

**MEMORANDUM**

**DATE:** October 31, 2003

**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:** Charlotte Aros, Secretary

**RE:** INFORMATIONAL MAILING

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Enclosed for your information and review are the following items:

- 1. POLICY CHANGE NOTICE #67** – please incorporate these 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 Larry Karsteadt for the following:

- 1. Policy #3312** – Patient Care – “Treat and Release Authorization”

Refer any questions/comments Pam Haynes, RN for the following:

- 1. Policy #2305** – Administration – Patient Care  
“LALS/ALS – Determination of Death”

**\*\*THIS POLICY ONLY WILL HAVE A 15 DAY COMMENT PERIOD, ENDING ON NOVEMBER 15, 2003.** (Comments were received and reviewed after previous mailing and one more change was made.)

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

- 1. Policy #4702** – Certification –  
“MICN Authorization, Reauthorization & Challenge Authorization”

**FOR YOUR INFORMATION:**

- A. EMSA letters with North Coast EMS comment on EMT-I draft regulations and “EMS System Evaluation and Quality Improvement Regulations”.
- B. North Coast EMS Five Year Plan Update letter.
- C. “Patient Advice” Forms. *These are SAMPLE forms. Please call Louis Bruhnke, Coordinator if you have any questions.* Many thanks to City Ambulance of Eureka, Inc.
- D. General Fund #2036 FY 2002-2003 Final Progress Report.
- E. General Fund #3040 FY 2003-04 Quarter 1 Progress Report.
- F. Trauma Plan Development #EMS-1091 Quarter 1 Progress Report for Phase II.
- G. Prehospital MCI/Disaster Project #EMS-2055 Fifth Quarter Progress Report.
- H. Rural Outreach Medical Training Grant #EMS-2056 Fifth Quarter Progress Report.
- I. Nurse Ratio Information.

## CHANGE NOTICE

CHANGE #67

October 31, 2003

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	#2002	Administration - Miscellaneous <b>Film/Slide/VHS/Equipment Library</b>	1
Replace	#6014*	Medical Direction <b>BLS Trauma Treatment Guidelines</b>	3

*\* The last informational mailing directed the replacement of Policy # 6014 – “**BLS Trauma Treatment Guidelines**”. One minor change was inadvertently left off which will not change the intent or the content of the policy. However, please replace with the policy included in this informational mailing packet. For your own reference, the update is in **Part II, Section A, number 2** – the change is omitting the mandatory “code 3” transport.*

Subject: Administration - Miscellaneous  
**Film/Slide/VHS/Equipment Library**

Associated Policies: 2003

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- I. Authority and Reference (incorporated herein by references)
  - A. North Coast EMS Policies and Procedures
  
- II. Purpose  
To establish policy for rental of North Coast EMS, videos, and equipment.
  
- III. Policy
  - A. The agency shall maintain a fee schedule for rental of videos and equipment that has been approved by the Governing Board.
  - B. All videos will be loaned free of charge.
  - C. Videos, and equipment picked up at the office will be loaned for a three-day period. The agency will charge a \$5.00 fee for each day the rental is returned late, without prior authorization.
  - D. Payment of fees charged should be received by the agency within one (1) month of rental. We bill once a month, for three (3) months. If payment is not received by the end of the third (3rd) month, privilege of renting our equipment is revoked.
  - E. Equipment must come back to us in clean, usable condition. Items returned damaged or destroyed will be subject to repair and/or replacement costs.
  - F. Apparent abuse of equipment will result in the loss of check out priveledges.

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Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Approved as to Form: \_\_\_\_\_ Date: \_\_\_\_\_

Subject: BLS Trauma Treatment Guidelines  
Associated Policies:

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I. Priorities

- A. Perform scene survey for rescuer safety and mechanism of injury.
- B. Maintain A,B,C's and spinal precautions throughout assessment and care.
- C. Limit time on scene to triage and control of external hemorrhage. Further assessment must be done en route.
- D. BLS crews should consider rapid transport when the patient has potentially critical injuries or when showing early signs or symptoms of shock.
- E. Notify base hospital according to Med Net communications guidelines.

II. Initial Trauma Treatment

A. Basic Therapy:

- 1. All traumatically injured patients in extremis require rapid transport, second only to:
  - a. Airway management. Use the simplest effective method with in-line cervical immobilizations. Administer high flow oxygen.
  - b. Control of significant hemorrhage.
  - c. Rhythm assessment for automatic defibrillation, if indicated.
  - d. Rapid spinal immobilization.
- 2. Transport code 3 to nearest facility while continuing further assessment and treatment. Consider possible aircraft evacuation.
  - Expose and examine patient head to toe while keeping patient warm.
  - Obtain vital signs and GCS.
  - Obtain brief history, medications, and allergies, if possible.
- 3. Initiate any specific treatment appropriate (see additional guidelines below).
- 4. Update base hospital with patient status, and completion of patient assessment.

Consideration: BLS unit must transport to the closest facility, or may rendezvous with an ALS unit if appropriate. (Refer to Trauma Transport Destination Policy #7000)

III. System Specific Trauma Treatment Guidelines

A. Head and Neck Trauma:

- 1. Follow Basic Treatment Guidelines.
- 2. Check oropharynx carefully for teeth or other foreign objects. Suction, as indicated.
- 3. Ensure adequate ventilation.
- 4. Do not attempt to stop clear drainage (CSF) from nose or ears.
- 5. Avoid placing pressure on injured eyes. Do not attempt to remove foreign objects from the globe of the eye, or to replace a torn or displaced globe.

Subject: BLS Trauma Treatment Guidelines

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Cover injured eyes with saline soaked gauze. Patch the unaffected eye, if necessary to control eye movements.

6. Save displaced teeth for hospital staff.

**B. Chest Trauma**

1. Follow Basic Treatment Guidelines
2. Impaled Objects: Attempt to stabilize impaled objects in position found. Do not remove unless object interferes with CPR.
3. Flail Chest: Stabilize chest wall to reduce paradoxical chest wall movement. Be prepared to support ventilations.
4. Open Chest Wound: Cover (do not stuff) the wound with an occlusive dressing. If patient's condition worsens, remove dressing to decompress tension, and then re-apply dressing taped on 3 sides.
5. Utilize automatic defibrillator for dysrhythmia recognition.

**C. Abdominal Trauma**

1. Follow Basic Treatment Guidelines
2. Impaled Object: Stabilize the object in place; do not remove unless it interferes with CPR.
3. Evisceration: Cover eviscerated organ(s) with sterile saline soaked gauze. If possible, then cover with plastic wrap to prevent hypothermia. Do not attempt to replace organs.
4. Genital Trauma: Apply direct pressure for bleeding. Cover exposed areas with moistened saline gauze.

**D. Extremity Trauma**

1. Follow Basic Treatment Guidelines.
2. Evaluate neurovascular status of limbs distal to injuries.
  - a. Intact CSM: Splint/Immobilize the joint above and below the injured site in position found. Remember to check CSM before and after splinting.
  - b. Impaired CSM: Apply gentle axial traction to restore circulation. Select and apply appropriate splint.
3. Cover open fractures with sterile saline moistened gauze.

**E. Amputations/Avulsions:**

1. Follow Basic Treatment Guidelines.
2. Partial Amputation: cover with dry sterile gauze. Splint in anatomic position and elevate. Remove any jewelry or possible existing tourniquets.

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Subject: BLS Trauma Treatment Guidelines

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3. Complete Amputation: Place the amputated part in a sterile or clean dry container or bag. Seal or tie off the bag, if possible. Place in a second container of ice or cold water, if available. Do not place the amputated part directly on ice or in water/saline. Elevate the extremity involved and cover the stump with saline soaked gauze. Control bleeding with direct pressure, if necessary.

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Subject: Patient Care  
**Treat and Release Authorization**

Associated Policies:

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- 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 provide a mechanism for providers to request Treat and Release authorization for their paramedic level personnel.

  - A. The provider must submit their request to North Coast EMS in writing.
  - B. The request should include:
    - a. A description of the need for Treat and Release options for their paramedic personnel.
    - b. A draft of proposed protocols and procedures for Treat and Release of patients served by the paramedic provider.
    - c. A letter of support from the provider's base hospital Prehospital Care Medical Director (PCMD) stating that 1)the PCMD has reviewed and concurs with the provider's drafted Treat and Release protocols and 2)that the base hospital agrees to review all Patient Care Reports (PCRs) for patients having been treated and released by the provider's personnel.
    - d. Agreement that paramedics may only recommend Treat and Release procedures to the patient and that all patients will be given the option of being transported to the hospital by ambulance. The patient must provide informed consent to be treated and released by the paramedic responder.
    - e. Agreement that only paramedic level personnel will be permitted to employ the Treat and Release protocols and procedures.
  - C. The provider must agree to review all PCRs for patients having been treated and released by their personnel.
  - D. All Treat and Release PCRs must be entered on the electronic PCR data system and the words "**Treat and Release**" must be entered in the narrative field of the PCR data program to permit North Coast EMS evaluation of Treat and Release activity.

Subject: Administration – Patient Care  
**LALS/ALS – Determination of Death**

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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 regional policy and procedure for limited advanced and advanced life support (LALS/ALS) personnel to determine and document death in the prehospital setting. For the purpose of this policy, "LALS/ALS personnel" is defined as a rescuer that is a currently certified or licensed EMT-II or EMT-P within the North Coast EMS Region. Additionally, this policy shall outline procedures to be followed whenever CPR is withheld or discontinued in the prehospital setting (also, refer to Policy #2307).

III. Policy

A. Do Not Resuscitate (DNR) Requests:

CPR should not be initiated on a pulseless, non-breathing patient when a valid Do Not Resuscitate (DNR) Request, No Code or No CPR Order meeting Policy #2307 requirements is presented.

B. Obvious Death:

CPR does not need to be initiated if a pulseless, non-breathing patient has one or more of the following conditions:

1. Decapitation.
2. Decomposition.
3. Incineration of the torso and/or head.
4. Visible exposure, destruction, and/or separation of vital internal organs (brain, spinal cord, liver, heart, or lungs).
5. Rigor or livor mortis (without contributing environmental factors - see special information).
6. Major trauma resulting in full arrest with a known down time of greater than twenty (20) minutes with no CPR initiated.
7. Severe injuries obviously incompatible with life.
8. Submersion greater than or equal to twenty-four (24) hours.
9. Blunt Trauma in asystole or PEA < 40bpm.

~~C. Possible Death:~~

~~CPR does not need to be initiated on pulseless, non-breathing patients who do not meet the above conditions but do meet the following criteria (when CPR has not been initiated).~~

- ~~1. Confirmed asystole upon placement of a cardiac monitor for at least two minutes.~~
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**LALS/ALS – Determination of Death**

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2. ~~Absence of apical heart tones or breath sounds upon chest auscultation.~~

3. ~~Absence of breath sounds upon tracheal auscultation.~~

D. Discontinuation of CPR:

Resuscitation attempts may be discontinued under the following circumstances:

1. Upon presentation of a valid Do Not Resuscitate (DNR) Request, No Code or No CPR Order meeting Policy #2307 requirements.
2. When the EMT is exhausted and cannot continue resuscitative efforts.
3. When the base hospital physician directs the discontinuation of resuscitative efforts based on the information available to him/her. Some suggested guidelines are:
  - a. Documented apnea and pulselessness > ten (10) minutes without CPR.
  - b. No response to ACLS > thirty (30) minutes.
  - c. No ventricular activity after ten (10) minutes of ACLS.
4. When the EMT-P has provided at least one round of medications and performed ACLS per protocol for treatment of asystole without signs of improvement.

IV. Procedure

- A. LALS/ALS personnel need not initiate CPR when death has been determined using the criteria outlined above.
- B. A cardiac monitor may be used by LALS/ALS personnel to assist in their determination of death without being committed to initiation of other ALS procedures.
- C. Discontinuation of CPR:
  1. Identify all mortal injuries or confirm that a valid Do Not Resuscitate (DNR) Request, No Code or No CPR Order meeting Policy #2307 requirements is provided.
  2. Record EKG rhythm strip and confirm asystole.
  3. Contact base hospital, relay all facts/findings and request permission to discontinue CPR.
- D. When CPR is not initiated, or has been discontinued after treatment of asystole, by BLS, LALS, or ALS personnel:
  1. Notify base hospital physician or MICN of findings via radio or telephone.
  2. Notify County Coroner or appropriate investigative authorities if this has not already been done.
  3. Complete North Coast EMS Prehospital Care Report (PCR) with all surrounding facts, findings, and time death was determined.

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**LALS/ALS – Determination of Death**

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V. Special Information

- A. Division 2.5 of the California Health and Safety Code, Section 1798.6(a), states that the authority for patient care management in an emergency shall be vested in that licensed or certified health care professional, which may include any paramedic or other prehospital emergency personnel, at the scene of the emergency who is most medically qualified specific to the provision of rendering medical care.
- B. If directed by a law enforcement officer to transport a victim who is obviously dead, comply with the order and document the incident upon arrival at the hospital. Provisions of the California Penal Code make it unlawful to willingly fail or refuse to comply with any lawful order, signal or direction of any peace officer.
- C. Hypothermia can mask the positive neurological reflexes, which indicate life, so it is imperative to be certain no contributing environmental factors exist, such as cold water submersion or cold exposure, especially in children. If there exists any possibility that either of these could be a factor, resuscitation should be started immediately.
- D. Resuscitative efforts may be extended despite apparent death, at the discretion of the base hospital physician, to facilitate organ donation.

