

MEMORANDUM:

DATE: August 20, 2004

TO: Joint Powers Governing Board Members
County Health Officers
Lake County Administrative Officer
Prehospital Care Medical Directors
Prehospital Care Nurse Coordinators
Fire Chiefs' Associations/EMS Liaisons
EMCC Chairpersons

FROM: Jody Hurd, Administrative Assistant

RE: Informational Mailing

Enclosed for your information and review are the following items:

1. **POLICY CHANGE NOTICE #70**-please incorporate these into your Policy, Procedures, and Protocols Manual as directed in this notice
2. **North Coast EMS Policies and Procedures Drafts:**
 - a. **Policy # 2204 LALS Supply and Equipment List**
 - b. **Policy # 2205 EMT-P Standard Drug/Intravenous Solution List**

Please review these draft policies and send your comments to North Coast EMS no later than OCTOBER 4, 2004. Refer any questions/comments to Larry Karsteadt or Louis Bruhnke.

For your information:

- A. Ambulance Rates Survey March 2004
- B. North Coast EMS letter regarding 2003 ETAD Statistics
- C. North Coast EMS letter regarding 2003 Early Defibrillation Report
- D. Department of Health and Human Services Memo regarding overdose prevention
- E. DMV Memo regarding New Federal Blood Pressure Requirements
- F. North Coast EMS Prehospital Multi-Casualty Incident/Disaster Preparedness Project Abstract Report
- G. North Coast EMS Prehospital Multi-Casualty Incident/Disaster Preparedness Project Final Report FY 2002-03 and 2003-04

- H. Training Announcement “Mass Casualties” Medical & Health Disaster Management Conference 2004
- I. Training Announcement e-mail regarding CDC Web Broadcasts
- J. The Abaris Group News Update titled “CDC Reports on EDs Serving High Safety-Net Population”
- K. Article written by Louis Bruhnke, Coordinator published in Emergency Medical Services (August 2004) titled “Disaster Exercises, Avoiding a Train Wreck”
- L. EMS Insider (June 2004) article “Does EMS Have a Duty to Restrain?”
- M. EMS Insider (August 2004) article “Medicare Fee Schedule Changes Add \$840 Million to EMS Pot”
- N. JEMS (April 2004) article “2004 MCI Resource”
- O. E-mail regarding AHRQ Hospital Disaster Study
- P. Best Practices article (July 2004) “Faster Responses and Savings with Peak Activity Fire Units”
- Q. Best Practices article “Medicare Clarifies SNF Payment Rules for Ambulance Transport”

Also, we have enclosed the Regional Trauma Coordinator position announcement. Please post or distribute. Resumes and applications are due **Wednesday, September 8, 2004 at 4:00PM** at the North Coast EMS office. Thank you.

CHANGE NOTICE

CHANGE #70

August 20, 2004

TO: ALL PREHOSPITAL CARE POLICY MANUAL HOLDERS

Note: Record change notice on Record of Change Form. Insert this change notice behind the record of change sheet.

INSTRUCTIONS	POLICY #	POLICY DESCRIPTION	# OF PAGES
Replace	Table of Contents	Table of Contents	7
Replace	#2301	Administration – Patient Care Reduction or Closure of Hospitals	2
Replace	#4002	Certification Fee Schedule	4
Add	#4009	Certification Denial of EMT-I and/or EMT-II Certification Amendment A	2 3

NORTH COAST EMS

***NOTE* Last page is Trauma temporarily**

POLICIES AND PROCEDURES

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Subject: Administration – Patient Care
Reduction or Closure of Hospitals

Associated Policies:

- I. Authority and Reference (incorporated herein by references)
 - A. Division 2.5 of Health and Safety Code
 - B. North Coast EMS Policies and Procedures

- II. Purpose

To provide a mechanism for North Coast EMS to evaluate and report on the potential impact on the EMS system as a result of the reduction or closure of emergency services in hospitals.

- III. Policy
 - A. Acute care hospitals intending to implement either a reduction or closure of emergency services must advise North Coast EMS as soon as possible, but at least ninety (90) days prior to the proposed change. The proposal must include:
 1. Reason for the proposed change(s).
 2. Itemization of the services currently provided and the exact nature of the proposed change(s).
 3. Description of the local geography, surrounding services, and for base hospitals, the average volume of calls.
 4. Description of potential impact on the EMS community regarding patient volume and type of prehospital and emergency department services available. Include a pre/post comparison.
 5. Description of potential impact on the public regarding accessibility of comparable alternative facilities or services. Include a pre/post comparison.
 - B. Within forty-five (45) days of notification from the hospital of their intent to change the emergency services provided, North Coast EMS will produce a draft needs assessment, including an impact evaluation report, regarding the proposed changes. The criteria which will be addressed in the impact evaluation report include:
 1. Geography (service population density and relative isolation, travel time and distance to nearest facility, number and type of other available emergency services, availability of prehospital resources).
 2. Base hospital designation (number of calls, impact on patients, prehospital personnel and other base hospitals).
 3. Specialty services provided.
 4. Patient volume.
 5. Feedback received from a public hearing on the issue (see D.).

