

MEMORANDUM

DATE: January 27, 2004

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

FROM: Charlotte Aros, Secretary

RE: INFORMATIONAL MAILING

Enclosed for your information and review are the following items:

1. **POLICY CHANGE NOTICE #68** – 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 or Pam Haynes** following:

1. **Policy #2305** – Administration – Patient Care
LALS/ALS – Determination of Death
- Policy #2206** -- EMS Aircraft Services
Authorization of EMS Aircraft
- Policy #2206.1** -- EMS Aircraft Services
Classifications and Definitions
- Policy #2206.2** -- EMS Aircraft Services
Service Request/Dispatch Center Guidelines
- Policy #2206.3** -- EMS Aircraft Services
Patient Care and Destination
- Policy #2206.4** -- EMS Aircraft Services
Transport Criteria

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

2. Policy #3303 – Training

Student Eligibility to Enter an AED Training Program

Please review these draft policies and send your comments to North Coast EMS by **March 12, 2004**.

FOR YOUR INFORMATION:

- A. “Impact of Nurse Ratios on North Coast EMS Base Hospitals” letter.
- B. “Prehospital Trauma Life Support” memo and registration form.
- C. North Coast EMS Policy #6004. – *FOR INFORMATION ONLY*.
- D. “Final Summary Guideline – Use of 5150 Hold” Memorandum (11/95).
- E. FY 03-04 General Fund Grant #EMS-3040 Quarterly Progress Report.
- F. Trauma Plan Development #EMS-1091 Second Quarter Progress Report.
- G. Prehospital Multi-Casualty Incident/Disaster Preparedness Project #EMS-2055 Sixth Quarter Progress Report.
- H. FY 2002/03 Rural Outreach Medical Training #EMS-2056 Sixth Quarter Progress Report.
- I. Hospital Communications System Final Report.

CHANGE NOTICE

CHANGE #68

January 27, 2004

TO: ALL PREHOSPITAL CARE POLICY MANUAL HOLDERS

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

| INSTRUCTIONS | POLICY # | POLICY DESCRIPTION | # OF PAGES |
|---------------|--------------|---|------------|
| <i>Remove</i> | #3307 | Training Early Defibrillation Skills Proficiency Demonstration Evaluator Training Program | 3 |
| Replace | #2205 | Administration - Provider EMT-P Standard Drug/Intravenous Solution List | 2 |
| Replace | #3312 | Patient Care Treat and Release Authorization | 1 |
| Replace | #5332 | Scope of Practice/Procedure – EMT-II Benzodiazepines | 2 |
| Replace | #4702 | Certification – MICN Authorization, Reauthorization & Challenge Authorization | 8 |

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

Associated Policies: 2202, 2203, 2204

- I. Authority and Reference (incorporated herein by references)
 - A. Division 2.5 of Health and Safety Code
 - B. California Code of Regulations, Title 22, Section 100126
 - C. North Coast EMS Policies and Procedures
 - D. California Emergency Medical Services Authority "Recommended Ambulance Equipment", contained in California Highway Patrol Ambulance Driver's Handbook (#CHP-894)

- II. Purpose
 - To list minimum supplies and materials required for each Advanced Life Support Unit (Paramedic). Supplies and materials listed are in addition to those specified in the LALS Supply and Equipment List.
 - A. Minimum Equipment and Supplies:
 - 1. Two (2) each, activated charcoal 50 gm suspended in 8 oz Sorbitol.
 - 2. One (1) each, activated charcoal 25 gm without Sorbitol or equivalent.
 - 3. Five (5) each, Adenosine 6 mg vials.
 - 4. Five (5) each, Bretylium Tosylate 500 mg in 10 ml ampules.
 - 5. Two (2) each, Diphenhydramine HCl 50 mg in 1 ml or 5 ml preloads.
 - 6. Two (2) each, Dopamine HCl 200 mg in 5 ml ampule or one (1) 1600 µ/ml pre-mix.
 - 7. One (1) Glucagon 1 mg in 1 unit vial.
 - 8. Two (2) each, Magnesium Sulfate 10% solution in 50 ml or 50% solution (5G/10ml).
 - 9. Two (2) each, Metaproterenol Sulfate 0.4% or 0.6% solution for inhalation in 2.5 ml unit dose vials or equivalent.
 - 10. Two (2) each, Oxytocin 10 USP units in 10 ml vials or equivalent.
 - 11. One (1) Neosynephrine 0.5% solution.
 - 12. One (1) Procainamide 100 mg/ml (1 gm/10 ml) in 10 ml vial or equivalent.
 - B. Minimum Number of IV Solutions:
 - 1. One (1) NS 50 ml in plastic container.
 - C. Other Equipment:
 - 1. One (1) each, 40, 32, and 26 Fr. Ewald tubes or equivalent.
 - 2. One (1) each, nasogastric tube, 12, 14, 16, and 18 French or equivalent.
 - 3. One (1) infant feeding tube, 8 French or equivalent.
 - 4. One (1) 60 ml irrigation (catheter tip) syringe.

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

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

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Subject: Patient Care
Treat and Release Authorization

Associated Policies:

- 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.

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Subject: Certification
MICN Authorization, Reauthorization & Challenge Authorization

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

- 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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MICN Authorization, Reauthorization & Challenge Authorization

- 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

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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.

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.

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- h. Applicant must submit payment of the MICN authorization fee.
- 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.

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MICN Authorization, Reauthorization & Challenge 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:

- 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)

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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.

- 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 an 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.

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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.
 - 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.

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- 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.
- 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.

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Subject: Scope of Practice/Procedure – EMT-II
Benzodiazepines

- I. Indications
 - A. Sustained and/or recurrent grand mal seizures.
 - B. Before cardioversion in conscious patients.

- II. Therapeutic Effects
 - A. Decreased cerebral irritability.
 - B. Relaxes skeletal muscles.
 - C. Sedation.

- III. Contraindications
 - A. Absolute:
 - 1. Suspected or known allergy to Benzodiazepines.
 - B. Relative:
 - 1. Shock.
 - 2. Pregnancy.
 - 3. Trauma to rectum (for rectal administration).
 - 4. Congenital or surgical anomaly of the rectum (for rectal administration).

- IV. Adverse Effects
 - A. Respiratory depression or arrest may be caused or worsened by Benzodiazepines.
 - B. Drowsiness, vertigo, ataxia, transient hypotension.
 - C. Rectal injury may occur due to forceful entry of the syringe.
 - D. Inadequate absorption, following rectal administration.

- V. Administration of Diazepam
 - A. Adult:
 - 1. 2.5-20 mg IV push in 2.5 mg increments titrated to effect. May give up to 40 mg in status epilepticus. 5-10 mg IM.
 - B. Pediatric:
 - 1. 0.1-0.3 mg/kg slow IV push or 0.5 mg/kg (maximum dose 20 mg) rectally.

- VI. Administration of Midazolam (Paramedic Scope Only)
 - A. Adult:
 - 1. 1-2.5 mg slow IV (over 2-3 min);
may be repeated if necessary in small increments (total maximum dose not to exceed 0.1 mg/kg)

Subject: Scope of Practice/Procedure – EMT-II
Benzodiazepines

- B. Pediatric:
 - 1. IM .1 mg/kg
 - IV .05 mg/kg
 - Further doses up to .4mg/kg.