Subject: Certification  
**MICN Authorization, Reauthorization & Challenge Authorization**

Associated Policies: 3602, 3603, 4004, 4704, 4705

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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 Mobile Intensive Care Nurse (MICN) authorization policy and procedure, including initial authorization, reauthorization, and challenge authorization of MICN's within the North Coast EMS region.

III. Procedure

A. Initial Authorization and Challenge

1. General eligibility criteria:

- a. Applicant must be at least eighteen (18) years of age at the time of submitting request for MICN authorization.
- b. Applicant must document a current California license to practice as a registered nurse.
- c. Applicant must document successful completion of an Advanced Cardiac Life Support (ACLS) course within two (2) years prior to applying for MICN authorization by copy of ACLS card.

d. Applicant must document:

- 1) Previous authorization as an MICN in the State of California; or
- 2) Successful completion of a California EMS agency approved MICN training program within two (2) years prior to applying for MICN authorization.
- 3) Applicants who have been previously authorized in the State of California as an MICN, but whose authorization card has expired must also complete requirements outlined in Section III.C. Reinstatement procedure.
- 4) An applicant who is a registered nurse and also a North Coast EMS accredited paramedic may challenge the MICN written and skills exams, as long as they meet all the other MICN authorization requirements. If the applicant fails either of the exams they will be required to take the full MICN course.

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- 5) Initial MICN authorization applicants obtaining MICN training outside the North Coast EMS region must also:
  - a) Document 500 hours of Emergency Department (ED) experience, as an RN, in the last year (This requirement may be waived for candidates who can document equivalent experience. Written application for exceptions must be made, in writing, to the North Coast EMS Medical Director); and
  - b) Provide evidence of satisfactory completion of ten (10) actual precepted radio and/or telephone calls. Calls will be evaluated by the Prehospital Care Nurse Coordinator (PCNC), utilizing the MICN tape audit form. Simulated calls during the MICN class will not be accepted.
  - e. Applicant must document a score of 80% or above on the North Coast EMS MICN written and skills authorization examinations.
  - f. Applicant must submit a completed North Coast EMS MICN authorization application, including signatures of the base hospital Prehospital Care Medical Director (PCMD) and Prehospital Care Nurse Coordinator (PCNC) of all the hospitals where applicant works as a MICN.
  - g. Applicant must complete a statement that (s)he is not precluded from certification for reasons defined in Section 1798.200 of the Health and Safety Code.
  - h. Applicant must submit detailed documentation of convictions of any crime other than a minor traffic violation.
  - i. Applicant must submit payment of the MICN authorization fee.
  - j. Applicant must document successful completion of new personnel orientation and field patient observations.
2. Authorization as a MICN shall be for a maximum period of two (2) years from the date the applicant satisfactorily completes the North Coast EMS authorization examinations. The effective date of

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authorization shall be the date applicant satisfactorily completes all authorization requirements, and has applied for authorization. The authorization expiration date will be the final day of the final month of the two (2) year period.

3. Under extreme lack of staffing conditions experienced by the base hospital, an applicant who holds a current MICN authorization by another California EMS agency may be temporarily authorized as a North Coast EMS MICN after the following conditions are met:
  - a. The PCNC must write a letter to the North Coast EMS Medical Director detailing the need for the waiver of policy. Within the request the PCNC must describe, in detail, the extenuating circumstances and include the hospital plan and timeline for remedying the situation. The PCNC must also declare that (s)he is confident that the MICN in question is competent on North Coast EMS policies and procedures.
  - b. Applicant must document a current California license to practice as a registered nurse.
  - c. Applicant must document successful completion of an ACLS course within two (2) years prior to applying for MICN authorization by copy of the ACLS card.
  - d. Applicant must document previous authorization as an MICN in the State of California.
  - e. Applicant must submit a completed North Coast EMS MICN authorization application, including signatures of the base hospital PCMD and PCNC.
  - f. Applicant must complete a statement that (s)he is not precluded from certification for reasons defined in Section 1798.200 of the Health and Safety Code.
  - g. Applicant must submit detailed documentation of convictions of any crime other than a minor traffic violation.
    - 1) If there is a need for a fingerprint and/or background check on the MICN, the waiver of policy will be denied until the background check is completed by North Coast EMS.
  - h. Applicant must submit payment of the MICN authorization fee.

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- i. If waiver of policy is approved by North Coast EMS, the MICN applicant must:
    - 1) Document a score of 80% or above on the North Coast EMS MICN written and skills authorization examinations within three (3) months after being temporarily approved for MICN authorization.
      - a) If applicant fails MICN written or skills authorization examination, temporary MICN authorization will end immediately.
      - b) If applicant does not complete the written and skills authorization examinations within three (3) months after being approved, temporary MICN authorization will end immediately.
      - c) If either III.A.3.i.1)a) or b) occurs, MICN applicant will revert to Section III.A., Initial Authorization and/or Challenge Authorization.
    - 2) Document successful completion of new personnel orientation and field patient observations within three (3) months after being temporarily approved for MICN authorization.
      - a) If applicant does not complete the new personnel orientation and field patient observations within three (3) months after being approved, temporary MICN authorization will end immediately and application will revert to Section III.A., Initial Authorization and/or Challenge Authorization.
  4. Authorization as an MICN shall be for a maximum period of two (2) years from the date the applicant satisfactorily completes the North Coast EMS authorization examinations. The effective date of authorization shall be the date applicant satisfactorily completes all authorization requirements, and has applied for authorization. The authorization expiration date will be the final day of the final month of the two (2) year period.
- B. Reauthorization
1. General eligibility criteria:

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- a. Applicant must document a current California license to practice as a registered nurse.
  - b. Applicant must document successful completion of an ACLS course within two (2) years prior to applying for MICN authorization.
  - c. Applicant must document current North Coast EMS MICN authorization.
  - d. Applicant must document successful completion of the MICN authorization maintenance requirements as stated in North Coast EMS policies. Only authorization maintenance requirements completed within the last twenty-four (24) months prior to submitting request for MICN reauthorization will be accepted as meeting the maintenance requirements.
  - e. Applicant must submit a completed North Coast EMS MICN authorization application, including signatures of the base hospital PCMD and PCNC of all hospitals where applicant works as a MICN.
  - f. Applicant must complete a statement that (s)he is not precluded from certification for reasons defined in Section 1798.200 of the Health and Safety Code.
  - g. Applicant must submit detailed documentation of convictions of any crime other than a minor traffic violation.
  - h. Applicant must submit payment of the MICN reauthorization fee.
2. To avoid a lapse in MICN authorization, all documents must be received at North Coast EMS no less than one (1) month prior to current authorization expiration (allowing time for North Coast EMS to conduct the audit prior to MICN authorization expiration). Late submittal of documentation may cause temporary suspension of MICN authorization.
  3. Authorization as an MICN shall be for a maximum of two (2) years. If reauthorization requirements are met within six (6) months prior to the expiration date of applicant's current MICN authorization card, the effective date of reauthorization will be the expiration date of the current certificate. The authorization expiration date will be the final day of the final month of the two (2) year period.

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- C. Reinstatement (when MICN authorization has lapsed)
1. If MICN authorization has lapsed, applicant shall be eligible for reauthorization by meeting the following requirements:
    - a. Applicant must document a current California license to practice as a registered nurse.
    - b. Applicant must document successful completion of an ACLS course within two (2) years prior to applying for MICN authorization.
    - c. Applicant must document expired MICN authorization no longer than four (4) years prior to applying for MICN authorization.
    - d. Applicant must achieve a score of 80% or above on the North Coast EMS MICN written and skills authorization examinations.
    - e. Applicant must document successful completion of the authorization maintenance requirements as stated in North Coast EMS policies.
    - f. Applicant must document evidence of a minimum of twenty (20) evaluated radio and/or telephone calls (ten (10) calls evaluated by the base hospital PCNC), utilizing the MICN tape audit form.
    - g. Applicant must submit a completed North Coast EMS MICN authorization application, including signatures of the base hospital PCMD and PCNC of all hospitals where the applicant works as a MICN.
    - h. Applicant must complete a statement that (s)he is not precluded from certification for reasons defined in Section 1798.200 of the Health and Safety Code.
    - i. Applicant must submit detailed documentation of convictions of any crime other than a minor traffic violation.
    - j. Applicant must submit payment of the MICN reauthorization, and any testing fees.
  2. If MICN authorization has lapsed two (2) years or more, individual shall be eligible for reauthorization when the requirements in III.C.1. and 2. are met:
    - a. Applicant must complete the new personnel orientation and field patient observation, as described in New Personnel Orientation Policy.

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- b. Applicant must successfully complete any additional training evaluation required by the North Coast EMS Medical Director.
3. Only MICN authorization maintenance requirements completed within the last twenty-four (24) months prior to submitting the application for MICN authorization will be accepted.
4. As an alternative to the requirements of Section III.C.1. and 2. applicant may successfully complete an entire MICN training program.
5. Authorization as an MICN shall be for a maximum period of two (2) years from the date that applicant satisfactorily completes the North Coast EMS authorization examinations. The effective date of authorization shall be the date applicant satisfactorily completes all authorization requirements has applied for authorization. The authorization expiration date will be the final day of the final month of the two (2) year period.

IV. Responsibilities

- A. The MICN applicant is responsible to submit to North Coast EMS all relevant authorization/reauthorization documents.
- B. The MICN applicant will keep original FCA and CE attendance documentation for a period no less than four (4) years.
- C. The MICN applicant will document completion of new personnel orientation by a form provided by North Coast EMS and signed by base hospital PCNC.
- D. At the time of reauthorizing, the MICN applicant will document required continuing education and field care audits on a form provided by North Coast EMS.
- E. At the time of reauthorizing, the MICN applicant will document ambulance field observation on a form provided by North Coast EMS and signed by EMT-II or EMT-P in attendance.
- F. If audited, the MICN applicant must submit to North Coast EMS copies of the Course Completion Records for all continuing education and field care audit attendance, and/or radio and/or telephone calls, within twenty (20) days of request.
- G. If MICN applicant cannot produce requested documentation to North Coast EMS within twenty (20) days of request, MICN applicant will be suspended immediately until the successful completion of Section III.C.1. above (Reinstatement) requirements are met.

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- H. By the PCNC signature on the MICN application (s)he is assuring that if that MICN applicant has completed a training program outside the North Coast EMS region, the MICN applicant has successfully completed ten (10) precepted radio and/or telephone calls.
- I. By the PCNC signature on the MICN application (s)he is assuring that if the MICN applicant is reauthorizing, the applicant has successfully completed twenty (20) precepted radio and/or telephone calls (ten (10) calls evaluated by the PCNC).
- J. North Coast EMS will randomly audit 10% of the MICN reauthorization applicants.
1. Applicant will be notified of audit by certified mail.
  2. Letter will include deadline date for all requested documentation.
  3. North Coast may request to see the course completion records documenting FCA attendance, CE requirements, and radio and/or telephone calls (including evaluated calls).

**PLEASE NOTE: AN INDIVIDUAL IS NOT ALLOWED TO FUNCTION AS AN MICN IN THE NORTH COAST EMS REGION UNLESS (S)HE HOLDS A CURRENT AND VALID NORTH COAST EMS ISSUED MICN AUTHORIZATION CARD. AN EXPIRED CERTIFICATE IS NOT CURRENT NOR VALID. FUNCTIONING WITHOUT A CURRENT AND VALID CERTIFICATE IS GROUNDS FOR DISCIPLINARY ACTION AND IS A VIOLATION OF 1797.177 OF THE CALIFORNIA HEALTH AND SAFETY CODE.**

September 29, 2003

Michael Conley  
Emergency Medical Services Authority  
1930 Ninth Street  
Sacramento, California 95814

Dear Michael,

Thank you for the opportunity to comment on the EMSA revised EMT-I draft regulations. Our comments and other comments that we have received are:

Optional Scope Section 100064 (4)(G) (page 12 line 15) –  
Activated Charcoal will cause vomiting and airway compromise. This can potentially outweigh the benefit of its use.

10064 (4)(1) (page 12 line 20/21) –  
Question regarding the clinical training for optional scope items: would the 5 clinical and 5 ALS contacts be for the required specific optional skills or for any 5 ALS contacts? Seems pointless to require this if they do not use the specific skill during the field time.

10064 (5)(9) (page 14 line 19) –  
Basic weapons of mass destruction training should be included in the basic scope of practice/training. With the current national and state trend to provide this training for all prehospital personnel it should be included in the basic EMT-I module. Most text books have all ready added sections on this.

Teaching Staff Section 100070 (c)(2) (page 23 line 22)  
To teach an EMT-I program the principal instructor should be at a minimum an EMT-II. An EMT-I is not going to bring the higher understanding of each topic as an EMT-II or higher would. Using EMT-I in the skills portion is fine but a principal instructor should remain at EMT-II level or higher. The draft also states the EMT-II or EMT-I who is or has been previously certified in California, should state who is currently certified in California. Has been certified indicates that someone who is expired could teach.

Required Course Hours Section 10074 (a)(1)(2) (page 24 lines 17, 18, 21) –

Courses approved through the college or university setting will have a very difficult time fitting the increased required hours into their semester schedules. The courses have all ready added a full day Saturday class to meet the 104 hours and a student cannot miss more than 2 classes to be eligible for course completion. Increasing the class time to 110 hours will require them to add an additional all day weekend class. Since all EMT-I programs currently meet the National D.O.T standards we do not see the reasoning behind the increased hours. The local instructors are very opposed to this increase in hours, as is North Coast EMS. (other than for the weapons of mass destruction addition).

In addition the increasing of the clinical contacts, making it 5 instead of 3, is excessive. It makes it difficult for a student in a rural setting to obtain that many contacts in 10 hours of clinical time. It also increases the work load of the instructors who must review each contact.

