders or dependent adults, including members of the support staff and maintenance staff: (a) Twenty-four-hour health facilities, as defined in Sections 1250, 1250.2, and 1250.3 of the Health and Safety Code. (b) Clinics. (c) Home health agencies. (d) Agencies providing publicly funded in-home supportive services, nutrition services, or other home and community-based support services. (e) Adult day health care centers and adult day care. (f) Secondary schools that serve 18- to 22-year-old dependent adults and postsecondary educational institutions that serve dependent adults or elders. (g) Independent living centers. (h) Camps. (i) Alzheimer's Disease Day Care Resource Centers. (j) Community care facilities, as defined in Section 1502 of the Health and Safety Code, and residential care facilities for the elderly, as defined in Section 1569.2 of the Health and Safety Code. (k) Respite care facilities. (l) Foster homes. (m) Vocational rehabilitation facilities and work activity centers. (n) Designated area agencies on aging. (o) Regional centers for persons with developmental disabilities. (p) State Department of Social Services and State Department of Health Services licensing divisions. (q) County welfare departments. (r) Offices of patients' rights advocates and clients' rights advocates, including attorneys. (s) The Office of the State Long-Term Care Ombudsman. (t) Offices of public conservators, public guardians, and court investigators. (u) Any protection or advocacy

GENERAL INSTRUCTIONS (Continued)

agency or entity that is designated by the Governor to fulfill the requirements and assurances of the following: (1) The federal Developmental Disabilities Assistance and Bill of Rights Act of 2000, contained in Chapter 144 (commencing with Section 15001) of Title 42 of the United States Code, for protection and advocacy of the rights of persons with developmental disabilities. (2) The Protection and Advocacy for the Mentally Ill Individuals Act of 1986, as amended, contained in Chapter 114 (commencing with Section 10801) of Title 42 of the United States Code, for the protection and advocacy of the rights of persons with mental illness. (v) Humane societies and animal control agencies. (w) Fire departments. (x) Offices of environmental health and building code enforcement. (y) Any other protective, public, sectarian, mental health, or private assistance or advocacy agency or person providing health services or social services to elders or dependent adults.”

Health Practitioner (WIC) “15610.37 ‘Health practitioner’ means a physician and surgeon, psychiatrist, psychologist, dentist, resident, intern, podiatrist, chiropractor, licensed nurse, dental hygienist, licensed clinical social worker or associate clinical social worker, marriage, family, and child counselor, or any other person who is currently licensed under Division 2 (commencing with Section 500) of the Business and Professions Code, any emergency medical technician I or II, paramedic, or person certified pursuant to Division 2.5 (commencing with Section 1797) of the Health and Safety Code, a psychological assistant registered pursuant to Section 2913 of the Business and Professions Code, a marriage, family, and child counselor trainee, as defined in subdivision (c) of Section 4980.03 of the Business and Professions Code, or an unlicensed marriage, family, and child counselor intern registered under Section 4980.44 of the Business and Professions Code, state or county public health or social service employee who treats an elder or a dependent adult for any condition, or a coroner.”

Officers and Employees of Financial Institutions (WIC) “15630.1. (a) As used in this section, “mandated reporter of suspected financial abuse of an elder or dependent adult” means all officers and employees of financial institutions. (b) As used in this section, the term “financial institution” means any of the following: (1) A depository institution, as defined in Section 3(c) of the Federal Deposit Insurance Act (12 U.S.C. Sec. 1813(c)). (2) An institution-affiliated party, as defined in Section 3(u) of the Federal Deposit Insurance Act (12 U.S.C. Sec. 1813(u)). (3) A federal credit union or state credit union, as defined in Section 101 of the Federal Credit Union Act (12 U.S.C. Sec. 1752), including, but not limited to, an institution-affiliated party of a credit union, as defined in Section 206(r) of the Federal Credit Union Act (12 U.S.C. Sec. 1786 (r)). (c) As used in this section, “financial abuse” has the same meaning as in Section 15610.30. (d)(1) Any mandated reporter of suspected financial abuse of an elder or dependent adult who has direct contact with the elder or dependent adult or who reviews or approves the elder or dependent adult’s financial documents, records, or transactions, in connection with providing financial services with respect to an elder or dependent adult, and who, within the scope of his or her employment or professional practice, has observed or has knowledge of an incident that is directly related to the transaction or matter that is within that scope of employment or professional practice, that reasonably appears to be financial abuse, or who reasonably suspects that abuse, based solely on the information before him or her at the time of reviewing or approving the document, records, or transaction in the case of mandated reporters who do not have direct contact with the elder or dependent adult, shall report the known or suspected instance of financial abuse by telephone immediately, or as soon as practicably possible, and by written report sent within two working days to the local adult protective services agency or the local law enforcement agency.”

MULTIPLE REPORTERS

When two or more mandated reporters are jointly knowledgeable of a suspected instance of abuse of a dependent adult or elder, and when there is agreement among them, the telephone report may be made by one member of the group. Also, a single written report may be completed by that member of the group. Any person of that group, who believes the report was not submitted, shall submit the report.

IDENTITY OF THE REPORTER

The identity of all persons who report under WIC Chapter 11 shall be confidential and disclosed only among APS agencies, local law enforcement agencies, LTCO coordinators, California State Attorney General Bureau of Medi-Cal Fraud and Elder Abuse, licensing agencies or their counsel, Department of Consumer Affairs Investigators (who investigate elder and dependent adult abuse), the county District Attorney, the Probate Court, and the Public Guardian. Confidentiality may be waived by the reporter or by court order.

FAILURE TO REPORT

Failure to report by mandated reporters (as defined under “Reporting Party Definitions”) any suspected incidents of physical abuse (including sexual abuse), abandonment, isolation, financial abuse, abduction, or neglect (including self-neglect) of an elder or a dependent adult is a misdemeanor, punishable by not more than six months in the county jail, or by a fine of not more than \$1,000, or by both imprisonment and fine. Any mandated reporter who willfully fails to report abuse of an elder or a dependent adult, where the abuse results in death or great bodily injury, may be punished by up to one year in the county jail, or by a fine of up to \$5,000, or by both imprisonment and fine.

Officers or employees of financial institutions (defined under “Reporting Party Definitions”) are mandated reporters of financial abuse (effective January 1, 2007). These mandated reporters who fail to report financial abuse of an elder or dependent adult are subject to a civil penalty not exceeding \$1,000. Individuals who willfully fail to report financial abuse of an elder or dependent adult are subject to a civil penalty not exceeding \$5,000. These civil penalties shall be paid by the financial institution, which is the employer of the mandated reporter to the party bringing the action.

GENERAL INSTRUCTIONS (Continued)

EXCEPTIONS TO REPORTING

Per WIC Section 15630(b)(3)(A), a mandated reporter who is a physician and surgeon, a registered nurse, or a psychotherapist, as defined in Section 1010 of the Evidence Code, shall not be required to report a suspected incident of abuse where all of the following conditions exist:

- (1) The mandated reporter has been told by an elder or a dependent adult that he or she has experienced behavior constituting physical abuse (including sexual abuse), abandonment, isolation, financial abuse, abduction, or neglect (including self-neglect).
- (2) The mandated reporter is not aware of any independent evidence that corroborates the statement that the abuse has occurred.
- (3) The elder or the dependent adult has been diagnosed with a mental illness or dementia, or is the subject of a court-ordered conservatorship because of a mental illness or dementia.
- (4) In the exercise of clinical judgment, the physician and surgeon, the registered nurse, or the psychotherapist, as defined in Section 1010 of the Evidence Code, reasonably believes that the abuse did not occur.

Per WIC Section 15630(b)(4)(A), in a long-term care facility, a mandated reporter who the California Department of Health Services determines, upon approval by the Bureau of Medi-Cal Fraud and the Office of the State Long-Term Care Ombudsman (OSLTCO), has access to plans of care and has the training and experience to determine whether all the conditions specified below have been met, shall not be required to report the suspected incident of abuse:

- (1) The mandated reporter is aware that there is a proper plan of care.
- (2) The mandated reporter is aware that the plan of care was properly provided and executed.
- (3) A physical, mental, or medical injury occurred as a result of care pursuant to clause (1) or (2).
- (4) The mandated reporter reasonably believes that the injury was not the result of abuse.

DISTRIBUTION OF SOC 341 COPIES

Mandated reporter: After making the telephone report to the appropriate agency, the reporter shall send the original and one copy to the agency; keep one copy for the reporter's file.

Receiving agency: Place the original copy in the case file. Send a copy to a cross-reporting agency, if applicable.

DO NOT SEND A COPY TO THE CALIFORNIA DEPARTMENT OF SOCIAL SERVICES ADULT PROGRAMS BUREAU.

**SIERRA-SACRAMENTO VALLEY EMS AGENCY
PROGRAM POLICY**

REFERENCE NO. 843

**SUBJECT: MONITORING OF PRE-EXISTING BLOOD TRANSFUSION DURING
INTERFACILITY TRANSPORTS**

PURPOSE:

To provide a mechanism for paramedics to be permitted to monitor pre-existing blood transfusions during interfacility transports.

AUTHORITY:

Division 2.5, Health and Safety Code, Sections 1797.220

California Code of Regulations, Title 22, Chapter 4, Article 1, Section 100145

POLICY:

- A. Only those paramedics who have successfully completed training program(s) approved by the S-SV EMS Agency Medical Director on pre-existing blood transfusions will be permitted to monitor them during interfacility transports.
- B. Only those ALS ambulance providers approved by the S-SV EMS Agency Medical Director will be permitted to provide the service of monitoring pre-existing blood transfusions during interfacility transports.
- C. Paramedic monitoring of pre-existing blood transfusions during interfacility transports is limited to those circumstances when there are no RN staffed Critical Care Transport (CCT) units available and/or when air ambulance transport is not appropriate or available.
- D. Patients who are candidates for paramedic transport will have pre-existing blood transfusions in peripheral or central IV lines. Prehospital personnel will not initiate blood transfusions.

PROCEDURE:

- A. All patients will be maintained on a cardiac monitor and a non-invasive blood pressure monitor.

Effective Date: 12/01/2011
Next Review Date: 09/2013
Approved:

Date last Reviewed / Revised: 07/11
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SUBJECT: MONITORING OF PRE-EXISTING BLOOD TRANSFUSION DURING INTERFACILITY TRANSPORTS

- B. The paramedic shall receive the transferring orders from the transferring physician prior to leaving the sending hospital, including a telephone number where the transferring physician can be reached during the patient transport. Transferring physicians must be aware of the general scope of practice of paramedics and the transport protocol parameters outlined in this policy. The written orders must include the transfusion rate.
- C. Paramedic personnel must be knowledgeable in the operation of the specific Blood delivery/warming device(s).
- D. Regulation of the transfusion rate will be within the parameters defined by the transferring physician.
- E. Identify the patient and blood by checking the patient ID band against the blood label and blood order for name, blood type and unit identifying number.
- F. Vital signs will be monitored and documented every 15 minutes and immediately if there is any change in patient status or change in transfusion rate.
- G. Monitor the patient for any signs and symptoms of a transfusion reaction. Monitor temperature for adverse effects if transport time exceeds 15 minutes. The following are the most common types of transfusion reactions that may occur:

Hemolytic reactions: Hemolytic reactions are the most life-threatening. Clinical manifestations may vary considerably: fever, headache, chest or back pain, pain at infusion site, hypotension, nausea, generalized bleeding or oozing from surgical site, shock. The most common cause is from ABO incompatibility due to a clerical error or transfusion to the wrong patient. Chances of survival are dose dependent therefore it is important to stop the transfusion immediately if a hemolytic reaction is suspected. Give a fluid challenge of NS. See shock protocol (M-2).

Febrile non-hemolytic reaction: Chills and fever (rise from baseline temperature of 1°C or 1.8°F). Document and report to hospital on arrival.

Allergic reaction: Characterized by appearance of hives and itching (urticaria or diffuse rash). See allergic reaction / anaphylaxis protocol (M-1)

Anaphylaxis: May occur after administration of only a few ml's of a plasma containing component. Symptoms include coughing, bronchospasm, respiratory distress, vascular instability, nausea, abdominal cramps, vomiting, diarrhea, shock, and loss of consciousness. See allergic reaction / anaphylaxis protocol (M-1).

Volume overload: Characterized by dyspnea, headache, peripheral edema, coughing, frothy sputum or other signs of congestive heart failure occurring during or soon after transfusion. Restrict fluid.

SUBJECT: MONITORING OF PRE-EXISTING BLOOD TRANSFUSION DURING INTERFACILITY TRANSPORTS

If a transfusion reaction occurs:

- Stop the transfusion immediately.
- Contact transferring physician and base / modified base hospital.
- Consult appropriate treatment protocol.
- Document any transfusion reactions.
- Report to hospital immediately upon arrival.

H. The paramedic shall document on the patient care report (PCR) the total volume infused throughout the duration of the transport.

CONTINUOUS QUALITY IMPROVEMENT (CQI):

All calls will be audited by the provider agency CQI process. Audits will assess compliance with physician orders and regional protocols, including base hospital contact in emergency situations. Reports will be sent to the EMS Agency as requested.

CROSS REFERENCES:

Prehospital Care Policy Manual

Paramedic interfacility transport optional skills: Transferring hospital requirements, Reference No. 341

Paramedic interfacility transport optional skills: Service provider Requirements and Responsibilities, Reference No. 441

Paramedic interfacility transport optional skills: Application and approval process, Reference No. 442

Allergic Reaction / Anaphylaxis, Reference No. M-1

Shock / Non-Traumatic Hypovolemia, Reference No. M-2

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SIERRA-SACRAMENTO VALLEY EMS AGENCY PROGRAM POLICY

REFERENCE NO. 862

SUBJECT: EMS AIRCRAFT UTILIZATION & QUALITY IMPROVEMENT

PURPOSE:

To identify consistent and appropriate criteria when requesting an EMS aircraft for assistance with patient care and transport.

To ensure that the best interest of the patient is priority when determining appropriate care and timely transport of patients via EMS Aircraft.

To provide guidelines for specific considerations for a Quality Improvement program for EMS Aircraft.

AUTHORITY:

California Health & Safety Code, Division 2.5, Sections: 1797.218, 1797.220, 1798.2, 1798.170, and 1798.172, 1798.200, 1798.206,

California Code of Regulations, Title 22, Division 9, Chapter 8, Sections 100276 – 100306

California Code of Regulations, Title 22, Chapter 12, Section 100400, 100402.

Prehospital EMS Aircraft Guidelines, EMSA Document #144, December 2010

POLICY:

UTILIZATION

Utilization is the decision to dispatch air resources and whether to use those resources to transport.

- A. It is important that EMS personnel utilize consistent and appropriate criteria when requesting an EMS aircraft for assistance with patient care and transport.
- B. When utilizing prehospital EMS aircraft, a patient being transported by EMS aircraft should be critically ill and /or injured (life or limb). Special circumstances related to a particular area will drive decisions related to prehospital EMS aircraft utilization.

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SUBJECT: EMS AIRCRAFT UTILIZATION & QUALITY IMPROVEMENT

- C. The use of prehospital EMS aircraft should provide a significant reduction in arrival time to a receiving facility capable of providing definitive care, including designated specialty care centers. If the total estimated receiving facility arrival time for prehospital EMS aircraft exceeds the ground ambulance use, air transport should not be used.
- D. Utilization of prehospital EMS aircraft should be considered in the following situations:
 - 1. Patients who meet trauma triage criteria
 - 2. Time critical medical patients
 - 3. MCI
 - 4. The patient is inaccessible by any other means
 - 5. Utilization of existing ground transport services threatens to overwhelm the local EMS system
- E. Time savings will be influenced by a number of factors, including but not limited to, a patient's condition, the type of aircraft and current environmental conditions.
- F. Utilization should be based upon time closest / most appropriate level of care.
- G. The decision to cancel a responding air medical resource is at the discretion of the Incident Commander. The decision should be made collaboratively with the on scene medical personnel, after assessing the scene location and patient needs.
- H. The pilot shall have the final authority in decisions to continue or cancel the response. The pilot in command may dictate the need to deviate from destination policy.
- I. EMS aircraft transportation should not be used for the following patients:
 - 1. CPR in progress
 - 2. Patient(s) contaminated by hazardous materials that cannot be completely decontaminated prior to transport
 - 3. Patient(s) who are potentially violent or have behavioral emergencies. However, a patient may be transported at the discretion of the flight crew.

SUBJECT: EMS AIRCRAFT UTILIZATION & QUALITY IMPROVEMENT

QUALITY IMPROVEMENT

- A. The provider QI program should be designed to objectively, systematically and continuously monitor, assess and improve the quality and appropriateness of patient care and safety of the transport service provided.
- B. EMS air providers are to develop and implement a QI program in cooperation with other EMS system participants as defined in California Code of Regulations, Title 22, Division 9, Chapter 12.
- C. Quality improvement programs should include indicators which cover the items listed in California Code of Regulations, Division 9, Chapter 12 of the Emergency Medical Services System Quality Improvement Program, which include, but are not limited to, the following:
 - 1. Personnel
 - 2. Equipment and Supplies
 - 3. Documentation and Communication
 - 4. Clinical Care and Patient Outcome
 - 5. Skills Maintenance / Competency
 - 6. Transportation / Facilities
 - 7. Public Education and Prevention
 - 8. Risk Management
- D. The QI program should be in accordance with the Emergency Medical Services System Quality Improvement Program Model Guidelines and shall be approved by the authorizing / local EMS agency.
- E. QI indicators should be tracked and trended to determine compliance with their established thresholds as well as reviewed for potential issues.
- F. Participation between the authorizing / local EMS agency and the provider's EMS QI Program is encouraged. This may include, but not limited to, making available mutually agreed upon relevant records for program monitoring and evaluation.
- G. Develop, in cooperation with appropriate personnel / agencies, a performance improvement action plan for the air medical provider when the EMS QI Program identifies a need for improvement. If the area identified as needing improvement

SUBJECT: EMS AIRCRAFT UTILIZATION & QUALITY IMPROVEMENT

includes system clinical issues, collaboration is required with the provider medical director and the authorizing / local EMS agency medical director or his / her designee.

- H. The QI Program should be reviewed annually for appropriateness to the operation of the EMS aircraft provider. A summary of this review is to be provided to the authorizing / local EMS agency. The summary should include how the air medical provider's EMS QI Program addressed the program indicators.
- I. A copy of the entire QI Program will be submitted to the authorizing / local EMS agency every five years for review.