Subject: Administration – Patient Care
Reduction or Closure of Hospitals

- C. North Coast EMS will facilitate a process for prehospital and hospital input into the impact evaluation report. This process shall include:
 - 1. Review by the Emergency Medical Care Committee (EMCC) of the county potentially affected by reduction or closure of emergency services, if possible.
 - 2. Release of the draft impact evaluation report to prehospital and hospital emergency services personnel, with a ten (10) day comment period.
- D. Within forty-five (45) days of hospital notification to North Coast EMS of the intent to change emergency services provided by the hospital, North Coast EMS will conduct a public hearing on the matter in conjunction with the County Health Officer, North Coast EMS Medical Director and a Joint Powers Governing Board representative from the county of the proposed change.
- E. The hospital will serve notice of the public hearing to the community through standard and reasonable efforts (i.e. local newspapers and notices at hospitals) within the effected county.
- F. At the completion of the public hearing and comment period on the impact evaluation report (no later than sixty (60) days from the time of notification to reduce or close hospital emergency services), the needs assessment and impact report will be submitted by North Coast EMS to the Department of Health Services, the State EMS Authority, the Emergency Medical Care Committee and interested others.
- G. Based on the impact evaluation, needs assessment and public hearing, North Coast EMS will make a recommendation to the Department of Health Services as to needs for emergency medical services from the hospital under evaluation.
- H. The Department of Health Services will make the final determination as to the nature of emergency services to be provided by the hospital seeking reduction or closure.
- I. The hospital proposing a reduction or closure of service(s) will be charged a \$2000 fee by North Coast Emergency Medical Services for the impact evaluation. The fee is set by the JPA Governing Board pursuant to Policy # 4002.

Approved: _____ Date: _____

Approved as to Form: _____ Date: _____

Subject: Certification
Fee Schedule

- I. Authority and Reference (incorporated herein by references)
 - A. Division 2.5 of Health and Safety Code
 - B. North Coast EMS Policies and Procedures

- II. Purpose
To establish a fee schedule and policy for all certification levels.

- III. The following schedule of fees are established to offset costs; all fees are payable in advance:

EMT-I (Re)certification	\$40.00
EMT-I Skills Test & Retest	100.00
EMT-I written test for recertification or retest	20.00
EMT-II (Re)certification	50.00
EMT-II Test & Retest	50.00
EMT-P Accreditation (including cases when there has been a lapse of accreditation)	100.00
Extension of Accreditation Time Limit Without Cause	50.00
Special Care Transfer Paramedic Accreditation (Hep/Nitro)	20.00
MICN Initial Authorization/ Reauthorization if lapsed	80.00
MICN Re-Authorization	50.00
MICN Skills Test & Retest	50.00
Written Retest	20.00
Reactivation from LOA	20.00
Card Replacement	10.00
Suspension Reinstatement	25.00
Special Test	50.00
“Rush” of Certification, Accreditation or Authorization Card	15.00
Returned Check Fee	25.00
First Responder / Continuing Education Program Approval (Fee charged for private organizations with a recognized role in first aid or prehospital care education/training only.)	50.00
Initial ALS Provider Fee	500.00
Base Hospital Closure or Downgrading Fee	2000.00
Proposed Only: Trauma Center Application and Annual Maintenance Fee	
Level III Trauma Center	5000.00
Level IV Trauma Center	2500.00

Subject: Certification
Fee Schedule

North Coast EMS will deduct a 20% administrative fee from all certification fees that are returned because applicant decides not to certify/authorize after the background investigation has been initiated.

- IV. Policy (for initial, recertification/authorization, and all retests)
- A. Test registration must be received by North Coast EMS at least fourteen (14) days prior to the scheduled test date. If registration is not received fourteen (14) days prior to the requested test session, registrant will be given the choice of attending the next regularly scheduled EMS testing session.
 - B. Test registration must be submitted with the necessary certification/testing fee, plus a separate check of \$25.00 (or cash), made out to North Coast EMS. The \$25.00 will be returned to registrant when (s)he arrives at the scheduled test session. If unable to attend test session, the \$25.00 will be returned only if registrant cancels by calling North Coast EMS at least twenty-four (24) hours prior to the test session (s)he has scheduled. If registrant does not arrive for the scheduled test session without a twenty-four (24) hour prior notification, the \$25.00 will be forfeited. An additional \$25.00 must be submitted with every test session registration.
 - C. If there is a group of four (4) or more individuals who are in need of a recertification test and would like to be tested as a group on a day other than a regularly scheduled testing session applicants shall write a letter to North Coast EMS at least fourteen (14) days in advance of desired testing date.
 - 1. The letter of request must contain:
 - a. The names of all interested individuals.
 - b. The level of test needed for each applicant listed.
 - c. The test registration fee and appropriate certification/authorization fee from each applicant listed.
 - d. The date that the group would like to be tested.
 - e. The location at which the group would like to be tested.
 - 2. This test session shall be for recertification and involve the written test only.
 - 3. The test date will be set subject to North Coast EMS staff availability.
 - E. Certification fees are waived for active North Coast EMS regional firefighters applying for EMT-I. Documentation will be met by including the Fire Chief's signature on the application. (CDF seasonal and Forest Service firefighters are not eligible for this waiver.)

