

MEMORANDUM

DATE: March 13, 2002

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: Helena Neary, Secretary

RE: INFORMATIONAL MAILING

Enclosed for your information and review are the following items:

1. **POLICY CHANGE NOTICE #55** - Please incorporate this into your Policy, Procedures and Protocols Manual as directed in this notice.
2. **NORTH COAST EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES (DRAFTS):**

Refer any questions/comments to Wendy Chapman for the following:

Policy #4002 Certification
Fee Schedule

Please review these draft policies and send your comments to North Coast EMS,
by **March 27, 2002.**

3. **FOR YOUR INFORMATION:**
 - A. **Ambulance Drivers Handbook Revision Notice**
 - B. **90 Day Pre-Public Comment Period For Proposed Revision of EMT-II Regulations Letter**
 - C. **Who Will Shelter Me? Flyer**
 - D. **Update of Division 2.5 of the Health and Safety Code Effective January 1, 2002**

- E. Healthy Kids, Healthy Schools Conference on Schools Flyer**
- F. Humboldt County Childhood Injury Prevention Coalition-Child Passenger Safety Letter**
- G. Medic Alert Foundation Information Bracelet Letter**
- H. EMTALA Reform Letter**
- I. Person out of Compliance with a Child or Family Support Judgment or Order for Support Letter**
- J. CAL/ACEP and the Future of Emergency Services Letter**
- K. Medicare Ambulance Fee Schedule Final Rule Summary and Overview**
- L. EMSAAC Legislative Committee Table**
- M. Vision Implementation Project Updates**
- N. Trauma Plan Funding Letter**
- O. North Coast Emergency Medical Services Grant Proposals-Disaster and Trauma**
- P. Revised Application for Trauma System Funding**
- Q. General Fund Grant #1035, FY 2001-02 Second Quarter Report**

4. INFORMATION REQUEST:

In order to cut costs for photocopying and mailing documents and/or correspondence, North Coast EMS is requesting that all providers and associates who have e-mail addresses please provide your e-mail address to Helena Neary, emssec@northcoast.com.

CHANGE NOTICE

CHANGE #55

March 19, 2002

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	# 2202	Administration-Provider First Responder/BLS Supply and Equipment Standard	2
Replace	#4003	Certification-Leave of Absence	2
Replace	#4704	Certification-MICN Authorization Maintenance Requirements	3
Replace	#4705	Certification-MICN Advance Life Support Field Observation	2
Replace	#4802	Authorization-Field Training Officer Authorization Requirements	3
Replaace	#5315	Scope of Practice/Procedure-EMT-II Intravenous Therapy	3
Replace	#5316	Scope of Practice/Procedure – EMT-II Esophageal Obturator Airway (EOA/EGTA)	2

Subject: Administration - Provider
First Responder/BLS Supply and Equipment Standard

Associated Policies: 2203, 2204, 2205

- 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 the regional standards of minimum First Responder supplies and equipment to be maintained on First Responder response vehicles of authorized First Responder Agencies.

- III. Policy
 - A. Basic Supplies and Equipment:
 - 1. One (1) suitable box or carrying case.
 - 2. Ten (10) 4" X 4" gauze sponges.
 - 3. Two (2) abdominal pads.
 - 4. One (1) large multi-purpose dressing.
 - 5. Three (3) triangular bandage.
 - 6. Two (2) 4 1/2" gauze roller bandage.
 - 7. One (1) roll 1" adhesive tape.
 - 8. One (1) roll 2" heavy adhesive tape.
 - 9. Three (3) chemical cold packs.
 - 10. Three (3) chemical hot packs.
 - 11. Two (2) each, normal Saline and Sterile Water, 1000 ml bottles.
 - 12. One (1) bite stick.
 - 13. One (1) penlight.
 - 14. One (1) heavy duty bandage sheers.
 - 15. Two (2) large sterile burn sheets.
 - 16. One (1) stethoscope.
 - 17. One (1) each, sphygmomanometer, pediatric and adult sizes.
 - 18. One (1) obstetrical kit that includes bulb syringe, plastic bag, sterile drapes, and two (2) umbilical clamps.
 - 19. One (1) set personal protection kit that includes disposable latex exam gloves, protective eyeglasses or goggles, disposable gown, and a disposable surgical mask.
 - 20. One (1) tube instant glucose.
 - 21. One (1) reusable pocket mask with one way valve.
 - 22. One (1) each, infant, child and adult cervical collar.
 - B. Oxygen:
 - 1. Cylinder sheath with pouches, or other suitable carrying case.