Certification Section 100079

North Coast EMS is concerned that with the change to National Registry testing the increased fee's will drive potential EMT-I's away. To have a student pay the national test fee and then have to pay another state fee for certification will be far to costly for the rural volunteers. We believe that we will see a drop in EMT-I personnel in rural communities. Although we support the change to a uniformed testing process in the state, we do have concerns about the increased fee's to the students.

Again, we appreciate your effort in allowing us to review and comment on these recommendations before they become policy. If you have any questions please contact me in the office.

Sincerely,

Wendy R. Chapman, Training Coordinator  
North Coast Emergency Medical Services

c: Informational Mailing

September 29, 2003

Sandy Salaber  
EMS Authority  
1930 9<sup>th</sup> Street  
Sacramento, CA 95814

RE: Comments on the “EMS System Evaluation and Quality Improvement Regulations”

Dear Ms. Salaber:

Thank you for the opportunity to comment on the EQIP Regulations. We have the following comments:

1. We support the need for statewide Quality Improvement standards.
2. The new name (EQIP) is not a big issue, but CQI has been used for along time and Quality Improvement is pretty standard. Also, isn't CQI or QI referred to in several regulatory definition sections? If so, why not be consistent?
3. Section 100401, Line 19: Is there legal authority for expansion of EQIP to the EMT-I level (other than for the optional scope)?
4. a. Section 100402, 100403, 100404, 100405 – the addition of a new plan and annual report required from each provider, base hospital, LEMSA and the EMSA is very troublesome. None of us needs more paperwork, and another plan or report to file is very time consuming and costly unless it has relevance. Can the plan and report be tied into the EMS Plan? Also, annual summaries are particularly burdensome and should be every two years instead of one.  
  
b. What are the proposed “indicators” specifically? (The Evaluation Vision Committee and Mt Valley EMS developed “clinical indicators”, but those require a sophisticated computer program and data that we generally don't have). EMSA is supposed to develop these, but it is hard to support extra reporting and a plan at all levels when it isn't clear what this consists of!  
  
c. What “patient outcomes” are to be reported on? The only data required by providers, base hospitals and trauma centers are those specifically identified in the EMT-I, II, P and trauma regulations. Can these new QI regs require more data than that without the legal authority to do so? Patient outcome information is

very desirable but very hard to come by, particularly without mandating the provision of “outcome” information by hospitals, and providing the requisite security to acquire that information, especially post-HIPAA.

5. Section 100402, Line 11: Recommend adding “Knowledge and skills Maintenance/Competence.”
6. Section 100402, Line 21 and elsewhere: We are very skeptical of regulations that require “collaboration” – what exactly does this mean in this context?
7. General:
  - a. Is disclosure protection available for conducting the EQIP process, particularly for any QI issues involving “personnel” or patient care.
  - b. How does “patient care” case review or incident investigations tie into these regs? A primary need is to protect, standardize and encourage retrospective review of potential patient care related issues to ensure public health and safety, and prevent patient care-related problems from occurring again. This is, or should be, a primary goal and legal charge of every provider, base or LEMSA, and should be part of every formal EMS evaluation and quality improvement system. Annual reports are less important than developing uniform guidelines for identifying potential patient care problems and conducting fair, confidential, fact finding case reviews that evaluate the care received, problems on scene or during transport, relative to established protocols, policies and best practices. Unjustified problems should be corrected (e.g., could include: changing associated protocol or policy, providing focused CE training, or requiring specific remediation for an individual, provider or hospital, etc.). The link between patient care quality and the QI system is still missing – is there any way to blend that into this regulation?

Thank you again for the opportunity to provide input into this important process.

Sincerely,

Larry Karsteadt, Executive Director  
North Coast EMS

cc: Informational Mailing

August 29, 2003

Bonnie Sinz, RN  
EMS Systems Manager  
EMS Authority  
1930 9<sup>th</sup> Street  
Sacramento, Ca 95814-7043

Dear Bonnie:

At long last I have completed the update of the EMS Plan (enclosed).

Please note that after beginning this project, I realized that since 1999, the North Coast EMS region made enough significant changes to the original document that an entire rework of the Appendix was easier than drafting the Summary of Changes requested in your November 22, 2002 letter. Updated Tables 1 – 11 and a completely reworked Appendix are therefore enclosed.

The effort to revise the EMS Plan was initiated approximately two years ago with the assistance of contractor Heather Gramp. I was unable to complete the EMS Plan revision at that time due to other priorities, but used that beginning to bring the Plan up-to-date over the last several weeks.

Due to the late submission of the Plan, the enclosed version has not been reviewed. To ensure accuracy and provide an opportunity for region-wide input, I am therefore requesting by copy of this letter that any interested EMS representatives review the web page version ([northcoastems.com](http://northcoastems.com) - What's New Section), or contact Charlotte for a copy of the revised EMS Plan to review. Any changes, corrections or clarifications must be submitted in writing to me no later than: **Tuesday, September 30, 4 pm**. Requested changes will be made and forwarded on to your office, or addressed locally.

As you know, this EMS Plan revision represents a huge effort. I appreciate your flexibility on the timeline and thank you for your understanding.

Sincerely,

Larry Karsteadt, Executive Director  
North Coast EMS

cc: JPA Governing Board Members  
Carol McRae  
EMS Plan Review Committee  
Informational Mail Recipients

**Patient Advice**

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

This form is being provided to me because I have: (check all that apply)

REFUSED ASSESSMENT  REFUSED TREATMENT  REFUSED TRANSPORT

INSISTED ON BEING TRANSPORTED TO A HOSPITAL OTHER THAN THAT WHICH THE EMS PERSONNEL RECOMMEND \*\*\*

I understand that the EMS personnel are not physicians and are not qualified or authorized to make a diagnosis and that their care is not a substitute for that of a physician. I recognize that I may have a serious injury or illness which could get worse without medical attention even though I (or the patient on whose behalf I legally sign this document) may feel fine at the present time.

I understand that I may change my mind and call 9-1-1 if treatment or assistance is needed later. I also understand that treatment is available at an emergency department 24 hours a day or from my physician. If I have insisted on being transported to a destination other than that recommended by the EMS personnel, I understand and have been informed that the emergency room may lack the staff, equipment, beds or resources to care for me promptly, and/or that I might not be able to be admitted to the hospital.

**I acknowledge that this advice has been explained to me by the ambulance crew and that I have read this form completely and understand its provisions.**

I agree, on my own behalf (and on behalf of the patient for whom I legally sign this document), to release, indemnify and hold harmless the ambulance service and its officers, members, employees or other agents, from any and all claims, actions, causes of action, damages, or legal liabilities of any kind arising out of my decision, or from any and act of omission of the ambulance service or its crew.

*Signature of:*

PATIENT

PARENT

LEGAL GUARDIAN

Date \_\_\_\_\_

Witness Signature \_\_\_\_\_

IF PATIENT REFUSES TO SIGN I attest that the patient has refused care and/or transportation by the emergency medical service providers. The patient was informed of the risks of this refusal and refused to sign this form when asked by the EMS providers.

Witness Signature \_\_\_\_\_ Print Name \_\_\_\_\_

\*\*\*Medicare, Medical and most insurance carriers will only pay for ambulance transportation to the closest appropriate facility. Patients insisting on transportation to a facility other than the facility recommended by EMS personnel will be responsible for ambulance transportation charges to the alternate facility.

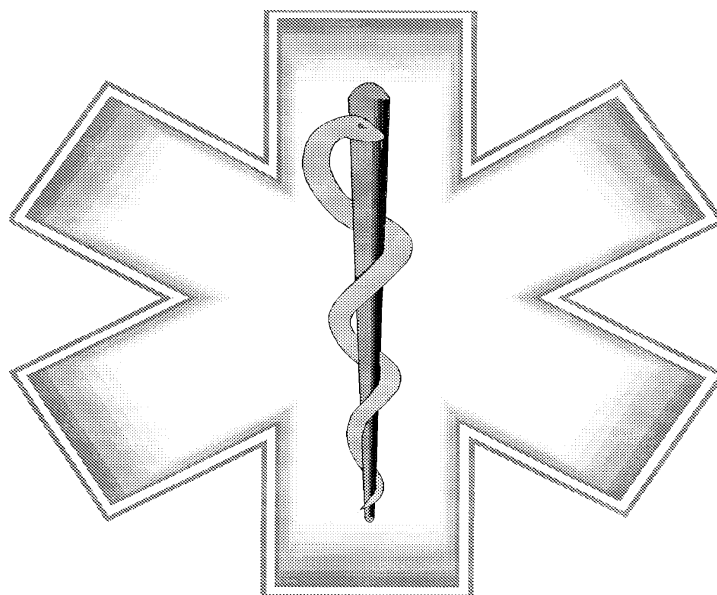
Patient Initials \_\_\_\_\_



# **NORTH COAST EMERGENCY MEDICAL SERVICES**

3340 Glenwood Street, Eureka, California 95501

Serving Del Norte, Humboldt, Lake and southern Trinity Counties



**Fiscal Year 2002 - 2003 Final Report**

**General Fund Grant # 2036**

**September 24, 2003**

## Overview:

In Fiscal Year 2002-2003, North Coast Emergency Medical Services (EMS) continued to serve as the local EMS agency for the functions delegated by Del Norte, Humboldt, Lake and southern Trinity Counties. The Agency continued to manage the regional EMS system in accordance with state law and guidelines, under direction of the Joint Powers Governing Board and in coordination with a large network of organizations and individuals. North Coast EMS staff and contractors facilitated the planning, coordination and evaluation of the EMS system through a program of community consensus, patient and EMS participant advocacy and continuous quality improvement (CQI).

The Joint Powers Governing Board directed the activities of North Coast EMS during FY 2002-2003. The Board consisted of the following members: Supervisor John Woolley, Humboldt County, Chairperson; Supervisor Chuck Blackburn, Vice-Chairperson, Del Norte County; and Supervisor Rob Brown, Lake County. Alternates to the JPA Board were: Supervisors Martha McClure, Del Norte County; Ann Lindsay, M.D., Humboldt County; and Supervisor Ed Robey, Lake County. The Agency was managed by the following general fund employees (totaling 4.6 FTE). Please note that approximately 15% of Larry Karsteadt's salary was offset by the Trauma Grant (#1091):

- Larry Karsteadt, Executive Director (1.0 FTE)
- Wendy Chapman, Training Coordinator (1.0 FTE)
- Maris Hawkins, Program Assistant II (0.6 FTE)
- Louis Bruhnke, EMT-P, EMS Coordinator (1.0 FTE)
- Charlotte Aros, Administrative Assistant (1.0 FTE)

Several part-time independent consultants totaling less than 0.5 FTE were involved with general fund operations, including:

- John Kelsey, M.D., Regional Medical Director
- Pat Farmer, R.N., Mobile Intensive Care Nurse & Base Hospital Site-Visit Coordinator
- Pam Haynes, RN, Regional Trauma Coordinator (Trauma Grant) and Emergency Dept Approved for Pediatric Site-Visit Coordinator
- Virginia Plambeck, EMT-P, Critical Incident Stress Management Team Coordination
- Tim Citro, EMT-P, AED Tape Review
- Willie Sapeta, EMT-P, EMT-I Testing (Lake County)
- City Ambulance of Eureka, Inc., Rural Outreach Special Project Grant
- Northern California Safety Consortium, Prehospital MCI/Disaster Preparedness Special Project Grant
- Jay Myhre, EPCIS Programmer
- Ezequiel Sandoval, Office Computer Maintenance
- The Abaris Group (Trauma Grant)
- Mary Donati, R.N., Trauma Grant
- Moss, Levy, and Hartzhiem, Auditor
- Cary Parkins, EMS Data Pro "Certification" Programmer
- Heather Gramp, Special Project Preparation

# North Coast Emergency Medical Services General Fund #2036 Progress Report

Fiscal Year 2002-2003

The following report on progress at North Coast EMS during Fiscal Year 2002-03 meets the requirements of the California EMS Authority General Fund Contract #EMS-2036 and the document entitled: "Funding of Regional EMS Agencies with General Fund Monies (June, 2001)." The report specifically addresses the goals, workload indicators, accomplishments and issues relative to contract objectives and as specified by the California EMS Authority (EMSA).

## **1.0 System Organization and Management**

**Objective:** To develop and maintain an effective management system to meet the emergency medical needs and expectations of the population served.