- VII. Special Information
 - A. Never give without resuscitation equipment available.
 - B. Push as close to the hub as possible. Benzodiazepines may precipitate if mixed with other drugs or IV solutions.
 - C. Effects of Benzodiazepines are potentiated with alcohol and other sedatives.
 - D. Painful upon IM administration, unpredictable absorption.

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

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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Subject: Administration – Patient Care

LALS/ALS – Determination of Death

~~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.

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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Subject: Administration – Patient Care

LALS/ALS – Determination of Death

VI. 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 emergency 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.

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SUBJECT: EMS Aircraft Services
Authorization of EMS Aircraft

I. Authority and Reference (incorporated herein by references)

- A. Division 2.5 of Health and Safety Code
- B. California code of Regulations, Title 22
- C. North Coast EMS Policies and Procedures
- D. County Ambulance Ordinances

II. Purpose:

To ensure that the care provided to patients by EMS aircraft services have met established guidelines covering licensing and authorization by North Coast Emergency Medical Services

III. Authorization of EMS Aircraft:

- A. All prehospital EMS aircraft service providers providing prehospital patient transport from within or to the NCEMS region (i.e., Del Norte, Humboldt, Lake and Southern Trinity Counties) must be authorized by NCEMS. Authorization will be confirmed by a written prehospital EMS aircraft agreement between the EMS aircraft service provider and NCEMS.
- B. Notwithstanding the requirement for a written EMS aircraft agreement set forth above, aircraft operated by CHP, CDF, and USCG may be authorized to operate as a prehospital EMS rescue aircraft service provider by the State EMS Authority.
- C. Authorization to respond to a medical emergency by an authorized prehospital EMS aircraft service provider is limited to a request by a designated dispatch center-

IV. Licensing and Certification:

- A. Each prehospital EMS aircraft must be maintained in compliance with Federal and /or State of California standards and requirements for licensing, airworthiness, or authorization as an aircraft and, where applicable, by special category as an air ambulance.
 - 1. Each prehospital EMS aircraft shall be staffed and equipped according to local ambulance ordinances in the county of origin, where applicable.
 - 2. All prehospital EMS aircraft service providers shall submit to North Coast EMS annually the EMS Prehospital Aircraft Classification Information form, which indicates a description of the service including: the number and type of aircraft utilized within the NCEMS region, level of training of the EMS aircraft crew, BLS and ALS equipment, hours of operation, the estimated or actual number of emergency and non-emergency calls within

SUBJECT: EMS Aircraft Services
Authorization of EMS Aircraft

or into the NCEMS region, pre-designated landing sites within the NCEMS region and area of response. Potential new providers shall submit the above information for the proposed service and also submit a letter of intent expressing familiarity with and willingness to abide with regional EMS agency policies and procedures.

3. All prehospital EMS aircraft service providers shall execute an Air Ambulance Participation Agreement with NCEMS for approval as an EMS helicopter in the region.
4. All prehospital EMS aircraft service providers operating with the NCEMS region shall complete the NCEMS Prehospital Care Report (PCR) or an equivalent form from the county or region of origin. These forms shall be made available to NCEMS within two weeks of our written request.
5. Prehospital EMS aircraft service providers shall submit annual data on prehospital medical patient transport activity within the region by June 30 of each year for the preceding calendar year, or upon written request by NCEMS. This data may be forwarded to the State EMS authority as part of the annual inventory or resources.

V. Prehospital EMS Aircraft Personnel and Equipment Standards

A. Personnel Standards

Certified or licensed non-physician medical personnel (EMT-1, EMT-II, EMT-P, MICN, and Flight Nurse) assigned to, or who may be called upon to, function as members of a helicopter crew for prehospital care are:

1. Required to be competent in aero medical transportation.
2. Required to be currently certified, authorized or licensed to provide prehospital emergency care in the county or EMS region of origin.
3. EMT-II's or Paramedics must operate under approved protocols, policies and procedures of the local EMS agency of aircraft origin pursuant to the reciprocity agreement with NCEMS.
4. MICN's or Flight Nurses must operate under formally approved Standardized Operating Procedures according to the Nurse Practice Act and policies of the local EMS agency of jurisdiction.

B. Equipment Standards

Each prehospital EMS aircraft will have on-board, at a minimum, supplies and equipment which are commensurate with the scope of practice of the flight crew. In recognition of weight and space

SUBJECT: EMS Aircraft Services
Authorization of EMS Aircraft

limitations, the NCEMS Medical Director may waive such requirements, as are deemed inappropriate or unnecessary. Each prehospital EMS aircraft must carry radio equipment which has Med-Net communications capability with local base hospitals and with ground ambulances.

VI. Continuous Quality Improvement

- A. NCEMS policies and procedures for CQI apply to all patient transports originating within the region, both ground and EMS aircraft. Individual cases, providers and system issues may be audited upon receipt of a Case Review Form or by determination of the NCEMS Medical Director. Any ground ambulance or EMS helicopter transport CQI issues involving units from other jurisdictions will be reviewed in concert with the provider and local EMS agency responsible for that jurisdiction.
- B. Emergency response flights which exceed the EMS air service provider's initial ETA estimate by more than 25% shall be audited.

VII. Withdrawal from Operations in the NCEMS Region

- A. NCEMS reserves the right to suspend, probate or restrict EMS aircraft services for cause, following an investigation and establishment of a practice pattern that is outside the parameters set in this policy.
- B. Either NCEMS or EMS aircraft service providers can terminate services with sixty (60) days written notice.
- C. The decision of the NCEMS Medical Director and/or Executive Director will be final unless an appeal is presented to the North Coast Joint Powers Governing Board.
- D. NCEMS will notify the local EMS agency in the county or region of origin, and/or California EMS Authority of actions taken.

SUBJECT: EMS Aircraft Services
Classifications and Definitions

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

- II. Purpose
 - A. To maintain a consistent understanding of policy and procedure related to aircraft services in the North Coast EMS Region.

 - B. This policy is intended to apply to any company, lessee, agency, provider, owner, or operator who provides for or makes available prehospital EMS aircraft services for medical emergencies, unless specifically exempted by law. Adherence to this policy does not exempt prehospital EMS aircraft services from compliance with Federal, State, and local statutes, ordinances, policies and procedures related to EMS, prehospital EMS aircraft operations and radio communications.

- III. Definitions
 - A. “Emergency Medical Services Aircraft” or “EMS Aircraft” means any aircraft utilized for the purpose of prehospital emergency patient response and transport. This includes air ambulances and all categories of rescue aircraft.

 - B. “Air Ambulance” means any aircraft specifically constructed, modified or equipped and used for the primary purpose of responding to emergency medical calls and transporting critically ill or injured patients whose medical flight crew has at minimum two attendants certified or licensed in advanced life support. Those providers can be either a MICP or MICN.