Subject: Administration - Provider
First Responder/BLS Supply and Equipment Standard

2. D size (or larger) oxygen tank with pre-connected liter flow and demand valve fittings.
 3. One (1) each, oropharyngeal airways #0 through #6.
 4. One (1) each, adult and pediatric bag-valve-mask with clear resuscitation masks infant, pediatric, and adult.
 5. One (1) each, pediatric and adult nasal cannula, pediatric and adult simple face masks and/or non-rebreather masks.
- C. Suction:
1. Hand operated manual or battery operated mechanical suction device with variable settings.
 2. One (1) pre-connected suction tubing and Yankauer catheter.
 3. One (1) each, suction catheters, infant, child and adult (5/6, 10 and 14 French).
- D. Splints:
1. One (1) suitable carrying case.
 2. One (1) full-length upper extremity splint constructed of cardboard or other shapeable radiolucent material.
 3. One (1) half-length upper extremity splint constructed of cardboard or other shapeable radiolucent material.
 4. One (1) full-length lower extremity splint with foot constructed cardboard or other shapeable radiolucent material.
 5. Two (2) half-length lower extremity splint constructed of cardboard or other shapeable radiolucent material
 6. Five (5) towels (hand size) or equivalent for padding.
 7. One (1) half-length backboard or similar extrication device.
 8. One (1) full-length backboard or similar extrication device.
 9. Five (5) 12' nylon straps with D-ring or buckle closure or equivalent devices.
 10. One (1) large blanket or sleeping bag.

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Subject: Certification
Leave of Absence

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 establish a method that will allow Certified/Authorized EMT-II's and MICN's a method to go on a leave of absence from their certification/authorization.

- III. Policy
 - A. A Leave of Absence (LOA) may be requested by any currently certified/authorized EMT-II, EMT-P or MICN for any reason.
 - B. An LOA may not exceed six (6) months; an additional LOA will not be approved until the individual is reactivated.
 - C. Continuing education, chart review attendance, and monthly skills requirements must be current, before an LOA request will be approved.
 - D. Certification maintenance requirements will not be required during the LOA period.
 - E. Individual's two year certification/authorization maintenance requirements will be prorated for the time (s)he is on an LOA.
 - F. It is the individual's responsibility to notify North Coast EMS in writing of any change in status or situation. If no correspondence is received by the six (6) month limit, the individual will be administratively decertified.
 - G. The North Coast EMS Medical Director or the base hospital Prehospital Care Medical Director may require a written and/or skills examination, precepted field patient contacts, or field patient observation before reactivating certification/authorization. The individual will be responsible for all costs incurred in reactivation testing. The decision of the North Coast EMS Medical Director is final.
 - H. Recommendation for reactivation from the base hospital Prehospital Care Medical Director, Nurse Coordinator, and Authorized Provider, if applicable, is required. This will be documented on the North Coast EMS LOA Form and signed by all parties.
 - I. The LOA will not affect the certification/authorization or expiration dates of the current certification/authorization card.

- IV. LOA Procedure
 - A. Individual must submit a North Coast EMS LOA Request Form.

Subject: Certification
Leave of Absence

- B. Individual must submit documentation of being current in certification maintenance requirements, including: monthly/quarterly skills, chart review attendance, and MICN ambulance observation time.
- C. To be reactivated from an LOA, the individual must request reactivation in writing on the North Coast EMS LOA Request Form, obtain all necessary signatures, and submit the LOA reactivation fee.

Approved: _____ Date: _____

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Subject: Certification
MICN Authorization Maintenance Requirements

- 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 the procedure for maintaining Mobile Intensive Care Nurse (MICN) authorization within the North Coast EMS region.