### **Workload Indicators:**

Total Static Population Served = **216,200**

Total Annual Tourism Population = **+3 million**

Number of Counties = **3.3** (Del Norte, Humboldt, Lake, s. Trinity)

Geographic Size of Region = **6,840 square miles** (5,840 in the three JPA member counties and approximately 1,000 in southern Trinity County, which roughly equals one-third of the County)

**Accomplishments:** This year,

1. North Coast EMS personnel attended the following state EMS meetings:

- a. Emergency Medical Directors Association of California (EMDAC)
- b. EMDAC Scope of Practice Committee
- c. State EMS Commission
- d. Emergency Medical Services Administrators Association of California (EMSAAC)
- e. EMSA Vision Personnel and Education Committee
- f. EMSA Vision Information and Evaluation Committee
- g. Regional Administrators Committee
- h. State Trauma Advisory Committee
- i. State Trauma Coordinators Committee
- j. Rough and Ready Planning Meetings and State Exercise/Conference
- k. Trauma Fund (AB430) Planning Conference and Conference Calls
- l. Injury Prevention Conference
- m. EMS for Children Coordinator Committee
- n. EMS for Children Statewide Conference
- o. Statewide Vision Conference
- p. EPCIS Special Project – Conference Calls
- q. ReddiNet Introductory Meetings

2. North Coast EMS personnel attended the following regional meetings:

- a. Joint Powers Governing Board
- b. Humboldt/Del Norte Medical Advisory Committee (MAC)
- c. Lake and Humboldt County Emergency Medical Care Committees (EMCC)
- d. Lake County Ambulance Ordinance Subcommittee
- e. Regional Trauma Advisory Committee Meetings (southern and northern sections)
- f. Humboldt County Fire Chiefs Association (one hosted by North Coast EMS)
- g. Humboldt County Child Death Review Team
- h. Humboldt County Injury Prevention
- i. Child Seat Safety Committee
- j. Humboldt/Del Norte Disaster Committee
- k. Fire Safe Council
- l. Del Norte County First Responder Dispatch
- m. Community Resource Mobilization
- n. Prehospital MCI/Disaster and Rural Outreach Special Project Steering Committees
- o. Southern Humboldt Ambulance Committee and Public Hearing
- p. Regional Trauma Public Hearing
- q. HRSA, Domestic Terrorism and Weapons of Mass Destruction Committees
- r. Humboldt County Disaster Council
- s. Fire Safe Council
- t. Sutter-Lakeside Hospital Base Hospital and EDAP
- u. Del Norte, Humboldt and Lake County Health Officers
- v. Humboldt County MCI/Communications
- w. Trauma Catchment Area Meetings – Humboldt
- x. Hospital Transfer and Diversion – Humboldt
- y. Redwood National Park
- z. California Department of Forestry and Fire Protection
- aa. Cascadia, St. Joseph Hospital and Other Disaster Exercises
- bb. Statewide Disaster Exercise and Committee
- cc. EMS Aircraft
- dd. Heparin/Nitroglycerine Infusion Training
- ee. Hospital Trauma Tours
- ff. Critical Incident Stress Debriefing
- gg. Humboldt County Injury Prevention News Conference
- hh. EMS Week Presentations

3. North Coast EMS hired Charlotte Aros as Secretary and later reclassified her position as Administrative Assistant.

4. North Coast EMS contracted with several GF and special project contractors, including: Dr. John Kelsey, Pat Farmer, R.N., Pam Haynes, R.N., Tim Citro, EMT-P, Jay Myhre, Ezequiel Sandoval, The Abaris Group (Trauma), Pam Haynes, R.N. (Trauma), City Ambulance of Eureka, Inc. (Rural Outreach), the Northern California Safety Consortium (MCI/Disaster), Virginia Plambeck (CISM) and Moss, Levy and Hartzhiem (Agency Audit), Heather Gramp (Special Project Proposal), Mary

Donati, R.N. (Trauma), Willie Sapeta, (Lake County EMT-I Testing) and Cary Parkins, (EMS Data Pro “Certification” Programmer).

5. The Agency distributed draft and final policies, protocols and information items for regional review and input in ten Informational Mailings.
6. North Coast EMS maintained ([www.northcoastems.com](http://www.northcoastems.com)), which regularly posts upcoming training, the EMS Plan, the Regional Trauma Plan and links to other EMS web sites and other information. The Call of the Month was suspended due to time constraints.
7. North Coast EMS executed the State EMS General Fund contract for a total of \$229,933 and received a 25% advance for FY02-03. This year's total appropriation represents a 4% decrease in the annual state fund (a decrease of \$9,484, which is the first decrease ever). The GF budget was delayed until mid-September due to the late signing of the state budget by the Governor. All counties submitted their shares, almost all SB612 funds have been received and the Bertha Russ Lytel Foundation grant for the Regional Medical Director was continued. The GF budget was adjusted with JPA Board approval and the state contract was modified. The Agency began the year with a larger Fund Balance/Reserve than in past years.
8. The Agency continued the Regional Trauma Project and received three other grants from the EMSA during FY 02-03: the Prehospital Multi-Casualty Incident/Disaster Preparedness special project and the Rural Outreach Medical Training special project. We formally requested contract extensions for both special projects (and recently, the trauma project) and contracted with the EMSA to participate in the Hospital Communications System (ReddiNet).
9. The Agency submitted all required quarter reports for the General Fund, Trauma Project, Rural Outreach and Prehospital MCI/Disaster.
10. The Agency audit was conducted for FY 2001-02; the audit report was sent to the EMSA and was distributed to Governing Board at the April meeting.
11. The Agency formally opposed the proposal to relocate EMSA to DHS.
12. Office rent was increased and a new lease was executed.
13. North Coast EMS commented to the EMSA on the proposed EMD and DMS Regulations.
14. Statements of Economic Interest were distributed for completion as required to all JPA members, staff and relevant contractors.
15. Four JPA Governing Board meetings and a public hearing (trauma) were convened during the year. Certification fees were increased and the Regional Trauma Plan was approved in addition to numerous other actions.
16. The Bertha Russ Lytel Foundation grant was submitted and received for FY 03-04. The allocation was increased from \$7,500 to \$12,500 at our request.

17. Statements of Economic Interest were completed as required, and all employees completed the Department of Justice background checks with one exception (due to a disability injury).
18. The North Coast EMS special project request to the EMSA for FY 03-04 was denied.

### **Issues/Solutions:**

1. North Coast EMS and the other regional agencies, all of which are in need of a state General Fund augmentation, received a 4% cut in FY 2002-03. Fortunately, because of AB430 Trauma System Care Systems Plan Preparation and Implementation Funding, we will be able to delay significant staff and/or contractor cuts. However, increasing operational costs and cost of living expenses will continue and we will receive the same 4% state GF cut next year that equates to a cumulative loss of almost \$20,000 over two years. Consequently, we increased certifications fees, increased and received a larger allocation from Bertha Russ Lytel Foundation, reduced travel and non-essential expenditures, and significantly reduced contractor expenses. None-the-less, we anticipate a budget and workload reduction (affecting contract services in particular) unless state General Fund assistance, special project and/or local funds increase next year, including potential fees from designated trauma centers.
2. Although the relative workload is greater, current staff size at North Coast EMS is less by almost one FTE than in the late 1980s. Consequently, staff participation in state activities and overall travel has decreased.
3. After informing us that the revision of the Regional EMS Plan was not necessary because the State EMS System Guidelines and Standards were under revision, the EMSA requested a summary update by February 2003. We requested and received two extensions (until the mid-August 2003) and recently submitted the revised EMS Plan to the EMSA. Local review is in progress and substantive changes will be made if needed pending regional input.

### **2.0 Staffing and Training**

**Objective:** To ensure personnel functioning within the EMS system are properly trained, licensed/certified/authorized and/or accredited to safely provide medical care to the public.

### **Workload Indicators:**

Total Number of Personnel Certified/Authorized/Accredited by Regional Agency = **1,048**  
Total Number of Personnel Completing Training Courses Approved by Regional Agency = **547**  
Total Number and Type\* of Approved Training Programs Approved by Region = **33**  
Total Number and Type of Training Programs Conducted by Regional Agency = **None**  
Total Number of Continuing Education Providers Authorized by Regional Agency = **37**

\* - for Type of Certificate or Program, see below (#1 and 2 respectively).

**Status:** This year,

1. The following EMS personnel possessed North Coast EMS issued documents:

- |                                    |                             |
|------------------------------------|-----------------------------|
| a. Certified EMT-Is =              | 838 (66 are ETAD certified) |
| b. Certified EMT-IIs =             | 4                           |
| c. Accredited Paramedics =         | 104                         |
| d. Authorized MICNs =              | 102                         |
| e. Field Training Officers =       | 49                          |
| f. Heparin/Nitro Infusion Medics = | 34                          |

2. Regional instructors conducted the following North Coast EMS approved training programs:

	Approved	Conducted
a. Esophageal Tracheal Airway Device =	9	10
b. EMT-I =	15	16
c. Paramedic =	0 (1 expired)	
d. Field Training Officers =	3	
e. Mobile Intensive Care Nurse =	2	3
f. AED Skills Evaluator =	Dropped	
g. Emergency Medical Dispatch =	1	
h. Lake County EMT-I Tests Sessions =	1	3
i. Heparin/Nitro Infusion =	several	7
j. First Responder	See special project report	
k. Cardiac Pacing	several	1

3. Instructors reported that a total of **315** students completed the primary classes (EMT-I, Paramedic, MICN).

4. Humboldt Regional Occupations Paramedic (HROP) Program internship was completed and the approval by North Coast EMS expired. The program has been officially discontinued.

5. Approval for **37** continuing education (CE) programs was continued by North Coast EMS and numerous CE programs were offered within the region.

6. All Agency staff but one completed the Department of Justice requirement with regard to conducting background checks.

7. North Coast EMS purchased and implemented a new “certification” (EMS Data Pro), replacing the ancient Nutshell program. Several licensure or certification reviews were conducted or continued during the year.

8. The Rural Outreach Medical Training special project grant provided several First Responder classes throughout Del Norte, Humboldt and Southern Trinity Counties. Around 100 students attended. Continuing education/focused training opportunities are currently underway and several Pediatric Emergencies for Prehospital Professional (PEPP) classes are planned (two in Lake County) as part

of this project. Four Prehospital Trauma Life Support classes are planned as well as part of the Trauma Grant.

9. The Agency implemented several Heparin and Nitroglycerine Infusion programs as well as cardiac pacing and Versed (as part of an expanded Benzodiazepine policy).
10. Agency staff attended EMT-I and First Responders classes.
11. The Agency participated in the state opportunity to acquire Automated External Defibrillators for interested fire districts.
12. Agency staff assessed the difference between EMT-Is, EMT-IIs and Paramedics relative to the Southern Humboldt County ambulance coverage planning process.
13. The EMS Coordinator continued to serve of the State's Vision Committee – Personnel and Education.

**Issues/Solutions:**

1. The drop in the number of certified individuals from this report relative to the quarterly reports is because we were unaware that the new computer program does not automatically delete certificate holders with lapse certifications (the old program did so). Starting last quarter, this is now done every two months.
2. The planned paramedic scope of practice expansion to include Heparin and Nitroglycerine Infusion, Cardiac Pacing and Versed took along time do to the staff/contractor shortage but were implemented during the year. Local Prehospital Care Medical Directors and Nurse Coordinators expressed concerns that a paramedic would have to wait six hours prior to transferring a cardiac patient on thrombolytics with a Heparin Drip without a nurse. The original approval by EMDAC restricted use to stable transfer patients
3. Both special projects involving the training of prehospital personnel, Rural Outreach and MCI/Disaster, required six-months extensions because of the late state budget and so contractors can complete all objectives.
4. North Coast EMS was asked by Humboldt County to evaluate a potential decrease from the current paramedic response level to the EMT-II level in southern Humboldt County. Although this could be a fallback option, we support continuation of paramedics as the first priority. A complete assessment was conducted and submitted to the County and those present at the meeting in Garberville.
5. North Coast EMS submitted an exemption request on behalf of the Humboldt Regional Occupations Program (HROP) to allow the September scheduled paramedic class to be conducted, and allow eligible graduates to be licensed, regardless of the outcome of the national accreditation process. Because the paramedic program is conducted every other year, it is not possible for the accreditation process to be completed before the state imposed deadline of January 1, 2004. We believe that those programs that overlap the deadline should be exempted this one time from the

accreditation mandate. EMSA denied our request, the training program approval through North Coast EMS expired and the HROP Paramedic Training Program was discontinued. North Coast EMS is in the process of implementing the new Agency sponsored North Coast Paramedic Training Program. This program will apply for national accreditation as required by the State Regulations for new programs.

### **3.0 Communications**

**Objective:** To develop and maintain an effective communications system that meets the needs of the EMS system.

#### **Workload Indicators:**

Total Number of Primary and Secondary PSAPs = **11**

Total Number of EMS Responses = **18,049** Prehospital Care Reports were submitted

Total Number of Ambulances Dispatched = **17,657** transports were reported

Total Number of Emergency Medical Dispatch (EMD) Programs Approved by Region = **2**

Total Number and Type of EMD Programs Authorized by Agency = see #1 & 2 below.