CROSS REFERENCES:

Prehospital Care Policy Manual

Prehospital EMS Aircraft Guidelines, EMSA # 144

California Statewide CQI Plan Template

EMS System QI Program Model Guidelines, EMSA #166

EMS Prehospital Aircraft Operations Protocol, Reference No. 450

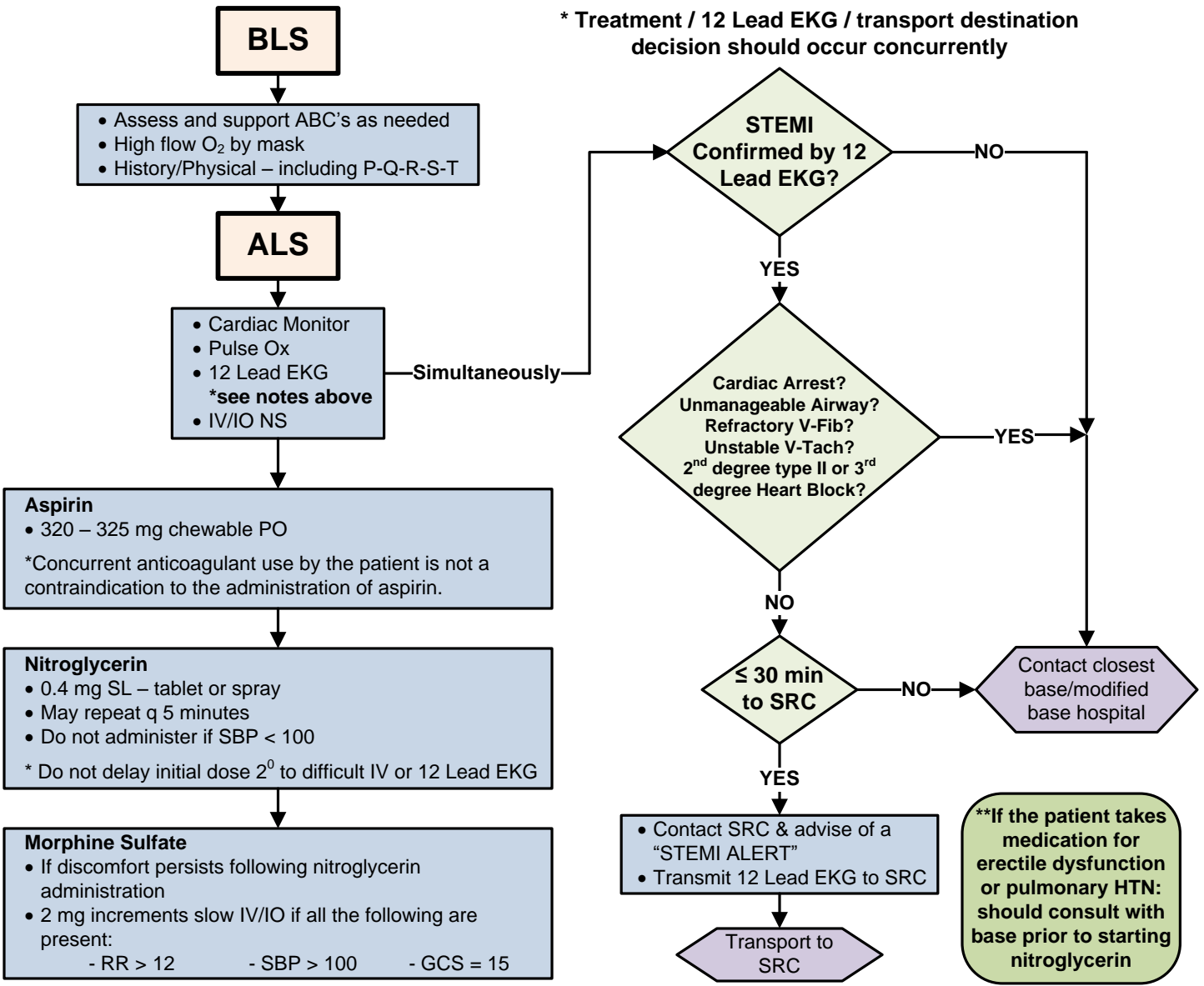


**SIERRA SACRAMENTO VALLEY EMS AGENCY
TREATMENT PROTOCOL – MEDICAL EMERGENCY**

**CARDIOVASCULAR
REFERENCE NO. C-8**

SUBJECT: CHEST PAIN OR SUSPECTED SYMPTOMS OF CARDIAC ORIGIN

- If available, a 12 Lead EKG shall be performed as part of a complete patient assessment.
- If not detrimental to the patient’s condition, the initial 12 Lead should be performed prior to medication administration.
- All 12 Lead EKG’s performed shall include a patient name or other unique patient identifier that is input into the monitor and printed on the EKG strip. The patient identification information shall be entered prior to EKG transmission.
- All patients with a 12 Lead EKG that shows a computer read out consistent with an acute ST elevation MI (i.e. ***Acute MI Suspected***) shall be transported directly to the closest designated STEMI Receiving Center (SRC) if the transport time to that receiving center is ≤ 30 minutes. Early contact with the closest base/modified base hospital shall be made for any STEMI patient who is outside the SRC 30 minute transport time catchment area.



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**SIERRA SACRAMENTO VALLEY EMS AGENCY
TREATMENT PROTOCOL – MEDICAL EMERGENCY**

**MEDICAL
REFERENCE NO. M-6**

SUBJECT: GENERAL MEDICAL TREATMENT PROTOCOL

• Considerations:

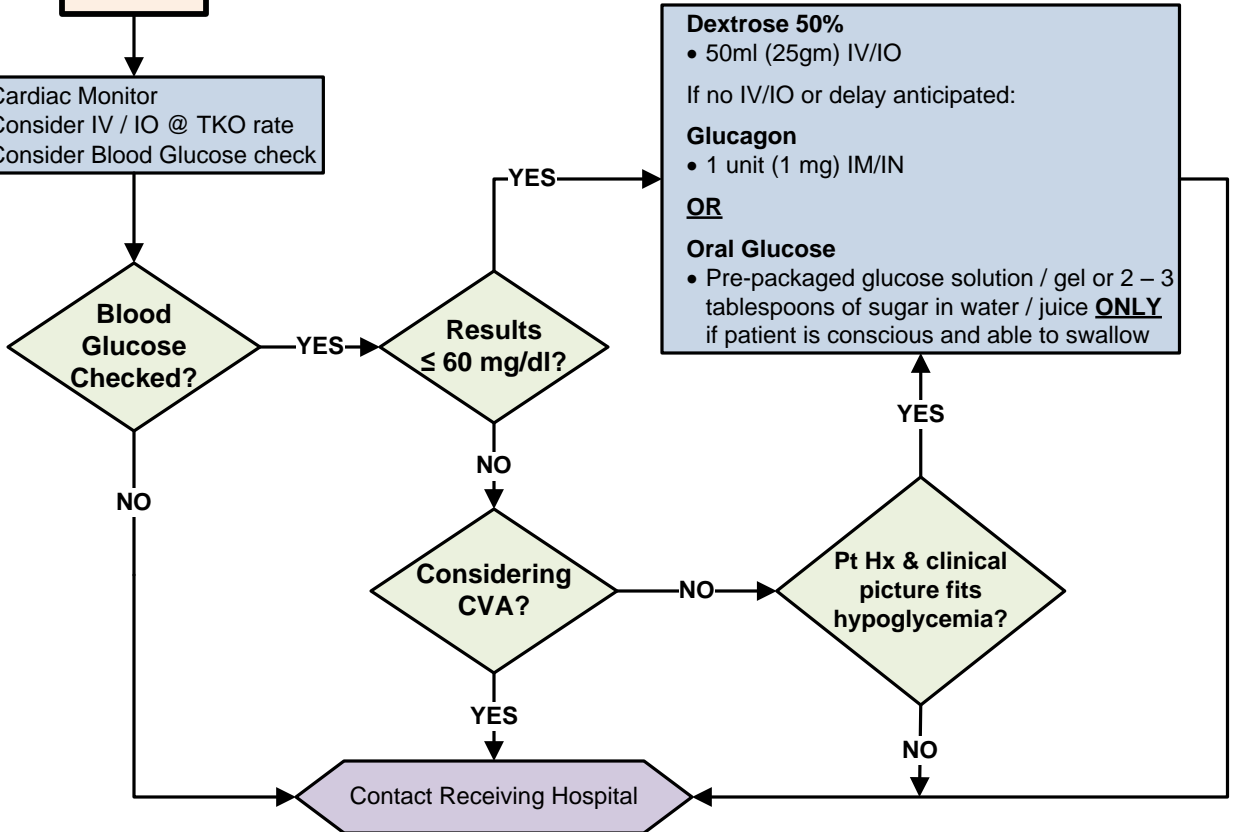
- Consider Trauma
- GI Bleeding
- Near Syncope
- Recently Altered
- Sepsis
- Abdominal Pain
- Any current or recent alteration in Primary Survey

BLS

- Assess ABC's
- Assess respiratory status / consider O₂
- Assess V/S
- Assess history & physical
- Determine degree of illness

ALS

- Cardiac Monitor
- Consider IV / IO @ TKO rate
- Consider Blood Glucose check



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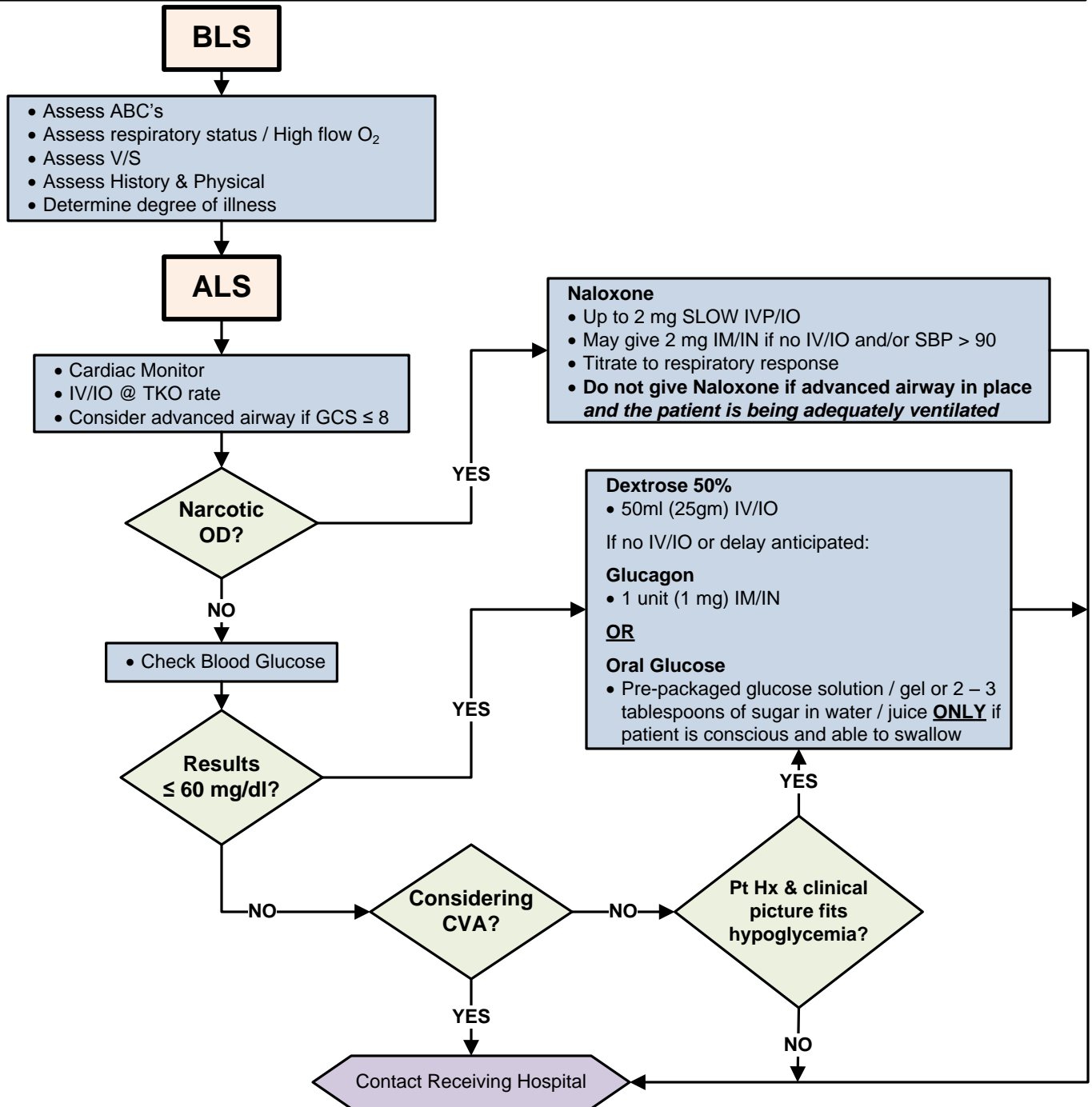
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SIERRA SACRAMENTO VALLEY EMS AGENCY
TREATMENT PROTOCOL – MEDICAL EMERGENCY

NEUROLOGICAL
REFERENCE NO. N-1

SUBJECT: ALTERED LEVEL OF CONSCIOUSNESS



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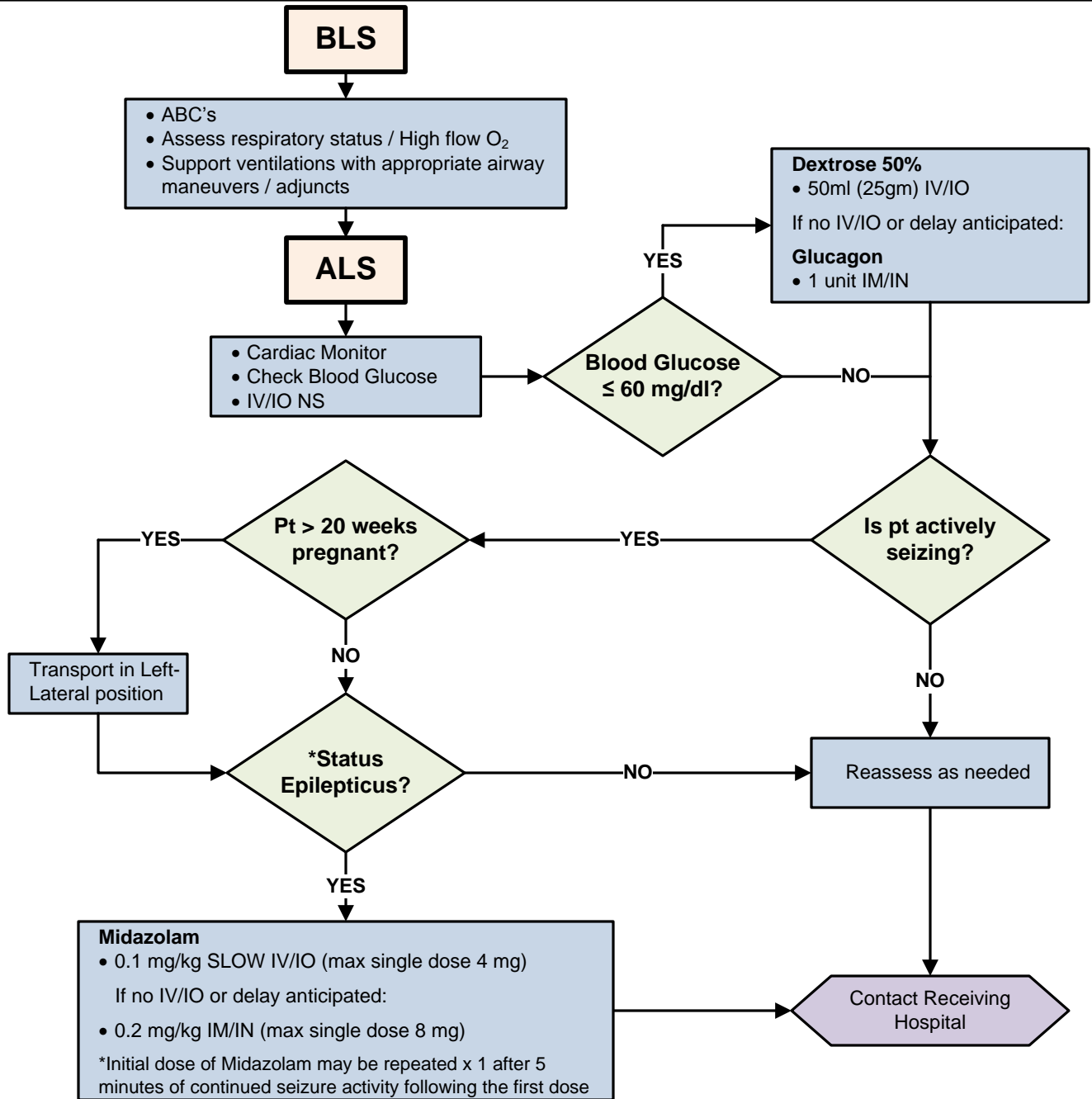
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SIERRA SACRAMENTO VALLEY EMS AGENCY
TREATMENT PROTOCOL – MEDICAL EMERGENCY

NEUROLOGICAL
REFERENCE NO. N-2

SUBJECT: SEIZURE



* **Status Epilepticus definition:** 2 or more seizures without any intervening periods of consciousness, or a single seizure lasting > 5 minutes.

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**SIERRA SACRAMENTO VALLEY EMS AGENCY
TREATMENT PROTOCOL – MEDICAL EMERGENCY**

**ENVIRONMENTAL
REFERENCE NO. E-8**

SUBJECT: NERVE AGENT TREATMENT

PURPOSE:

To establish standards for the requirements for paramedics, and accredited EMTs in treating patients with nerve agent exposures.

AUTHORITY:

Health & Safety Code, Division 2.5.

California Code of Regulations, Title 22, Division 9.

California Code of Regulations, Title 19, Division 2, Articles 1-8, Sections 2400 et seq.,
Standardized Emergency Management System (SEMS) Regulations.

PROCEDURAL PROTOCOL:

- A. This protocol is NOT a standing order. **Any paramedic / EMT wishing to utilize this protocol for patient administration MUST obtain an activation order from a Base / Modified Base Hospital Physician.** Once activation is obtained, the entire protocol is a standing order that applies to all paramedics / accredited EMTs operating at the incident.
- B. Providers will ensure personal safety by assuring adequate decontamination of victims and using appropriate personal protective equipment (PPE). Medical procedures within the Exclusion Zone (Hot Zone / contaminated area) will only be performed by personnel who have specific training to allow them to function in that area. **Under no circumstances should responding personnel at any level of expertise use Personal PPE or assist in patient decontamination without completing the required training.**
- C. The Atropine (2mg) and 2-PAM (Pralidoxime Chloride–600mg) auto-injectors included in **MARK I / DuoDote** Nerve Agent Antidote Kits will be used only by those paramedics / accredited EMTs that have been trained in their use and have them available. Paramedic personnel may administer atropine / 2-PAM IM/IV in situations where auto-injector Nerve Agent Antidote Kits are not available.
- D. Auto-injectors are **NOT** to be used in children under 40 Kg.

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SIERRA SACRAMENTO VALLEY EMS AGENCY TREATMENT PROTOCOL – MEDICAL EMERGENCY

**ENVIRONMENTAL
REFERENCE NO. E-8**

SUBJECT: NERVE AGENT TREATMENT

E. SELF ADMINISTRATION

- a. EMT / Public Safety personnel that have been trained and equipped may utilize this protocol to self administer MARK I / DuoDote auto-injectors when authorized by their prescribing physician.
- b. Paramedics and accredited EMTs may self administer according to this protocol.