- III. Procedure
 - A. Each MICN applicant must attend an organized field care audit of recorded and/or written patient care records for no less than six (6) hours every two (2) years, at a base hospital or an alternative base hospital within the North Coast EMS region.
 - B. Each MICN applicant must complete at least sixteen (16) hours of continuing education every two (2) years. This continuing education must relate specifically to prehospital care and is in addition to the required field care audit attendance. The CE credit may be issued by a BRN or Prehospital Care CE Provider. Three (3) hours every two (2) years of this CE must be focused as follows:
 1. A minimum of two (2) of these sixteen (16) CE hours must be for attending a two (2) hour MICN Reauthorization Review Class conducted by the applicant's base hospital Prehospital Care Nurse Coordinator (PCNC).
 2. A minimum of one (1) of these sixteen (16) CE hours must be related to management of disaster or multi-casualty incident. This may take the form of participation in a hospital or county disaster drill, if verified by a base hospital Prehospital Care Nurse Provider.
 - C. Each MICN applicant must verify field observation time. This may be accomplished by:
 1. Riding with a North Coast EMS approved LALS/ALS ambulance as a third person for two (2) field patient contacts every two (2) years. This observation will be documented by the Field Preceptor's signature on the North Coast EMS Verification of MICN Field Observation Form. See Policy #4705 MICN ALS Field Observation Guidelines for specifics.
 2. Spending four (4) hours of directed study with an EMT-P in the prehospital setting. During this time, three (3) of the following objectives must be accomplished:
 - a. Create a practice or sample PCR via the computer based system, to enhance understanding of the process required of the paramedics.

Subject: Certification
MICN Authorization Maintenance Requirements

- b. Visit the dispatch center to gain insight into the dispatch process.
 - c. Assist with the morning rig check to improve familiarity with the working environment.
 - d. Review the EMS skills and protocols manual with attention to policies on radio delay, radio failure, field pronouncement of death, helicopter activation, and multicasualty incident
 - e. Participate in a mock call, directed by the EMT-P.
3. Riding with a North Coast EMS approved LALS/ALS ambulance as a third person for one(1) field patient contact every two (2) years (see above for specifics) AND spending two (2) hours of directed study with an EMT-P in the prehospital setting. During this time, two (2) of the above0 objectives must be accomplished.
- D. Each MICN applicant must complete at least twenty (20) radio and/or telephone calls every two (2) years, ten (10) of which must be evaluated by the base hospital Prehospital Care Nurse Coordinator (PCNC) utilizing the MICN Tape Audit Form. Calls may be simulated, but it is recommended that each MICN direct at least ten (10) genuine radio and/or telephone calls per year.
- E. It is recommended that each MICN maintain verification of Advanced Cardiac Life Support (ACLS) course completion; proof of current ACLS is required upon authorization and reauthorization.
- F. Only MICN authorization maintenance requirements completed within the last twenty-four (24) months prior to submitting the application for MICN authorization will be accepted.
- IV. Responsibilities
- A. The CE Provider shall distribute course completion records to attendees to document attendance at field care audits and/or continuing education sessions (following the state prehospital continuing education guidelines and California state laws and regulations) for reauthorization purposes.
 - B. The MICN applicant shall attend the appropriate field care audits, continuing education classes, field observation time, and complete the necessary radio and/or telephone calls to maintain MICN authorization.
 - C. The MICN will notify North Coast EMS if they work as an MICN in more than one hospital.
 - D. The MICN applicant shall obtain and maintain documentation of sufficient field care audit attendance, continuing education, field observation, and radio and/or telephone call evaluations for a period no less than four (4) years.
 - E. The MICN applicant shall submit to North Coast EMS all documentation listed above upon request.

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Subject: Certification
MICN Authorization Maintenance Requirements

- F. The base hospital PCNC shall offer a two (2) hour MICN Reauthorization Review Class annually at a minimum, following the North Coast EMS outline and offer CE for attendance.
 - G. The base hospital PCNC shall evaluate the necessary radio and/or telephone calls.
- V. Verification
- A. North Coast EMS may audit hospital records to assure that MICN authorization maintenance requirements have been met.
 - B. North Coast EMS may audit MICN application and maintenance documentation verifying compliance for cause.
 - C. North Coast EMS will randomly audit 10% of the MICN applicants to verify FCA and CE attendance documents.

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Subject: Certification
MICN Advance Life Support Field Observation

Associated Policies: 3605, 4004, 4702, 4704

- 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 guidelines and establish the function and responsibilities of the Mobile Intensive Care Nurse (MICN) while participating in Advanced Life support (ALS) field observation.