**Status:** This year,

1. North Coast EMS again utilized the Priority Dispatch Corp, USA to conduct one Emergency Medical Dispatch training program in the region. Located in Utah, Priority Dispatch Corp, USA is Certified by the National Academy of EMD and is the oldest and most widely used program in the world.
2. Eleven (11) Public Safety Answering Points (PSAPs) were utilized by regional EMS providers as follows (several PSAPs directly dispatch ambulances):

PSAP	Location	EMD Utilized
a. Del Norte Co. Sheriffs Department	Del Norte County	No
b. Humboldt Co. Sheriffs Department	Humboldt County	No
c. Humboldt State University	“	No
d. Arcata Police Department	“	No
e. Eureka Police Department	“	Yes
f. California Highway Patrol - Arcata	Del Norte & Humboldt	No
g. Fortuna Police Department	Humboldt County	No (dropped)
h. California Division of Forestry - Fortuna	“	Yes (secondary PSAP)
i. Trinity Co. Sheriffs Department	Trinity County	No
j. Lake Co. Sheriffs Department	Lake County	No (dropped)
k. California Highway Patrol – Ukiah	Mendocino County	No

3. Six (6) non-PSAP ambulance dispatch centers were utilized within the region for dispatching ambulances:

a. K'ima:w Tribal Police	Humboldt County	No
b. City Ambulance of Eureka	"	No
c. Southern Trinity Rescue Dispatch	Trinity County	No
d. Redwood Empire Life Support	Sonoma County	No
e. CDF – Howard Forest	Mendocino County	No
f. CDF – Napa	Napa County	No

4. North Coast EMS maintained contracts requiring field to hospital communications and recording equipment with six (6) base hospitals, one alternative base hospital and 17 LALS/ALS providers (includes: Del Norte Ambulance, K'ima:w Ambulance, Arcata-Mar River Ambulance, Orleans Fire, Loleta Fire, Southern Trinity Area Rescue (STAR), Shelter Cover Fire, City Ambulance of Eureka, Inc. {Eureka, Fortuna, Garberville stations}; Upper Lake Fire; Nice Fire; Lucerne Fire; Clearlake Oaks Fire; Lake County Fire; South Lake Fire; Kelseyville Fire; Lakeport Fire; Redwood Empire Life Support {RELS - includes Clearlake and Lakeport Stations}. All providers except Orleans Fire and Loleta Fire are also ambulance services. County permitted (or contracted) ambulance providers include: Del Norte Ambulance, Arcata-Mad River Ambulance, City Ambulance of Eureka, Inc., STAR and RELS).
5. The North Coast EMS region continued to utilize a Med-Net Communications System installed in 1977-78 that includes six (6) county owned and one (1) fire district owned Mt. Top Repeater, seven (7) hospital owned base station radios and numerous provider-owned mobile units (estimate 40).
6. North Coast EMS replaced, with Trauma Grant funds, the final targeted Med-Net Mt. Top Repeater in the region at Pierce Mt. in Humboldt County. The County in turn assumed maintenance responsibility for the newly replaced Pierce Mt-Top Repeater.
7. North Coast EMS and all counties have contributed their Regional Med-Net Repeater Replacement Trust Fund share this year for long-term repeater replacement.
8. As a participant in the State Domestic Preparedness Equipment and the Homeland Security programs, conducted by Del Norte, Humboldt and Lake County O.E.S., North Coast EMS assisted with acquisition of disaster-related supplies and equipment for police, fire and EMS personnel, and with the assessment of future EMS training and equipment needs. Part of this process will involve establishment of a single Med-Net MCI/Disaster channel for Humboldt County, and ideally, for all three counties.
9. The Agency submitted comments to the EMSA regarding the proposed EMD Regulations.
10. The Agency jointly coordinated and conducted a meeting in Del Norte County with Sheriff Department, fire district, ambulance service representatives to formally establish a written first responder dispatch policy. The first version of the new policy was implanted and is under review.
11. Upgrade training for continuing EMD trained dispatchers was continued as needed.

## **Issues/Solutions:**

1. State budgets cuts directly resulted in the discontinuation of the Lake County EMD program. Also, the back-up EMD program in Fortuna, which was never used, was formally discontinued as well.
2. As mentioned above, the lack of a single, common ambulance and hospital Med Net capability in Lake County needs to be investigated for potential funding (as part of the OES Weapons of Mass Destruction grant process).

## **4.0 Transportation**

**Objective:** To develop and maintain an effective EMS response and ambulance transportation system that meets the needs of the population served.

### **Workload Indicators:**

Total Ambulance Response Vehicles = Estimate **47**

Total First Responder Agencies = **40** approved by North Coast EMS

Total Patients Transported = **17,657** transports were reported in the PCR program

Total Patients Not Transported = **392** Against Medical Advise Patients (AMA) were reported

Total Number of LALS/ALS Providers Authorized by Region = **17** (see 3.4 above)

Total Number of Transport Providers in Region = **15** ( “ )

**Status:** This year,

1. North Coast EMS continued Advanced Life Support Agreements with 17 providers (formally 19 = City Ambulance of Eureka, Inc. in now covering southern Humboldt, and we are first the first time not counting City of Fortuna as a separate entity), First Responder Agreements with 40 fire districts, AED Agreements with 40 service providers, and ETAD Agreements with 15 providers.
2. JPA member counties continued permits or contracts with 6 ambulance services; another 8 fire districts provide transport in Lake County, and Shelter Cover Fire in Humboldt utilizes an ambulance fro the district. All but one fire district in Lake County have executed the local Joint Powers transport arrangement.
3. Lake County submitted the revised Ambulance Ordinance to County Council for review. The Ordinance includes both private and public transport providers and was recently approved by the EMCC with changes. Next step is Board of Supervisors approval.
4. The Agency continued the process to revise the EMS Aircraft Policy.
5. North Coast EMS implemented the Heparin/Nitroglycerine Infusion program on a voluntary basis throughout the region, including: City Ambulance of Eureka, Inc., Kelseyville Fire, South Lake County Fire, Lake County Fire, Nice Fire, Del Norte Ambulance, and Arcata Mad River Ambulance.

6. The Agency implemented Cardiac Pacing and Benzodiazepine (includes Versed) policies near the end of the year. South Lake County Fire, Kelseyville Fire and Lake County Fire have implemented Cardiac Pacing.
7. North Coast EMS revised the Patient Destination Policy, dropped the Diversion Policy and facilitated improvements in the ED to ED transfer process within Humboldt County.
8. Comprehensive review and revision of North Coast EMS ALS Treatment Guidelines was continued, including modification of the EPCIS audit criteria.
9. North Coast EMS generated zoning reports specific to each LALS/ALS provider as part of the EPCIS program, and implemented polices associated with Medical Definitions and Response Time Guidelines.
10. North Coast EMS sent several letters regarding access of emergency helicopters in Sonoma and Napa Counties to encourage resolution to the problem of undersized helipads and potential patient transport delays.

**Issues/Solutions:**

1. Southern Humboldt Area Rescue (SHAR), the ambulance service covering southern Humboldt County went out of business and City Ambulance of Eureka, Inc., agreed to take over coverage. The Humboldt County Health Department has taken the lead of finding a long-term solution to coverage in Southern Humboldt with North Coast EMS and community assistance. The Agency provided an evaluation and comparison of EMT-I, EMT-II and Paramedic program alternatives.
2. The revision of the Lake County Ambulance Ordinance, which will include all fire districts, was recently approved by the EMCC. North Coast EMS has participated in this Health Department lead process.
3. Despite the staff shortage, the paramedic scope of practice was successfully expanded to include: Heparin Infusions, Nitroglycerine Infusions, Cardiac Pacing and Versed. North Coast EMS paramedic scope of practice is one of the largest in California.

**5.0 Assessment of Hospitals and Critical Care Centers**

**Objective:** To establish and/or identify appropriate facilities to provide for the standards and care required by a dynamic EMS patient care delivery system.

**Workload Indicators:**

Total Base Hospital Contacts = **11,367**  
 Total Patients Received = **17,657** patients were transported  
 Total Number of Hospitals Designated by Region = **12**  
 Total Number of Base and Alternative Base Hospitals = **7**  
 Total Number of Emergency Departments Approved by Pediatrics (EDAPs) = **5**

**Status:** This year,

1. North Coast EMS patients continued to be transported to seven (7) hospitals located within the region. Six are licensed as basic emergency departments (one in Del Norte County, three in Humboldt County and two in Lake County) and one is a stand-by ED (Jerold Phelps in southern Humboldt County). Patients are transferred to at least 20 facilities located outside of the region; the EPCIS computer program reports 1,414 inter-facility transfer during the year.
2. North Coast EMS continued formal designation of six (6) base hospitals and one (1) alternative base hospital. All but two facilities (Jerold Phelps and Sutter-Lakeside) are also a North Coast EMS designated Emergency Department Approved for Pediatrics (EDAP).
3. The Agency continued to work with base hospital Prehospital Care Medical Director and Prehospital Care Nurse Coordinator, as needed, to address disclosure protected quality improvement issues.
4. The revised Patient Destination Policy was adopted and Hospital Transfer Policy discussion was continued. Transfer problems between Jerold Phelps and St. Joseph Hospitals have improved significantly since this issue was addressed. The Diversion Policy was discontinued officially.
5. The Sutter-Lakeside Hospital probation as a Base Hospital was continued, although significant progress was made to address identified problems. Sutter-Lakeside appointed a new Prehospital Care Medical Director and Prehospital Care Nurse Coordinator. Many thanks to Bruce Deas, M.D. and John Gorbenko, R.N. for serving in these positions for at least the last 10 years!
6. North Coast EMS completed an updated assessment of the potential impact of closure of the emergency department at the General Hospital campus in Eureka to the JPA Governing Board. A response was received from Ken Stiver, M.D.
7. As part of the state funded trauma project, North Coast EMS personnel/contractors and numerous regional representatives develop a draft Regional Trauma Plan and associated policies. A Public Hearing was conducted and the JPA Governing Board approved the Plan, which in turn was approved by the EMSA. The Agency is in the process of implementing the Regional Trauma Program and the grant will be extended until March 31, 2004.
8. The Heparin and Nitroglycerine Infusion program was implemented to allow specially trained and accredited paramedics to utilize these procedures during inter-facility transfers.
9. The Agency conducted Emergency Department Approved for Pediatrics (EDAP) site-visits at: Redwood Memorial Hospital in Fortuna, Mad River Community Hospital in Arcata, Adventist Health-Redbud Hospital in Clearlake, St. Joseph Hospital in Eureka and Sutter-Coast Hospital in Crescent City. Formal designation was continued at all five facilities.
10. The Executive Director continued to participate as a member of the State Trauma Advisory Committee and the AB 430 Trauma Fund Committee. Dr. Luther Cobb of Arcata was added as the rural alternate.

11. The EMS Coordinator facilitated the process for interested hospitals to acquire the State Communication System. The Agency received a contract beginning in June, 2003, and is in the process of securing the ReddiNet System for Mad River, St. Joseph, Redwood, J. Phelps and Redbud Hospitals. We recently requested an extension of this grant to December 31, 2003.
12. The EMSA conducted a follow-up assessment of the North Coast EMS EDAP program and the Agency received excellent an excellent review.

### **Issues/Solutions:**

1. The Sutter-Lakeside Hospital probation as a base hospital was continued but substantial improvements have been made. We anticipate return to full status by mid-year at the latest.
2. The Sutter-Lakeside Hospital EDAP designation was withdrawn for cause. Previously, Jerold Phelps Hospital was forced to discontinue EDAP designation due to budget cutbacks.
3. Relative to the Trauma Project, Mad River Hospital representatives raised concerns at various meetings about the triage policy and the catchment area plan, and the Regional Trauma Plan was modified to recognize Mad River as a Level IV, with all Level III requirements except orthopedic coverage. As such, major trauma patients will be triaged to them (assuming they apply and are designated as a trauma center).
4. Relative to the closure of the ED at the General Hospital campus, the Agency completed a follow-up assessment report and St. Joseph responded. This issue has been expanded for discussion at future Medical Advisory Committee meetings as a Hospital Emergency Services agenda item.
5. Both the Patient Destination/Bypass Policy and the Transfer Guideline have been reevaluated to ensure optimum value. The Agency dropped the Diversion Policy, revamped the Patient Destination Policy and helped improve inter-facility transfers within Humboldt County.

### **6.0 Data Collection and Evaluation**

**Objective:** To provide for appropriate system evaluation through the use of quality data collection and other methods to improve system performance and evaluation.

#### **Workload Indicators:**

Total Patient Care Reports Generated = **18,049**

Total Trauma Patients = **2,448**

Total Cardiac Patients = **1,452** (1,133 Chest Pain and 319 Cardiac Arrest Patients)

Total Medical Patients = **15,209** (includes Total Transports less Trauma)

Total Pediatric Patients = **831**

Total Number of CQI Cases in Region = the Agency participated in at least 30 cases during the year.

**Status:** This year,

1. The EPCIS computerized Prehospital Care Reporting (PCRs) program was maintained and

upgraded. North Coast EMS continued the revision of all ALS policies in concert with a revision of the “Treatment Guidelines” portion of the EPCIS program.

2. Agency staff, several Prehospital Care Nurse Coordinators (PCNCs) and ALS Providers conducted quality improvement investigations. Base hospitals have been increasingly involved and in aggressively investigating and addressing local CQI issues, allowing North Coast EMS to increasingly be able to provide support rather than to prompt or guide them. This is an important advance.
3. The Agency continued to promote expansion of the EPCIS reporting process to include AMAs and emergency transfers.
4. The EMS Coordinator distributed several HIPAA related documents to clarify that as a government agency with oversight authority, North Coast EMS, our CQI program and data system are exempt from HIPAA requirements.
5. North Coast EMS is a participant in the multi-LEMSA process to develop a web-based EPCIS program.
6. The EPCIS programmer developed several computer generated reports (see attached) to summarize regional EMS activity, including zone specific reports. The program was modified to include North Coast EMS audit filters. Importantly, we estimate that the region is very close to 100% compliance relative to use of the EPCIS program.
7. The Agency participated in approximately 30 continuous quality improvement investigations, generally in concert with providers and/or Prehospital Care Nurse Coordinators.
8. The Executive Director continued to participate as a member of the State’s Vision Committee: Information and Evaluation.
9. The Agency submitted “chute time” reports to Humboldt County, and other special data reports during the year.
10. The EMSA required Automated External Defibrillation data reports were submitted as required.

**Issues/Solutions:**

1. The EMS Coordinator continued revision of the EPCIS “Treatment Guideline” category, the category used to conduct electronic PCR audits, to more closely reflect local protocols and practices.
2. Lake County prehospital personnel complained that our EPCIS enroll process was too slow. Although we estimate that this usually takes about 10 minutes from the request, we have streamlined the process to ensure that everyone follows the correct process.
3. Lake County prehospital personnel again raised concerns about the potential conflict between the new Central Dispatch number and the EPCIS program. We previously distributed a memo

suggesting that the first two digits be dropped for any provider who elects to use the optional dispatch number. Also, as far as we can tell, use of that optional, shortened number should not be a problem. If it is, the EPCIS programmer has indicated that it cannot be fixed. Please note that all of our LEMSA neighbors use EPCIS as well.