 - C. “Rescue Aircraft” means an aircraft whose usual function is not prehospital emergency patient transport but which may be utilized, in compliance with local EMS policy, for prehospital emergency patient transport when use of air or ground ambulance is inappropriate or unavailable. Rescue aircraft may include:
 - 1. BLS rescue- minimum of one EMT-1
 - 2. ALS rescue- minimum of one EMT-P
 - 3. Auxiliary- no medical crew

 - D. Designated Dispatch Centers for aircraft services:
 - Del Norte County-California Department of Forestry (CDF)
 - Humboldt County-California Department of Forestry (CDF)
 - Lake County-Sheriff’s Office of Lake County

SUBJECT: **EMS Aircraft Services**
Service Request/Dispatch Center Guidelines

I. Authority and Reference (incorporated herein by references)

- A. Division 2.5 of Health and Safety Code
- B. California code of Regulations, Title 22
- C. North Coast EMS Policies and Procedures
- D. County Ambulance Ordinances

II. Purpose

- A. To enhance consistent communication with designated dispatch centers when requesting EMS Aircraft. Specific information is required to aid in safe patient transports to appropriate facilities.

III. Request for EMS Aircraft Services:

- A. Determination of Need for prehospital EMS aircraft.
On scene prehospital medical personnel, public safety, and fire agency personnel may request prehospital EMS aircraft. Before dispatching an EMS aircraft, authorized personnel should take into account the medical condition of the patient, the necessity for an EMS aircraft response, the area and access for a landing site, and the safety of the EMS aircraft and personnel. EMS aircraft utilization should only involve medical necessity and is only appropriate when the benefits outweigh the risks to both patient and rescuers.
- B. Ground contact and radio frequency information should be provided to the appropriate dispatch center.

IV. Dispatch Guidelines

- A. Dispatch Procedures for Ground Personnel;
 - 1. Request Pathway/Single Point of Contact. A single point of contact for dispatch of EMS aircraft is essential to ensure appropriate and efficient use of this resource. First responder, public safety, EMS personnel, or their dispatchers should not contact EMS aircraft providers directly. Designated Dispatch Centers for the NCEMS region are as follows:
 - a. Del Norte County - California Department of Forestry
 - b. Humboldt County - California Department of Forestry
 - c. Lake County - Sheriff's Office of Lake County
- B. Information to be provided to dispatch center. Personnel should indicate as much information as is practical, such as:
 - Type of incident and patient condition/severity
 - Number of patients and rescuers to be transported
 - Location of helispot, including latitude/longitude, elevation if available

SUBJECT: **EMS Aircraft Services**
Service Request/Dispatch Center Guidelines

- Condition of helispot, including size of spot and surface material
- Visibility and ceiling
- Temperature with general description of weather, wind direction/speed
- Need for specialized equipment, i.e. hoist, short haul, winch, etc.
- Need for additional resources, i.e. staffing to assist in patient care, more than one aircraft etc.
- Obstructions/possible aircraft hazards in the area
- Tentative destination of patient

C. Proximity of Transport

1. In general, the closest available ALS aircraft will be dispatched, ~~whether BLS or ALS~~. In extreme cases, personnel requesting an EMS aircraft **should** may indicate “ALS priority” but should note that the ETA for ALS will often be longer by at least 20 minutes in areas covered by both BLS and ALS EMS aircraft. **However, if ALS aircraft is unavailable or ETA is excessive, BLS Rescue Aircraft may be dispatched.** Ground ambulances should always **rendevous at** ~~continue to~~ a landing site which is toward, not away from the receiving hospital.
2. ALS **ground** personnel enroute to a scene, where they have reason to believe that EMS aircraft transport may be necessary (i.e. based on First Responder report), may request the appropriate dispatch **center** to contact **aircraft** providers for a “status check” to prepare for the quickest possible dispatch in the event it is needed.

V. EMS Aircraft Cancellation Policy

- A. EMS aircraft response may be cancelled by the on-scene EMS personnel with the highest medical certification or licensure in communication with the Incident Commander when it is determined that:
 1. Ground ambulance transportation is more appropriate.
 2. Scene becomes unsafe for EMS aircraft landing (i.e. weather, topography etc.).
 3. Patient(s) is declared deceased by highest medical authority on scene.

SUBJECT: EMS Aircraft Services
Service Request/Dispatch Center Guidelines

4. Other circumstances determined by the Incident Commander and the highest medical authority on scene or the Base Hospital physician that aircraft helicopter transportation ~~is~~ is no longer necessary.
5. A patient refuses medical aid and/or transportation by EMS helicopter;
6. ~~The incident site, weather or visibility conditions are considered unsafe, inappropriate, or present an uncertain risk for the aircraft crew and/or personnel at the incident scene.~~
7. Cancellations by either the Incident Commander or the base hospital emergency physician should be after consultation with the person on-scene with the highest medical certification or licensure. Cancellations will be routed through the original dispatcher.

SUBJECT: EMS Aircraft Services
Patient Care and Destination

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

- II. Purpose:
 - To ensure a rapid and safe transport of patients with an established coordinated response.

- III. Prehospital Care Guidelines:

- A. County and regional EMS policies and procedures will apply to all EMS aircraft flights responding to a request for medical aid and/or transportation within the region.
 - 1. Medical crews shall be limited to their scope of practice in the county or region of origin.
 - 2. While the patient is being handled by LALS or ALS ground personnel, these personnel shall follow standard NCEMS medical control policies which state that their base hospital must supervise prehospital treatment, triage and transport, and advanced life support.
 - 3. When patient care is handled by EMS aircraft personnel, medical control rests with the EMS aircraft crew under the direction of their base hospital located in their county of origin (pursuant to existing reciprocity agreements between North Coast EMS and all surrounding jurisdictions).
 - 4. EMS aircraft personnel are requested to make patient destination decisions, whenever possible, in concurrence with LALS/ALS ground personnel and the ambulance's base hospital (pursuant to existing participation agreements between NCEMS and air ambulance providers).

- IV. On scene Transfer of Patient Care

- A. The highest medical authority on scene shall provide the EMS aircraft crew with a patient report. Including but not limited to: patient and scene assessment, treatment and pertinent findings.
- B. Transfer of care by ground personnel shall be made to an EMS aircraft crew with equal or higher medical training; except,
 - 1. A BLS rescue aircraft arrives on scene (USCG/CDF) and is unable to take the highest medical authority on the ground onboard. If this situation shall occur the following will be accomplished:

SUBJECT: **EMS Aircraft Services**
Patient Care and Destination

- a. The highest medical authority on scene shall attempt contact with the Base Hospital Physician and seek direction.
 1. If the Base Hospital cannot be contacted (radio failure), the highest medical authority on scene shall decide whether or not to transport the patient via the BLS rescue aircraft on scene. All considerations regarding the “best interest of the patient” will be taken by the highest medical authority on the ground.

V. **Aircraft Patient Destination Policy**

A. The patient destination will generally be to the closest appropriate facility, with considerations made to the Patient Destination Policy #2309.

Determinants in patient destination shall include but not be limited to: medical control, patient condition and severity, safety, weather, patient’s preference, fuel availability, and time of day.