- III. Policy
 - A. The MICN must observe two (2) LALS or ALS patients while on a North Coast EMS approved ambulance every two (2) years to count towards MICN authorization or reauthorization requirements.
 - B. Only one MICN observer may be scheduled to accompany LALS or ALS ambulance personnel at one time. The scheduling of ambulance time shall be at the discretion of the ALS ambulance service provider. It is the responsibility of the base hospital Prehospital Care Nurse Coordinator (PCNC) and/or the individual MICN to make arrangements with the ambulance provider's liaison or base supervisor for LALS or ALS field observation time.
 - C. The rules and regulations of the LALS or ALS ambulance provider will be respected and adhered to by the MICN. Any non-compliance may result in the termination of the LALS or ALS field observation period. MICN observers will not interfere with field personnel as they perform their duties.
 - D. Appropriate professional attire and identifying name tags must be worn by the MICN while participating in LALS or ALS field observation.
 - E. The MICN's base hospital shall maintain workman's compensation and malpractice insurance, or similar coverage, for the MICN during LALS or ALS field observation time.
 - F. The ambulance provider is not responsible for actions of the MICN. The MICN may assist with patient care at the request and under the direction of the EMT-II or paramedic responsible for patient care. The EMT-II or paramedic maintains responsibility and authority for patient care, under the guidance and discretion of the base hospital.
 - G. The LALS or ALS observation and patient contacts will be documented on the North Coast EMS Verification of MICN ALS Field Observation Form and signed by the EMT-II or paramedic on the call.

Subject: Certification
MICN Advance Life Support Field Observation

IV. Procedure

Many MICN's work in base hospitals where LALS or ALS field units have a low patient call volume.

A. Listed below are the ways the MICN ALS field observation requirement may be met:

1. MICN's:
 - a. may receive credit for LALS or ALS patient contacts while on emergency transfers by completing the MICN Field Observation Form and obtaining the charge EMT-II or paramedic's signature.
 - b. may observe LALS or ALS patients on any North Coast EMS approved LALS or ALS ambulance. The required ALS field observation may also be completed outside the North Coast EMS region with prior written approval from the North Coast EMS Medical Director.
 - c. may participate in simulated field calls to meet the ALS field observation requirement. Arrangement for simulation will be the base hospital PCNC's responsibility and must include an EMT-II or paramedic. Simulations must involve a mock ALS patient and actual simulated patient care and transport, and must continue at least thirty (30) minutes. This simulation will constitute one (1) patient contact. The EMT-II or paramedic acting as coordinator of the simulation must have worked as an EMT-II or paramedic for at least one (1) year within the North Coast EMS region.
 - d. are responsible for maintaining the Verification of MICN ALS Field Observation Form and obtaining the appropriate EMT-II's or paramedic's signature.
2. MICN's are encouraged to:
 - a. Seek an orientation to the ambulance at the beginning of the crewshift.
 - b. Accompany their assigned crew on all duties, including standbys (i.e., football games, fires, etc.).
 - c. Ask questions.

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Subject: Authorization
Field Training Officer Authorization Requirements

Associated Policies: 4005, 4502, 4603

I. Authority and Reference (incorporated herein by reference)

- A. Division 2.5 of the Health and Safety Code.
- B. California Code of Regulations, Title 22.
- C. North Coast Emergency Medical Services Policies and Procedures.

II. Purpose

To establish Field Training Officer (FTO) Authorization Policy and Procedure within the North Coast EMS region.