## **7.0 Public Information and Education (PI&E)**

**Objective:** To ensure that the population within the jurisdiction of the regional EMS agency has access to information and public information courses as it relates to emergency medical services.

### **Workload Indicators:**

Total Public Information and Education Courses Conducted and/or Approved by Agency = See #1  
Total Number of Public Information and Education Events Involving Agency = See #1 below

**Status:** This year,

1. North Coast EMS continued to participate in PIE activities by attending Injury Prevention, Child Death Review Team and Child Safety Seat Committee meetings.
2. One layperson AED program continued to provide services in Humboldt County and other inquiries regarding this have been received.
3. North Coast EMS staff presented Kris Kelly Star of Life Awards during EMS Week.
4. The Training Coordinator continued to actively participate in the State's EMS for Children program and is the Co-Chair of the next conference planning committee.
5. The EMSA conducted a site visit relative to the North Coast EMS EMSC and EAP programs. We received very positive feedback.

### **Issues/Solutions:**

1. Staff size, particularly with the state GF cut and additional workload because of the Trauma Project and special projects, is inadequate to provide more than a limited involvement in PIE.

## **8.0 Disaster Medical Response**

**Objective:** To ensure the preparedness and response of the regions EMS system in the event of a disaster or catastrophic event within the region or in a neighboring jurisdiction.

### **Workload Indicators:**

Total Number of Disaster/MCI Responses (responses with 5 or more victims) = at least **1**  
Total Disaster Drills Involving Staff = at least **4**  
Total Disaster-related Meetings Attended by Staff = at least **15**

**Status:** This year,

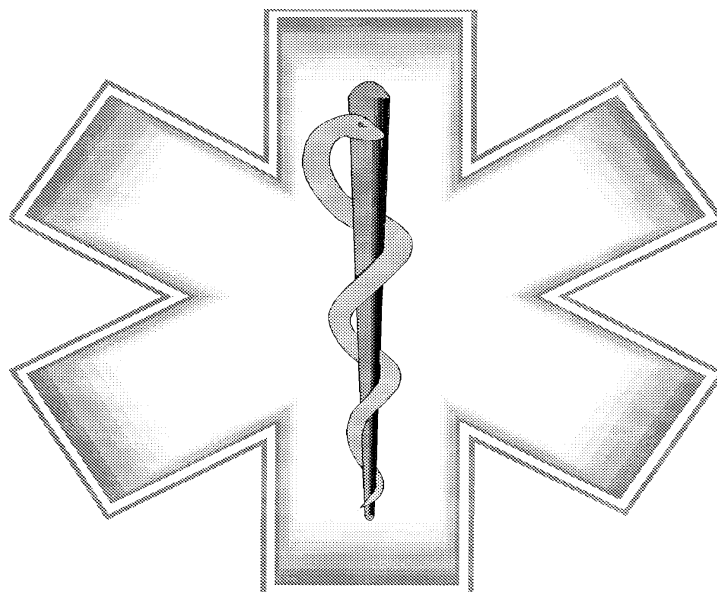
1. Agency staff attended Humboldt-Del Norte Disaster and the Lake EMCC Committee meetings, several disaster planning or review meetings (including Weapons of Mass Destruction, Homeland Security, HRSA, etc).
2. North Coast EMS administered the “Prehospital MCI/Disaster Preparedness” special project coordinated by the Northern California Safety Consortium.
3. The Executive Director helped coordinate the process to utilize Humboldt County OES Bioterrorism Funds to enhance the Med Net System for MCI/Disaster purposes, specific as part of the process to establish a single disaster channel in each county.
4. The EMS Coordinator participated in statewide disaster medical services activities, including Disaster Medical Assistance Team planning (DMAT) and international disaster programs involving the Ukraine.
5. The EMS Coordinator drafted an MCI Principles document and the special project coordinator drafted the Regional MCI Plan as part Prehospital MCI/Disaster Special Project. Several Steering Committee meetings were conducted as well. See the MCI/Disaster Project quarterly reports.
6. Agency personnel commented on draft State Disaster Medical Guidelines and Standards, specifically endorsing the need for adequate state funding of local efforts (particularly in rural areas) and again urging flexibility with regard to Board of Supervisors designation of local DMS responsibilities.
7. The EMS Coordinator attended the three-day Cascadia Subduction Zone Exercise conducted by state representatives.
8. Del Norte County experienced a major Multi-Casualty Incident during the first quarter involving a run-a-way car, with 22 victims and one fatality. All patients were transported within 45-minutes.
9. The Rural Outreach special project will include a CE offering specific to MCI training.

**Issues/Solutions:** None.

# **NORTH COAST EMERGENCY MEDICAL SERVICES**

3340 Glenwood Street, Eureka, California 95501

Serving Del Norte, Humboldt, Lake and southern Trinity Counties



## **Quarter 1 Progress Report**

**July 1, 2003 – September 30, 2003**

**General Fund Contract # EMS-3040**

**October 23, 2003**

## Overview:

In the first quarter of Fiscal Year 2003-2004, North Coast Emergency Medical Services (EMS) continued to serve as the local EMS agency for the functions delegated by Del Norte, Humboldt, Lake and southern Trinity Counties. The Agency continued to manage the regional EMS system in accordance with state law and guidelines, under direction of the Joint Powers Governing Board and in coordination with a large network of organizations and individuals. North Coast EMS staff and contractors facilitated the planning, coordination and evaluation of the EMS system through a program of community consensus, patient and EMS participant advocacy and continuous quality improvement.

The Joint Powers Governing Board directed the activities of North Coast EMS during the first quarter of FY 2003-2004. The Board consisted of the following members: Supervisor John Woolley, Humboldt County, Chairperson; Supervisor Chuck Blackburn, Vice-Chairperson, Del Norte County; and Supervisor Rob Brown, Lake County. Alternates to the JPA Board were: Supervisors Martha McClure, Del Norte County; Ann Lindsay, M.D., Humboldt County; and Supervisor Ed Robey, Lake County.

The following general fund employees managed the Agency (totaling 4.8 FTE; GF contractors total another 0.5 FTEs). Please note that the Trauma Project, through March 31, 2004, will cover a portion of the staff FTE.

- Larry Karsteadt, Executive Director (1.0 FTE)
- Wendy Chapman, Training Coordinator (1.0 FTE)
- Maris Hawkins, Program Assistant II (0.6 FTE through 3/31/04; .0.8 thereafter)
- Louis Bruhnke, EMT-P, EMS Coordinator (0.85 FTE)
- Charlotte Arnos, Administrative Assistant (1.0 FTE)

Several part-time independent consultants totaling less than 0.5 FTE were involved with general fund operations, including:

- John Kelsey, M.D., Regional Medical Director
- Pat Farmer, R.N., Mobile Intensive Care Nurse & Base Hospital Site-Visit Coordinator
- Pam Haynes, RN, Emergency Dept Approved for Pediatric Site-Visit Coordinator
- Tim Citro, EMT-P, AED Tape Review
- Jay Myhre, EPCIS Programmer
- Ezequiel Sandoval, Office Computer Maintenance
- Vickie Gibney, R.N., MICN Test Revision (Written and Skills)

Numerous individuals and organizations within the three and one-third county area directly contributed to the regional accomplishments during the first quarter.

# **North Coast Emergency Medical Services General Fund #3040 - Quarter 1 Progress Report**

July 1, 2003 to September 30, 2004

The following report on progress at North Coast EMS during the first quarter of Fiscal Year 2003-04 meets the requirements of the California EMS Authority General Fund Contract #EMS-3040 and the document entitled: "Funding of Regional EMS Agencies with General Fund Monies (June, 2001)." The report specifically addresses the goals, workload indicators, accomplishments and problems relative to contract objectives and as specified by the California EMS Authority (EMSA).

## **1.0 System Organization and Management**

**Objective:** To develop and maintain an effective management system to meet the emergency medical needs and expectations of the population served.

### **Workload Indicators:**

Total Static Population Served = **216,200**

Total Annual Tourism Population = **+3 million**

Number of Counties = **3.3** (Del Norte, Humboldt, Lake, s. Trinity)

Geographic Size of Region = **6,840 square miles** (5,840 in the three JPA member counties and approximately 1,000 in southern Trinity County, which equals roughly one-third of the County)

**Accomplishments:** This quarter,

1. North Coast EMS personnel attended the following state EMS meetings:
  - a. EMS for Children Conference Planning Committee (conference call)
  - b. Processed EMSC Conference Registrations
  
2. North Coast EMS personnel attended the following regional meetings:
  - a. Humboldt/Del Norte Medical Advisory Committee (MAC)
  - b. Lake and Humboldt County Emergency Medical Care Committees (EMCC)
  - c. Lake County Ambulance Ordinance Subcommittee
  - d. Humboldt County Fire Chiefs Association
  - e. Humboldt County Child Death Review Team
  - f. Humboldt County Injury Prevention and County Fair Information Booth
  - g. Child Seat Safety Committee
  - h. Humboldt/Del Norte Disaster Committee
  - i. MCI/Disaster Special Project Steering Committee
  - j. Arcata Airport Table Top Exercise and Drill
  - k. Del Norte County First Responder Dispatch.

3. North Coast EMS renewed contracts with several GF contractors, including: Dr. John Kelsey, Pat Farmer, R.N., Pam Haynes, R.N., Tim Citro, EMT-P, Jay Myhre, Ezequiel Sandoval, Vickie Gibney, R.N., . We also continued to manage contractors associated with the trauma grant or special projects, including: The Abaris Group, Pam Haynes, R.N. and Mary Donati, R.N., American College of Surgeons (Trauma), City Ambulance of Eureka, Inc. (Rural Outreach), the Northern California Safety Consortium (MCI/Disaster), and ReddiNet (Hospital Communications System).
4. The Agency distributed draft and final policies, protocols and information items for regional review and input in one Informational Mailing, including: Trauma Protocols, Notification of Regional Trauma Plan approval; Proposed Regulations Revision information; quarterly reports; data summaries; and other items.
5. North Coast EMS maintained ([www.northcoastems.com](http://www.northcoastems.com)), which has policies, procedures, upcoming training, the revised EMS Plan, the Informational Mailing, links to other EMS web sites and other information posted regularly.
6. North Coast EMS executed the State EMS General Fund contract for a total of \$229,354 and requested, and received, a 25% advance for FY03-04. This years' total appropriation represents a continuing 4% decrease in the annual state fund (a decrease of almost \$20,000 over the last two years combined). All counties submitted their shares and the Bertha Russ Lytel Foundation grant for the Regional Medical Director was increased to \$12,500. The Agency began the year with a larger Fund Balance/Reserve than in past years.
7. The Agency requested and received extensions on the State Trauma grant to 3/31/04, and both special project grants from the EMSA to 12/31/03: Prehospital Multi-Casualty Incident/Disaster Preparedness and the Rural Outreach Medical Training.
8. North Coast EMS submitted and received, and later received an extension, a Hospital Communication System general fund grant from EMSA, and contracted with the Southern Hospital Association to acquire ReddiNet for regional hospitals and health departments.
9. The Agency submitted the required quarterly reports for the special and trauma projects, and completed the final year-end General Fund report.
10. The Agency completely revised the 1999 Regional EMS Plan.
11. The Regional Trauma Plan was the second area with AB430 trauma funding in California to receive EMSA approval.
12. The Agency reviewed the following regulations: Continuing Education, Paramedic, EMT-I and Quality Improvement and commented on the latter two.

### **Issues/Solutions:**

1. North Coast EMS and the other regional agencies, all of which are in need of a state General Fund augmentation, again received a 4% cut. Fortunately, because of AB430 Trauma System Care

Systems Plan Preparation and Implementation Funding, we will be able to delay staff cuts. However, increasing operational costs and cost of living expenses will continue and anticipate a budget shortfall in FY 2004-05 unless state General Fund assistance and/or local funds are increased.

2. The FY 02-03 GF Final Report was submitted almost a month late to the EMSA due to other priorities and inadequate staff size.

**2.0 Staffing and Training**

**Objective:** To ensure personnel functioning within the EMS system are properly trained, licensed/certified/authorized and/or accredited to safely provide medical care to the public.

**Workload Indicators:**

- Total Number of Personnel Certified/Authorized/Accredited by Regional Agency = **1,002**
- Total Number of Personnel Completing Training Courses Approved by Regional Agency = **25**
- Total Number and Type\* of Approved Training Programs Approved by Region = **33**
- Total Number and Type of Training Programs Conducted by Regional Agency = **1**
- Total Number of Continuing Education Providers Authorized by Regional Agency = **37**

\* - for Type of Certificate or Program, see below (#1 and 2 respectively).

**Status:** This quarter,

1. The following EMS personnel possessed North Coast EMS issued documents:

- a. Certified EMT-Is = 750 (70 are ETAD certified)
- b. Certified EMT-IIIs = 3
- c. Accredited Paramedics = 104 (37 with Hep/Nitro; 16 Pacing)
- d. Authorized MICNs = 109
- e. Field Training Officers = 49

2. Regional instructors conducted the following North Coast EMS approved training programs:

	Approved	Conducted
a. Esophageal Tracheal Airway Device =	9	2
b. EMT-I =	14	
c. Paramedic =	1*	1
d. Field Training Officers =	3	
e. Mobile Intensive Care Nurse =	2	2
f. Emergency Medical Dispatch =	1	
h. Lake County EMT-I Tests Sessions	1	

3. Instructors reported that a total of 25 students completed these classes. Several other classes were not completed this quarter but are in progress.