F. SPECIAL NOTES / PRECAUTIONS

- a. Only specially trained paramedic and accredited EMT personnel may administer nerve agent antidote medications to patients.
- b. Nerve agent antidote medications are only given if the patient is showing signs and symptoms of nerve agent poisoning. **THEY ARE NOT TO BE GIVEN PROPHYLACTICALLY.**
- c. This treatment protocol is to be used in conjunction with protocol #E-7 (HazMat)
- d. Note: a decrease in bronchospasm and respiratory secretions are the best indicators of a positive response to atropine and 2-PAM therapy.

Signs and Symptoms of Nerve Agent Exposure (from mild to severe)

Exposure



Signs & Symptoms

- Unexplained runny nose
- Tightness in the chest
- Difficulty breathing
- Bronchospasm
- Pinpoint pupils resulting in blurred vision
- Drooling
- Excessive sweating
- Nausea and/or vomiting
- Abdominal cramps
- Involuntary urination and/or defecation
- Jerking, twitching and staggering
- Headache
- Drowsiness
- Coma
- Convulsions
- Apnea

Mnemonic for Nerve Agent Exposure

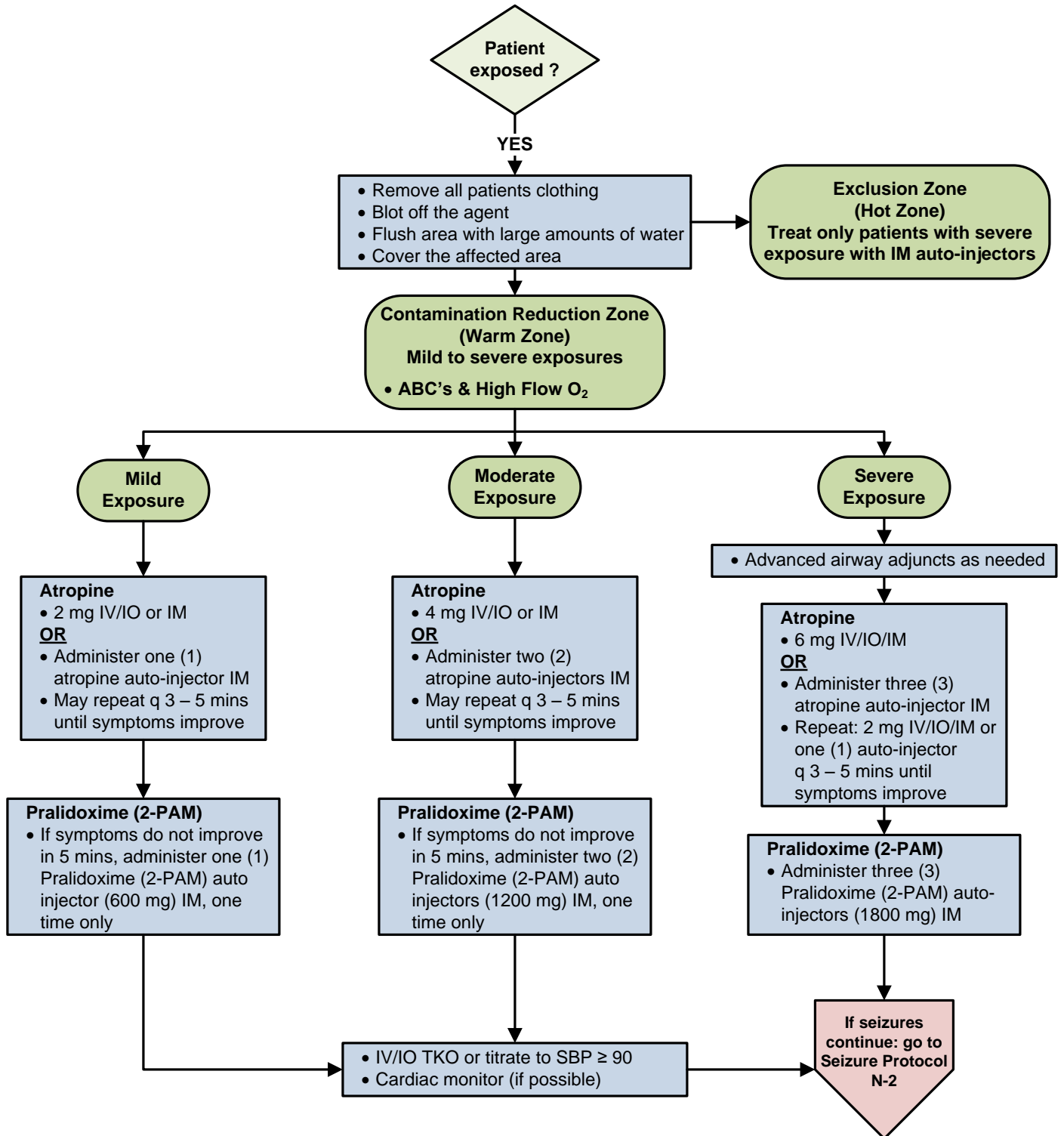
Salivation
Lacrimation
Urination
Defecation
Gastrointestinal pain & gas
Emesis



**SIERRA SACRAMENTO VALLEY EMS AGENCY
TREATMENT PROTOCOL – MEDICAL EMERGENCY**

**ENVIRONMENTAL
REFERENCE NO. E-8**

SUBJECT: NERVE AGENT TREATMENT



• DuoDote Auto-Injector (Atropine 2.1 mg/0.7ml & Pralidoxime Chloride 600 mg/2ml) may be utilized if MARK I kits (Atropine 2mg & Pralidoxime Chloride 600mg) are not available

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**SIERRA SACRAMENTO VALLEY EMS AGENCY
TREATMENT PROTOCOL – MEDICAL EMERGENCY**

**PEDIATRIC
REFERENCE NO. P-2**

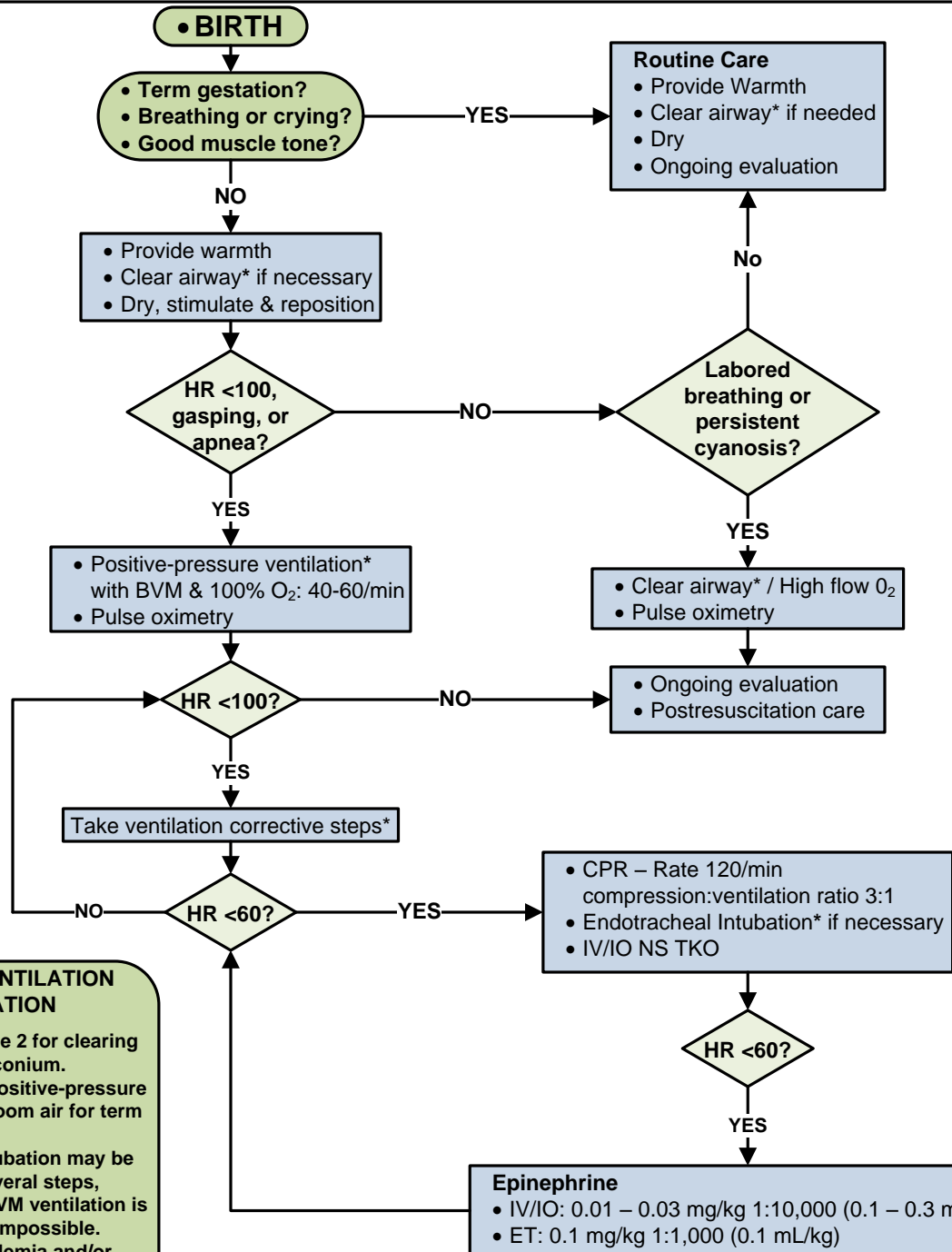
SUBJECT: NEONATAL RESUSCITATION – INFANTS ≤ 28 DAYS OLD

Approximate Time

Time

30 sec

60 sec



***AIRWAY & VENTILATION
INFORMATION**

- See notes on page 2 for clearing the airway of meconium.
- Consider initial positive-pressure ventilation with room air for term infants.
- Endotracheal Intubation may be considered at several steps, perform only if BVM ventilation is unsuccessful or impossible.
- Consider hypovolemia and/or pneumothorax.

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SUBJECT: NEONATAL RESUSCITATION – INFANTS ≤ 28 DAYS OLD

Clearing the airway of meconium:

If the amniotic fluid contains meconium **and** the infant has absent or depressed respirations, decreased muscle tone, or a heart rate < 100 bpm; do not stimulate or ventilate the infant until meconium has been cleared from the airway as follows:

- **Suction capability ≤ 80 mm Hg:**

Perform direct laryngoscopy immediately after birth for suctioning of the hypo pharynx and intubation/suction of the trachea. Accomplish tracheal suctioning by applying suction directly to the endotracheal tube (utilizing a meconium aspirator), as it is withdrawn from the airway. Repeat intubation and suctioning until little additional meconium is recovered or until the heart rate indicates that resuscitation must proceed without delay.

- **Suction capability > 80 mm Hg**

Do not use an endotracheal tube to suction the trachea. Use a bulb syringe and, if necessary, a suction catheter to thoroughly suction meconium from the nose, mouth and oropharynx. A laryngoscope blade may be inserted to assist in visualization of the oropharynx during suction with the catheter. Intubation may be necessary for respiratory depression.

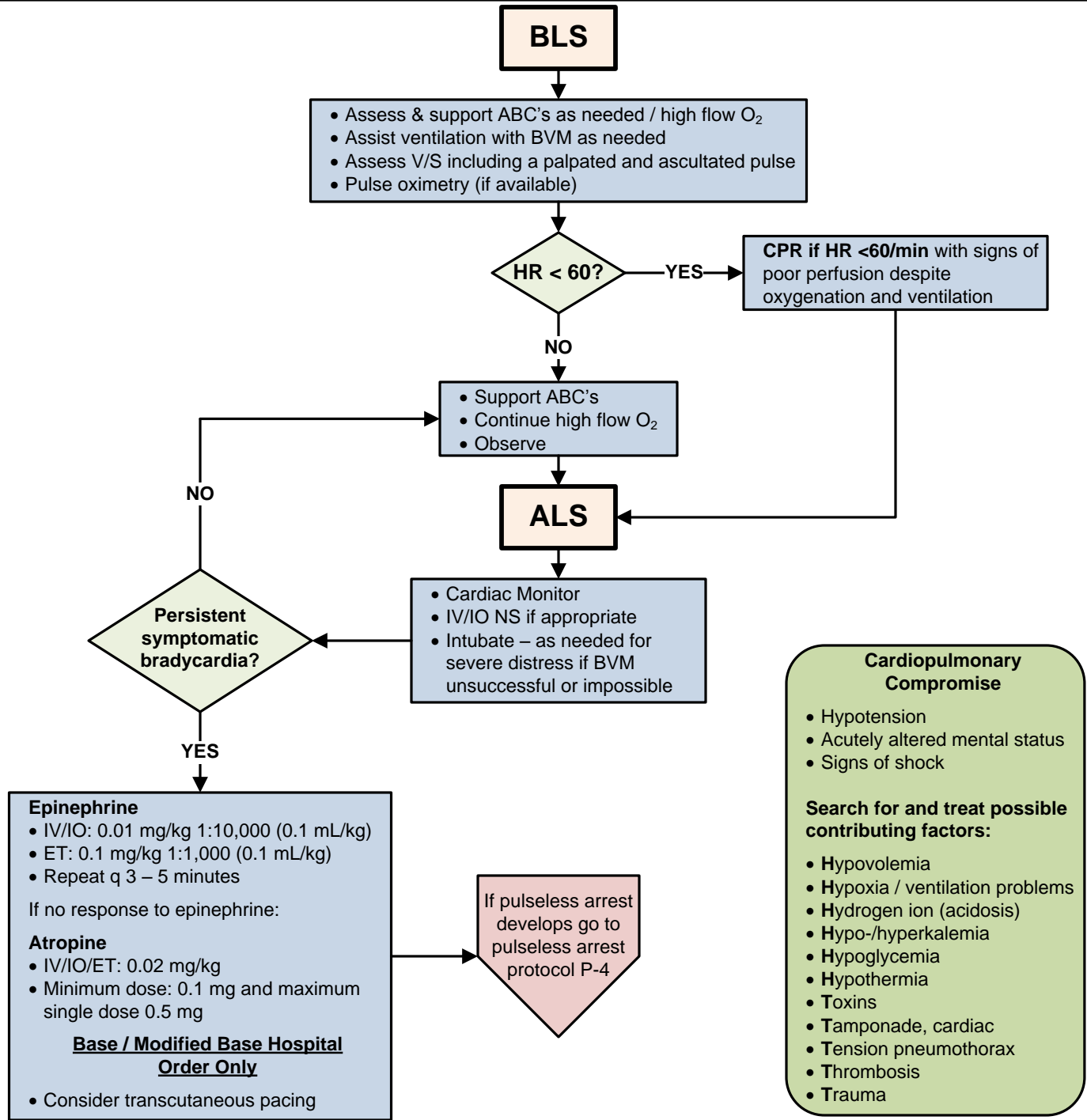
Ventilate the infant at 40 to 60 breaths per minute (visualizing rise in chest). Use a neonatal resuscitator bag with oxygen reservoir apparatus.



SIERRA SACRAMENTO VALLEY EMS AGENCY
TREATMENT PROTOCOL – MEDICAL EMERGENCY

PEDIATRIC
REFERENCE NO. P-6

SUBJECT: BRADYCARDIA – With Pulses



Effective Date: 12/01/2011
 Next Review Date: 10/2014
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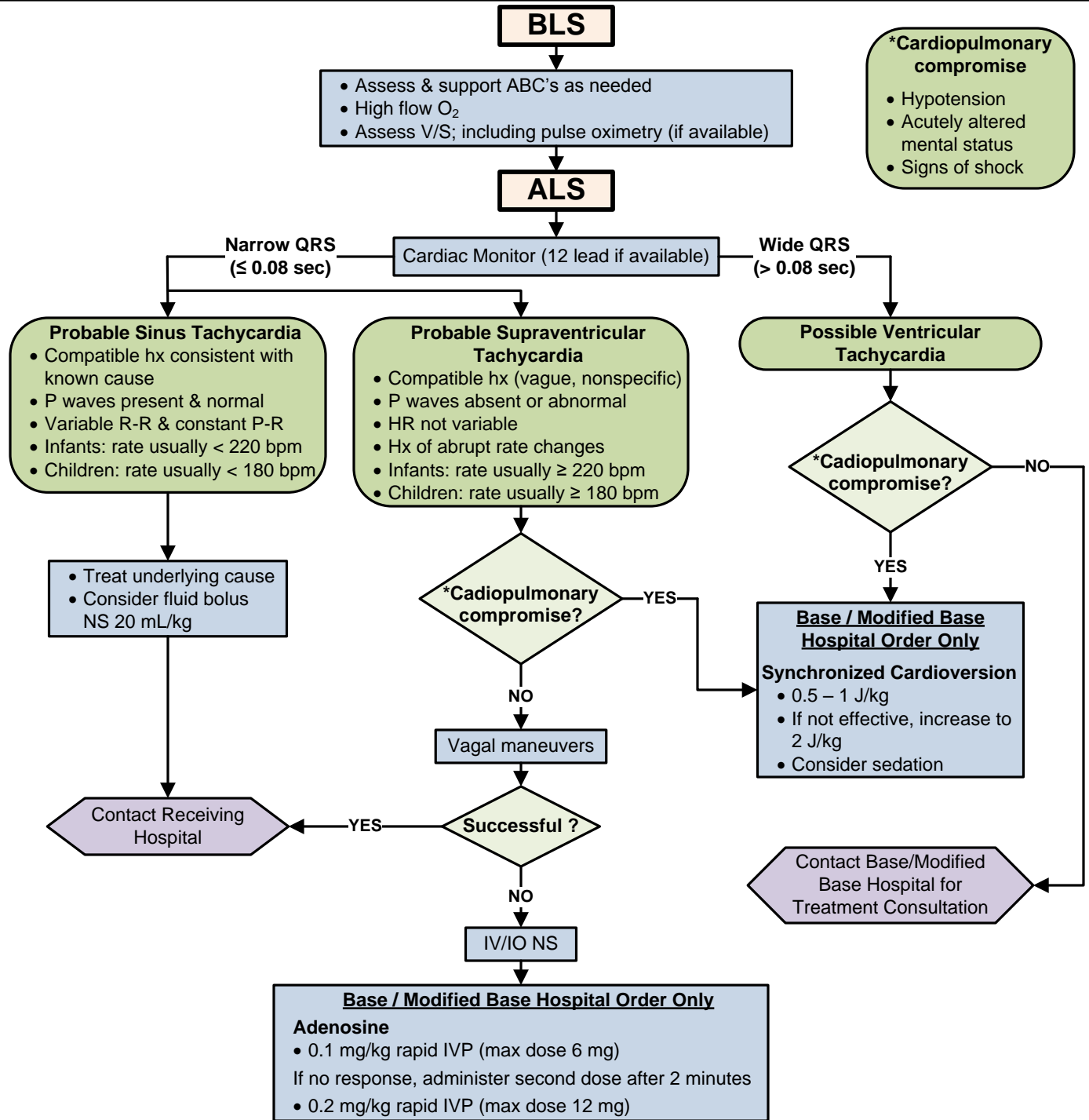
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**SIERRA SACRAMENTO VALLEY EMS AGENCY
TREATMENT PROTOCOL – MEDICAL EMERGENCY**

**PEDIATRIC
REFERENCE NO. P-8**

SUBJECT: TACHYCARDIA – With Pulses



Effective Date: 12/01/2011
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**SIERRA-SACRAMENTO VALLEY EMS AGENCY
PROGRAM POLICY**

REFERENCE NO. 901

SUBJECT: EMT CERTIFICATION AND RECERTIFICATION

PURPOSE:

To establish a mechanism for an individual to be certified as an EMT in the State of California.