III. Policy

A. General eligibility criteria:

1. Individual must have been certified as an EMT-II and/or accredited as an EMT-Paramedic for at least two (2) years within the last five (5) years prior to the date of authorization. Individuals who have been a certified EMT-II for at least two years and become an accredited Paramedic need to practice as a Paramedic for six (6) months before being eligible to be a Paramedic FTO.
2. Individual must be **currently** certified and/or accredited as an EMT-II or EMT-Paramedic in good standing within in the North Coast EMS Region.
3. Individual must have been certified and/or accredited within the North Coast EMS region for at least two (2) months, at the FTO authorization level prior to the date of authorization.
4. Individual must document successful completion of a North Coast EMS approved FTO training program.
5. Individual must be nominated to become an authorized FTO by his/her Base Hospital Prehospital Care Medical Director and/or Nurse Coordinator.
6. Individual must not have been placed on probation, suspension, or had certification revoked, including, but not limited to, reasons defined in section 1798.200 of the Health and Safety Code.
7. Individual must not be currently placed on a remedial pathway by the ALS/LALS field service provider, base hospital, North Coast EMS or the California EMS Authority.
 - a. If individual has had any certificate actions or has been placed on a remedial pathway, s/he may petition the North Coast EMS Medical Director to waive this policy.
 - b. A written request to waive this policy and a detailed description of the incident, including any extenuating circumstances, must be submitted to North Coast EMS prior to authorization.
 - c. All requests for waivers of this policy will be reviewed by the North Coast EMS Medical Director within thirty (30) days. The decision of the North Coast EMS Medical Director will be final, unless appealed to the North Coast EMS Joint Powers Governing Board.

Subject: Authorization
Field Training Officer Authorization Requirements

Associated Policies: 4005, 4502, 4603

- B. Nominations shall be turned in by the Prehospital Care Medical Director and/or Prehospital Care Nurse Coordinator to North Coast EMS. Nominations shall be evaluated by North Coast EMS, the nominating person and the authorized ALS/LALS service provider. Final approval will be made by the North Coast EMS Medical Director in conjunction with the North Coast EMS Executive Director.
- C. After a positive evaluation of the nomination has been determined, the prospective FTO shall be requested to submit the FTO Authorizing Application form if he/she wishes to become a FTO.
- D. The effective date of authorization will be when all of the following are reached:
 - 1. The date of a positive evaluation of the nomination;
 - 2. The date the FTO Authorizing Application is received; and
 - 3. The date that all authorization requirements are met.FTO authorization will be continuous as long as certification and/or accreditation are maintained, unless a situation arises as described in E. below.
- E. FTO authorization is provider specific. A separate nomination must be received for each ALS/LALS provider.
- F. FTOs shall exemplify high standards of professional conduct, including but not limited to:
 - 1. for any Acting in a fair and constructive manner;
 - 2. Being capable of performing substantive evaluations of students;
 - 3. Not basing evaluation on factors other than individual merit; and
 - 4. Demonstrating outstanding assessment and patient care techniques.
- G. North Coast EMS reserves the right to terminate FTO status person who fails to meet the requirements and standards of this policy.

IV. Responsibilities

- A. It is the responsibility of the FTO to remain certified and/or accredited in good standing within the North Coast EMS region, and to maintain the high standards of professional conduct expected of a FTO.
- B. It is the responsibility of the Base Hospital Medical Director or Nurse Coordinator to notify North Coast EMS if an authorized FTO is placed on probation, suspension or a remedial pathway by the hospital.
- C. It is the responsibility of the ALS/LALS service provider to notify North Coast EMS if an authorized FTO is placed on probation, suspension, or been placed on a remedial pathway by the service provider.

PLEASE NOTE: AN INDIVIDUAL IS NOT ALLOWED TO FUNCTION AS A FIELD TRAINING OFFICER UNLESS (S)HE HAS RECEIVED APPROVAL FROM NORTH COAST EMS. FUNCTIONING AS AN FTO WITHOUT APPROVAL FROM NORTH COAST EMS IS GROUNDS FOR DISCIPLINARY ACTION.

Subject: Authorization
Field Training Officer Authorization Requirements

Associated Policies: 4005, 4502, 4603

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Subject: Authorization
Field Training Officer Authorization Requirements

Associated Policies: 4005, 4502, 4603

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Subject: Scope of Practice/Procedure – EMT-II
Intravenous Therapy

Associated Policies:5317,5319,5320,5321,5335,5408,5418,5421,5431,5434,6502

- I. Purpose
 - A. Intravenous cannulation is a means to gain direct access to the venous circulation.

- II. Indications: EMT-II / EMT-P Standing Orders
 - A. To administer drugs and fluids.
 - B. To obtain venous blood sample(s) for laboratory determinations.

- III. Therapeutic Effects
 - A. Provides direct access to the venous circulation.
 - B. IV lifeline is essential for administering drugs and fluids and ensuring their immediate uptake and distribution.