Approved: _____ Date: _____

Approved as to Form: _____ Date: _____

Subject: Certification
Fee Schedule

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- F. "Volunteers" may request a waiver of certification fees by sending a letter of waiver request to North Coast EMS with the certification application. The letter must state the applicant's name, address, phone number, provider agency affiliation, and that at no time do they receive money for performing patient care in the field. The waiver request will be evaluated by the North Coast EMS Executive and/or Medical Director(s). The decision will be final unless an appeal is presented to the Joint Powers Governing Board.
 - G. If EMT-I certification fees are paid by a personal check, certification will be held for thirty (30) days from the date of receipt of the check.
 - H. Allow at least thirty (30) days upon receipt of a completed application by North Coast EMS for a certificate to be issued. An individual may request that his/her certification/accreditation/authorization card be processed sooner, or that we rush the process and call the employer immediately to confirm certification/accreditation/ authorization, by requesting "Rush" in writing, and enclosing an additional \$15.00 Rush Fee, payable by cash or money order only. In this case, we will call the employer immediately after confirming certification, accreditation or authorization, and the certification card will be processed within ten (10) working days of North Coast EMS receipt of the completed application, written "Rush" request, and fee.
 - I. No EMT-I, EMT-II, EMT-P, or MICN will exercise his/her skills unless they are currently certified/authorized/accredited. The certification/accreditation/authorization requirements include the submittal of the appropriate paperwork and fee. If a check covering the fee is returned by the bank for any reason, the individual will be immediately suspended for a thirty (30) day period and will be required to pay the Returned Check Fee of \$25 and any other associated costs. (The thirty (30) day suspension begins upon written notification from North Coast EMS and, as long as returned check fee and any other associated costs are paid, ends thirty calendar days later. North Coast will also notify employer and base hospital by phone.)
 - J. There is no provision for extension of expiration dates on certifications. When an individual's certification/authorization/accreditation card expires, the individual is no longer certified/authorized/accredited and is no longer allowed to function at their former level of certification/authorization/accreditation.
 - K. The fee for a returned check is \$25.00. If an individual's check is returned by the bank, North Coast EMS will not accept a check from, or extend credit to, that individual in the future.

Approved: _____ Date: _____

Approved as to Form: _____ Date: _____

Subject: Certification
 Fee Schedule

- L. Special Care Transfer Paramedic Accreditation fee is in addition to the initial accreditation fee. This accreditation will allow individuals to transfer patients who require an established Nitro/Heparin drip. This fee must be accompanied by the appropriate application and paramedic's are not allowed to function in this capacity without North Coast EMS authorization.

Approved: _____ Date: _____

Approved as to Form: _____ Date: _____

Subject: Certification
Denial of EMT-I and/or EMT-II Certification

- I. Authority and Reference (incorporated herein by references)
 - A. Division 2.5 of Health and Safety Code
 - B. California Code of Regulations, Title 22
 - C. North Coast EMS Policies and Procedures

- II. Purpose
To establish standardized criteria for determining eligibility for issuance of a prehospital emergency medical care certificate by the Agency; and the parameter for denial or restriction of a prehospital emergency medical care certificate, that is consistent with state regulations.

- III. Procedure
 - A. North Coast EMS may deny issuance, or issue a restricted prehospital emergency medical care certificate upon discovering that the applicant has committed any of the following actions:
 1. Fraud in the procurement of any prehospital care certificate.
 2. Gross negligence
 3. Repeated negligent acts.
 4. Incompetence as a prehospital care provider.
 5. Any fraudulent, dishonest, or corrupt act which is substantially related to the qualifications, functions, and duties of prehospital care personnel; including, but not limited to an act of moral turpitude, including fraud or intentional dishonesty for personnel gain, within the preceding seven (7) years.

 - B. Conviction of a crime that is substantively related to the qualifications, functions, and duties of prehospital care personnel.
 1. Any person who is required under Section 290, California Penal Code, to register as a sex offender.
 2. Any person who is required to register under Section 11590, California Health and Safety Code.
 3. Conviction during the preceding seven (7) years of any offense punishable as a felony involving force, violence, threat, or intimidation.
 4. Conviction of petty or grand theft within the proceeding seven (7) years.
 5. Violating, or attempting to violate, directly or indirectly, or assistng in or abetting the violation of, or conspiring to volate any provision of the regulations issued by the California Emergency Medical Services Authority pertaining to prehospital care personnel.