AUTHORITY:

California Health and Safety Code, Division 2.5, Sections 1797.80, 1797.170, 1797.175, 1797.177, 1797.210 and 1798.200.

California Code of Regulations, Title 22, Division 9, Chapter 2, Section 100079, 100080 and 100081. Chapter 10, Article 4, Section 100347

California Penal Code, Sections 11075 and 11105.2

POLICY:

Any individual certified as an EMT shall be recognized as an EMT on a statewide basis. No individual shall hold himself or herself out to be an EMT unless that individual is currently certified as such by the S-SV EMS Agency or another California LEMSA certifying entity.

DEFINITIONS:

- A. **Emergency Medical Technician (EMT)** – means a person who has successfully completed an EMT course which meets the requirements of the California Code of Regulations, Title 22, Division 9, Chapter 2, has passed all required tests, and who has been certified by an EMT certifying entity
- B. **EMT Certifying Entity** – for the purposes of this policy means the S-SV EMS Agency Medical Director.

PROCEDURE

I. INITIAL CERTIFICATION:

- A. In order to be eligible for initial certification an individual shall:

Effective Date: 07/01/2011

Date last Reviewed / Revised: 06/11

Next Review Date: 06/2013

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SUBJECT: EMT CERTIFICATION AND RECERTIFICATION

1. Have a valid EMT course completion record or other documented proof of successful completion of any initial EMT course approved pursuant to Section 100066 of the California Code of Regulations, Title 22, Division 9, Chapter 2; or,
2. Have documentation of successful completion of an approved out-of-state initial EMT training course, within the last two (2) years which meets the requirements of the California Code of Regulations, Title 22, Division 9, Chapter 2.
3. Apply for certification within two (2) years of the date of course completion.
4. Pass the National Registry of Emergency Medical Technicians EMT-Basic skills examination. Examination results will be valid for one (1) year for the purpose of being eligible for the National Registry of Emergency Medical Technicians EMT-Basic Written Examination.
5. Pass the National Registry of Emergency Medical Technicians EMT-Basic Written Examination. Examination results will be valid for application purposes two (2) years from the date of examination.
6. Be eighteen (18) years of age or older.
7. Complete the following criminal history background check requirements:
 - a. Submit a completed request for “Live Scan Applicant Submission Form, BCII 8016 (Rev 06/09),” to the California DOJ for a state and federal Criminal Offender Record Information (CORI) search in accordance with the provisions of Section 11105 (p) (1) of the California Penal Code; and,
 - b. The CORI request shall include a subsequent arrest notification report in accordance with the provisions of Section 11105.2 of the California Penal Code; and,
 - c. The EMT applicant will designate that both the state and federal CORI search results and the subsequent arrest notification reports shall be reported to the S-SV EMS Agency and the California EMS Authority.
8. Complete an application form that contains this statement:

“I hereby certify under penalty of perjury that all information on this application is true and correct to the best of my knowledge and belief, and I understand that any falsification or omission of material facts may cause forfeiture on my part of all rights to EMT certification in the state of California. I understand all information on this application is subject to verification, and I hereby give my express permission for this certifying entity to contact any person or agency for information related to my role and function as an EMT in California.”

SUBJECT: EMT CERTIFICATION AND RECERTIFICATION

9. Disclose any certification or licensure action:
 - a. Against an EMT, Advanced EMT, EMT-II certificate or a Paramedic license or any denial of certification by a LEMSA including active investigations; or,
 - b. In the case of Paramedic, licensure denial by the Authority, including any active investigations.
 - c. Against any EMS-related certification or license of another state or other issuing entity, including active investigations.
 - d. Against any health related license.
10. Pay the established fees. Fees are non-refundable and non-transferable.
11. Furnish a copy of a valid U.S. state-issued Drivers License or identification card.
12. Furnish a copy of a current CPR certification which is taught to the curriculum standards of the American Heart Association, American Red Cross or the National Safety Council at the Health Care Provider or equivalent level.
- B. In order for an individual, whose California Advanced EMT certificate, EMT-II certification or Paramedic License has lapsed, to be eligible for certification as an EMT the individual shall:
 1. For a lapse of less than six (6) months, the individual shall comply with the requirements contained in sub-section A, item 7 of this 'Initial Certification' section of the policy as well as sub-section A, items 2 or 3, 6 and 7 of the 'Recertification' section of this policy.
 2. For a lapse of six (6) months or more, but less than twelve (12) months, the individual shall comply with the requirements contained in sub-section A, item 7 of this 'Initial Certification' section of the policy as well as sub-section A, items 2 or 3, 6 and 7 of the 'Recertification' section of this policy and complete an additional twelve (12) hours of CE for a total of thirty-six (36) hours of training.
 3. For a lapse of twelve (12) months or more, but less than twenty-four (24) months, the individual shall comply with the requirements contained in sub-section A, item 7 of this 'Initial Certification' section of the policy as well as sub-section A, items 2 or 3, 6 and 7 of the 'Recertification' section of this policy and complete an additional twenty-four (24) hours of CE for a total of forty-eight (48) hours of training. The individual shall also pass the written and skills certification exams as specified in sub-section A, items 4 and 5 of this 'Initial Certification' section of the policy.

SUBJECT: EMT CERTIFICATION AND RECERTIFICATION

4. For a lapse of twenty-four (24) months or more the individual shall complete an entire EMT course and comply with all requirements contained in sub-section A of this 'Initial Certification' section of the policy.
- C. An individual currently licensed in California as a Paramedic or currently certified in California as an Advanced EMT or EMT-II is deemed to be certified as an EMT, except when the paramedic license or the Advanced EMT or EMT-II certification is under suspension, with no further testing required. In the case of a paramedic license, or Advanced EMT or EMT-II certification under suspension, the individual shall apply to the S-SV EMT Agency for EMT certification.
- D. An individual who meets one of the following criteria shall be eligible for initial certification upon fulfilling the requirements contained in sub-section A, items 6, 7, 8, 9, 10, 11 and 12 of this 'Initial Certification' section of the policy:
1. Possess a current and valid National Registry EMT-Basic registration certificate. Possession of a current and valid National Registry EMT-Basic registration certificate alone, does not meet California EMT certification requirements.
 2. Possess a current and valid out-of-state or National Registry EMT-Intermediate or Paramedic certificate. Possession of a current and valid National Registry Intermediate or Paramedic certificate alone, does not meet California EMT certification requirements.
 3. Possess a current and valid California Advanced EMT or EMT-II certification or a current and valid California Paramedic license.
- E. An individual who possesses a current and valid out-of-state EMT certificate, shall be eligible for certification upon fulfilling the requirements contained in sub-section A, items 4, 5, 6, 7, 8, 9, 10 , 11 and 12 of this 'Initial Certification' section of the policy.
- F. The EMT certifying entity shall issue a wallet-sized certificate card to eligible individuals, using the single California EMS Authority approved wallet-sized certificate card format. The wallet-sized certificate card shall contain the following:
1. Name of the individual certified.
 2. Date the certificate was issued.
 3. Date of expiration.
 4. Certification status.
 5. Registry number, generated by the registry.

SUBJECT: EMT CERTIFICATION AND RECERTIFICATION

- G. All California issued EMT wallet-sized certificate cards shall be printed by the EMT certifying entity using the central registry criteria, pursuant to California Code of Regulations, Title 22, Division 9, Chapter 10, Section 100344.
- H. The effective date of certification, as used in this policy, shall be the date the individual applicant has applied for and satisfactorily completes all certification requirements. Certification as an EMT shall be valid for a maximum of two (2) years from the date that the individual passes the National Registry EMT-Basic certifying exam, except in the following cases:
 - 1. A person who possesses a current and valid out-of-state EMT-Intermediate or Paramedic certification, the expiration date shall be the same expiration date as stated on the out-of-state certification but in no case shall exceed two (2) years from the effective date of EMT wallet-sized certificate card issued by a California EMT certifying entity.
 - 2. A person who possesses a valid National Registry issued EMT-Basic, EMT-Intermediate or Paramedic certification, the expiration date shall be two (2) years from the date of passing the National Registry examination whichever is soonest, but in no case shall the expiration date of certification exceed two (2) years from the effective date.
 - 3. That an individual currently licensed in California as a Paramedic, as listed in sub-section C of this 'Initial Certification' section of the policy, shall have an EMT expiration date that is the same as the current Paramedic license.
- I. The EMT shall be responsible for notifying the EMT certifying entity of her/his proper and current mailing address and shall notify the EMT certifying entity in writing within thirty (30) calendar days of any and all changes of the mailing address, giving both the old and the new address, and EMT registry number.
- J. The EMT certifying entity shall issue, within forty-five (45) calendar days of receipt of a complete application as specified in the 'Initial Certification' section of the policy, a wallet sized EMT certificate card to eligible individuals who apply for an EMT certificate and successfully complete the EMT certification requirements.
- K. An EMT shall only be certified by one (1) EMT certifying entity during a certification period.

II. RECERIFICATION

- A. In order to recertify, an EMT shall:
 - 1. Possess a current EMT Certification issued in California.

SUBJECT: EMT CERTIFICATION AND RECERTIFICATION

2. Obtain at least twenty-four (24) hours of continuing education hours (CEH) from an approved CE provider in accordance with the requirements contained in S-SV EMS 'EMT / AEMT Continuing Education Requirement Overview' Policy, Reference No. 1001-A; or,
3. Successfully complete a twenty-four (24) hour refresher course from an approved EMT training program.
4. An individual who is currently licensed in California as a Paramedic or certified as an Advanced EMT or EMT-II, or who has been certified within six (6) months of the date of application, may be given credit for CEH earned as a Paramedic or EMT-II to satisfy the CE requirement for EMT recertification as specified in this section.
5. Complete the criminal history background check listed in sub-section A, item 7 of the 'Initial Certification' section of this policy, if not previously completed.
6. Complete an application and other processes as specified in sub-section A, items 8, 10, 11 and 12 of the 'Initial Certification' section of this policy.
7. Submit a completed skills competency verification form, EMSA-SCV (S-SV EMS Reference No. 901-A).

Skills competency shall be verified by direct observation of an actual or simulated patient contact. Skills competency shall be verified by an individual who is currently certified or licensed as an EMT, EMT-II, Paramedic, Registered Nurse, Physician's Assistant, or Physician and who shall be designated by an EMS approved training program (EMT training program, paramedic training program or CE provider) or an EMS service provider; EMS service providers include, but are not limited to public safety agencies, private ambulance providers and other EMS providers. Verification of skills competency shall be valid for a maximum of two (2) years for the purpose of applying for recertification. The skills requiring verification of competency are:

- a. Patient examination, trauma patient
- b. Patient examination, medical patient
- c. Airway emergencies
- d. Breathing emergencies
- e. CPR and AED
- f. Circulation emergencies
- g. Neurological emergencies
- h. Soft tissue injuries
- i. Musculoskeletal injuries
- j. Obstetrical emergencies

SUBJECT: EMT CERTIFICATION AND RECERTIFICATION

- B. If the EMT recertification requirements are met within six (6) months prior to the expiration date, the EMT certifying entity shall make the effective date of certification the date immediately following the expiration date of the current certificate. The certification expiration date will be the final day of the final month of the two (2) year period.
- C. If the EMT recertification requirements are met greater than six (6) months prior to the expiration date, the EMT certifying entity shall make the effective date of certification the date the individual satisfactorily completes all certification requirements and has applied for certification. The certification expiration date shall not exceed two (2) years and shall be the final day of the final month of the two (2) year period.
- D. An Individual who is a member of the reserves and is deployed for active duty with a branch of the Armed Forces of the United States, whose California EMT certificate expires during the time the individual is on active duty or less than six (6) months from the date the individual is deactivated/released from active duty, may be given an extension of the expiration date of the individual's EMT certificate for up to six (6) months from the date of the individual's deactivation/release from active duty in order to meet the renewal requirements for the individual's EMT certificate upon compliance with the following provisions:
1. Provide documentation from the respective branch of the Armed Forces of the United States verifying the individual's dates of activation and deactivation/release from duty.
 2. If there is no lapse in certification, meet all the requirements listed in sub-section A of this 'Recertification' section of the policy. If there is a lapse meet the requirements listed in the 'Recertification After Lapse in Certification' section of this policy.
 3. Provide documentation showing that the CE activities submitted for the certification renewal period were taken not earlier than thirty (30) calendar days prior to the effective date of the individual's EMT certificate that was valid when the individual was activated for duty and not later than six (6) months from the date of deactivation/release from duty.

For an individual whose active duty required him/her to use his/her EMT skills, credit may be given for documented training that meets the requirements contained in S-SV EMS 'EMT / AEMT Continuing Education Requirement Overview' Policy, Reference No. 1001-A while the individual was on active duty. The documentation shall include verification from the individual's Commanding Officer attesting to the classes attended.

- E. The EMT certifying entity shall issue a wallet-sized certificate card to eligible individuals. The certificate shall contain the information listed in sub-section F of the 'Initial Certification' section of this policy.

SUBJECT: EMT CERTIFICATION AND RECERTIFICATION

III. RECERTIFICATION AFTER LAPSE IN CERTIFICATION

- A. In order to be eligible for recertification for an individual whose California EMT Certification has lapsed, the following requirements shall apply:
1. For a lapse of less than six (6) months, the individual shall comply with the requirements listed in sub-section A, item 7 of the 'Initial Certification' section of this policy, as well as sub-section A, items 2 or 3, 6 and 7 of the 'Recertification' section of this policy.
 2. For a lapse of six (6) months or more, but less than twelve (12) months, the individual shall comply with the requirements listed in sub-section A, item 7 of the 'Initial Certification' section of this policy, as well as sub-section A, items 2 or 3, 6 and 7 of the 'Recertification' section of this policy, and complete an additional twelve hours of continuing education for a total of thirty-six (36) hours of training.
 3. For a lapse of twelve (12) months or more, but less than twenty-four (24) months, the individual shall comply with the requirements listed in sub-section A, item 7 of the 'Initial Certification' section of this policy, as well as sub-section A, items 2 or 3, 6 and 7 of the 'Recertification' section of this policy, and complete an additional twelve hours of continuing education for a total of thirty-six (36) hours of training. The individual shall also pass the written and skills certification exams as specified in sub-section A, items 4 and 5 of the 'Initial Certification' section of this policy.
 4. For a lapse of greater than twenty-four (24) months, the individual shall complete an entire EMT course and comply with all of the requirements listed in sub-section A of the 'Initial Certification' section of this policy.
- B. Individuals who are a member of the reserves and are deployed for active duty with a branch of the Armed Forces of the United States, whose EMT certificate expired during the time the individuals are on active duty may be given an extension of the expiration date of the individuals EMT certificate for up to six (6) months from the date of the individuals deactivation/release from active duty in order to meet the renewal requirements of the individuals EMT certificate upon compliance with the provisions listed in sub-section D of the 'Recertification' section of this policy, and subsection A of this 'Recertification After Lapse in Certification' section of the policy.
- C. The effective date of recertification shall be the date the individual satisfactorily completes all certification requirements and has applied for recertification. The certification expiration date shall be the final day of the final month of the two (2) year period, except for those individuals who are required to pass the written and skills certifying examinations, the expiration date shall be the last day of the final month of the two (2) year period following the date of passing the certifying written examination.

SUBJECT: EMT CERTIFICATION AND RECERTIFICATION

- D. The EMT certifying entity shall issue a wallet-sized certificate card to eligible individuals who apply for recertification and successfully complete the recertification requirements. The certificate shall contain the information listed in subsection F of the 'Initial Certification' section of this policy.

IV. APPLICATION PROCESSING

- A. A completed and signed application and all required supporting documentation must be submitted to the S-SV EMS Agency prior to processing. Incomplete applications will not be processed.
 - 1. Incomplete applications will be maintained by the S-SV EMS Agency for 60 days awaiting required supporting documentation. All applications not completed within 60 days will be destroyed.
- B. The S-SV EMS Agency will process completed applications within 10 business days.

CROSS REFERENCES:

Policy and Procedure Manual

EMT / AEMT Incident Investigations, Determination of Action, Notification and Administrative Hearing Process, Reference No. 903

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**SIERRA-SACRAMENTO VALLEY EMS AGENCY
PROGRAM POLICY**

REFERENCE NO. 902

**SUBJECT: ADVANCED EMT (AEMT) CERTIFICATION, RECERTIFICATION
AND LOCAL ACCREDITATION**

PURPOSE:

To establish a mechanism for an individual to be certified or accredited as an Advanced EMT (AEMT) by the S-SV EMS Agency.

AUTHORITY:

California Health and Safety Code, Division 2.5, Sections 1797.62, 1797.107, 1797.118, 1797.171, 1797.175, 1797.211, 1797.218 and 1797.2.

California Code of Regulations, Title 22, Division 9, Chapter 3, Section 100123, 100124 and 100125. Chapter 10, Article 4, Section 100347

California Penal Code, Sections 11075 and 11105.2

POLICY:

No individual shall hold himself or herself out to be an Advanced EMT (AEMT) unless that individual is currently certified as such by the S-SV EMS Agency.

DEFINITIONS:

A. Advanced Emergency Medical Technician (AEMT) – means:

1. A California certified EMT with additional training in limited advanced life support (LALS) according to the standards prescribed in the California Code of Regulations, Title 22, Division 9, Chapter 3, and who has a valid Advanced EMT wallet-sized certificate card issued pursuant to this policy, or;
2. An individual who was certified as an EMT-II prior to July 1, 2010, whose scope of practice includes the S-SV EMS approved Advanced EMT Scope of Practice as well as the Local Optional Scope of Practice specified in S-SV EMS policy Reference No. 802 ‘Advanced EMT Scope of Practice’, and who was part of an EMT-II program in effect on January 1, 1994.