- IV. Contraindications
 - A. Absolute:
 - 1. None.
 - B. Relative:
 - 1. None.

- V. Adverse Effects
 - A. Local complications:
 - 1. Hematoma formation.
 - 2. Cellulitis.
 - 3. Thrombosis.
 - 4. Phlebitis.
 - B. Systemic complications:
 - 1. Sepsis.
 - 2. Pulmonary embolism.
 - 3. Air embolism.
 - 4. Catheter-fragment embolism.

- VI. Equipment

Type of emergency will determine size of catheter, type of fluid or if Saline Lock is indicated.

 - A. Typical catheter sizes and indications:
 - 1. 24-gauge and 22-gauge: Used for fragile and/or small veins as in the pediatric patient.
 - 2. 20-gauge: Used for the average-sized adult medical patient.

Subject: Scope of Practice/Procedure – EMT-II
Intravenous Therapy

3. 18-gauge, 16-gauge, and 14-gauge: Used for volume replacement or the administration of viscous medications such as glucose.
- C. Commonly used percutaneous IV sites in the adult patient:
 1. Dorsum of the hand.
 2. Wrists and forearms.
 3. Antecubital Fossae.
 4. External jugular vein.
- D. Commonly used percutaneous IV sites in the pediatric patient:
 1. Dorsum of the hand.
 2. Wrists.
 3. Antecubital Fossae.
 4. External jugular vein.
 5. Scalp veins.

VII. Procedure

- A. Vascular Access:
 1. Apply tourniquet proximal to IV site or, for infant cannulation of scalp vein, apply a large rubber band tourniquet around head.
 2. Immobilize extremity, especially small child or infant.
 3. Locate vein and cleanse the overlying skin with alcohol or betadine, shave area if necessary.
 4. Hold vein in place by applying traction on vein distal to the point of entry.
 5. Puncture the skin and vein with bevel of needle upward.
 6. Note blood return and advance the catheter and needle slightly.
 7. Slide catheter off needle and into the vein.
 8. Remove tourniquet.
 9. Withdraw and remove needle and attach IV cap or infusion tubing.
 10. Flush catheter and ensure patency. Adjust drip rate.
 11. Tape securely in place.
- B. External Jugular Vein Cannulation:
 1. Place the patient in a supine, head-down position to fill the external jugular vein, turn the patient's head toward the opposite side.
 2. Cleanse thoroughly with alcohol and/or Betadine.
 3. Align the cannula in the direction of the vein with the point aimed toward the opposite shoulder.
 4. Make venipuncture midway between the angle of the jaw and the mid-clavicular line, "tourniqueting" the vein lightly with one finger above the clavicle.
 5. Upon cannulation, connect IV tubing and tape securely.

Subject: Scope of Practice/Procedure – EMT-II
Intravenous Therapy

VIII. Special Information

- A. If external jugular site infiltrates, do not attempt venipuncture of the other external jugular vein.
- B. Restrain pediatric patients prior to venipuncture.
- C. Do not delay transport for IV access in critical patients.

Approved: _____ Date: _____

Approved as to Form: _____ Date: _____

Subject: Scope of Practice/Procedure – EMT-II
Esophageal Obturator Airway (EOA/EGTA)

Associated Policies:5321,5421,6504,6505

- I. Indications: EMT-II, EMT-P Standing Orders
 - A. Immediate endotracheal or nasal tracheal intubation cannot be performed.
 - B. Attempts at endotracheal intubation have proved unsuccessful.
 - C. Direct visualization of the larynx is inhibited because of bleeding or emesis.

- II. Therapeutic Effects
 - A. Rapid insertion and larynx does not have to be visualized.
 - B. Prevents gastric distention and regurgitation.
 - C. Delivers ventilations at the level of the hypopharynx.

- III. Contraindications
 - A. Absolute:
 1. Conscious or semiconscious patients with a gag reflex.
 2. Persons under 5 feet tall.
 3. Extremely tall adults (over 6'6").
 4. Patients with known history of esophageal diseases.
 5. Cases of caustic ingestion.

- IV. Equipment
 - A. EOA or EGTA tube and mask.
 - B. 20cc or 30cc syringe.
 - C. Stethoscope.
 - D. Bag Valve Mask Device with oxygen enrichment device.