Subject: Certification
Denial of EMT-I and/or EMT-II Certification

6. Violating or attempting to violate and federal, or state statute or regulation which regulates drugs, or controlled substances; including, but limited to any person convicted during the preceding seven (7) years of any offense relating to the use, sale, possession, or transportation of narcotics, dangerous, or addictive drugs.
 7. Addiction to the excessive use or misuse of alcoholic beverages, narcotics, danergous drugs, or controlled substances.
 8. Functioning outside the supervision of medical control in the prehospital care system, except as authorized by any other license or certification.
 9. Demonstration of irrational behavior or occurrence of physical disability to the extent a reasonable and prudent person would have reasonable cause to believe that the ability to perform the duties normally expected may be impaired.
 10. The attached listed convictions of the California Penal Code may constitute a denial or revocation of certification by North Coast EMS. If an applicant has the same or similar convictions from another state, the application for certification/renewal may be denied. (see attachment A)
- C. An applicant who has had their application denied or revoked shall have the right to appeal the action, as set forth in Title 22, Chapter 6, California Code of Regulations, including the right to request and Investigative Review Panel (IRP).

Approved: _____ Date: _____

Approved as to Form: _____ Date: _____

Subject: Certification
Denial of EMT-I and/or EMT-II Certification

ATTACHMENT A

<u>SECTION</u>	<u>VIOLATION</u>
37	Treason.
38	Treason; knowledge of concealment.
186.22	Criminal street gang activity.
186.26	Use of violence to coerce person under the age of 18 to participate in criminal street gang.
187	Murder defined; death of fetus.
188	Murder, first or second degree.
190	Murder; murder of a peace officer.
192(a)	Manslaughter, voluntary.
203	Mayhem.
205	Aggravated Mayhem.
206	Torture.
207	Kidnapping.
209	Kidnapping for ransom, reward, or extortion or robbery.
210	Extortion by posing as kidnapper or by claiming ability to obtain release of victim.
210.5	False imprisonment for purposes of protection from arrest or use as shield.
211	Robbery.
220	Assault with intent to commit mayhem, rape, sodomy, oral copulation, rape in concert with another lascivious acts upon a child, or penetration of genitals or anus with foreign object.
222	Administering stupefying drugs to assist in the commission of a felony.
243.4	Sexual battery.
245	Assault with deadly weapon or force likely to produce great bodily injury.
261	Rape.
262	Rape of a spouse.
264.1	Rape or penetration of genital or anal openings by foreign object, acting in concert by force or violence.
265	Abduction for marriage or defilement.
266	Procuring, assignation and seduction.
266a	Procuring person by force of false inducement.
266b	Compelling illicit relation by menace.
266c	Inducing commission of sexual act through false representation creating fear.

Subject: Certification
Denial of EMT-I and/or EMT-II Certification

ATTACHEMENT A

- 266j Providing or transporting child under 16 for purposes of lewd or lascivious act.
- 267 Abduction; person under eighteen (18) for purposes of prostitution.
- 273a Abusing or endangering health of child.
- 273(d) Corporal punishment/injury to a child.
- 275.5 Willful infliction of corporal injury.
- 285 Incest.
- 286(b) Sodomy with person under eighteen (18) years against will by means of force, violence, duress, menace, or fear.
- 286(c) Sodomy with person under fourteen (14) years against will by means of force, violence, duress, menace, or fear.
- 286(d) Voluntarily acting in concert with or aiding and abetting.
- 286(f) Sodomy with unconscious victim.
- 286(g) Sodomy with a victim with a mental disorder or developmental or physical disability.
- 288 Lewd or lascivious acts with a child under the age of fourteen (14).
- 288a(b)(1) Oral copulation with person under the eighteen (18).
- 288a(c) Oral copulation with person under fourteen (14) against will by means of confinement, violence, duress, menace or fear.
- 288a(d) Voluntarily acting in concert with or aiding and abetting.
- 288a(f) Oral copulation with unconscious victim.
- 288a(g) Oral copulation with victim with mental disorder or developmental or physical disability.
- 288.2 Distribution or exhibition of lewd material to a minor.
- 288.5 Continuous sexual abuse of a child.
- 289 Penetration of genital or anal openings by foreign object for sexual purpose.
- 289.5 Entry into California to avoid prosecution for offense requiring 290 PC registration.
- 290 The applicant is required by law to register as an offender under Section 290 of the Penal Code.
- 311.1 Import matter-depicting person under eighteen (18) years engaging in sexual conduct.
- 311.4 Using minor to assist in distribution of obscene matter; posing or modeling involving sexual content.
- 314 Indecent exposure.
- 368 Elder or dependent adults; infliction of pain or mental suffering or endangering health; theft or embezzlement.
- 401 Advising or encouraging suicide.
- 404.6 Incitement to riot, arson or vandalism

Subject: Certification
Denial of EMT-I and/or EMT-II Certification

ATTACHEMENT A

- 422 Terrorist threats.
- 451 Arson of structure, forest, land or property; great bodily injury.
- 459 Burglary.
- 470 Forgery.
- 475 Possessing, receiving or uttering forged notes, etc.
- 484 Theft.
- 484 (d) - (j) Theft of access card, forgery of access card, use of card unlawfully altered or obtained; false representation of card ownership.
- 487 Grand theft.
- 496 Receiving stolen property.
- 503 Embezzlement.
- 518 Extortion.
- 646.9 Stalking and threatening bodily injury.
- 653j Solicitation of minor to commit felony.
- 666 Repeat convictions for petty theft, grand theft, burglary, car jacking, robbery and receipt of stolen property.