B. Advanced EMT Certifying Entity – for the purposes of this policy means the S-SV EMS Agency Medical Director

Effective Date: 07/01/2011

Date last Reviewed / Revised: 06/11

Next Review Date: 06/2013

Page 1 of 10

Approved:

SIGNATURE ON FILE
S-SV EMS Medical Director

SIGNATURE ON FILE
S-SV EMS Regional Executive Director

**SUBJECT: ADVANCED EMT (AEMT) CERTIFICATION, RECERTIFICATION
AND ACCREDITATION**

PROCEDURE

I. INITIAL CERTIFICATION:

A. In order to be eligible for initial certification an individual shall:

1. Possess a current EMT certificate issued in the State of California.
2. Have an Advanced EMT course completion record or other documented proof of successful completion of the topics contained in an approved Advanced EMT training program.
3. Pass, by pre-established standards, a competency based written and skills Advanced EMT certifying examination developed by the Advanced EMT certifying entity and selected by the California EMS Authority. The examination shall include both written and skills testing portions designed to determine an individual's competence for certification as an Advanced EMT. On July 1, 2013, the California EMS Authority will transition to the National Registry of Emergency Medical Technicians Advanced EMT written and skills examination.
4. Complete the following criminal history background check requirements:
 - a. Submit a completed request for "Live Scan Applicant Submission Form, BCII 8016 (Rev 06/09)," to the California DOJ for a state and federal Criminal Offender Record Information (CORI) search in accordance with the provisions of Section 11105 (p) (1) of the California Penal Code; and,
 - b. The CORI request shall include a subsequent arrest notification report in accordance with the provisions of Section 11105.2 of the California Penal Code; and,
 - c. The Advanced EMT applicant will designate that both the state and federal CORI search results and the subsequent arrest notification reports shall be reported to the S-SV EMS Agency and the California EMS Authority.
5. Complete an application that contains the following statement:

"I hereby certify under penalty of perjury that all information on this application is true and correct to the best of my knowledge and belief, and I understand that any falsification or omission of material facts may cause forfeiture on my part of all rights to Advanced EMT certification in the state of California. I understand all information on this application is subject to verification, and I hereby give my express permission for this certifying entity to contact any person or agency for information related to my role and function as an Advanced EMT in California."

**SUBJECT: ADVANCED EMT (AEMT) CERTIFICATION AND
RECERTIFICATION**

6. Disclose any certification or licensure action:
 - a. Against any EMT related certification or license in California, and/or entity per statutes and/or regulations of that state or other issuing entity, including active investigations, or;
 - b. Against an EMT certificate, Advance EMT certificate or a Paramedic license, or health related license, or;
 - c. Any denial of certification by a LEMSA or in the case of paramedic licensure a denial by the California EMS Authority.
 7. Pay the established fees. Fees are non-refundable and non-transferable.
 8. Furnish a copy of a valid U.S. state-issued Drivers License or identification card.
 9. Furnish a copy of a current CPR certification which is taught to the curriculum standards of the American Heart Association, American Red Cross or the National Safety Council at the Health Care Provider or equivalent level.
 10. Provide proof of affiliation with an approved Advanced EMT and/or pre-existing EMT-II service provider.
 11. Complete a pre-certification field evaluation.
 12. Complete the additional training specified in the Advanced EMT Local Optional Scope of Practice, S-SV EMS policy Reference No. 802 'Advanced EMT Scope of Practice', if applicable.
- B. An individual, who possesses a current California Advanced EMT certificate in one or more counties in California, shall be eligible for certification upon fulfilling the requirements listed in sub-section A, items 2, 3, 4, 5, 6, 7, 8, 9 and 10 of this 'Initial Certification' section of the policy, and meets the following requirements:
1. Provides satisfactory evidence that his/her training included the required course content as specified in the Advanced EMT Model Curriculum, (EMSA #133, June 2008).
 2. Successfully completes training and demonstrates competency specified in the Advanced EMT Local Optional Scope of Practice, S-SV EMS policy Reference No. 802 'Advanced EMT Scope of Practice', if applicable.
- C. An individual currently licensed in California as a Paramedic is deemed to be certified as an Advanced EMT, except when the Paramedic license is under suspension, with no further testing required. In the case of a Paramedic license under suspension, the Paramedic shall apply to the S-SV EMS Agency for Advanced EMT certification.

**SUBJECT: ADVANCED EMT (AEMT) CERTIFICATION, RECERTIFICATION
AND ACCREDITATION**

- D. In order for an individual, whose National Registry EMT-Intermediate or Paramedic or out-of-state EMT-Intermediate certification or Paramedic license/certification has lapsed, to be eligible for certification in California as an Advanced EMT the individual shall:
1. For a lapse of less than six (6) months, the individual shall comply with the requirements listed in sub-section A, items 2, 3, 4, 5 and 6 of the 'Recertification' section of this policy.
 2. For a lapse of six (6) months or more, but less than twelve (12) months, the individual shall comply with the requirements listed in sub-section A, item 2 of the 'Recertification After Lapse in Certification' section of this policy.
 3. For a lapse of twelve (12) months or more, but less than twenty-four (24) months, the individual shall comply with the requirements listed in sub-section A, item 3 of the 'Recertification After Lapse in Certification' section of this policy.
 4. For a lapse of twenty-four (24) months or more, the individual shall complete an entire Advanced EMT course and comply with all of the requirements listed in sub-section A of this 'Initial Certification' section of the policy.
- E. An individual who possess a current and valid out-of-state or National Registry EMT-Intermediate certification or Paramedic license/certification shall be eligible for certification upon fulfilling the requirements listed in sub-section A, items 3, 4, 5, 6, 7, 8, 9 and 10 of this 'Initial Certification' section of the policy.
- F. A Physician, Registered Nurse, or a Physician Assistant currently licensed by the State of California shall be eligible for Advanced EMT certification upon:
1. Providing documentation that his/her training included the required course content as specified in the Advanced EMT Model Curriculum, (EMSA #133, June 2008).
 2. Successfully completing five (5) documented ALS contacts in a prehospital field internship which meet the following requirements:
 - a. An ALS patient contact shall be defined as the student performance, by the trainee, of one or more of the following skills on a patient:
 - Administration of intravenous fluids and/or medications specified in S-SV EMS policy Reference No. 802 'Advanced EMT Scope of Practice'.
 - Perilaryngeal airway adjunct insertion.
 - Insertion of intravenous lines to administer isotonic balanced salt solution on patients.
 - Defibrillation of a patient in ventricular fibrillation.

**SUBJECT: ADVANCED EMT (AEMT) CERTIFICATION AND
RECERTIFICATION**

- b. The five (5) ALS patient contacts shall be distributed among these skills. Each ALS patient contact by an Advanced EMT student shall be documented in writing on a standard form and shall be signed by the training program medical director as verification of the fact that the ALS contact met the criteria set forth in this section.
3. Fulfilling the requirements listed in sub-section A, items 3, 4, 5, 6, 7, 8, 9 and 10 of this 'Initial Certification' section of the policy.
- G. The Advanced EMT certifying entity shall provide for adequate certification tests to accommodate the eligible individuals requesting certification within their area of jurisdiction, but in no case less than once per year, unless otherwise specified by the S-SV EMS Agency.
 - H. The Advanced EMT certifying entity may waive portions of, or all of, the certifying examination for individuals who are currently certified as an Advanced EMT or EMT II in California. In such situations, the S-SV EMS Medical Director shall issue a certificate, which shall have as its expiration date, a date not to exceed the expiration date on the individual's current certificate.
 - I. An individual currently accredited by a California LEMSA in the EMT Optional Skills contained in California Code of Regulations, Title 22, Division 9, Chapter 2, Section 100064 may be given credit for training and experience for those topics and scope of practice items contained in S-SV EMS policy Reference No. 802 'Advanced EMT Scope of Practice'. The S-SV EMS Agency shall evaluate prior training and competence in the EMT Optional Skills and determine what, if any, supplemental training and certification testing is required for an individual to be certified as an Advanced EMT. This provision will sunset on July 1, 2011.
 - J. The Advanced EMT certifying entity shall issue a wallet-sized certificate card to eligible individuals, using the single California EMS Authority approved wallet-sized certificate card format. The wallet-sized certificate card shall contain the following:
 1. Name of the individual certified.
 2. Date the certificate was issued.
 3. Date of expiration.
 4. Certification status.
 5. Registry number, generated by the registry.
 - K. All California issued Advanced EMT wallet-sized certificate cards shall be printed by the Advanced EMT certifying entity using the central registry criteria, pursuant to California Code of Regulations, Title 22, Division 9, Chapter 10, Section 100344.

SUBJECT: ADVANCED EMT (AEMT) CERTIFICATION, RECERTIFICATION AND ACCREDITATION

- L. The effective date of certification shall be the date the individual satisfactorily completes all certification requirements and has applied for certification. Certification as an Advanced EMT shall be valid for a maximum of two (2) years from the effective date of certification. The certification expiration date shall be the final day of the month of the two (2) year period.
- M. An individual currently certified as an Advanced EMT by the provisions of this 'Initial Certification' section of the policy is deemed to be certified as an EMT with no further testing required.
- N. The Advanced EMT shall be responsible for notifying the Advanced EMT certifying entity of her/his proper and current mailing address and shall notify the Advanced EMT certifying entity in writing within thirty (30) calendar days of any and all changes of the mailing address, giving both the old and the new address, and Advanced EMT registry number.
- O. The Advanced EMT certifying entity shall issue, within forty-five (45) calendar days of receipt of a complete application as specified in the 'Initial Certification' section of this policy, a wallet sized Advanced EMT certificate card to eligible individuals who apply for an Advanced EMT certificate and successfully complete the Advanced EMT certification requirements.
- P. An Advanced EMT shall only be certified by one (1) Advanced EMT certifying entity during a certification period.

II. RECERIFICATION

- A. In order to recertify, an Advanced EMT shall:
 - 1. Possess a current Advanced EMT Certification issued in California.
 - 2. Obtain at least thirty-six (36) hours of continuing education hours (CEH) from an approved continuing education (CE) provider in accordance with the requirements contained in S-SV EMS 'EMT / AEMT Continuing Education Requirement Overview' Policy, Reference No. 1001-A.
 - 3. Disclose any certification or licensure action against an EMT, Advanced EMT, EMT-II certificate or a Paramedic license or any denial of certification by a LEMSA or in the case of Paramedic licensure, a denial by the California EMS Authority.
 - 4. Complete the criminal history background check listed in sub-section A, item 4 of the 'Initial Certification' section of this policy, if not previously completed.
 - 5. Complete an application and other processes as specified in sub-section A, items 5, 7, 8, 9 and 10 of the 'Initial Certification' section of this policy.

**SUBJECT: ADVANCED EMT (AEMT) CERTIFICATION AND
RECERTIFICATION**

6. Submit a completed Advanced EMT skills competency verification form, EMSA-AEMT SCVF (S-SV EMS Reference No. 902-A).
 - a. Skills competency shall be verified by direct observation of an actual or simulated patient contact. Skills competency shall be verified by an individual who is currently certified or licensed as an Advanced EMT, Paramedic, Registered Nurse, Physician Assistant, or Physician and who shall be designated as part of a skills competency verification process approved by the S-SV EMS Agency. The skills requiring verification of competency are:
 - Injection (IM or SQ)
 - Peripheral IV
 - IV Push Medication
 - Inhaled medications
 - Blood Glucose Determination
 - Perilaryngeal Airway Adjunct
 - B. If the Advanced EMT recertification requirements are met within six (6) months prior to the expiration date, the Advanced EMT certifying entity shall make the effective date of certification the date immediately following the expiration date of the current certificate. The certification expiration date will be the final day of the final month of the two (2) year period.
 - C. If the Advanced EMT recertification requirements are met greater than six (6) months prior to the expiration date, the Advanced EMT certifying entity shall make the effective date of certification the date the individual satisfactorily completes all certification requirements and has applied for certification. The certification expiration date shall not exceed two (2) years and shall be the final day of the final month of the two (2) year period.
 - D. An individual who is deployed for active duty with a branch of the Armed Forces of the United States, whose Advanced EMT or EMT-II certificate expires during the time the individual is on active duty or less than six (6) months from the date the individual is deactivated/released from active duty, may be given an extension of the expiration date of his/her Advanced EMT certificate for up to six (6) months from the date of the individual's deactivation/release from active duty in order to meet the renewal requirements for his/her Advanced EMT certificate upon compliance with the following provisions:
 1. Provide documentation from the respective branch of the Armed Forces of the United States verifying the individual's dates of activation and deactivation / release from active duty.
 2. If there is no lapse in certification, meet the requirements of sub-section A, items 1 through 6 of this 'Recertification' section of this policy. If there is a lapse in certification, meet the requirements listed in the 'Recertification After Lapse in Certification' section of this policy.

**SUBJECT: ADVANCED EMT (AEMT) CERTIFICATION, RECERTIFICATION
AND ACCREDITATION**

3. Provide documentation showing that the CE activities submitted for the certification renewal period were taken not earlier than thirty (30) days prior to the effective date of the individual's Advanced EMT or EMT-II certificate that was valid when he/she was activated for duty and not later than six (6) months from the date of deactivation/release from active duty.
 - a. For an individuals whose active duty required him/her to use his/her Advanced EMT or EMT-II skills, credit may be given for documented training that meets the requirements contained in S-SV EMS 'EMT / AEMT Continuing Education Requirement Overview' Policy, Reference No. 1001-A while the individual was on active duty. The documentation shall include verification from the individual's Commanding Officer attesting to the classes attended.
- E. The Advanced EMT certifying entity shall issue a wallet-sized certificate card to eligible individuals who apply for Advanced EMT recertification. The certificate shall contain the information listed in sub-section J of the 'Initial Certification' section of this policy.

III. RECERTIFICATION AFTER LAPSE IN CERTIFICATION

- A. The following requirements shall apply to an individual whose Advanced EMT Certification has lapsed to be eligible for recertification:
 1. For a lapse of less than six (6) months, the individual shall comply with the requirements listed in sub-section A, items 2, 3, 4, 5 and 6 of the 'Recertification' section of this policy.
 2. For a lapse of six (6) months or more, but less than twelve (12) months, the individual shall comply with the requirements listed in sub-section A, items 2, 3, 4, 5 and 6 of the 'Recertification' section of this policy, and complete an additional twelve (12) hours of continuing education for a total of forty-eight (48) hours of training.
 3. For a lapse of twelve (12) months or more, but less than twenty-four (24) months, the individual shall comply with the requirements listed in sub-section A, items 2, 3, 4, 5 and 6 of the 'Recertification' section of this policy, and complete an additional twenty-four (24) hours of continuing education for a total of sixty (60) hours of training. The individual shall also pass the written and skills certification exam as specified in sub-section A, item 3 of the 'Initial Certification' section of this policy.
 4. For a lapse of greater than twenty-four (24) months, the individual shall complete an entire Advanced EMT course and comply with all of the requirements listed in sub-section A of the 'Initial Certification' section of this policy.

**SUBJECT: ADVANCED EMT (AEMT) CERTIFICATION AND
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- B. Individuals who are a member of the reserves and are deployed for active duty with a branch of the Armed Forces of the United States, whose Advanced EMT or EMT-II certificate expires during the time they are on active duty may be given an extension of the expiration date of their Advanced EMT or EMT-II certificate for up to six (6) months from the date of their deactivation/release from active duty in order to meet the renewal requirements for their Advanced EMT certificate upon compliance with the provisions listed in sub-section D of the 'Recertification' section of this policy, and sub-section A of this 'Recertification After Lapse in Certification' section of the policy.
- C. The effective date of recertification shall be the date the individual satisfactorily completes all certification requirements and has applied for recertification. The certification expiration date shall be the final day of the final month of the two (2) year period.
- D. The Advance EMT certifying entity shall issue a wallet-sized certificate card to eligible individuals who apply for recertification and successfully complete the recertification requirements. The certificate shall contain the information listed in sub-section J of the 'Initial Certification' section of this policy.

IV. LOCAL ACCREDITATION

Advanced EMT personnel who are currently certified by another LEMSA may be accredited to work as an Advanced EMT in the S-SV EMS Region upon meeting the following criteria:

- A. Maintain certification in good standing as an Advanced EMT with another California LEMSA at all times while working as an Advanced EMT in the S-SV EMS Region.
 - 1. The individual must provide the S-SV EMS Agency with a current copy of their Advanced EMT Certification from another LEMSA upon initial accreditation and must provide a copy of their new certification card to the S-SV EMS Agency for reaccreditation upon Advanced EMT recertification with another LEMSA.
 - 2. The S-SV EMS approved LALS relevant employer is responsible for ensuring that the individuals Advanced EMT certification from another LEMSA is current and valid when they are working as an Advanced EMT in the S-SV EMS Region.
 - 3. The individual is not allowed to work as an Advanced EMT in the S-SV EMS Region if their Advanced EMT Certification from another LEMSA is suspended or revoked.
 - 4. The individual and the S-SV EMS approved LALS relevant employer must notify the S-SV EMS Agency within three (3) working days of notification of any action taken related to the individuals Advanced EMT Certification from

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another LEMSA including probation, suspension or revocation of their Advanced EMT Certification.

- B. Maintain employment with an S-SV EMS Approved LALS provider.
 - 1. The individual must work only part time as an Advanced EMT in the S-SV EMS Region.
 - 2. Individuals who work solely or primarily as an Advanced EMT in the S-SV EMS Region must be certified as an Advanced EMT by the S-SV EMS Agency.
- C. Furnish a copy of a U.S government issued Drivers License or identification card for identification purposes upon initial accreditation.
- D. Complete an S-SV EMS orientation class and pass an S-SV EMS examination on S-SV EMS policies and protocols with a minimum score of 80%. If the examination is failed twice, an orientation shall be repeated prior to re-testing.
- E. An Advanced EMT certified by another LEMSA will follow S-SV EMS policies and protocols when working as an Advanced EMT in the S-SV EMS Region.
- F. All other California State Regulations and S-SV EMS policies regarding Advanced EMT incident investigations, determination of action, notification and administrative hearing processes will apply to Advanced EMT personnel who are certified by another LEMSA and accredited to work as an Advanced EMT in the S-SV EMS Region.

V. APPLICATION PROCESSING

- A. A completed and signed application and all required supporting documentation must be submitted to the S-SV EMS Agency prior to processing. Incomplete applications will not be processed.
 - 1. Incomplete applications will be maintained by the S-SV EMS Agency for 60 days awaiting required supporting documentation. All applications not completed within 60 days will be destroyed.
- B. The S-SV EMS Agency will process completed applications within 10 business days.

CROSS REFERENCES:

Policy and Procedure Manual

EMT / AEMT Incident Investigations, Determination of Action, Notification and Administrative Hearing Process, Reference No. 903

**SIERRA-SACRAMENTO VALLEY EMS AGENCY
PROGRAM POLICY**

REFERENCE NO. 903

**SUBJECT: EMT / AEMT DENIAL OF CERTIFICATION / ACCREDITATION,
INCIDENT INVESTIGATION, DETERMINATION OF ACTION,
NOTIFICATION AND ADMINISTRATIVE HEARING PROCESS**

PURPOSE:

To establish a policy and procedure governing denial of an EMT or Advanced EMT certificate or EMT optional skill accreditation, reportable situations regarding an EMT or AEMT certificate or EMT optional skill accreditation holder, and the evaluation and determination regarding whether or not disciplinary cause exists.

AUTHORITY:

California Health and Safety Code, Division 2.5, Chapter 4 and 5.

California Code of Regulations, Title 22, Chapter 6.

POLICY:

Any information received from any source, including discovery through medical audit or routine follow-up on complaints, which purports a violation of, or deviation from, state or local EMS laws, regulations, policies, procedures or protocols will be evaluated pursuant to this policy and consistent with the California Code of Regulations, Title 22, Division 9, Chapter 6.

DEFINITIONS:

Accreditation – as used in this policy means S-SV EMS Agency EMT optional skill accreditation.

AGENCY – as used in this policy means the Sierra-Sacramento Valley EMS Agency.