1. EMS aircraft transporting a patient will land at a hospital which has a Cal-Trans and Federal Aviation Agency (FAA) approved helipad unless there is an unanticipated situation where the safety of the aircraft or patient so requires an emergency landing at another side.

VI. **Aircraft Communications**

A. Communication between aircraft and hospital destination will include at a minimum:

1. E.T.A.
2. Age, gender, weight
3. Chief Complaint, including mechanism of injury if appropriate
4. Vital Signs, indicating status of A.B.C.’s (i.e. intubated)

B. If EMS Aircraft Personnel are unable to directly contact receiving hospital by radio, attempt landline communication. If necessary, ask dispatch center to communicate basic medical information (as listed above in section A) to receiving hospital via landline.

SUBJECT: **EMS Aircraft Services**
Transport Criteria

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

- II. Purpose:

To establish consistent guidelines to determine need for EMS aircraft transport of patients in the North Coast EMS Region.

- III. Criteria for Prehospital EMS Aircraft Utilization
 - A. General Considerations
 1. In general, consideration should be given to requesting a prehospital EMS aircraft whenever the patient's condition appears to be life or permanent disability threatening and total ground transport time exceeds thirty minutes.
 2. A ground ambulance will always be dispatched to a scene in the event an EMS aircraft is dispatched to a scene.
 3. A prehospital EMS aircraft shall be dispatched (if available) when requested by trained EMS personnel, certified or accredited within the NCEMS region, who determine that a prehospital EMS aircraft is essential for rapid patient transport regardless of any specific medical considerations.
 4. In the event a bystander attempts to dispatch a prehospital EMS aircraft, the dispatching agency will function as incident command and authorize request based on information provided by bystander.
 5. A prehospital EMS aircraft shall be dispatched (if available) upon the request of any public safety personnel, fire personnel, law enforcement officer, first responder, scene or medical commander according to the **following criteria:**

Trauma Patients

1. General consideration should be given to requesting a prehospital EMS aircraft whenever the patient/incident involves one or more patients who meet trauma triage criteria requiring expeditious transport to nearest trauma center per policy # ().

Non Trauma Patients

1. Conditions that may be considered for utilizing a prehospital EMS aircraft include, but are not limited to:
 - a. Critical respiratory, cardiac, or neurological patients.

**SUBJECT: EMS Aircraft Services
Transport Criteria**

- b. Patients where time to definitive care will possibly enhance survival or decrease morbidity.
- c. Patients with deteriorating vital signs.

Other Factors

1. Ground ambulance is not available or will have delayed/prolonged response.
2. The incident scene is not accessible or is difficult to access by ground ambulance
3. Multi-casualty incidents.

Special Conditions or Circumstances

1. The primary responding ground ambulance is BLS level only and the aircraft helicopter would arrive on scene prior to the closest available ALS ground ambulance.
2. On scene EMS personnel may request an **rescue** aircraft helicopter upon direct verbal orders from the Base Hospital Physician.
3. EMS personnel may request aircraft helicopter after determining that the special capabilities (technical rescue, water rescue or specialized equipment of capabilities of the aircraft helicopter) and/or the personnel on the aircraft helicopter may benefit the patient.

IV. On scene Transfer of Patient Care

- A. The highest medical authority on scene shall provide the EMS aircraft crew with a patient report. Including but not limited to: patient and scene assessment, treatment and pertinent findings.
- B. Transfer of care by ground personnel shall be made to an EMS aircraft crew with equal or higher medical training; except,
 1. A BLS rescue aircraft arrives on scene (USCG/CDF) and is unable to take the highest medical authority on the ground onboard. If this situation shall occur the following will be accomplished:
 - a. The highest medical authority on scene shall attempt contact with the Base Hospital Physician and seek direction.
 - b. If the Base Hospital cannot be contacted (radio failure), the highest medical authority on scene shall decide whether or not to transport the patient via the BLS rescue aircraft on scene. All considerations regarding the “best interest of the patient” will be taken by the highest medical authority on the ground.

Subject: Training
Student Eligibility to Enter an AED Training Program

Associated Policies:

- I. Authority and Reference (incorporated herein by references)
 - A. Division 2.5 of Health and Safety Code
 - B. California Code of Regulations, Title 22, Division 9, Chapters 1.5 and 2
 - C. North Coast EMS Policies and Procedures

- II. Purpose
To establish regional policy for eligibility to enter North Coast EMS approved Early Defibrillation Training Courses.

- III. Policy
 - A. Any individual entering an approved Early Defibrillation Training Program shall, at a minimum:
 - 1. Have documented evidence of training in first aid and CPR which meet the requirements of Title 22, Code of Regulations, Section 100020, and
 - 2. Be an employee or active volunteer with a public safety agency or ambulance service, which is recognized by North Coast EMS as providing emergency medical services.
 - ~~B. Documentation that verifies the above must be submitted when requesting North Coast EMS Early Defibrillation Certification.~~

Approved: _____ Date: _____

Approved as to Form: _____ Date: _____

December 2, 2003

Helgi Teixeira, District Administrator
Department of Health Services
Licensing and Certification Program
50 Old Courthouse Square, Suite 200
Santa Rosa, CA 95404

Re: Impact of Nurse Ratios on North Coast EMS Base Hospitals

Dear Ms. Teixeira:

As you are aware, the new nurse-staffing ratio regulation (R-37-01) is scheduled to implement on January 1, 2004. Pat Farmer, R.N., Nurse Contractor, spoke with Geri Sleeth of your office regarding this important issue several weeks ago, and was informed that a transition period is planned by DHS. Since then, we have assessed the potential impact of the new regulations on each of our seven base hospitals, and we are very hopeful that you can help all facilities on the north coast smoothly implement the regulations without jeopardizing our base hospital, Mobile Intensive Care Nurse (MICN) or paramedic programs.

Please note that the following base hospitals have been formally designated by North Coast EMS since the late 1970's: Sutter-Coast, Crescent City; Mad River Community, Arcata; St. Joseph, Eureka; Redwood Memorial, Fortuna; Jerold Phelps, Garberville (an alternative base hospital); Sutter-Lakeside, Lakeport; and, Adventist-Redbud, Clearlake.

1. The Problem

The new nursing-staffing ratio language states that: *“(8) Hospitals designated by the Local Emergency Medical Services (LEMS) Agency as a “base hospital” ...shall have either a licensed physician or a registered nurse on duty to respond to the base radio 24 hours each day. When the duty of base radio responder is assigned to a registered nurse, the registered nurse may assist by performing other nursing tasks when not responding to radio calls, but shall be immediately available to respond to requests for medical direction on the base radio. The registered nurse assigned as base radio responder shall not be counted in the licensed nurse-to-patient ratios”.*

The main problem in the North Coast EMS region is that rural base hospitals are disproportionately impacted by the new RN ratio requirement because of low patient and radio call volumes. Each base hospital averages only about 20 minutes out of every 24-hour period on the radio (range is from a few minutes to 1.5 hours a day). In addition, we routinely use standing orders and only a small number of radio calls actually involve direct online medical orders; most calls simply relay basic information about the patient (ETA, type of problem, etc).