Vehicle Code Sections

- VCV 23152 Driving under the influence of alcohol or other intoxicants
This section only applies if the applicant has multiple convictions of the same offense.

Subject: Administration - Provider
LALS Supply and Equipment List

- I. Authority and Reference (incorporated herein by references)
- A. Division 2.5 of Health and Safety Code
 - B. California Code of Regulations, Title 22
 - C. North Coast EMS Policies and Procedures
 - D. State Emergency Medical Services Authority "Recommended Ambulance Equipment", contained in California Highway Patrol Ambulance Driver's Handbook (#CHP-894)
- II. Purpose
- To establish the regional minimum supply and equipment standard for any ambulance or emergency vehicle which responds as, or is held out as, an ALS or LALS unit. ALS or LALS units may exceed the equipment and supply quantities listed herein for procedures and medications which are within the certificate holder's scope of practice described in North Coast EMS Policy and Procedures. This policy is also intended to develop a mechanism for base hospitals to establish supply and equipment requirements which exceed the minimum standard for LALS provider within the Base Hospital's zone.
- III. Minimum Equipment and Supplies
- A. Minimum Equipment:
- Equipment referred to in Section I. C. of this policy. All equipment referred to in this reference, including but not limited to "suggested" equipment, is mandatory.
1. One (1) mobile or portable FCC approved radio which is capable of two-way communication on Med-Net frequencies 1 through 7.
 2. One (1) three-chambered pneumatic anti-shock garment.***
 3. One (1) portable DC cardiac monitor/defibrillator which is capable of adult and pediatric monitoring and defibrillation through adult and pediatric-sized electrodes.
 4. One (1) each, laryngoscope with handle, spare batteries, and a spare light bulb.
 5. One (1) each, #4 straight and curved laryngoscope blade with light.
 6. One (1) each, #1 and #2 straight laryngoscope blade with light.
 7. One (1) each, adult and pediatric Magill forceps.
 8. One (1) each, adult and pediatric malleable stylet.
 9. One thermometer.
 10. One pulse oximeter (required only on "first-out" ambulances).
 11. One end tidal CO2 monitor or esophageal detector device (EDD).
- B. Minimum Supplies:

Subject: Administration - Provider
LALS Supply and Equipment List

All supplies referred to in Section I.C. of this policy. All supplies referred to in this reference, including but not limited to "suggested" supplies, are mandatory.

1. One (1) each, esophageal obturator airway with mask, or esophageal gastric tube airway with mask and stomach tube or Esophageal/Tracheal Airway Device.***
2. Electrodes and conductive medium for adult and pediatric monitoring and defibrillation.
3. Four (4) each, 14 gauge, 16 gauge, 18 gauge, 20 gauge, 22 gauge, and 24 gauge catheter over needle intravenous catheters.
4. One (1) venous constricting band with a width of at least one inch.
5. Alcohol preps, water resistant tape, and 2" x 2" gauze pads.
6. One (1) 20 ml syringe.
7. One (1) 10 ml syringe.
8. One (1) 3 ml syringe.
9. One (1) each, red, blue, green, and purple top Vacutainer tubes, or equivalent.
10. One (1) each, 18 gauge by 1 1/2 inch, 23 gauge by 1 inch, and 25 gauge by 5/8 inch hypodermic needles.
11. One (1) IV cap.
12. One (1) each, 2.5 mm through 9.0 mm endotracheal tubes (in 0.5 mm increments).
13. One (1) sterile suction catheter and glove pack for endotracheal suctioning.
14. Two (2) Epinephrine 1 mg in 1 ml (1:1000) ampules.
15. Four (4) Epinephrine 1 mg in 1 ml (1:10,000) preloads.
16. Two (2) each, 0.083% Albuterol Sulfate solution for inhalation in 3 ml unit dose bottles or equivalent.
17. Four (4) each, children's Aspirin (81 mg).
18. Four (4) Atropine 0.5 mg in 5 ml preloads or two (2) 1.0 mg in 10 ml preloads.
19. One (1) multi-dose vial Atropine 0.04 mg/ml containing at least 20 ml's.
20. One (1) Calcium Chloride 1 gm in 10 ml preload.
21. Two (2) Dextrose 50% in 50 ml preload.
22. Two (2) Dextrose 25% in 10 ml preload.
23. Two (2) each, Diazepam 10 mg in 2 ml or equivalent.
24. Two (2) Furosemide 20 mg in 2 ml ampules or equivalent.
25. ~~One (1) 30 ml bottle Syrup of Ipecac.~~
26. Three (3) Lidocaine HCl 100 mg in 5 ml or 10 ml preload.