Applicant – means an individual who is applying for initial EMT / AEMT certification with the S-SV EMS Agency.

Certificate – means a valid Emergency Medical Technician (EMT) or Advanced EMT (AEMT) certificate issued pursuant to Division 2.5 of the California Health and Safety Code.

Effective Date: 09/01/2011

Date last Reviewed / Revised: 08/11

Next Review Date: 08/2014

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Approved:

SIGNATURE ON FILE
S-SV EMS Medical Director

SIGNATURE ON FILE
S-SV EMS Regional Executive Director

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Certifying Entity – means a public safety agency or the office of the State Fire Marshal if the agency has a training program for EMT personnel that is approved pursuant to the standards developed pursuant to Section 1797.109 of the Health and Safety Code, or the medical director of the local EMS Agency (LEMSA).

Certification / Accreditation Action – means those actions that may be taken by the medical director that include denial, suspension, revocation of a certificate / accreditation, or placing a certificate / accreditation holder on probation.

Certificate / Accreditation Holder – as used in this policy, shall mean the holder of a certificate / accreditation, as those terms are described above.

Discipline – means either a disciplinary plan taken by a relevant employer as described under the definition of ‘Disciplinary Plan’ in this section, or certification / accreditation action taken by the medical director as described under the definition of ‘Medical Director’ in this section, or both a disciplinary plan and certification / accreditation action.

Disciplinary Cause – means an act that is substantially related to the qualifications, functions, and duties of an EMT or AEMT and is evidence of a threat to the public health and safety, per Health and Safety Code Section 1798.200.

Disciplinary Plan – means a written plan of action that can be taken by a relevant employer as a consequence of any action listed in Section 1798.200 (c) of the California Health and Safety Code.

Medical Director – as used in this policy means the S-SV EMS Agency Medical Director.

Model Disciplinary Orders (MDO) – means the “RECOMMENDED GUIDELINES FOR DISCIPLINARY ORDERS AND CONDITIONS OF PROBATION FOR EMT (BASIC) AND ADVANCED EMT” (EMSA document #134, 12/2/09) which were developed to provide consistent and equitable discipline in cases dealing with disciplinary cause.

Multiple Certificate Holder – means a person who holds an EMT and an AEMT certificate.

Relevant employer(s) – means those ambulance services permitted by the Department of the California Highway Patrol or a public safety agency that the certificate holder works for or was working for at the time of the incident under review, as an EMT or AEMT either as a paid employee or a volunteer.

**SUBJECT: EMT / AEMT DENIAL OF CERTIFICATION / ACCREDITATION,
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PROCEDURE

I. APPLICATION OF THIS POLICY

- A. The certifying entity, relevant employer, or AGENCY shall adhere to the provisions of this policy, in applicable situations, when investigating or implementing any actions for disciplinary cause.
- B. In order to take disciplinary or certification / accreditation action on an EMT or AEMT, it must first be determined that a disciplinary cause has occurred by the applicant or certificate / accreditation holder and there exists a threat to the public health and safety, as evidenced by the occurrence of any of the actions listed in Section 1798.200(c) of the California Health and Safety Code by the applicant or certificate / accreditation holder.
- C. An application for certification / accreditation or recertification / reaccreditation shall be denied without prejudice and does not require an administrative hearing, when an applicant does not meet the requirements for certification / accreditation or recertification / reaccreditation, including but not limited to, failure to pass a certification / accreditation or recertification / reaccreditation examination, lack of sufficient continuing education or documentation of a completed refresher course, failure to furnish additional information or documents requested by the certifying entity, or failure to pay any required fees. The denial shall be in effect until all requirements for certification / accreditation or recertification / reaccreditation are met. If a certificate expires before recertification requirements are met, the certificate shall be deemed a lapsed certificate and subject to the provisions pertaining to lapsed certificates.
- D. Nothing in this policy shall be construed to limit the authority of a base hospital medical director to provide supervision and medical control for prehospital emergency medical care personnel, as specified in S-SV EMS medical control policies and procedures, developed pursuant to requirements of Division 2.5 of the California Health and Safety Code and of Chapters 3 and 4 of the California Code of Regulations for medical control and supervision.

**II. SUBSTANTIAL RELATIONSHIP CRITERIA FOR THE DENIAL,
PLACEMENT ON PROBATION, SUSPENSION, OR REVOCATION OF A
CERTIFICATE / ACCREDITATION.**

- A. For the purposes of denial, placement on probation, suspension, or revocation of a certificate / accreditation, pursuant to Section 1798.200(c) of the Health and Safety Code, a crime or act shall be considered to be substantially related to the qualifications, functions, or duties of an applicant or certificate / accreditation holder if to a substantial degree it evidences unfitness of a certificate / accreditation holder to perform the functions authorized by the certificate / accreditation in that it poses a threat to the public health and safety.

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- B. For the purposes of a crime, the record of conviction or a certified copy of the record shall be conclusive evidence of such conviction.
1. "Crime" means any act in violation of the penal laws of this state, any other state, or federal laws. This also means violation(s) of any statute which impose criminal penalties for such violations.
 2. "Conviction" means the final judgment on a verdict of finding of guilty, a plea of guilty, or a plea of nolo contendere.
- C. The AGENCY, when determining the certification / accreditation action to be imposed or reviewing a petition for reinstatement or reduction of penalty under Section 11522 of the Government Code, shall evaluate the rehabilitation of the applicant and present eligibility for certification / accreditation of the respondent. When the certification / accreditation action warranted is probation, denial, suspension, or revocation the following factors may be considered:
1. Nature and severity of the act(s), offense(s), or crime(s) under consideration;
 2. Actual or potential harm to the public;
 3. Actual or potential harm to any patient;
 4. Prior disciplinary record;
 5. Prior warnings on record or prior remediation;
 6. Number and/or variety of current violations;
 7. Aggravating evidence;
 8. Mitigating evidence;
 9. Rehabilitation evidence;
 10. In the case of a criminal conviction, compliance with terms of the sentence and/or court-ordered probation;
 11. Overall criminal record;
 12. Time that has elapsed since the act(s) or offense(s) occurred;
 13. If applicable, evidence of expungement proceedings pursuant to Penal Code 1203.4.

**SUBJECT: EMT / AEMT DENIAL OF CERTIFICATION / ACCREDITATION,
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14. In determining appropriate certification / accreditation disciplinary action, the AGENCY medical director may give credit for prior disciplinary action imposed by the respondent's employer.

III. RESPONSIBILITIES OF RELEVANT EMPLOYER

Under the provisions of this policy, relevant employers:

- A. May conduct investigations to determine disciplinary cause.
- B. Upon determination of disciplinary cause, the relevant employer may develop and implement, a disciplinary plan, in accordance with the MDOs.
 1. The relevant employer shall submit that disciplinary plan to the AGENCY along with the relevant findings of the investigation related to disciplinary cause, within three (3) working days of adoption of the disciplinary plan. In the case where the certificate was issued by a non-LEMSA certifying entity, the disciplinary plan shall be submitted to the LEMSA that has jurisdiction in the county in which the headquarters of the certifying entity is located.
 2. The employer's disciplinary plan may include a recommendation that the medical director consider taking action against the holder's certificate / accreditation to include denial of certification / accreditation, suspension of certification / accreditation, revocation of certification / accreditation, or placing a certificate / accreditation on probation.
- C. Shall notify the medical director within three (3) working days after an allegation has been validated as potential for disciplinary cause.
- D. Shall notify the medical director within three (3) working days of the occurrence of any of following:
 1. The EMT or AEMT is terminated or suspended for a disciplinary cause; or,
 2. The EMT or AEMT resigns or retires following notification of an impending investigation based upon evidence that would indicate the existence of a disciplinary cause; or,
 3. The EMT or AEMT is removed from employment related duties for a disciplinary cause after the completion of the employer's investigation.

IV. JURISDICTION OF THE MEDICAL DIRECTOR

- A. The medical director who issued the certificate / accreditation, or in the case where the certificate was issued by a non-LEMSA certifying entity, the LEMSA medical director that has jurisdiction in the county in which the headquarters of

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the certifying entity is located, shall conduct investigations to validate allegations for disciplinary cause when the certificate / accreditation holder is not an employee of a relevant employer or the relevant employer does not conduct an investigation. Upon determination of disciplinary cause, the medical director may take certification / accreditation action as necessary against an EMT or AEMT certificate / accreditation.

- B. The medical director may, upon determination of disciplinary cause and according to the provisions of this policy, take certification / accreditation action against an applicant, EMT or AEMT to deny, suspend, or revoke, or place a certificate / accreditation holder on probation, upon the findings by the medical director of the occurrence of any of the actions listed in Health and Safety Code, Section 1798.200 (c) and for which any of the following conditions are true:
1. The relevant employer, after conducting an investigation, failed to impose discipline for the conduct under investigation, or the medical director makes a determination that discipline imposed by the relevant employer was not in accordance with the MDOs and the conduct of the certificate / accreditation holder constitutes grounds for certification / accreditation action.
 2. The medical director determines, following an investigation conducted in accordance with this policy, that the conduct requires certification / accreditation action.
- C. The medical director, after consultation with the relevant employer or without consultation when no relevant employer exists, may temporarily suspend, prior to a hearing, an EMT or AEMT certificate / accreditation upon a determination of the following:
1. The certificate / accreditation holder has engaged in acts or omissions that constitute grounds for revocation of the EMT or AEMT certificate / accreditation; and,
 2. Permitting the certificate / accreditation holder to continue to engage in certified / accredited activity without restriction poses an imminent threat to the public health and safety.
- D. If the medical director takes any certification action, s/he shall notify the State EMS Authority of the findings of the investigation and the certification action taken by entering this information directly into the State Central Registry. Any accreditation action will be documented and maintained by the S-SV EMS Agency.

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V. EVALUATION OF INFORMATION

- A. A relevant employer who receives an allegation of conduct listed in Section 1798.200 (c) of the Health and Safety Code against an EMT or AEMT and once the allegation is validated, shall notify the medical director, within three (3) working days, of the certificate / accreditation holder's name, certification / accreditation number, and the allegation(s).
- B. When the AGENCY receives a complaint against a certificate / accreditation holder, the AGENCY shall forward the original complaint and any supporting documentation to the relevant employer for investigation, if there is a relevant employer, within three (3) working days of receipt of the information. If there is no relevant employer or the relevant employer does not wish to investigate the complaint, the medical director shall evaluate the information received from a credible source, including but not limited to, information obtained from an application, medical audit, or public complaint, alleging or indicating the possibility of a threat to the public health and safety by the action of an applicant for, or holder of, a certificate / accreditation issued by the AGENCY or pursuant to Division 2.5 of the California Health and Safety Code.
- C. The relevant employer or medical director shall conduct an investigation of the allegations in accordance with the provisions of this policy, if warranted.

VI. INVESTIGATIONS INVOLVING FIREFIGHTERS

- A. The rights and protections described in Chapter 9.6 of the Government Code shall only apply to a firefighter during events and circumstances involving the performance of his or her official duties.
- B. All investigations involving EMT and AEMT personnel who are employed by a public safety agency as a firefighter shall be conducted in accordance with Chapter 9.6 of the Government Code, Section 3250 et. seq.

VII. DETERMINATION OF CERTIFICATION / ACCREDITATION ACTION

- A. Certification / accreditation action relative to the individual's certificate(s) / accreditation(s) shall be taken as a result of the findings of the investigation.
- B. Upon determining the disciplinary or certification / accreditation action to be taken, the relevant employer or medical director shall complete and place in the personnel file or any other file used for any personnel purposes by the relevant employer or the AGENCY, a statement certifying the decision made and the date the decision was made. The decision must contain findings of fact and a determination of issues, together with the disciplinary plan and the date the disciplinary plan shall take effect.

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- C. In the case of a temporary suspension order pursuant to section IV, subsection C of this policy, it shall take effect upon the date the notice required by Section IX, subsection C of this policy is mailed to the certificate / accreditation holder.
- D. For all other certification / accreditation actions, the effective date shall be thirty days from the date the notice is mailed to the applicant for, or holder of, a certificate / accreditation unless another time is specified or an appeal is made.

VIII. TEMPORARY SUSPENSION ORDER

- A. The medical director may temporarily suspend a certificate prior to a hearing if, the certificate holder has engaged in acts or omissions that constitute grounds for denial or revocation according to Section X, subsection C, items 2 and 3, and if in the opinion of the medical director permitting the certificate / accreditation holder to continue to engage in certified / accredited activity would pose an imminent threat to the public health and safety.
- B. The medical director may temporarily suspend an accreditation prior to a hearing if, the accreditation holder has engaged in acts or omissions that constitute grounds for denial or revocation, and if in the opinion of the medical director permitting the accreditation holder to continue to engage in accredited activity would pose an imminent threat to the public health and safety.
- C. Prior to, or concurrent with, initiation of a temporary suspension order of a certificate / accreditation pending hearing, the medical director shall consult with the relevant employer of the certificate / accreditation holder.
- D. The notice of temporary suspension pending hearing shall be served by registered mail or by personal service to the certificate / accreditation holder immediately, but no longer than three (3) working days from making the decision to issue the temporary suspension. The notice shall include the allegations that allowing the certificate / accreditation holder to continue to engage in certified / accredited activities would pose an imminent threat to the public health and safety.
- E. Within three (3) working days of the initiation of the temporary suspension by the AGENCY, the AGENCY and relevant employer shall jointly investigate the allegation in order for the AGENCY to make a determination of the continuation of the temporary suspension.
 - 1. All investigatory information, not otherwise protected by the law, held by the AGENCY and the relevant employer shall be shared between the parties via facsimile transmission or overnight mail relative to the decision to temporarily suspend.

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2. The AGENCY shall serve within fifteen (15) calendar days an accusation pursuant to Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code (Administrative Procedures Act).
3. If the certificate / accreditation holder files a Notice of Defense, the administrative hearing shall be held within thirty (30) calendar days of the AGENCY's receipt of the Notice of Defense.
4. The temporary suspension order shall be deemed vacated if the AGENCY fails to serve an accusation within fifteen (15) calendar days or fails to make a final determination on the merits within fifteen (15) calendar days after the Administrative Law Judge (ALJ) renders a proposed decision.

IX. DUE PROCESS: APPEAL OF CERTIFICATION / ACCREDITATION ACTION

The appeal of certification / accreditation action process shall be in accordance with Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code.

- A. The applicant or certificate / accreditation holder may appeal a certification / accreditation action by providing a formal letter of appeal to the AGENCY. This letter shall clearly state that the applicant or certificate / accreditation holder wishes to appeal the certification / accreditation action that has been determined by the AGENCY.
- B. Upon receipt of a certification / accreditation action letter of appeal, the AGENCY will be responsible for initiating the ALJ hearing process and will provide the applicant or certificate / accreditation holder with all appropriate information regarding the ALJ hearing process.

X. FINAL DETERMINATION OF CERTIFICATION / ACCREDITATION ACTION BY THE MEDICAL DIRECTOR

Upon determination of certification / accreditation action following an investigation, and appeal of certification / accreditation action pursuant to Section IX of this policy, if the respondent so chooses, the medical director may take the following final actions on an EMT or AEMT certificate / accreditation:

- A. Place the Certificate / Accreditation Holder on Probation.

Pursuant to section I of this policy, the medical director may place a certificate / accreditation holder on probation any time an infraction or performance deficiency occurs which indicates a need to monitor the certificate / accreditation holder's conduct in the EMS system, in order to protect the public health and safety. The term of the probation and any conditions shall be in accordance with

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the MDOs. The medical director may revoke the EMT or AEMT certificate / accreditation if the certificate / accreditation holder fails to successfully complete the terms of probation.

B. Suspension of a Certificate / Accreditation.

1. The medical director may suspend an individual's EMT or AEMT certificate / accreditation for a specified period of time for disciplinary cause in order to protect the public health and safety.
2. The term of the suspension and any conditions for reinstatement shall be in accordance with the MDOs.
3. Upon the expiration of the term of suspension, the individual's certificate / accreditation shall be reinstated only when all conditions for reinstatement have been met. The medical director shall continue the suspension until all conditions for reinstatement have been met.
4. If the suspension period will run past the expiration date of the certificate / accreditation, the EMT / AEMT shall meet the recertification / reaccreditation requirements for certificate / accreditation renewal prior to the expiration date of the certificate / accreditation.

C. Denial or Revocation of a Certificate / Accreditation.

1. The medical director may deny or revoke any EMT or AEMT certificate / accreditation for disciplinary cause that has been investigated and verified by application of this policy.
2. The medical director shall deny or revoke an EMT or AEMT certificate / accreditation if any of the following apply to the applicant:
 - a. Has committed any sexually related offense specified under Section 290 of the Penal Code.
 - b. Has been convicted of murder, attempted murder, or murder for hire.
 - c. Has been convicted of two (2) or more felonies.
 - d. Is on parole or probation for any felony.
 - e. Has been convicted and released from incarceration for said offense during the preceding fifteen (15) years for the crime of manslaughter or involuntary manslaughter.
 - f. Has been convicted and released from incarceration for said offense during the preceding ten (10) years for any offense punishable as a felony.
 - g. Has been convicted of two (2) or more misdemeanors within the preceding five (5) years for any offense relating to the use, sale, possession, or transportation of narcotics or addictive or dangerous drugs.

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- h. Has been convicted of two (2) or more misdemeanors within the preceding five (5) years for any offence relating to force, threat, violence, or intimidation.
 - i. Has been convicted within the preceding five (5) years of any theft related misdemeanor
3. The medical director may deny or revoke an EMT or AEMT certificate if any of the following apply to the applicant:
 - a. Has committed any act involving fraud or intentional dishonesty for personal gain within the preceding seven (7) years.
 - b. Is required to register pursuant to Section 11590 of the Health and Safety Code.
4. Subsection C, item 1 of this section shall not apply to convictions that have been pardoned by the Governor, and shall only apply to convictions where the applicant/certificate holder was prosecuted as an adult. Equivalent convictions from other states shall apply to the type of offenses listed in subsection C, items 2 and 3 of this section. As used in this Section, “felony” or “offense punishable as a felony” refers to an offense for which the law prescribes imprisonment in the state prison as either an alternative or the sole penalty, regardless of the sentence the particular defendant received.
5. This Section shall not apply to those EMT’s or EMT IIs who obtain their California certificate / S-SV EMS accreditation prior to July 1, 2010; unless:
 - a. The certificate / accreditation holder is convicted of any misdemeanor or felony after July 1, 2010.
 - b. The certificate / accreditation holder committed any sexually related offense specified under Section 290 of the Penal Code.
 - c. The certificate / accreditation holder failed to disclose to the certifying entity any prior convictions when completing his/her application for initial EMT or AEMT certification / accreditation or certification / accreditation renewal.
6. Nothing in this Section shall negate an individual’s right to appeal a denial of an EMT or AEMT certificate / accreditation pursuant to this policy.
7. Certification action by the medical director shall be valid statewide and honored by all certifying entities for a period of at least twelve (12) months from the effective date of the certification action. An EMT or AEMT whose application was denied or an EMT or AEMT whose certification was revoked by any LEMSA medical director in California shall not be eligible for EMT or AEMT application by any other certifying entity for a period of at least twelve (12) months from the effective date of the certification action. EMT’s or

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AEMT's whose certification is placed on probation must complete their probationary requirements with the LEMSA that imposed the probation.