Strict interpretation of the new rule, however, means that our hospitals will lose MICNs to the RN ratio even though assigned “radio nurses” are actually available over 23 hours a day for direct Emergency Department (ED) patient care purposes. Consequently, several of our base hospitals are considering discontinuing their base hospital or MICN programs, which will negatively affect existing paramedic programs.

2. Rural General Acute Care Hospital Flexibility:

The state’s nursing ratio press release dated 9/29/03 states that: *“The new regulations have been filed with the Secretary of State and will be published in the California Code of Regulations. The ratios will be implemented in stages beginning 2004 to enable hospitals, especially those in rural areas, to develop strategies to meet the new ratios.”* Also, Title 22, Division 5 70217 (1) allows a Rural General Acute Care Hospital to apply for and be granted program flexibility for the requirements of subsection 70217 (i) and for the personnel requirements of subsection (j) (1). Pursuant to H and S Code 1250, a Rural General Acute Care Hospital is defined as meeting the 1982 criteria for designation within peer group five or seven (I have no idea what this means), and has no more than 76 acute care beds and is located in a census dwelling place of 15,000 or less population according to the 1980 federal census. Importantly, all but Mad River and St. Joseph Hospitals have fewer than 76 beds and less than 15,000 residents.

If the above is correct, at least the five base hospitals on the north coast should be able to apply for and receive flexibility from your office.

3. Specific Questions:

We would greatly appreciate your consideration and prompt response to the following questions (before mid-December if possible):

- A. **Phase in Period** – what phase in timeline is available for all hospitals on the north coast? Hospital representatives are justifiably concerned that any non-compliance after January 1, 2004 will result in punitive action, and written confirmation of a transition period of several months would help greatly.
- B. **Rural Flexibility** – what flexibility can you offer our rural facilities? We urge you to allow policy to be established that minimizes the negative impact of the new RN Ratios on base hospitals, MICNs and paramedics.
- C. **Charge Nurse Delegation** – can the Charge Nurse who is assigned “radio nurse” responsibilities delegate radio duties to other MICNs without those MICNs being lost to the ratio? Local hospital representatives are of the impression that this is possible after attending DHS orientation sessions specific to the new regulations.
- D. **MICN Non-Medical Control Calls** – can an MICN who takes general information from ambulance personnel over the radio (i.e., type of patient, time to

arrival, etc), but does **not** approve or give direct medical orders be counted in the ratio? We do not think that non-medical control radio time should be counted against the ratio.

4. Probable Consequences:

The probable consequences of strict or inflexible interpretation of the new nursing ratios in our region and base hospitals could include:

- A. Loss of base hospitals.
- B. Discontinuation of the MICN program, which would decrease RN familiarity with prehospital personnel and their protocols, and most likely reduce the overall quality of ED nursing practices.
- C. Increasing reliance on Base Hospital ED MDs, which could increase ED operating costs.
- D. Increasing use of Standing Orders – some paramedics and all EMT-IIIs require direct radio assistance and we do not want to abandon online medical control.
- E. Consolidation of base hospitals, reduction from Basic to Standby EDs or Urgent Care Centers, or closure of EDs.
- F. Discontinuation of paramedic operations.

5. Summary

We appreciate the magnitude of the new nursing ratio regulation for your office and eagerly await your response to the above questions. Clearly, your guidance and interpretation of the new standards is vital to our interest in achieving compliance without significantly changing or jeopardizing prehospital patient care on the north coast.

We will be happy to meet with you to discuss these important matters, and thank you in advance for your assistance. Please call if you have any questions.
Sincerely,

Larry Karsteadt, Executive Director
North Coast EMS

cc: Geri Sleeth, DHS
Mary Becker, DHS
Diana Nofske, DHS
North Coast EMS Joint Powers Governing Board
Base Hospital Chief Executive Officers
Base Hospital Nursing Executives
Prehospital Care Medical Directors/Prehospital Care Nurse Coordinators

PLEASE POST

PREHOSPITAL TRAUMA LIFE SUPPORT

COURSE DESCRIPTION: The *Prehospital Trauma Life Support (PHTLS)* course is a unique continuing education program created in recognition of the real need in EMS education for additional training in the handling of trauma patients. This indispensable program is designed to enhance and increase knowledge and skill in delivering critical care in the Prehospital environment.

WHEN: March 13 & 14, 2004
0800hrs to 1730hrs

March 26 & 27, 2004
0800hrs to 1730hrs

WHERE: Lakeshore Fire
14815 Olympic Dr
Clearlake, CA 95422
707-994-2170

Mad River Community Hospital
3800 Janes Rd
Arcata, CA 95521
707-826-8264

Contact: Willie Sapeta

Tina Wood

Deadline: February 13, 2004

February 27, 2004

COORDINATOR: Tom Apelar, Paramedic, PHTLS Instructor
(707) 845-0227 email: tomapelar@earthlink.net

FEE: Includes CE and current PHTLS text. Lunch on your own.
\$150.00 to North Coast Accredited EMT, Paramedics
\$250.00 for all others.

CE Provider #63-0024 approves this course, for 17 hrs of continuing education.

Class will be cancelled for low enrollment. No refunds for non-attendance or if you cancel 4 weeks prior to class. Refunds will have a \$50.00 processing fee. Books will be issued at the class. Full refund if class is cancelled. For more information contact North Coast EMS office (707) 445-2081.

Registration Form

Circle the location: Lakeshore Fire
March 13 & 14

Mad River Community Hospital
March 26 & 27

Please send registration and payment to:
North Coast EMS, 3340 Glenwood St., Eureka, CA 95501 1-800-282-0088

Name: _____ License/Cert. Level & #: _____

Address: _____ Phone #: _____

City: _____ Zip: _____ Agency Phone #: _____

Email: _____ Agency: _____

Signature of PCNC/PCMD/Training officer/Manager
(Must have to qualify for NCEMS discount)

Signature of Student

Subject: Treatment Guidelines – BLS Personnel
Behavioral Emergencies

Associated Policies:

- I. Priorities
 - A. Rescuer safety.
 - B. Assess and treat organic illness or injury.
 - C. Communicate with transporting ambulance or base hospital.
 - D. Transport.

- II. Behavioral Emergencies
 - A. Protect yourself and other rescuers.
 - B. Summon law enforcement.
 - C. Forcible restraint should be considered only if:
 - 1. The patient is detained as outlined in Section 5150 of the Welfare and Institutions Code, and
 - 2. Sufficient personnel are available to overpower the patient, and
 - 3. Treatment/transport requires the use of force to assure safety of the patient and rescuers.
 - D. Assess and treat life-threatening injuries first.
 - E. Additional assessment and treatment as situation permits.
 - 1. Secondary survey may be deferred if it will aggravate patient's condition.
 - F. Communicate with transporting ambulance or base hospital.
 - G. Transport.