Subject: Administration - Provider
LALS Supply and Equipment List

27. One (1) Lidocaine HCl 2 gm in 10 ml preload or pre-mixed Lidocaine drip 4 mg/ml.
28. Two (2) Morphine Sulfate 10 mg in 1 ml vial, or 10 mg in 10 ml preloads.
29. One (1) bottle Nitroglycerine 0.4 mg (1/150 grain) sublingual tablets, or one (1) canister aerosol spray delivering 0.4 mg per meter-dosed spray.
30. Two (2) Sodium Bicarbonate 44.6 mEq in 50 ml preload.
31. Four (4) Naloxone 1 mg in/ml ampules, or one (1) multi-dose vial.
32. Two (2) normal Saline, 250 or 500 ml in a plastic container. (The Base Hospital Medical Director may at his/her option substitute 5% Dextrose in water 250 or 500 ml in a plastic container. If this option is exercised, the Medical Director of North Coast EMS shall be notified in writing.)
33. Four (4) normal Saline, 1000 ml in plastic containers.
34. Two (2) D5 ½ NS 500 ml or one (1) D5 ½ NS 1000 ml in plastic containers.
35. Two (2) each, 60 gtt/ml, 15 gtt/ml, and 10 gtt/ml intravenous infusion sets or equivalent.
36. One (1) small volume nebulizer, Puritan Bennett #0001140 or equivalent.
37. Fifteen (15) triage tags, Met Tag or equivalent.

IV. Additional Base Hospital Requirement

A Base Hospital may require an LALS provider within the base hospital's zone to maintain supplies and equipment which exceed these minimum requirements. If a base hospital seeks to require any additional inventory requirements, the base hospital shall:

- A. Propose the additional requirements in writing with reasons and justification to the North Coast EMS Medical Director; and,
- B. Copy the proposal to the affected LALS provider(s).
- C. The North Coast EMS Medical Director will return a decision within forty-five (45) days unless additional time is required to receive comments regarding the base hospital proposal. All decisions will be made within ninety days (90) of receipt of proposal.

*** Indicates optional with the signed approval of the provider's base hospital Prehospital Care Medical Director.

Approved: _____ Date: _____

Approved as to Form: _____ Date: _____

Subject: Administration - Provider
EMT-P Standard Drug/Intravenous Solution List

Associated Policies: 2202, 2203, 2204

- I. Authority and Reference (incorporated herein by references)
- A. Division 2.5 of Health and Safety Code
 - B. California Code of Regulations, Title 22, Section 100126
 - C. North Coast EMS Policies and Procedures
 - D. California Emergency Medical Services Authority "Recommended Ambulance Equipment", contained in California Highway Patrol Ambulance Driver's Handbook (#CHP-894)
- II. Purpose
- To list minimum supplies and materials required for each Advanced Life Support Unit (Paramedic). Supplies and materials listed are in addition to those specified in the LALS Supply and Equipment List.
- A. Minimum Equipment and Supplies:
1. Two (2) each, activated charcoal 50 gm suspended in 8 oz Sorbitol.
 2. One (1) each, activated charcoal 25 gm without Sorbitol or equivalent.
 3. Five (5) each, Adenosine 6 mg vials.
 4. Five (5) each, Bretylium Tosylate 500 mg in 10 ml ampules.***
 5. Two (2) each, Diphenhydramine HCl 50 mg in 1 ml or 5 ml preloads.
 6. Two (2) each, Dopamine HCl 200 mg in 5 ml ampule or one (1) 1600 µ/ml pre-mix.
 7. One (1) Glucagon 1 mg in 1 unit vial.
 8. Two (2) each, Magnesium Sulfate 10% solution in 50 ml or 50% solution (5G/10ml).
 9. ~~Two (2) each, Metaproterenol Sulfate 0.4% or 0.6% solution for inhalation in 2.5 ml unit dose vials or equivalent.~~
 10. Two (2) each, Oxytocin 10 USP units in 10 ml vials or equivalent.***
 11. One (1) Neosynephrine 0.5% solution.
 12. One (1) Procainamide 100 mg/ml (1 gm/10 ml) in 10 ml vial or equivalent.***
- B. Minimum Number of IV Solutions:
1. One (1) NS 50 ml in plastic container.
- C. Other Equipment:
1. One (1) each, 40, 32, and 26 Fr. Ewald tubes or equivalent.
 2. One (1) each, nasogastric tube, 12, 14, 16, and 18 French or equivalent.
 3. One (1) infant feeding tube, 8 French or equivalent.

Subject: Administration - Provider
EMT-P Standard Drug/Intravenous Solution List

4. One (1) 60 ml irrigation (catheter tip) syringe.
5. One (1) closed system gastric lavage tray or equivalent.
6. One (1) Heimlich valve.
7. One (1) infusion pump, drip or volumetric (optional).
8. Six (6) Betadine preps or equivalent.
9. One (1) 3-way IV stopcock.
10. One (1) transtracheal over the needle catheter (13 gauge) or equivalent.
11. Two (2) 12 - 14 gauge angiocatheters.
12. One (1) female luer-lock adapter.
13. One (1) jet insufflation device.
14. Two (2) intraosseous needles 13 - 18 gauge, 1 1/2 - 2 inches long.