**XI. NOTIFICATION OF FINAL DECISION OF CERTIFICATION /
ACCREDITATION ACTION**

- A. For the final decision of certification / accreditation action, the medical director shall notify the applicant or certificate / accreditation holder and his/her relevant employer(s) of the certification / accreditation action within ten (10) working days after making the final determination.
- B. The notification of final decision shall be served by registered mail or personal service and shall include the following information:
 - a. The specific allegations or evidence which resulted in the certification / accreditation action;
 - b. The certification / accreditation action(s) to be taken, and the effective date(s) of the certification / accreditation action(s), including the duration of the action(s);
 - c. Which certificate(s) / accreditation the certification action applies to in cases of holders of multiple certificates;
 - d. A statement that the certificate holder must report the certification action within ten (10) working days to any other LEMSA and relevant employer's in whose jurisdiction s/he uses the certificate.
 - e. A statement that the accreditation holder must report the accreditation action within ten (10) working days to any other relevant employer in the S-SV EMS region who is approved as an EMT optional skills provider.

CROSS REFERENCES:

Policy and Procedure Manual

EMT Certification & Recertification, Reference No. 901

Advanced EMT Certification & Recertification, Reference No. 902

EMT Optional Skill: Requirements for Accreditation, Reference No. 977

SIERRA-SACRAMENTO VALLEY EMS AGENCY PROGRAM POLICY

REFERENCE NO. 904

SUBJECT: EMERGENCY MEDICAL RESPONDER (EMR) CERTIFICATION & RECERTIFICATION

PURPOSE:

To provide a mechanism whereby individuals may acquire certification as an Emergency Medical Responder.

AUTHORITY:

California Health and Safety Code, Division 2.5, Sections 1797.204, 1797.210 & 1797.212.

California Code of Regulations, Title 22, Division 9, Chapter 1.5.

DEFINITIONS:

- A. **Agency** means the Sierra-Sacramento Valley Emergency Medical Services Agency.
- B. **Approved Training Program** means an Agency approved Emergency Medical Responder program which is taught in compliance with the National Highway Traffic Safety Administration National Emergency Medical Services Educational Standards and Instructional Guidelines.
- C. **Candidate** means an individual who is applying for certification or recertification as an Emergency Medical Responder.
- D. **Certification** means the issuance of a card or certificate which verifies that an individual has successfully met the requirements contained in this policy.
- E. **Emergency Medical Responder (EMR)** means an individual who has successfully completed a 48-60 hour Emergency Medical Responder course which meets or exceeds the requirements of the California Code of Regulations Title 22, Division 9, chapter 1.5 and the National Highway Traffic Safety Administration National Emergency Medical Services Educational Standards/Instructional Guidelines, and has met all certification requirements.

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SUBJECT: EMERGENCY MEDICAL RESPONDER (EMR) CERTIFICATION & RECERTIFICATION

- F. **First Responder** means an individual who has previously completed a First Responder course taught to the standards of the U.S. Department of Transportation's First Responder standard curriculum and has a First Responder certification and/or record of course completion.
- G. **Initial Certification** means certification of a candidate who has never held a valid Emergency Medical Responder certification with this Agency.
- H. **Recertification** means applying for a re-issuance of a certification issued by the Agency.
- I. **Lapsed Certification** means an individual whose certification has expired.

POLICY:

- A. Agency EMR certification is required for all applicable prehospital personnel working for a provider and/or in a county that requires such Agency certification.
- B. Prehospital personnel working for a provider and/or in a county that requires Agency EMR certification and who were previously certified at the First Responder level by another California LEMSA or a First Responder training program prior to the implementation of this policy, may continue to function at that level utilizing their current First Responder certification. These personnel are required to obtain Agency EMR certification upon the expiration of their current First Responder certification in order to continue to function in this capacity.
- C. Prehospital personnel working for a provider and/or in a county that does not require Agency certification may also obtain such certification, if they choose, after meeting all applicable certification/recertification requirements.
- D. The Agency shall issue an EMR certification to those candidates that meet the requirements of this policy.

PROCEDURE:

- A. All candidates for certification or recertification shall:
 - 1. Be eighteen (18) years of age or older.
 - 2. Submit a completed EMR certification / recertification application.
 - 3. Submit copies of the following:
 - a. A valid U.S. state-issued Drivers License or identification card. (initial certification only).

SUBJECT: EMERGENCY MEDICAL RESPONDER (EMR) CERTIFICATION & RECERTIFICATION

- b. A course completion record, previously issued First Responder certification card, or previously issued EMR certification card as indicated in this policy.
 - c. A current CPR certification which is taught to the curriculum standards of the American Heart Association, American Red Cross or the National Safety Council at the Health Care Provider or equivalent level.
4. Complete a live scan criminal background check by the State of California Department of Justice (DOJ) for the S-SV EMS Agency if not previously completed.
 5. Pay the certification fee. All fees are non-refundable and non-transferable.
- B. For Initial Certification (New candidates):
1. Application must be submitted to the Agency within six (6) months of the date of course completion.
 2. Submit an appropriate course completion record from one of the following:
 - a. An Agency approved EMR Training Program.
 - b. A First Responder training program taught to the standards of the U.S. Department of Transportation's First Responder standard curriculum. Course completion records from a First Responder Training program will only be accepted for six (6) months from the effective date of this policy. After that time candidates must provide a course completion from an approved EMR training program in order to obtain certification.
- C. For Initial Certification (Candidates previously certified as a First Responder):
1. Application must be submitted prior to the expiration of the candidate's current First Responder certification. If the candidate's current First Responder certification is expired, all requirements listed in this policy regarding a lapsed certification must be met.
 2. Submit a copy of a current First Responder certification card.
 3. Submit proof of at least 12 hours of EMS continuing education from an approved EMS continuing education provider or completion of a 12 hour EMR refresher course from an Agency approved training program.
 4. Submit a completed Agency approved EMR Verification of Skills Form, Reference 904-A.

SUBJECT: EMERGENCY MEDICAL RESPONDER (EMR) CERTIFICATION & RECERTIFICATION

D. For Recertification:

1. Submit a copy of a current EMR certification issued by the Agency.
2. Submit proof of at least 12 hours of EMS continuing education from an approved EMS continuing education provider or completion of a 12 hour EMR refresher course from an Agency approved training program.
3. Submit a completed Agency approved EMR Verification of Skills Form, Reference 904-A.

E. Upon successful completion of all certification requirements, the candidate will be issued certification for a maximum period of two (2) years. The certification expiration date will be the final day of the final month of the two (2) year period.

1. If the EMR applies for recertification within six (6) months prior to the expiration date of their current certificate, their new effective date of certification shall be the day after their current certification expires.
2. If the EMR applies for recertification more than six (6) months before their current certification expires, they will be issued a new beginning certification date effective the day that they meet the recertification requirements.
3. If the EMR with a lapsed certification applies for recertification, they will be issued a new beginning certification date effective the day that they meet the recertification requirements.

F. An individual with a lapsed certification may be certified/recertified as an EMR as follows:

1. Lapse of a previously issued First Responder certification:
 - a. Candidates with a lapsed First Responder certification are only eligible for certification as an EMR within six (6) months of the effective date of this policy.
 - b. The previously issued First Responder certification must have an expiration date within six (6) months from the time that the candidate is applying for EMR certification.
 - c. All other certification requirements listed under the 'For Initial Certification (Candidates previously certified as a First Responder)' section of this policy must be met.

SUBJECT: EMERGENCY MEDICAL RESPONDER (EMR) CERTIFICATION & RECERTIFICATION

2. Lapse of an Agency issued EMR certification:
 - a. For a lapse of less than six months, the candidate shall comply with all items listed in the 'Recertification' section of this policy.
 - b. For a lapse of six months or more, but less than twelve months, the candidate shall comply with all items listed in the 'Recertification' section of this policy and provide proof of an additional six hours of continuing education.
 - c. Candidates that are expired greater than twelve months are not eligible for EMR recertification.
 3. Candidates with a lapsed certification who successfully complete the process outlined in this section of the policy will be issued an EMR certification effective the day that they meet the recertification requirements. The certification expiration date will be the final day of the final month of the two (2) year period.
- G. EMR certification may be denied, or an EMR certification may be suspended or revoked if the candidate meets any of the following:
1. Has committed any sexually related offense specified under Section 290 of the Penal Code
 2. Been convicted of murder, attempted murder, or murder for hire
 3. Been convicted of two or more felonies
 4. Is on parole or probation for a felony
 5. Been convicted and released from incarceration during the preceding fifteen years of the crime of manslaughter or involuntary manslaughter
 6. Been convicted and released from incarceration during the preceding ten years from any offense punishable as a felony
 7. Been convicted of two misdemeanors within the preceding five years for any offense relating to the use, sale, possession, or transportation of narcotics or addictive or dangerous drugs
 8. Been convicted of two misdemeanors within the preceding five years for any offense relating to force, violence, threat, or intimidation
 9. Been convicted within the preceding five years of any theft related misdemeanor

SUBJECT: EMERGENCY MEDICAL RESPONDER (EMR) CERTIFICATION & RECERTIFICATION

10. Has committed any act within the preceding seven years involving fraud or intentional dishonesty for personal gain

APPLICATION PROCESSING

- A. A completed and signed application and all required supporting documentation must be submitted to the S-SV EMS Agency prior to processing. Incomplete applications will not be processed.
 1. Incomplete applications will be maintained by the S-SV EMS Agency for 60 days awaiting required supporting documentation. All applications not completed within 60 days will be destroyed.
- B. The S-SV EMS Agency will process completed applications within 10 business days.

SIERRA-SACRAMENTO VALLEY EMS AGENCY PROGRAM POLICY

REFERENCE NO. 913

SUBJECT: PARAMEDIC ACCREDITATION TO PRACTICE

PURPOSE:

To establish a mechanism for obtaining accreditation to practice as a paramedic in the S-SV EMS region, and to outline requirements for maintaining S-SV accreditation.

AUTHORITY:

California Health and Safety Code, Division 2.5, Sections 1797.84, 1797.185, 1797.194, 1797.214.

California Code of Regulations, Title 22, Division 9.

POLICY:

- A. In order to be eligible for accreditation, an individual shall:
1. Possess a valid Paramedic License issued in the State of California.
 2. Complete an S-SV Paramedic Accreditation application.
 3. Provide written proof of affiliation in the S-SV EMS region with an approved ALS service provider.
 4. Pay the accreditation fee.
 5. Provide a copy of California Driver's License or government issued photo identification card.
 6. Once the above steps are completed, attend an S-SV EMS approved orientation of the S-SV EMS system.
 7. Successfully complete and demonstrate competency in optional S-SV Paramedic Scope of Practice procedures/medications. Once successfully tested in any of these procedures/medications in any jurisdiction in California, no further testing shall be required if the testing agency or jurisdiction provides documentation.
 8. Successfully complete a supervised pre-accreditation field evaluation consisting of up to 10 ALS contacts.

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SUBJECT: PARAMEDIC ACCREDITATION TO PRACTICE

- a. This requirement shall be waived by providing documentation of five (5) ALS contacts in the S-SV region during the paramedic education program field internship.
 - b. This requirement shall be waived if the paramedic accreditation candidate has been actively employed as a field paramedic in the State of California, within the past six (6) months, and has a minimum of one (1) year's experience as a paramedic.
9. Pass an S-SV examination on S-SV policy/procedure and protocols with a minimum score of 80%. If the examination is failed twice, the orientation shall be repeated prior to re-testing.
 10. All of the above requirements shall be met within 60 days of completion of the S-SV orientation.
 11. Upon completion of all the above requirements, the individual will be issued an S-SV Paramedic Accreditation Card with effective and expiration dates. The S-SV Paramedic Accreditation Card will have the same expiration date as the individual's current California State Paramedic license.
- B. Requirements for Maintaining S-SV Paramedic Accreditation:

To maintain continuous accreditation, a paramedic shall:

1. Complete and submit an S-SV Paramedic Accreditation application.
2. Maintain and provide proof of continuous paramedic licensure in the State of California.
3. Maintain employment as a paramedic in the S-SV region with an approved ALS service provider.
4. Maintain and provide proof of PALS or PEPP recognition.

PALS/PEPP recognition will not be required at the time of initial accreditation in the S-SV region. PALS/PEPP recognition will be required at the time of paramedic re-accreditation.

5. Completion of S-SV EMS Agency mandated education, as required. This education includes, but is not limited to, policies, procedures, skills, medications and/or devices/equipment.
6. The ALS service provider will provide orientation to all Paramedic personnel for all new and/or revised policies/protocols and/or procedures.
 - a. The ALS service provider shall be responsible for ensuring that all field employees are kept current on local policies and procedures. This

SUBJECT: PARAMEDIC ACCREDITATION TO PRACTICE

includes part-time employees that may work shifts within the S-SV EMS region on an infrequent basis.

- b. The ALS service provider shall be responsible for ensuring that all S-SV mandatory education requirements are met/completed by all ALS personnel.

7. Upon submission of a completed application and copies of the current state license and PALS / PEPP recognition, the individual will be issued an S-SV Paramedic Accreditation Card with effective and expiration dates. The S-SV Paramedic Accreditation Card will have the same expiration date as the individual's current California State Paramedic license.

C. Lapse in maintaining S-SV Paramedic Accreditation Requirements:

A lapse in maintenance of S-SV requirements for paramedic accreditation shall require the following in order to be eligible for S-SV Paramedic Accreditation:

1. A lapse of less than one year:
 - a. Complete and submit an S-SV Paramedic Accreditation application ~~form~~.
2. A lapse of more than one year but less than two years:
 - a. Complete and submit an S-SV Paramedic Accreditation application ~~form~~.
 - b. Provide the S-SV EMS Agency with written documentation of completion of orientation/training by the employing ALS service provider to all S-SV EMS Agency protocol updates during the lapse of accreditation.
3. A lapse of more than two years:
 - a. All requirements for initial accreditation, as outlined in Section A of this policy, shall be met.

D. ALS Service Provider Agency Responsibilities:

If there is a change in the employment status of an S-SV accredited paramedic employee; the ALS service provider shall immediately submit a completed "S-SV Paramedic Employee Status Report", Reference No. 913-A, to the S-SV EMS Agency.

APPLICATION PROCESSING:

- A. A completed and signed application and all required supporting documentation must be submitted to the S-SV EMS Agency prior to processing. Incomplete applications will not be processed.

SUBJECT: PARAMEDIC ACCREDITATION TO PRACTICE

1. Incomplete applications will be maintained by the S-SV EMS Agency for 60 days awaiting required supporting documentation. All applications not completed within 60 days will be destroyed.

- B. The S-SV EMS Agency will process completed applications within 10 business days.

CROSS REFERENCES:

Policy and Procedure Manual

Paramedic Scope of Practice, Reference No. 803.

SIERRA-SACRAMENTO VALLEY EMS AGENCY PROGRAM POLICY

REFERENCE NO. 915

**SUBJECT: MOBILE INTENSIVE CARE NURSE AUTHORIZATION /
REAUTHORIZATION**

PURPOSE:

To establish a mechanism for obtaining authorization/reauthorization to practice as a Mobile Intensive Care Nurse (MICN) within the S-SV EMS region.

AUTHORITY:

California Health and Safety Code, Division 2.5, Sections 1797.56, 1797.200, 1798.100 and 1798.200.

California Code of Regulations, Title 22, Division 9, Chapter 4.

POLICY:

In order to be eligible for authorization/reauthorization to practice as an MICN in the S-SV EMS region, all applicants shall:

- A. Be currently licensed as a registered nurse in the State of California.
- B. Maintain CPR recognition and ACLS recognition.
- C. Be employed by an S-SV EMS base hospital and recommended for authorization/reauthorization.

INITIAL AUTHORIZATION:

Applicants shall have at least six months (1040 hours) of clinical experience within the last two years in the emergency department of an acute care hospital, and meet the criteria of one of the following categories in order to be eligible for authorization:

A. Initial Authorization (S-SV approved regional course), the individual shall:

- 1. Have an MICN Course Completion Record from an S-SV EMS Agency approved regional Mobile Intensive Care Nurse training program within the past 12 months.
- 2. If the S-SV approved course was completed over a period of one year, but less than two years prior to application, the individual shall:

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**SUBJECT: MOBILE INTENSIVE CARE NURSE AUTHORIZATION /
REAUTHORIZATION**

- a. Complete an S-SV EMS region orientation.
 - b. Successfully complete an S-SV base hospital MICN orientation, which shall include supervised ALS radio calls. The base hospital coordinator shall notify the S-SV EMS Agency, in writing, when the MICN applicant has demonstrated competency in providing “on-line” medical control utilizing S-SV policy/protocols.
 - c. Complete four hours of ambulance ride-along with an S-SV approved ALS service provider with two ALS contacts (If two ALS patient contacts are not completed, two ALS patient scenarios will be conducted by the paramedic).
 - d. Pass the S-SV EMS Regional MICN Authorization Examination with a minimum score of 80%. The MICN Authorization Examination may be repeated in two weeks. Subsequent retake examinations may be taken in two months.
3. If the S-SV approved course was completed over two years prior to application, and the individual has maintained authorization as an MICN in Sacramento County, the individual shall comply with the requirements in section (2) above.

B. Initial S-SV Authorization (non S-SV regional course), the applicant shall:

1. Provide proof of completion of a basic Mobile Intensive Care Nurse Course.
2. Complete an S-SV EMS region orientation.
3. Pass the S-SV EMS regional MICN Authorization Examination with a minimum score of 80%. The MICN Authorization Examination may be repeated in two weeks. Subsequent retake examinations may be taken in two months.
4. Complete four hours of ambulance ride-along with an S-SV approved ALS service provider with two ALS contacts (If two ALS patient contacts are not completed two ALS patient scenarios will be conducted by the paramedic).
5. Successfully complete an S-SV base hospital MICN orientation, which shall include supervised ALS radio calls. The base hospital coordinator shall notify the S-SV EMS Agency, in writing, when the MICN applicant has demonstrated competency in providing “on-line” medical control utilizing S-SV policy/protocols.

**SUBJECT: MOBILE INTENSIVE CARE NURSE AUTHORIZATION /
REAUTHORIZATION**

REAUTHORIZATION:

A. An MICN shall fulfill the following requirements in order to maintain current MICN authorization within the S-SV EMS region. Failure to comply means that the MICN has failed to maintain authorization and the individual shall not function as an MICN until the requirements are met.

1. Maintain license as a Registered Nurse in California.
2. Maintain CPR recognition.
3. Maintain ACLS recognition.
4. Complete a total of not less than twelve hours every two years of the following continuing education:
 - a. A minimum of four (4) hours prehospital care focused education of recorded or written patient care records, and
 - b. A minimum of four (4) hours of ambulance ride-along with an S-SV approved ALS service provider with two ALS contacts (If two ALS patient contacts are not completed, two ALS patient scenarios will be conducted by the paramedic).