Approved: _____ Date: _____

Approved as to Form: _____ Date: _____

MEMORANDUM

DATE: November 6, 1995

TO: John Anderson, Sempervirens
Dennis Berry, Eureka Police Department
Doug Boileau, Arcata/Mad River Rescue
Andrew Hooper, M.D.
Ed Cashman, City Ambulance
Amanda James, Prehospital Nurse Coordinator
Jeanette Lackett, St. Joseph Hospital
Sheriff Dennis Lewis, Humboldt County Sheriff's Office
Ann Lindsay, MD, County Health Officer
Jim Niesen, St. Joseph Hospital
Larry Nyborg, City Ambulance
Rob Wade, District Attorney
Arnie Millsap, Chief, Eureka Police Department
Clarke Guzzi, County Health Department
Shirley Skelton, RN, Mad River Community Hospital
Laurie Ehret, RN, Mad River Community Hospital
Tamara Falor, Humboldt County Counsel
Captain Gary Philip, Humboldt County Sheriff's Office

FROM: Larry Karsteadt, Director

RE: **Final Summary Guideline - Use of 5150 Hold**

Many thanks for the additional comments received from W&I Code 5150 Task Force representatives and interested others regarding the guideline "Use of the 5150 Hold." I have incorporated all comments into the final revision (attached), and will distribute this document to Del Norte and Humboldt County hospitals and ambulance services in the next Informational Mailing.

Three changes were made since the last draft, including: Section C2) - The Arrest section was reworded thanks to input from Clarke Guzzi, County Health Dept. and Captain Gary Philip, HCSO; Section E - Several clarifications regarding Sempervirens were made by John Anderson, MFCC, Deputy Director; and, Sections D. & F. - references to "protection from lawsuits" and "defensible legal position" were dropped thanks to suggestions by Laurie Ehret, RN.

Thanks again for your assistance.

Guideline For Prehospital Medical Patients Who Refuse Treatment

North Coast EMS & the 5150 Task Force - November 6, 1995

The purpose of this guideline is to clarify and standardize procedures when medical patients refuse treatment in the prehospital setting. Primary sources include: Nancy Caroline, M.D., *Emergency Care in the Streets*, 1991; "Understanding 5150/5585.5's" - County of Humboldt Department of Mental Health; Richard Lazar, *EMS Law: A Guide for EMS Professionals*, 1989.

A. Consent:

Informed consent must be obtained from every conscious, mentally competent adult. Consent for emergency lifesaving treatment in the unconscious adult is *implied*. Consent must be obtained from a parent or legal guardian for children who are mentally incompetent. If the parent or legal guardian is not available, emergency treatment to sustain life may be undertaken without consent.

B. Guideline for Establishing Mental Competence:

The following is offered as a guideline to help prehospital personnel establish mental competence: 1) The patient is oriented to person, place and time. 2) There is no sign of significant medical impairment from alcohol, drugs, head injury or other organic illness. 3) The patient understands the nature of his condition and the risks of not going to the hospital for immediate care. 4) The patient can describe a reasonable plan for follow-up care.

C. Procedures For When A Patient Refuses Medical Treatment: Three procedures are available for use by prehospital personnel when a medical patient refuses treatment & transport:

1) California Welfare and Institutions Code Section 5150 & 5585.5:

A "**5150 Hold**" allows all peace officers and other county authorized professionals* to request a psychiatric evaluation for adults who appear to be a danger to themselves or others, or are unable to care for themselves due to mental illness. A "**5585.5 Hold**" allows a similar process for children and adolescents (under 18) who appear to be a danger to themselves or others, or are unable to use the elements of life provided to them due to mental illness. The evaluation may or may not result in the person being hospitalized (For more detail see "Understanding 5150/5585.5's" - County of Humboldt Department of Mental Health).

* Any on duty licensed Humboldt County Mental Health staff member; Humboldt County peace officers; on duty emergency department physicians; Board certified Psychiatrists providing services in Humboldt County. This also applies to Del Norte County.

2) Arrest:

A peace officer can arrest (assuming grounds for arrest exist) a patient and transport the patient to the ED for medical evaluation. Before the patient can be booked into the County Jail, they must be medically stable. The arresting Officer's Department is liable for all medical costs prior to booking into the County Jail, if the patient is not MediCal eligible.

3) Competent Adult Refusal:

When neither of the above applies, prehospital personnel are advised to attempt to convince the patient with potential or actual medical problems to go to the ED. The following guideline may help: a) Maintain a courteous, sympathetic attitude; let the patient know your chief concern is his/her well-being. b) Let the patient know it is all right to change his/her mind. c) Urge the patient to seek further medical evaluation and help make concrete plans for follow-up. d) Try to make sure a competent adult will be with the patient after you leave. e) Call the base hospital for advise and let a doctor or nurse talk with the patient. f) Ask the peace officer to help convince the patient that it is in their best interest to go to the ED. g) Stay with the patient if medical problems are potentially serious enough for *implied consent* to occur.

It is important that prehospital personnel document all relevant information, including: history; physical and mental status findings; patient's stated reasons for refusing care; all advice given, including explanation of risks; etc.

Also, have the patient sign, or an impartial observer sign, an Against Medical Advise (AMA) Form or equivalent document. For arrests or 5150s, obtain a copy of the appropriate form from the officer and/or make sure the officer logs the arrest or signs the AMA.

D. Peace Officer Assistance:

It is very important that peace officers who place a medical patient on a "5150/5585.5 Hold", or under arrest, fill out the appropriate documentation (e.g., 5150 Form, 647F) and give it to ambulance personnel prior to transport.

Also, officers are encouraged to help prehospital personnel convince competent adults who may need medical evaluation to go to the ED.

E. Emergency Department Assistance:

Unless other arrangements have been made, medical patients will generally be transported directly to the ED for medical clearance prior to transport to Sempervirens for the psychiatric assessment. If needed, a Sempervirens representative can be asked to come to the hospital, although their ability to respond is severely limited when the crisis service is busy. It is important that the ED physician provide transporting personnel with a copy of the 5150 Form, or a script, to allow them to transport the patient from the ED to Sempervirens.

Please note that the “5150’ed” patient may be released by the person who initiated it, or by a Humboldt County Mental Health psychiatrist following assessment. The psychiatric evaluation can **only** be performed by a HCMH approved psychiatrist, or any licensed HCMH employee who consults with the psychiatrist, who determines disposition. If a person is Code 5150’ed and an HCMH psychiatrist determines that person requires involuntary hospitalization, that involuntary hospitalization is accomplished under W&I Code 5151.

F. Other Legal Considerations:

When faced with the decision to treat and transport despite a competent patient’s refusal, an EMT and ambulance service should consider the legal risks. An EMT who treats and transports in direct opposition to the patient’s express wishes could be named in a medical assault and battery or false imprisonment lawsuit. On the other hand, if the patient is abandoned as a result of the refusal and later dies or becomes seriously injured, the EMT may be named in a professional negligence lawsuit. If the EMT acted responsibly and reasonably under the circumstances, a jury is much more likely to find liability in abandonment than in assault or battery or false imprisonment. Common sense dictates that an EMT should treat rather than not abandon; however, there are no guarantees that the EMT and ambulance provider will not get sued.

An EMT should err on the side of the patient, act in good faith, and follow the procedures suggested above for dealing with competent adult refusal (including calling the base and documenting refusal).