DRAFT

Approved: _____ Date: _____

Approved as to Form: _____ Date: _____

PLEASE POST

North Coast Emergency Medical Services

Announces the Contract Position of
REGIONAL TRAUMA COORDINATOR

8/12/04 Final

BACKGROUND

North Coast Emergency Medical Services (EMS) serves as the Regional Local EMS Agency for the Counties of Del Norte, Humboldt, Lake and southern Trinity. Founded in 1975, the Joint Powers Agency has designated authority for the planning, coordination and evaluation of the EMS system, and for development and implementation of a Regional Trauma System.

This year, North Coast EMS received a special project grant from the EMS Authority (EMSA) to complete the process to implement the state approved Regional Trauma System Plan (RTSP). The RTSP was adopted in July 2003 and most of the associated policies, protocols and guidelines have been developed. The primary remaining tasks will include designation of four targeted trauma centers, potentially including: St. Joseph Hospital in Eureka, Redwood Memorial Community Hospital in Fortuna, Sutter-Lakeside Hospital in Lakeport and Adventist Health-Redbud Community Hospital in Clearlake.

North Coast EMS is seeking a local registered nurse, paramedic or administratively experienced contractor with trauma system experience and familiarity within the Region, to serve as the Regional Trauma Coordinator for the three and one-third county area beginning this fall and ending on June 30, 2005. This is a flexible, part-time contract position to help North Coast EMS complete the implementation of the RTSP prior to June 30, 2005.

JOB REQUIREMENTS

- ◆ Valid California Driver's License.
- ◆ Car insurance with a minimum coverage of \$100,000/300,000 liability and \$25,000 property damage.
- ◆ Current or pending California Registered Nurse Licensure, current or pending California State Paramedic Licensure or recent administrative or contract experience in a related field.

Knowledge of

- ◆ State laws and regulations regarding the EMS and trauma systems.
- ◆ Current state trauma center designation standards and implementation guidelines.
- ◆ National trauma system standards.

- ◆ Trauma quality improvement and trauma registry systems.
- ◆ North Coast EMS policies and procedures.
- ◆ EMS and trauma system planning, coordination, administration and evaluation principles.
- ◆ Prehospital and hospital management procedures of emergency trauma patients.
- ◆ The North Coast EMS “rural trauma program” background and associated studies.
- ◆ Use of the computer, inter-net and e-mail.
- ◆ Proper English grammar, usage and spelling.

Ability To

- ◆ Communicate effectively (written and verbal).
- ◆ Trouble-shoot and resolve problems.
- ◆ Manage and complete moderately complex duties.
- ◆ Operate computers and other standard equipment.
- ◆ Take initiative.
- ◆ Prepare written and oral reports.
- ◆ Establish and maintain effective working relationships with North Coast EMS staff members, the Governing Board, agency contractors, general surgeons, orthopedic surgeons, neurosurgeons, hospital, emergency department and service provider personnel, etc.
- ◆ Coordinate the Regional Trauma Plan implementation process as identified in the special project proposal: *Implementation of the North Coast EMS Regional Trauma Plan*, including: setting up and conducting Trauma Advisory Committee meetings; setting up and organizing the American College of Surgeons site-visits (or equivalent); revising, developing and coordinating finalization of Trauma Policies, Trauma Center Contracts, the Regional Trauma Quality Improvement Process, etc.
- ◆ Assist with coordinating the educational process specific to Trauma Triage Criteria, Destination Guidelines, Trauma Team Guidelines, Data Collection and Quality Improvement.
- ◆ Prepare quarterly and final special project reports.
- ◆ Assist with Special Project evaluation

Minimum Qualifications

- Two or more years experience as a Mobile Intensive Care Nurse or Emergency Department Registered Nurse and/or Bachelor of Arts/Science degree or higher in nursing or closely related field, OR
- Two or more years of clinical or administrative program experience in health care delivery or EMS system as a Registered Nurse (preferably in region), OR
- Two or more years as a Paramedic, Emergency Medical Technician- II, with clinical, instructional or administrative program experience in health care delivery, trauma or EMS systems, OR
- Two or more years as an administrator, contractor, instructor or coordinator with administrative program experience in health care delivery, trauma or EMS systems

Desirable Qualifications

- ◇ Registered Nurse or Paramedic with administrative background.
- ◇ Competence with Local Area Network system.
- ◇ Experience in writing grants.
- ◇ Experience as a Principal Instructor of CPR, First Responder, EMT-II Paramedic, MICN or health education programs.
- ◇ Competence with Microsoft Word for Windows.
- ◇ Familiarity with the Collector Trauma Registry Program, the EPCIS Data Collection System and/or other similar data collection systems.