- V. Procedure
 - A. Insertion:
 1. Place patient supine with head in neutral position.
 2. Check equipment.
 3. Hyperventilate at rate of 20 to 24 times a minute.
 4. A tongue-jaw-lift should be used with one hand while device is inserted with other hand.
 5. Introduce EOA/ETGA with face mask attached into posterior pharynx.
 6. Advance EOA/EGTA until face mask rests on face. If resistance is met, withdraw device slightly, improve the jaw-lift, and re-advance.

Subject: Scope of Practice/Procedure – EMT-II
Esophageal Obturator Airway (EOA/EGTA)

7. Deliver ventilation and observe for chest rise/auscultate breath sounds. If no chest rise or breath sounds are detected, immediately remove the EOA/EGTA and ventilate by other means.
8. Inflate cuff, amount of air used should be considered patient-dependent, 30-35cc maximum.
9. Observe for chest rise/auscultate breath sounds.
10. Hyperventilate patient with 100% oxygen via BVM at rate of 20 to 24 times a minute.
11. Gastric decompression with an EGTA can be performed with placement of NG tube into gastric tube. Maintain low suction levels.

B. Removal:

1. If patient is unconscious, an ET tube should be placed prior to EOA/EGTA removal. Deflate EOA/EGTA cuff. Remove EOA/EGTA. Have suction available.
2. If patient's condition has improved (gag reflex and spontaneous respiration present) EOA/EGTA should be removed. The patient should be rolled onto his side and suction made ready. Deflate EOA/EGTA cuff. Remove EOA/EGTA.

VI. Special Information

- A. Use with caution with suspected drug overdose.
- B. Airway will not protect the aspiration of foreign material that is present in the mouth or pharynx.

Approved: _____ Date: _____

Approved as to Form: _____ Date: _____

Subject: Certification
Fee Schedule

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 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	\$ 20.00
EMT-I Skills Test & Retest	100.00
<u>EMT-I written test for recertification or retest</u>	<u>20.00</u>
Early Defibrillation (Re)accreditation	20.00
Early Defibrillation Skills Test	50.00
EMT-II (Re)certification	50.00
EMT-II Skills Test & Retest	100.00 50.00
EMT-P Accreditation (including cases when there has been a lapse of accreditation)	50.00
EMT-P Reccreditation, when there has been a lapse of accreditation, but EMT-P is still within the same two (2) year licensure cycle.	25.00
Extension of Accreditation Time Limit Without Cause	25.00
<u>Paramedic Transfer Accreditation (Hep/Nitro)</u>	<u>20.00</u>
MICN (Re)authorization	50.00
MICN Skills Test & Retest	35.00
Written Retest	20.00
Reactivation from LOA	15.00
Card Replacement	10.00
Suspension Reinstatement	25.00
Special Test	50.00
“Rush” of Certification, Accreditation or Authorization Card	15.00
Returned Check	10.00 25.00
First Responder Program Approval (Fee charged for private organizations with a recognized role in first aid or prehospital care training only.)	25.00

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, ~~or paying the special test fee, as described in Section IV. C., below.~~
 - 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.~~ ~~For a test administered on any day other than a regularly scheduled EMS test date, or for which registrant has not registered fourteen (14) days prior to the requested testing session, registrant will be charged a special test fee of \$50.00. In these instances, North Coast EMS will not waive the certification, test, or special test fees for any reason.~~
 - D. 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 ~~requesting a waiver of the special testing fee~~ 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.

Approved: _____ Date: _____

Approved as to Form: _____ Date: _____

Subject: Certification
Fee Schedule

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.
 4. ~~If, for any reason, less than four (4) individuals show for the special test scheduled in this instance, each person attending will be required to pay the additional special test fee of \$50.~~
- E. Certification fees are waived for active North Coast EMS regional firefighters applying for EMT-I, ~~EMT-ID Manual and Early Defibrillation certification~~. 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.)
- 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-ID, Early Defibrillation~~, 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

Approved: _____ Date: _____

Approved as to Form: _____ Date: _____

Subject: Certification
Fee Schedule

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 ~~\$10~~ \$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 ~~\$10.00~~ \$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.
- L. Paramedic Transfer 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.

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