January 15, 2004

Carol MacRae
Contracts Manager
EMS Authority
1930 Ninth Street, Suite 100
Sacramento, CA 95814

RE: FY 03-04 General Fund Grant #EMS 3040 Second Quarter Progress Report

Dear Carol:

The General Fund Second Quarter Progress Report for Fiscal Year 2003-2004 (Contract #EMS-3040) is attached.

Please call if you have any questions.

Sincerely,

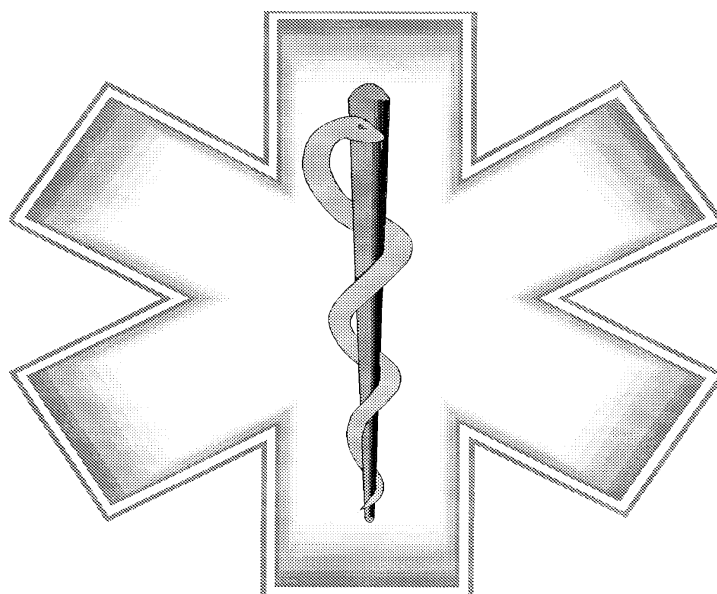
Larry Karsteadt, Executive Director
North Coast Emergency Medical Services

cc: Joint Powers Governing Board
County Health Officers
EMCC Chairpersons
Information Mailing

NORTH COAST EMERGENCY MEDICAL SERVICES

3340 Glenwood Street, Eureka, California 95501

Serving Del Norte, Humboldt, Lake and southern Trinity Counties



Quarter 2 Progress Report

October 1, 2003 – December 31, 2003

General Fund Contract # EMS-3040

January 15, 2004

Overview:

In the second 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 2 Progress Report

October 1, 2003 to December 31, 2003

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 functions:

- a. EMS for Children Conference, Sacramento
- b. Processed EMSC Conference Registrations
- c. Rough and Ready Initial Planning Conference, Chernobyl, Ukraine
- d. EMSAAC and EMDAC Meetings, San Francisco

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. Humboldt County Fire Chiefs Association
- f. Humboldt County Child Death Review Team
- g. Humboldt County Injury Prevention and Injury Prevention Press Conference
- h. Child Passenger Safety (CPS) Committee
- i. Child Passenger Safety public service announcements
- j. Humboldt/Del Norte Disaster Committee
- k. MCI/Disaster Special Project Steering Committee

- l. Arcata Airport Table Top Exercise and Drill
 - m. Del Norte County First Responder Dispatch.
 - n. Lake County MCI Airport Exercise
 - o. Lake County State Exercise – DOC
 - p. Humboldt County State Exercise – Mad River Hospital
3. North Coast EMS continued 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: Agency Library Policy, BLS Trauma Protocols, Treat and Release Authorization (draft), Determination of Death (Draft), MICN Authorization (draft), EMTALA Rules, Comments of Draft Regulations, various articles, EMS Plan Update information, Patient Advise Sample Forms, EMT-I Information, final and quarterly reports; data summaries; RN Ration information; and other items.
 5. North Coast EMS maintained (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 completed the first quarterly State EMS General Fund report.
 7. The Agency received an extension on the State Trauma grant to 3/31/04, and requested additional extensions for both special project grants from the EMSA to 3/31/04: Prehospital Multi-Casualty Incident/Disaster Preparedness and the Rural Outreach Medical Training (including a budget revision).
 8. North Coast EMS continued the Hospital Communication System general fund grant from EMSA. Equipment was acquired for all hospitals except Sutter-Coast and base hospital contract amendments were initiated. Training was conducted for agency, health department and hospital personnel.
 9. The Agency submitted the required quarterly reports for the special and trauma projects, and completed the final year-end General Fund report.
 10. North Coast EMS initiated the Fiscal Audit for FY 02-03, including the onsite review.

Issues/Solutions:

1. 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.

2.0 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 = **988**

Total Number of Personnel Completing Training Courses Approved by Regional Agency = **118**

Total Number and Type* of Approved Training Programs Approved by Region = **34**

Total Number and Type of Training Programs Conducted by Regional Agency = **3**

Total Number of Continuing Education Providers Authorized by Regional Agency = **38**

* - 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 = | 770 (73 are ETAD certified) |
| b. Certified EMT-IIs = | 3 |
| c. Accredited Paramedics = | 104 (46 with Hep/Nitro; 16 Pacing) |
| d. Authorized MICNs = | 111 |
| e. Field Training Officers = | 47 |

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

| | Approved | Conducted |
|--|----------|-----------|
| a. Esophageal Tracheal Airway Device = | 9 | |
| b. EMT-I = | 14 | 6 |
| c. Paramedic = | 1 | 1 |
| d. Field Training Officers = | 3 | |
| e. Mobile Intensive Care Nurse = | 2 | 1 |
| f. Emergency Medical Dispatch = | 1 | |
| h. Lake County EMT-I Tests Sessions | 1 | |

3. Instructors reported that a total of 118 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; 33 students remain in the program. The Agency has one year to apply and three years to receive national accreditation.

5. Approval for 38 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 Trauma grant) a Prehospital Trauma Life Support training program in Del Norte County; several others had to be cancelled due to lack of enrollment.

Issues/Solutions:

1. The North Coast Paramedic Training Program is having difficulty getting consent approval for Operating Room Clinic Training in local facilities, and Sutter-Coast Hospital has decided not to participate in this program so students are going to Mad River Community Hospital in Arcata.

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 = **4673** Prehospital Care Reports were submitted
 Total Number of Ambulances Dispatched = **4547** 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 continued the Emergency Medical Dispatch program at the Eureka Police Department and CDF in Fortuna.
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 |

- 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.
- 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 in Humboldt (which is rarely used) have been replaced.
- North Coast EMS continued and added to the Regional Med-Net Repeater Replacement Trust Fund for long term repeater replacement.
- North Coast EMS continued to monitor the new First Responder Dispatch Policy in Del Norte County.
- North Coast EMS completed the Hospital Communication System general fund grant from EMSA.
- Humboldt County OES, the Health Department and the Agency proceeded with plans to upgrade the Med Net System to create a single MCI/Disaster communications channel.

Issues/Solutions: none

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 = **4,547** transports were reported in the PCR program
 Total Patients Not Transported = **339** 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,

- 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 revise the Air Medical Policy.
5. Lake County and North Coast EMS were notified that REACH plans to begin Air Ambulance Operations from within Lake County beginning February 2004. The Agency is in the process developing the necessary documents, including arranging for medical control to remain with Coastal Valleys EMS. Many thanks to CVEMS for sharing air ambulance materials with us.
6. Lake County and North Coast EMS received inquiries from ProTransport, Rohnert Park, relative to potentially receiving a county permit and ALS authorization.