PRIMARY RESPONSIBILITIES

The primary responsibility of the Regional Trauma Coordinator is to coordinate the process to implement the North Coast EMS Regional Trauma Care System Plan in accordance with the special project grant entitled: *Implementation of the North Coast EMS Regional Trauma Plan*, including: setting up and conducting Trauma Advisory Committee meetings; setting up and organizing the American College of Surgeons site-visits (or equivalent); revising, developing and coordinating finalization of Trauma Policies, Trauma Center Contracts, the Regional Trauma Quality Improvement Process, etc.

Duties will be carried out in conjunction with staff, the Regional Medical Director, the Governing Board and members of the Regional Trauma Advisory Committee and its working subgroups. Orientation of prehospital, hospital and emergency department personnel specific to Trauma Triage Criteria, Trauma Protocols and Policies, Trauma Team Activation and Utilization, Quality Improvement and Data Collection will be a major focus of this position.

The Trauma Coordinator will be an independent contractor but is expected to work closely with all members of the North Coast EMS Trauma System.

REIMBURSEMENT RANGE AND ESTIMATED HOURS

The Trauma Coordinator will be reimbursed between \$25 and \$35 per hour (to be negotiated relative to work experience and overall qualifications). Hours will average between six (6) and eight (8) hours per week from early fall of 2004 to June 30, 2005. Hours will be flexible although reasonable overlap with North Coast EMS office hours and pre-scheduled trauma activities will be expected. No benefits or taxes (including Social Security) will be paid, as this is an independent contractor position. Responsibilities will include travel and per diem throughout the three and one-half county area, which will be reimbursed according to agency policies.

The total amount of this contract will be around \$11,000, of which \$1,000 is estimated for travel and per diem.

Please note that one or more individuals can and may be considered for this position.

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SELECTION PROCESS

A **resume** (or curriculum vitae), complete with references, **and application BOTH** are due at **North Coast EMS, 3340 Glenwood Street, Eureka CA 95501, by 4:00 p.m. on or before Wednesday, September 8, 2004.** Resumes and applications received after 4:00 p.m. on September 8, 2004 (including postmarks) will not be accepted. Please call (707) 445-2081 or 1 (800) 282-0088 to receive a copy of the Trauma Coordinator Job Announcement and a copy of the Application.

A Screening Committee will review each candidates resume and application on the basis of the candidates experience related to the job announcement and perceived ability to serve as the Regional Trauma Coordinator. The most qualified candidates will be interviewed by a selection panel consisting of the North Coast EMS Executive Director, the Regional Medical Director, other employees and/or community members.

Due to sensitivity of duties, a Department of Motor Vehicle Department driving record and Department of Justice fingerprint check may be required.

North Coast EMS reserves the right to refuse or reject any or all resumes and applications.

August 11, 2004

Times-Standard
Classified Advertisement Section
930 Sixth Street
Eureka, California 95501

Please post the following advertisement in the "Help Wanted" section of the Classified ads.

Health Contractor (Regional Trauma Coordinator).

Flexible hours estimated between 6 and 8 hours per week at \$25 to \$35/hour (negotiable) from fall/04 to 6/30/05. EMT-II, Paramedic, RN or individual with administrative experience. EMS or Trauma System experience preferred. For copy of application and job announcement, call (707) 445-2081 or (800) 282-0088. Resume and application must be received **by 4:00 p.m. on 9/8/04**. Postmarks and late submittals will not be accepted. North Coast EMS, 3340 Glenwood St., Eureka, CA 95501.

We would like the ad to run for a total of four (4) days – including: Sunday, August 15, 2004, Sunday, August 22, 2004, Sunday, August 29, 2004 and Sunday, September 5, 2004. Please bill us at the above address. If you have any questions, please call.

Thank you,

Larry Karsteadt, Executive Director
North Coast Emergency Medical Services

6. *Summarize your experience with trauma registries or data analysis.*
7. *Have you ever been denied certification, accreditation, authorization or licensure and/or are you currently (or have you ever been) placed on probation or a remedial pathway by an EMS agency, hospital or provider service? If YES, please explain.*
8. *Have you ever been convicted of a crime other than a minor traffic violation? If YES, please explain.*
9. **ACCURACY AND AUTHORIZATION** I verify that the statements I have made in this application process are true and complete. I understand that if I am selected as a contractor, any false or incomplete statement during this application process will be grounds for immediate termination of the contract. Additionally, I authorize North Coast EMS to obtain information about me from my previous employers, schools that I have attended, Department of Motor Vehicles and the Department of Justice. I authorize my previous employers, schools, Department of Motor Vehicles and Department of Justice to disclose to North Coast EMS such information about me as North Coast EMS may request. **PLEASE SIGN IN BLUE INK.**

Signature

Date

Print Name

**WITH RESUME, PRESENT TO: NORTH COAST EMS, 3340 GLENWOOD STREET,
EUREKA, CA 95501
BEFORE: September 8, 2004 by 4 P.M.**