NOTE: The remaining four (4) hours may be from either of the two above categories, at the MICN's discretion.

The MICN shall be given credit only for actual times in attendance.

5. Base hospital recommendation for reauthorization.
 - a. Each base hospital shall have a quality improvement program which includes the on-going monitoring and evaluation of MICN radio calls.
 - b. Recommendation for reauthorization shall be based on the results of the quality improvement MICN monitoring and evaluation.
- B. "Inactive" status.
 1. An MICN who does not meet the requirements specified in Reauthorization Section (above) shall be placed on "inactive" status. The base hospital coordinator shall be responsible for reporting the inactive status, in writing, to the S-SV EMS Agency.
 2. To resume active MICN status, the following requirements shall be met:
 - a. If the individual has been inactive for a period of less than 12 months:
 - Complete an orientation to current S-SV policies/procedures protocols. The orientation can be provided by the S-SV base hospital coordinator.
 - b. If the individual has been inactive for a period of more than one year but less than two years:

**SUBJECT: MOBILE INTENSIVE CARE NURSE AUTHORIZATION /
REAUTHORIZATION**

- Complete an S-SV EMS orientation.
 - Successfully complete an S-SV base hospital MICN orientation, which shall include ten supervised ALS radio calls.
 - Complete four (4) hours of ambulance ride-along with an S-SV approved ALS service provider with two ALS contacts (If two ALS patient contacts are not completed two ALS patient scenarios will be conducted by the paramedic).
- c. If the individual has been inactive for a period of more than two years:
- Pass the S-SV EMS regional MICN authorization examination with a minimum score of 80%. The MICN authorization examination may be repeated in two weeks. Subsequent retake examination may be taken in two months.
 - Complete initial authorization requirements.

NOTE: Inactive MICN status does not result in an extension of S-SV MICN authorization. If the individual's S-SV MICN authorization expires during the period of "inactive" status, S-SV reauthorization requirements shall also be met prior to returning to active status.

PROCEDURE:

Eligible candidates shall complete/meet the following:

- A. Complete an S-SV application form.
- B. Pay S-SV authorization/reauthorization fee.
- C. Provide documentation/evidence of the following:
 1. Valid and current licensure as a Registered Nurse in the State of California.
 2. Mobile Intensive Care Nurse Course Completion Record or completion of 12 hours of required continuing education.
 3. Current CPR recognition.
 4. Current ACLS recognition.
 5. Employment in an S-SV base hospital emergency department, with recommendation for authorization/reauthorization.

**SUBJECT: MOBILE INTENSIVE CARE NURSE AUTHORIZATION /
REAUTHORIZATION**

6. For initial authorization, proof of six months (1040 hours) of emergency department clinical experience as a registered nurse within the last two years.
- D. Successfully complete applicable orientation, ride-along, supervised radio contacts and/or testing as required.
- E. Provide a copy of a U.S. government issued photo identification card.

NOTE: Upon completion of the above requirements: authorization/reauthorization will be for a period of two years from the date of completion of all S-SV authorization / reauthorization requests.

APPLICATION PROCESSING:

- A. A completed and signed application and all required supporting documentation must be submitted to the S-SV EMS Agency prior to processing. Incomplete applications will not be processed.
 1. Incomplete applications will be maintained by the S-SV EMS Agency for 60 days awaiting required supporting documentation. All applications not completed within 60 days will be destroyed.
- B. The S-SV EMS Agency will process completed applications within 10 business days.

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SIERRA-SACRAMENTO VALLEY EMS AGENCY

PROCEDURE POLICIES SECTION XI

SUBJECT: INDEX**REFERENCE NO. 1100**

- 1101** Intraosseous Infusion
- 1102** King Airway Device Policy
- 1103** Mucosal Atomization Device
- 1104** Advanced Airway Management
- 1105** CO-Oximeter Devices
- 1106** Accessing a Pre-Existing Vascular Access Device
- 1110** Infrequently Used Skills – Verification of Maintenance Policy
- 1110-A** Infrequently Used Skills – Skills Competency Verification Summary Form
- 1110-B** Infrequently Used Skills – Adult Endotracheal Intubation Skills Verification Form
- 1110-C** Infrequently Used Skills – Adult Nasotracheal Intubation Skills Verification Form
- 1110-D** Infrequently Used Skills – ETAD (Combitube™) Skills Verification Form
- 1110-E** Infrequently Used Skills – King Airway Device Skills Verification Form
- 1110-F** Infrequently Used Skills – Needle Cricothyrotomy Skills Verification Form
- 1110-G** Infrequently Used Skills – Adult Cardioversion / Defibrillation Skills Verification Form
- 1110-H** Infrequently Used Skills – Needle Chest Decompression Skills Verification Form
- 1110-I** Infrequently Used Skills – Transcutaneous Cardiac Pacing Skills Verification Form
- 1110-J** Infrequently Used Skills – Adult / Pediatric Powered IO Device Skills Verification Form
- 1110-K** Infrequently Used Skills – CPAP Skills Verification Form
- 1110-L** Infrequently Used Skills – Pediatric Endotracheal Intubation Skills Verification Form
- 1110-M** Infrequently Used Skills – Pediatric Cardioversion / Defib. Skills Verification Form
- 1110-N** Infrequently Used Skills – Pediatric Manual IO Skills Verification Form

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SIERRA-SACRAMENTO VALLEY EMS AGENCY PROGRAM POLICY

REFERENCE NO. 1101

SUBJECT: INTRAOSSEOUS INFUSION

PURPOSE:

To provide an alternative technique for establishing vascular access in critical adult and pediatric patients when peripheral IV access is difficult or time-sensitive.

AUTHORITY:

Health and Safety Code 1797.220 and 1798

California Code of Regulations, Title 22, Division 9, Section 100169

INDICATIONS:

- A. Intraosseous infusion is indicated in emergency situations when life-saving fluids or drugs should be administered and IV cannulation is difficult, impossible or too time-consuming to perform.
- B. If a peripheral IV cannot be established after two attempts or within 60-90 seconds of elapsed time.
- C. For adult and pediatric patients, weighing 3 kg or more, who present with one or more of the following clinical conditions:
 - 1. Cardiac arrest
 - 2. Hemodynamic instability (B/P <90 mmHg and clinical signs of shock)
 - 3. Imminent respiratory failure
 - 4. Status epilepticus with prolonged seizure activity greater than 10 minutes, and refractory to IN / IM anticonvulsants
 - 5. Toxic conditions requiring immediate IV access for antidote
- D. IO placement may be considered prior to peripheral IV attempts in cases of cardiopulmonary or traumatic arrest, in which it may be obvious that attempts at placing an IV would likely be unsuccessful or too time consuming, resulting in a delay of life-saving fluids or drugs.

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SUBJECT: INTRAOSSEOUS INFUSION

CONTRAINDICATIONS:

- A. Fracture or suspected vascular compromise of the selected tibia or humerus.
- B. Previous significant orthopedic procedures (IO within 24 hours; prosthesis).
- C. Inability to locate anatomical landmarks for insertion.
- D. Skin infection overlying the area of insertion.

SITE SELECTION, PREPARATION AND INSERTION NOTES

- A. In small children (3-12 kg), the tibial tuberosity cannot be palpated as a landmark, so the insertion site is two finger-breadths below the patella in the flat aspect of the medial tibia.
- B. In larger children (13-39 kg) the insertion site is located on the flat aspect of the medial tibia one finger-breadth below the level of the tibial tuberosity. If the tibial tuberosity is not palpable, insert two finger-breadths below the patella in the flat aspect of the medial tibia.
- C. For adults, proximal or distal tibial sites are preferred. If unavailable, the humeral site may be utilized as a site of last resort by providers who choose to approve their paramedic personnel to access this optional site:
 - 1. The proximal tibial site is one finger-breadth medial to the tibial tuberosity.
 - 2. The distal tibial site is two finger-breadths above the medial malleolus (inner aspect of ankle) in the midline of the shaft of the tibia.
 - 3. Humeral insertion site is considered a site of last resort and may only be utilized by paramedic personnel who are adequately trained and approved by their provider to access this site (Intraosseous Infusion – Optional Humeral Site, Reference No. 1101-A)
 - 4. Prep the surface with a recognized antiseptic agent and wipe dry with a sterile gauze pad.
 - 5. Insert the device according to manufacture specific directions
 - 6. Syringe flush catheter with 10 ml of normal saline. Remember, No Flush = No Flow. If the patient responds to painful stimuli, SLOWLY (over 1 to 2 minutes) administer 0.5 mg/kg of 2% Lidocaine (not to exceed 50 mg) prior to saline flush. Consider additional bolus of saline if flow rates slower than expected.
 - 7. Utilize a blood pressure cuff or pressure bag to help infuse fluids.

SUBJECT: INTRAOSSEOUS INFUSION

8. Dress site, secure tubing.

OPTIONAL SECONDARY HUMERAL INSERTION SITE:

- A. Providers may choose whether or not to allow their personnel to utilize the humerus as a secondary insertion site for patients who meet criteria for IO insertion and for whom utilization of the primary tibia insertion site is contraindicated.

- B. Humeral insertion site selection:

Expose the shoulder and place the patient's arm against the patient's body, resting the elbow on the stretcher or ground and the forearm resting on the abdomen. Note the humeral head on the anterior-superior aspect of the upper arm, or the anterior-lateral shoulder. Palpate and identify the mid-shaft humerus and continue palpating toward the proximal end (humeral head). Near the shoulder feel for the small protrusion, this is the base of the greater tubercle and the insertion site. With the opposite hand, pinch the anterior and inferior aspects of the humeral head, while confirming the identification of the greater tubercle. This will help ensure that you have located the midline of the humerus.

- C. Providers choosing to utilize this optional insertion site will ensure that all of their paramedic personnel are adequately trained and approved to access this site.

PRECAUTIONS AND POSSIBLE COMPLICATIONS:

- A. Chest compressions (if indicated), airway and breathing should be established first in accordance with other protocols.
- B. No more than one attempt in each tibia or humerus.
- C. Local infiltration of fluids / drugs into the subcutaneous tissue due to improper needle placement.
- D. Cessation of the infusion due to clotting in the needle, or the bevel of the needle being lodged against the posterior cortex.
- E. Osteomyelitis or sepsis.
- F. Fluid overload.
- G. Fat or bone emboli.
- H. Fracture.

SUBJECT: INTRAOSSEOUS INFUSION

S-SV EMS APPROVED IO DEVICES:

The following IO devices have been approved for use in the S-SV EMS Region:

- A. Bone Injection Gun (B.I.G.)®
- B. EZ-IO®
- C. Manual pediatric IO device – bone marrow type needles, 15 and 18 gauge size

SIERRA-SACRAMENTO VALLEY EMS AGENCY PROGRAM POLICY

REFERENCE NO. 1110

SUBJECT: INFREQUENTLY USED SKILLS – VERIFICATION OF MAINTENANCE

PURPOSE:

To standardize the skills identified as infrequently used and provide a method for annual evaluation of all S-SV EMS accredited paramedic's ability to safely, efficiently and completely perform them.

AUTHORITY:

California Health and Safety Code, Division 2.5, Section 1797.214.

California Code of Regulations, Title 22, Division 9, Section 100147 & 100165

DEFINITIONS:

Infrequently Used Skill:

Those skills, identified below, that are performed rarely in the field or that have serious complications when performed incorrectly.

A. Adult

1. Endotracheal Intubation
2. Nasotracheal Intubation
3. Esophageal Tracheal Airway Device (Combitube / King Airway Device)
4. Needle Cricothyrotomy
5. Defibrillation / Cardioversion
6. Needle Decompression
7. Transcutaneous Cardiac Pacing
8. Intraosseous Infusion
9. Continuous Positive Airway Pressure (CPAP) devices

B. Pediatric

1. Endotracheal Intubation
2. Needle Cricothyrotomy
3. Defibrillation / Cardioversion
4. Intraosseous Infusion

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S-SV EMS Regional Executive Director

SUBJECT: INFREQUENTLY USED SKILLS – VERIFICATION OF MAINTENANCE

POLICY:

- A. Each ALS service provider in the S-SV EMS region shall verify that every paramedic in their agency has performed each of these skills successfully within each calendar year.
- B. These skills shall be verified by successful performance in a structured training environment.
- C. Skills competency shall be verified by one of the following personnel:
 - 1. ALS service provider's CQI Coordinator or their designee (i.e. – Training Coordinator, Field Training Officer)
 - 2. ALS service provider's Medical Director
 - 3. Base / Modified Base Prehospital Coordinator or their designee
- D. ALS service providers shall utilize the S-SV EMS Infrequently Used Skills – Verification of Maintenance checklists (Reference 1110-A through 1110-N) for documenting skills competency.
- E. ALS service providers shall maintain documentation of each paramedic's skills maintenance for a period not less than four (4) years.
- F. Documentation of skills maintenance is subject to audit by the S-SV EMS Agency. Any paramedic who is determined to not have current skills verification documentation on file will not be allowed to function as an S-SV EMS accredited paramedic until they complete the required skills verification.

CROSS REFERENCES:

Prehospital Care Policy Manual

Skills Competency Verification Summary Form, Reference No. 1110-A

Adult Endotracheal Intubation Annual Skills Verification Form, Reference No. 1110-B

Adult Nasotracheal Intubation Annual Skills Verification Form, Reference No. 1110-C

Esophageal Tracheal Airway Device Annual Skills Verification Form, Reference No. 1110-D

King Airway Device Annual Skills Verification Form, Reference No. 1110-E

Needle Cricothyrotomy (Adult & Child) Annual Skills Verification Form, Reference No. 1110-F

Adult Cardioversion / Defibrillation Annual Skills Verification Form, Reference No. 1110-G

Needle Chest Decompression Annual Skills Verification Form, Reference No. 1110-H

SUBJECT: INFREQUENTLY USED SKILLS – VERIFICATION OF MAINTENANCE

Transcutaneous Cardiac Pacing Annual Skills Verification Form, Reference No. 1110-I

Intraosseous Infusion – Powered Device (EZ-IO® or B.I.G.®) Adult & Pediatric Annual Skills Verification Form, Reference No. 1110-J

Continuous Positive Airway Pressure (CPAP) Devices Annual Skills Verification Form, Reference No. 1110-K

Pediatric Endotracheal Intubation Annual Skills Verification Form, Reference No. 1110-L

Pediatric Cardioversion / Defibrillation Annual Skills Verification Form, Reference No. 1110-M

Intraosseous Infusion (Manual Pediatric) Annual Skills Verification Form, Ref. No. 1110-N

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SIERRA-SACRAMENTO VALLEY EMS AGENCY PROGRAM POLICY

REFERENCE NO. 1110-A

SUBJECT: INFREQUENTLY USED SKILLS – VERIFICATION OF MAINTENANCE

SKILLS COMPETENCY VERIFICATION SUMMARY

ALS AGENCY _____ CALENDAR YEAR _____

NAME _____ STATE PARAMEDIC LICENSE # _____

SKILLS VERIFICATION	DATE OF VERIFICATION	EVALUATOR INITIALS
1. Adult Endotracheal Intubation		
2. Adult Nasotracheal Intubation		
3. Esophageal Tracheal Airway Device (Combitube®) <u>or</u> King Airway Device		
4. Needle Cricothyrotomy – Adult & Pediatric		
5. Adult Cardioversion / Defibrillation		
6. Needle Chest Decompression		
7. Transcutaneous Cardiac Pacing		
8. Intraosseous Infusion – Powered Device (EZ-IO® or B.I.G.®) Adult & Pediatric		
9. Continuous Positive Airway Pressure – CPAP		
10. Pediatric Endotracheal Intubation		
11. Pediatric Cardioversion / Defibrillation		
12. Intraosseous Infusion (Manual Pediatric)		

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SIERRA-SACRAMENTO VALLEY EMS AGENCY PROGRAM POLICY

REFERENCE NO. 1110-J

SUBJECT: INFREQUENTLY USED SKILLS – VERIFICATION OF MAINTENANCE

INTRAOSSIOUS INFUSION – POWERED DEVICE (EZ-IO® or B.I.G.®) - ADULT & PEDIATRIC ANNUAL SKILLS VERIFICATION

NAME _____ DATE _____

ALS AGENCY _____ EVALUATOR _____

OBJECTIVE: The candidate will demonstrate the ability to correctly insert an intraosseous needle using a powered device, check for proper needle placement, stabilize the needle and administer fluid.

EQUIPMENT: Powered IO insertion device, intraosseous needle, IO manikin or long bone (such as a tibia) from chicken or other animal, gauze roller bandage or other material to maintain proper position of long bone, IV solution, IV administration set, IV extension set, blood pressure cuff or pressure bag, appropriate syringes, recognized antiseptic agent and appropriate PPE.

PERFORMANCE CRITERIA AND CONDITIONS: The candidate will be presented with a long bone and requested to initiate an intraosseous infusion.

EVENT	DOES	DOES NOT
1. States the indications for intraosseous infusion <ul style="list-style-type: none">• Weight 3 kg or more• Unable to achieve IV access rapidly (within 60-90 seconds) and present with one or more of the following conditions:<ul style="list-style-type: none">○ Cardiac Arrest○ Hemodynamic instability (SBP < 90 & signs of shock)○ Imminent respiratory failure○ Status epilepticus with prolonged seizure activity > 10 minutes and refractory to IM / IN anticonvulsants○ Toxic conditions requiring immediate IV access for antidote		
2. States the contraindications for intraosseous infusion <ul style="list-style-type: none">• Fracture or suspected vascular compromise of the selected site• Previous significant orthopedic procedures (IO within previous 24 hours; prosthesis)• Inability to locate anatomical landmarks for insertion• Skin infection overlying the area of insertion		
3. States or demonstrates the use of PPE		
4. Selects proper / approved anatomical site for IO infusion <ul style="list-style-type: none">• Small Children (3-12 kg) – two finger-breadths below the patella in the flat aspect of the medial tibia• Larger Children (13-39 kg) – flat aspect of the medial tibia one finger-breadth below the level of the tibial tuberosity• Adults – proximal or distal tibial sites may be utilized• Optional Adult – humeral head (base of the greater tubercle)		

SUBJECT: INFREQUENTLY USED SKILLS – VERIFICATION OF MAINTENANCE

**INTRAOSSUEOUS INFUSION – POWERED DEVICE (EZ-IO® or B.I.G.®) – ADULT & PEDIATRIC
ANNUAL SKILLS VERIFICATION – Cont.**

EVENT	DOES	DOES NOT
5. Preps IO site using aseptic technique		
6. Primes IV extension set with saline for unresponsive patient or lidocaine 2% for conscious patient		
7. Properly inserts the IO needle according to the device specific manufacturers guidelines		
8. Removes stylet from catheter and places it in approved sharps container		
9. Attaches the primed IV extension set to the IO catheter		
10. Administers 0.5 mg / kg of 2% lidocaine (not to exceed 50 mg) if patient responds to painful stimuli (may be verbalized)		
11. Syringe flushes catheter with 10 ml of NS to establish infusion (No Flush = No Flow)		
12. Attaches IV administration set and administers proper fluid by applying pressure to the fluid bag		
13. Properly secures device		
14. Checks administration rate and IO site for infiltration		