4. Humboldt Regional Occupations Paramedic (HROP) Program approval expired last fiscal year and was formally discontinued. The new North Coast Paramedic Training Program was initiated under North Coast EMS. The class began in September with a total of 36 students. The Agency has one year to apply and three years to receive national accreditation.
5. North Coast EMS scheduled an Emergency Medical Dispatch course to Eureka; unfortunately the class had to be canceled due to a lack of students.
6. Approval for 37 continuing education (CE) programs was continued by North Coast EMS and numerous CE programs were offered within the region.
7. The Agency coordinated (through the Rural Outreach grant) a Pediatric Emergencies for Paramedic Personnel (PEPP) class in Lake County, scheduled others in the region, and assisted with the coordination of several upcoming Prehospital Trauma Life Support training program as part of the Trauma grant.
8. Agency staff continued the process to comply with Department of Justice requirements with regard to conducting background checks.
9. The Agency implemented other Hep/Nitro and Pacing programs in the region.
10. North Coast EMS implemented the new certification fees previously approved by the JPA Governing Board.

**Issues/Solutions:** none

### **3.0 Communications**

**Objective:** To develop and maintain an effective communications system that meets the needs of the EMS system.

#### **Workload Indicators:**

Total Number of Primary and Secondary PSAPs = **11**

Total Number of EMS Responses = **4883** Prehospital Care Reports were submitted

Total Number of Ambulances Dispatched = **4795** transports were reported

Total Number of Emergency Medical Dispatch Programs Approved by Region = **2**

Total Number and Type of EMD Programs Authorized by Agency = see #1 & 2 below.

**Status:** This quarter,

1. North Coast EMS again utilized the Priority Dispatch Corp, USA to scheduled an Emergency Medical Dispatch training program in Eureka. Unfortunately the class had to be canceled due to a lack of students.
2. Eleven (11) Public Safety Answering Points (PSAPs) were utilized by regional EMS

providers as follows (several PSAPs directly dispatch ambulances):

PSAP	Location	EMD Utilized
a. Del Norte Co. Sheriffs Department	Del Norte County	No
b. Humboldt Co. Sheriffs Department	Humboldt County	No
c. Humboldt State University	“	No
d. Arcata Police Department	“	No
e. Eureka Police Department	“	Yes
f. California Highway Patrol - Arcata	Del Norte & Humboldt	No
g. Fortuna Police Department	Humboldt County	No
h. California Division of Forestry - Fortuna	“	Yes (secondary PSAP)
i. Trinity Co. Sheriffs Department	Trinity County	No
j. Lake Co. Sheriffs Department	Lake County	No
k. California Highway Patrol – Ukiah	Mendocino County	No

3. Six (6) non-PSAP ambulance dispatch centers were utilized within the region for dispatching ambulances:

a. K’ima:w Tribal Police	Humboldt County	No
b. City Ambulance of Eureka	“	No
c. Southern Trinity Rescue Dispatch	“	No
d. Redwood Empire Life Support	Sonoma County	No
e. CDF – Howard Forest	Mendocino County	No
f. CDF – Napa	Napa County	No

4. North Coast EMS maintained contracts requiring field to hospital communications and recording equipment with six (6) base hospitals, one alternative base hospital and 17 LALS/ALS providers.

5. The North Coast EMS region continued to utilize a Med-Net Communications System installed in 1977-78 that includes six (6) county owned and one (1) fire district owned Mt. Top Repeater, eight (8) hospital owned base station radios and numerous provider-owned mobile units (estimate 40). All repeaters except Rogers (which is rarely used) in Humboldt have been replaced.

6. North Coast EMS continued the Regional Med-Net Repeater Replacement Trust Fund for long term repeater replacement.

7. North Coast EMS coordinated and helped conduct the second First Responder Dispatch meeting in Del Norte County. Policy revisions are underway that will further clarify and standardize dispatch procedures.

8. North Coast EMS submitted and received, and later received an extension, a Hospital Communication System general fund grant from EMSA, and contracted with the Southern Hospital Association to acquire ReddiNet for regional hospitals and health departments.

### Issues/Solutions:

1. The Lake County Sheriffs Department formally notified the Agency that they have discontinued the EMD program due to budget cuts.

#### **4.0 Transportation**

**Objective:** To develop and maintain an effective EMS response and ambulance transportation system that meets the needs of the population served.

#### **Workload Indicators:**

Total Ambulance Response Vehicles = Estimate **47**

Total First Responder Agencies = **40** approved by North Coast EMS

Total Patients Transported = **4,795** transports were reported in the PCR program

Total Patients Not Transported = **398** Against Medical Advise Patients (AMA) were reported

Total Number of LALS/ALS Providers Authorized by Region = **17**

Total Number of Transport Providers in Region = **14**

**Status:** This quarter,

1. North Coast EMS continued Advanced Life Support Agreements with 17 providers, First Responder Agreements with 40 fire districts, AED Agreements with 40 service providers, and ETAD Agreements with 15 providers.
2. JPA member counties continued permits or contracts with 6 ambulance services; another 8 fire districts provide transport in Lake County. The latter is in the process of adopting a new ambulance ordinance that will include all public and private transporting services. Also, Shelter Cove Fire utilizes an ambulance for the district.
3. Lake County is in the process of revising and expanding the Ambulance Ordinance to include all transporting providers and North Coast EMS continues to participate in this process.
4. The Agency continued the process to expand the Air Medical Policy.

**Issues/Solutions:** None.

#### **5.0 Assessment of Hospitals and Critical Care Centers**

**Objective:** To establish and/or identify appropriate facilities to provide for the standards and care required by a dynamic EMS patient care delivery system.

#### **Workload Indicators:**

Total Base Hospital Contacts = **3,132**

Total Patients Received = **4,795** patients were transported

Total Number of Hospitals Designated by Region = **13**

**Status:** This quarter,

1. North Coast EMS patients continued to be transported to seven (7) hospitals located within the region. Six are licensed as basic emergency departments (one in Del Norte County, three in Humboldt County and two in Lake County) and one is a stand-by ED (Jerold Phelps in southern Humboldt). Patients are transferred to at least 20 facilities located outside of the region.
2. North Coast EMS continued formal designation of six (6) base hospitals and one (1) alternative base hospital. All but Jerold Phelps Hospital is also North Coast EMS designated Emergency Department Approved for Pediatrics (EDAP).
3. The Agency continued to work with base hospital Prehospital Care Medical Director and Prehospital Care Nurse Coordinator, as needed, to address disclosure protected quality improvement issues.
4. North Coast EMS continued to oversee development and implementation of the regional trauma system as part of the EMSA trauma grant (#1090). During the quarter, the Regional Trauma Plan was formally approved by EMSA, and numerous steps were taken to implement the plan, including: extending the state contract to 3/31/04; executing the second contract with the Abaris Group; meeting with the new Lakeside PCNC; conducting a fiscal incentive presentation (by Mike Williams) in Humboldt County; scheduling and then postponing by request the ACS site visits; distributing the designation packets to each hospital; selecting Collector as the trauma registry software; etc. See the last Trauma Quarterly Report as well.
5. The Sutter-Lakeside Base Hospital probation was extended, but significant improvements have been made and we anticipate full reinstatement this year. A new Prehospital Care Medical Director (Dr. Schifflet) and Prehospital Care Nurse Coordinator (Mary Cardinale-Stein, R.N.) were appointed, and staff initiated their orientation.
6. The Agency contracted with Vickie Gibney to revise the MICN written and skills exams.
7. North Coast EMS initiated an investigation into the potential impact of new RN Ratios on our base hospitals and trauma centers.

**Issues/Solutions:**

1. Sutter-Lakeside Hospital probation as a base hospital was continued although significant improvements have been made and we anticipate full reinstatement this year.
2. New DHS nurse ratio regulations will cause significant problems for our base hospitals, and potentially for our trauma centers. The new requirements are completely unreasonable for small, rural facilities and could jeopardize almost thirty years of EMS system development. The North Coast EMS designated base hospitals average 5 radios calls per day, and at the very most handle 1, maybe 2 hours of radio contact a day. The new rules, however, will remove MICNs from the required nurse ratio count for the entire 24-hour period, even though they will have over 22 hours

available to the ED for patient care purposes. This metropolitan standard must be changed for rural areas.

## **6.0 Data Collection and Evaluation**

**Objective:** To provide for appropriate system evaluation through the use of quality data collection and other methods to improve system performance and evaluation.

### **Workload Indicators:**

Total Patient Care Reports Generated = **4,883**

Total Trauma Patients = **712**

Total Cardiac Patients = **406** (330 Chest Pain and 76 Cardiac Arrest Patients)

Total Medical Patients = **721**

Total Pediatric Patients = **212**

Total Number of CQI Cases in Region = NA

**Status:** This quarter,

1. The EPCIS computerized Prehospital Care Reporting (PCRs) program was maintained.
2. Agency staff, several Prehospital Care Nurse Coordinators (PCNCs) and ALS Providers conducted quality improvement investigations.
3. Agency staff reviewed and commented on proposed state Quality Improvement regulations.

### **Issues/Solutions:**

1. The EPCIS main server computer crashed. A new computer has been acquired and we have a back-up program, but it is currently more difficult to generate reports.

## **7.0 Public Information and Education (PI&E)**

**Objective:** To ensure that the population within the jurisdiction of the regional EMS agency has access to information and public information courses as it relates to emergency medical services.

### **Workload Indicators:**

Total Public Information and Education Courses Conducted and/or Approved by Agency = See #1

Total Number of Public Information and Education Events Involving Agency = See #1 below

**Status:** This quarter,

1. North Coast EMS continued to participate in PIE activities by attending Injury Prevention, Child Death Review Team, EMSC and Child Safety Seat Committee meetings.

**Issues/Solutions:**

1. Staff size, particularly with the state GF cut and additional workload because of the Trauma Project and special projects, is inadequate to provide more than a very limited involvement in PIE. Consequently, we do not plan to conduct any new PIE activities this year, and our involvement in PIE events will be limited.

**8.0 Disaster Medical Response**

**Objective:** To ensure the preparedness and response of the regions EMS system in the event of a disaster or catastrophic event within the region or in a neighboring jurisdiction.

**Workload Indicators:**

Total Number of Disaster/MCI Responses (responses with 5 or more victims) = NA

Total Disaster Drills Involving Staff = 1

Total Disaster-related Meetings Attended by Staff = 3

**Status:** This quarter,

1. Agency staff attended Humboldt-Del Norte Disaster, Lake EMCC Committee and MCI/Disaster Steering Committee meetings.
2. North Coast EMS administered the “Prehospital MCI/Disaster Preparedness” special project (please see the last quarter report for more information).
3. The Agency reviewed but had no comments on the Humboldt County Haz-Mat Plan.
4. The Executive Director participated in the process coordinated by Del Norte, Humboldt and Lake County OES to distribute bioterrorism funds (WMS). We distributed (and compiled for Humboldt County) a survey to all ambulance services in the region for future funding.
5. The Executive Director and EMS Coordinator participated in preparations to visit Ukraine as part of the Rough and Ready planning team for a future disaster medical exercise.
6. Agency staff observed and provided evaluation comments on the Arcata Airport disaster exercise.

**Issues/Solutions:** none

October 15, 2003

Carol MacRea  
EMS Authority  
1930 9<sup>th</sup> Street  
Sacramento, Ca 95814-7043

Re: EMS-1091: Report for Trauma Plan Development (7/1/03- 9/30/03)

Dear Carol:

The first quarter report for Phase II of the Regional Trauma Plan Development (EMS-1091) is attached.

We have completed the Trauma System Plan for the North Coast EMS Region. As you know, the EMS Authority previously approved our Plan.

We continue to work toward the goal of trauma system implementation. The applying trauma centers have informed us they cannot complete the organizational requirements in the brief period of time that remains in the original grant period ending 12/31/03. We solicited and received from your office a three-month extension to 3/31/04 to complete the requirements. Please note that the revised Work Plan is attached.

This report identifies the accomplishments we have had over the past three months.

Please contact me if you have any questions.

Sincerely,

Larry Karsteadt, Executive Director  
North Coast EMS

cc: Joint Powers Governing Board  
Informational Mailing  
The Abaris Group

North Coast EMS Regional Trauma Project  
EMS-1091 – Phase II Trauma System Implementation  
7/15/03 – 9/30/03

The progress report for the period covering July 1, 2003 to September 30,2003 follows:

**Completion of first quarter of Phase II of the trauma system implementation:**

**Project Goal and Objectives:**

North Coast EMS will implement a formal trauma system in accordance with state regulations.

- (A) Submit a final Regional Trauma Care System Plan to the EMS Authority following trauma system implementation; and,
- (B) Activate the approved trauma care system.

**Status Report on Goals/Objectives**

**1. Implementation of Trauma Registry**

**A. Accomplishments:**

A review of the top six trauma registries utilized by most trauma systems was provided to the North Coast Regional EMS Agency. A web- based demonstration was provided for all potential users and EMS Agency staff of the “Collector” trauma registry product on 9/15/03.

Comments were solicited from participants in the demonstration, including the input and review by EMS Agency staff.

**B. Issues/Solutions:**

A representative from the Collector software product staff will make a site visit to NCEMS on October 22,2003 to review final product concerns and capabilities. Following that visit a contractual decision will be made on the Collector product.

**1.1 Integrate Regional Trauma Program with Neighboring EMS Jurisdictions**

**A. Accomplishments:**

A draft mutual agreement was created in the process of the trauma plan development. The EMS Agency will obtain signatures from surrounding EMS systems for this agreement at a later date.

**B. Issues/Solutions:**

No know obstacles in this process.

**2. Implementation Process**

**A. Accomplishments:**

The EMS Agency decided to have an ACS verification process rather than a non-ACS review team. A pre-review questionnaire is provided by ASC. A workshop was provided to all interested applicants in Humboldt County on August 28, 2003. An explanation was provided to prospective applicants for all sections of the ASC Pre-Review Questionnaire. The NCEMS Trauma Coordinator has provided the Lake County prospective applicants the same instruction.

**B. Issues/Solutions:**

It is not certain at this time, which facilities will actually move forward on submitting a formal application for trauma center designation. A second letter is being sent out with a request for administrative sign off and required submission of intent to apply by a specified time line.

**3. Projection of Fiscal Reimbursement**

**A. Accomplishments:**

A workshop was held in Humboldt County on September 16, 2003 for all interested applicants on the subject of trauma center billing and reimbursement capabilities. Materials were provided to all attendees that they could utilize in the implementation of billing for trauma team activations.

**B. Issues/Solutions:**

Another workshop needs to be provided for prospective applicants in Lake County. This will be scheduled in the next quarter.

**4. Schedule ACS Site Visits, Coordinate Process, and Develop Trauma Center Contracts**

**A. Accomplishments:**

The Abaris Group made contact with ACS to obtain information on the cost and requirements to have ACS conduct a verification survey in a rural area. Materials were obtained and forwarded to the EMS Agency. The decision was made by the EMS Agency to have ACS conduct the surveys. Applications were obtained for each hospital and surveys were scheduled for October 27 and 28. Following review of the requirements for the trauma center verification process the hospitals asked for more time to prepare for the surveys. The scheduled surveys were cancelled and will be rescheduled once hospital commitment is solidified.

**B. Issues/ Solutions:**

Once commitments are made by applicant hospitals and surveys are conducted we will provide each verified hospital with a trauma center contract that they will be required to sign agreeing to commit to the standards of the level of trauma center for which they are being designated.

**5. Establish a Peer Review Committee**

**A. Accomplishments:**

No action has been taken on this goal. This will develop as part of the trauma system activation process once trauma centers are identified.

**B. Issues/ Solutions: Pending**

**5.1 Initiate Trauma System Evaluation and QI Process**

**A. Accomplishments:**

The plan for Trauma System Evaluation and the QI Process was defined as part of the development of the trauma plan. The implementation of system evaluation and the QI process will occur once the trauma centers are identified and the participants in Peer Review are appointed to that committee as defined in the trauma plan.

**B. Issues/Solutions: Pending**

**5.2 Define Preventable Death and Disability Standards**

**A. Accomplishments:**

These will be defined as part of the development of the Peer Review and Trauma System Evaluation process. This will occur once the trauma centers are identified.

**B. Issues/Solutions: Pending**

October 15, 2003

Carol MacRae  
Contract Manager  
EMS Authority  
1930 Ninth Street  
Sacramento, CA 95814

RE: EMS Contract #2055 - Prehospital Multi-Casualty Incident/Disaster Preparedness Project

Dear Carol,

The fifth quarterly progress report for the Prehospital Multi-Casualty Incident/Disaster Preparedness Project is enclosed. Please call if you have any questions regarding this project.

Sincerely,

Larry Karsteadt, Executive Director  
North Coast EMS

cc: Joint Powers Governing Board  
County Health Officers  
MCI Project Steering Committee  
Northern CA Safety Consortium

**Prehospital Multi-Casualty Incident/Disaster Preparedness Project  
Grant #2055 Quarter II Progress Report - 07/15/03 to 10/15/03  
North Coast EMS and the Northern California Safety Consortium (NCSC)**

The Prehospital Multi-Casualty Incident/Disaster Preparedness Project (MCI) special project initiated in the first quarter of FY 2002-03 continued in the fifth quarter with the contract team Northern California Safety Consortium (NCSC).

Objectives:

**1. Special Project Administration**

An extension on the project was granted until December 31, 2003. The fourth quarter report was prepared and submitted.

**2. Steering Committee**

Meetings with the Humboldt County steering committee were held regularly. Meetings have been held with individual members of the Del Norte County steering committee. NCSC attended the Lake County Emergency Medical Care Committee and a subcommittee of that committee has been formed to develop a MCI exercise in Lake County.

**3. Develop a formal MCI plan**

The formal MCI plan is being completely revised in response to comments received from members of the Humboldt County and Del Norte County steering committees. Members felt that the format could be modified to make the document more readable and eliminate unnecessary duplication of information. NCSC felt that although we are late into the project, the usability of the final document was the most important consideration. A draft of the reformatted document will be presented at the next steering committee meeting. Ambulance mutual aid agreements were determined to exist for Del Norte County. An agreement adapted from those in place in Del Norte County was presented to Humboldt County ambulance providers. A standardized patient tracking tool was developed and tested in functional exercises held at Humboldt State University and at the countywide exercise held at the Arcata-Eureka Airport.

**4. Standardized Training**

A second survey was sent to all first responder agencies, ambulance transport providers, hospitals, and public health departments in the North Coast EMS region. The survey

asked each agency to evaluate their current knowledge of the Incident Command System (ICS) and Standardized Emergency Management System (SEMS), and to indicate the extent to which they are used in their day-to-day operations. The survey then asked each agency to identify their training needs, and subjects they would like to see included in a MCI/Disaster Conference.

## **5. Standardized identification systems and planning tools**

The content of MCI kits was discussed at length with the Humboldt County Steering Committee. Consensus was reached that each kit should contain triage tags, treatment area identifiers, assignment checklists, and identification vests tailored to the needs of each department. Vendors were contacted and prices determined. Equipment is to be distributed with training.

## **6. Conduct Exercises**

A series of exercises was conducted in Humboldt County. The first drill was conducted August 11 at Humboldt State University in the residence halls. The exercise involved the University and Arcata Police departments, the residence hall staff, Arcata-Mad River Ambulance, Mad River Community Hospital, and Arcata Volunteer Fire Department. The primary focus of the exercise was to train residence hall staff in a simulated fire scenario. Elements of the MCI plan including communication with the coordinating base hospital, and patient tracking were tested and evaluated.

A large scale exercise was planned over a series of months and conducted in September. This exercise involved the crash landing, following an onboard explosion, of a commercial aircraft at the Arcata-Eureka Airport in McKinleyville. Over 20 fully moulaged patients were involved with many transported by ground and air ambulance to receiving facilities. Nineteen agencies participated in the planning process. An exercise design booklet was prepared, and the Humboldt County Airport Emergency Plan was revised. A tabletop exercise was held September 10 with the active involvement of multiple agencies. The functional exercise was held on September 22. North Coast EMS, Humboldt County OES, Public Health, and Environmental Health, State OES, and the Ferndale Fire Department provided evaluators for the exercise. Several agencies were unable to participate due to commitments to active wildland fires. The United States Coast Guard participated in patient transport with their helicopter, and established a treatment area staffed by their flight surgeon in their hangar which adjoined the exercise site. Evaluation forms were distributed to evaluators and participants. A "hotwash" review was conducted immediately following the drill. A formal critique is scheduled for October 15.

## **7. Evaluating prehospital response to MCIs and disasters**

Louis Bruhnke is working with the EPCIS system programmer to evaluate methods of identifying MCIs in the database in order to develop audit criteria.

## **8. Model Programs to support NEST development**

The American Red Cross has begun making presentations to interested community groups on the NEST program. A presentation was made to the Humboldt County Fire Training Officers association to encourage participation by local fire departments. Train the trainer programs for the CERT program have been conducted in Humboldt County. Americorps members assigned to the NEST program participated in the Airport exercise described above.

October 10, 2003

Carol MacRae, Contracts Manager  
Emergency Medical Services Authority  
1930 Ninth Street  
Sacramento, Ca 95814

**Re: FY 2002/03 EMS-2056 Quarter 5 Progress Report**

Dear Carol:

The fifth quarter progress report for the Rural Outreach Medical Training grant (EMS-2056) is enclosed.

Please call if you have any questions,

Sincerely,

Wendy Chapman, Training Coordinator  
North Coast EMS

cc: JPA Governing Board  
County Health Officers  
EMCC Chairpersons  
Jaison Chand, City Ambulance of Eureka, Inc.

**North Coast Emergency Medical Services**  
3340 Glenwood Street  
Eureka, California 95501

**Progress Report – Quarter 5**  
July 1, 2003 – September 30, 2003

**Rural Outreach Medical Training Special Needs Project**  
Contract Number - EMS-2056

**October 10, 2003**

**Serving the Counties of Del Norte, Humboldt, Lake and  
Southern Trinity**

**Rural Outreach Medical Training Project**  
*North Coast EMS Special Project # EMS-2056*

**Quarter 5 Progress Report October 10, 2003**

**OVERVIEW:** During this quarter one First Responder Pediatric Emergency for Prehospital Personnel (PEPP) certification program was presented in the North Coast EMS region. The Focused Education courses have also begun for rural providers. A contract extension was requested and approved for an additional three months to complete this grant due to the late signing of the initial contract.

**1. Objective 1: Administer the project.**

**Activity 1.4: Write Quarterly and Final Reports.**

The fifth quarter report was generated by Project Coordinator and forwarded to North Coast EMS for submittal to EMSA.

**2. Activity 2.2 Set strategic locations for rural and remote training sites.**

Two training sites were identified in Lake County for advanced first responder courses. Several additional sites at individual fire departments have been determined for focused education courses in Humboldt and Del Norte Counties.

**Activity 2.4 Determine individual agency needs and announce courses.**

Contacted each first responder agency to determine need for focused education courses. Several agencies expressed interest and have scheduled classes.

**3. Objective 3: Develop focused education courses.**

Seven of the eight modules have been completed and are in final draft format. The eighth module will be coordinated with the MCI/Disaster Plan, currently in development.

**Activity 3.1 Determine course content.**

Course content has been determined and divided into eight (8) focused education modules. The modules are as follows:

1. Emergency Childbirth
2. Burns
3. Three-Level Triage System
4. The Ambulance is an Hour Away – Trauma Patient
5. The Ambulance is an Hour Away – Medical Patient
6. Injuries of the Head, Neck and Spine
7. Bites, Stings, Allergic Reactions and Poisonings for the Rural First Responder
8. MCI/Disaster (still in development)

**Activity 3.2 Develop training outlines in approved NCEMS structure and first responder instruction manuals.**

The training outlines have also been completed for seven of the eight modules and are in final draft format. The eighth module will be coordinated with the MCI/Disaster Plan, currently in development.

**Activity 3.3 Select strategic sites for education training.**

The project was introduced to the regional Fire Chiefs Associations in July and August. Many classes have been conducted and additional classes are continuing.

**Activity 3.4 Advertise selected Education Courses**

Focused education courses have been advertised in all three counties and continue to be scheduled.

4. **Objective 4: Conduct First Responder Courses.**

This objective has been completed.

5. **Objective 5: Conduct Focused Education Courses**

**Activity 5.1 Select Instructors**

All of the focused education instructors have been identified.

## **Activity 5.2 Coordinate and Conduct Courses**

Two focused education courses for rural providers have been conducted in Humboldt County. Eight additional classes have been scheduled for Humboldt and Del Norte Counties. One PEPP class was completed in Lake County and another is scheduled. Three additional PEPP classes are planned for Humboldt and Del Norte Counties.

**D. New Business: *(From the Joint Powers Governing Board Meeting of October 30, 2003)***

- 1. State Nursing Ratio Regulation Impact on Base Hospitals:** Legislation was passed within the last year or so that required the Department of Health Services to adopt regulations specific to Hospital Nursing Ratios effective 1/1/04. Although the original intent of this legislation apparently was not to impact base hospitals, the final wording of the regulation does not allow registered nurse(s) assigned to the base radio to be counted in the licensed nurse-to-patient ratio requirement. Similarly, there are restrictions relative to nurses at trauma centers.

While these standards may be appropriate for busy metropolitan hospitals, our seven base hospitals in the region collectively average around 5 base radio contacts a day (range: 1 to 20), of which only a small number actually involve medical orders. Consequently, our Mobile Intensive Care Nurses at each hospital (we have authorized 109 MICNs at this time) will average no more than a few minutes, to at most one to two hours a day, on the radio, and for that, the hospital will NOT be able to count that nurse(s) in the nurse ratio mix even though over 22 hours per day will be available for direct patient care purposes. Similarly, the trauma restriction could mean that even though our hospitals receive less than one major trauma patient every day on the average, they would also lose the trauma nurse coordinator to the ratio count.

Our small community hospitals cannot meet these requirements. These standards could jeopardize our base hospital system (after 25 years of commitment) and trauma system implementation (at a time when we are asking hospitals to apply for designation). Our options include:

- a) Fully implement existing standing orders at all base hospitals and limit “medical control” calls to those involving medical orders or difficult patients, and have ED physicians take those calls. This should temporarily allow the EDs to count all RNs.
- b) Meet with the regional DHS representative(s) to determine if existing MICNs can continue to take non-medical control information on the radio without being eliminated from the RN ratio, and work with local hospitals to craft policy accordingly. Preliminary discussion with DHS indicate that there will be a phase in period after January 1, 2004. We are investigating the possibility of a waiver for rural hospitals.
- c) Seek a legislative solution to this obvious metropolitan standard that establishes a sliding scale based on volume or provides a rural exemption.
- d) Further evaluate the requirement, particularly as it relates to base hospitals and trauma centers, and determine what other rural areas in California are doing.
- e) Other more radical options could include: eliminating MICNs; eliminating base hospitals and going to total standing orders (we believe this is medically inappropriate); eliminating paramedics (absolutely not appropriate), etc.

We will provide more information and a revised action plan, as needed, at the meeting.