Issues/Solutions:

1. On December 23, 2003, a REACH Air Ambulance crashed in Mendocino County killing two flight nurses and the pilot.

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 = **2,865**
Total Patients Received = **4,547** patients were transported
Total Number of Hospitals Designated by Region = **11**

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.

3. Sutter Coast Hospital, along with Jerold Phelps and Sutter-Lakeside Hospitals previously, dropped out of the Emergency Department Approved for Pediatrics (EDAP).
4. The Agency continued to work with base hospital Prehospital Care Medical Directors and Prehospital Care Nurse Coordinators, as needed, to address disclosure protected quality improvement issues.
5. 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, numerous steps were taken to implement the state approved plan, including: rescheduling ACS site visits; executing a contract with Collector for the trauma registry training and acquisition; conducting a fiscal incentive presentation (by Mike Williams) in Lake County; conducting PHTLS training; initiating a trauma budget revision, etc. See the last Trauma Quarterly Report as well.
6. The Sutter-Lakeside Base Hospital probation was extended, but significant improvements have been made and we anticipate full reinstatement this year. A site visit was scheduled for 1/2004.
7. The Agency sent a letter to DHS specific to the impact of new RN Ratios on our base hospitals.
8. North Coast EMS initiated a process to review base hospital status at Sutter-Coast Hospital, and probated them primarily because they do not have a Prehospital Care Nurse Coordinator.
9. Relative to the Regional Trauma Program, Mad River Community Hospital and Adventist Health-Redbud Hospital recently notified us that they have withdrawn from the program, and St. Joseph and Redwood have asked for more time and have withdrawn from the ACS site-visits.

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 have caused significant problems for our hospitals, including contributing to the withdrawal from the trauma program or delay in the trauma center designation process, discontinuation of the EDAP program and paramedic clinical training, etc.
3. North Coast EMS formally probated the Sutter-Coast base hospital program because they do not have a Prehospital Care Nurse Coordinator. A meeting with hospital representatives has been scheduled to ensure that the EMT-II and paramedic programs continue in Del Norte County. Sutter-Coast also discontinued the EDAP program (as had Sutter-Lakeside before), leaving only Mad River, St. Joseph, Redwood and Redbud as designated EDAPs.
4. Relative to the Regional Trauma Program, Mad River Community Hospital and Adventist Health-Redbud Hospital recently notified us that they have withdrawn from the program, and St. Joseph and Redwood have asked for more time and have withdrawn from the ACS site-visits, leaving at this writing, only Sutter-Lakeside Hospital in the mix. The Agency will potentially request an extension, proceed with all aspects of the grant that we can to optimize regional trauma program implementation in the future.

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 = **4,673**

Total Trauma Patients = **550**

Total Cardiac Patients = **365** (283 Chest Pain and 82 Cardiac Arrest Patients)

Total Medical Patients = **850**

Total Pediatric Patients = **219**

Total Number of CQI Cases in Region = 3 which required North Coast EMS to adopt the lead.

Status: This quarter,

1. The EPCIS computerized Prehospital Care Reporting (PCRs) program was maintained, and plans were initiated to upgrade the system.
2. Agency staff, several Prehospital Care Nurse Coordinators (PCNCs) and ALS Providers conducted quality improvement investigations.
3. The Agency installed an automatic computer back-up program.

Issues/Solutions: none

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) = **1**

Total Disaster Drills Involving Staff = **3**

Total Disaster-related Meetings Attended by Staff = **6**

Status: This quarter,

1. Agency staff attended Humboldt-Del Norte Disaster, Lake EMCC Committee, MCI/Disaster Steering Committee and Rough and Ready Planning 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 observed and commented on several drills or exercises, including: the Humboldt County Statewide Exercise, the Lake County State Exercise, and the Lake County MCI Exercise.
4. The Executive Director participated in the process coordinated by Del Norte, Humboldt and Lake County OES to distribute bioterrorism funds (WMS) and HRSA funds.
5. The Executive Director and EMS Coordinator visited Ukraine as part of the Rough and Ready planning team for a future disaster medical exercise, and the EMS Coordinator attended a related planning session in Oxnard a well.

Issues/Solutions: none

January 15, 2004

Carol MacRae,
Contracts Manager
EMS Authority
1930 9th Street, Suite 100
Sacramento, Ca 95814-7043

Re: EMS-1091: Report for Trauma Plan Development (10/1/03- 12/31/03)

Dear Maureen

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

We are moving into the Trauma System Implementation phase of the grant cycle. We continue to work with ACS to schedule the trauma center review visits. After much discussion with the staff at ACS we have chosen to have consultative visits for the first review. Our review by ACS is scheduled the week of February 23,2004.

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
10/01/03 – 12/31/03

The progress report for the period covering October 1, 2003 to December 31,2003 follows:

Completion of second 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 decision was made to select “Collector” as the Regional Trauma Registry following a web based product demonstration for all potential trauma center applicants. A meeting with the vendor and continued correspondence are being used as the avenue for firming up the details of the contract to provide any possible linkages with prehospital data and the required training for the providers on the use of the registry.

B. Issues/Solutions:

There is a need for on hands training of all trauma coordinators and agency staff in the use of the registry. The vendor has arranged to send an educator from their staff to spend a week in the NCEMS Region the week of January 19 to 23,2004 to provide classes in both the Humboldt and Lake County area.

1.1 Integrate Regional Trauma Program with Neighboring EMS Jurisdictions

A. Accomplishments:

A new draft of a more encompassing mutual agreement for trauma care was drafted and submitted to the EMS Agency. The EMS Agency is in the process of approving this new draft before submitting to the surrounding EMS Agencies for their acceptance.

B. Issues/Solutions:

No know obstacles in this process. Waiting for review and approval from the EMS Agency.

2. Implementation Process

A. Accomplishments:

Four of the seven hospitals in the region are in the process of completing their pre-review questionnaire; St. Joseph's in Eureka as a Level III, Redwood Memorial in Fortuna as a Level IV, Sutter-Lakeside in Lakeport as a Level IV, and Redbud Community in Clearlake as a Level IV.

B. Issues/Solutions:

Mad River Community Hospital in Arcata submitted a withdrawal letter to the EMS Agency on December 15,2003. Based upon that decision a reassessment of the Catchment Area servicing Eureka/Arcata will be made and submitted to EMSA with final plan revisions.

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 on trauma center billing and reimbursement was provided for prospective applicants in Lake County on December 23, 2003. Materials were provided to all attendees that they could utilize in the implementation of billing for trauma team activations.

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

A. Accomplishments:

There has been on going communication with ACS since September to establish survey dates. Final survey dates have been established, they are as follows:

Redbud Community Hospital – Monday February 23,2004.
Sutter-Lakeside Hospital – Tuesday February 24, 2004
St. Joseph Hospital – Monday February 23, 2004
Redwood Community Hospital – Tuesday February 24, 2004
Dinner meetings are planned the evening before for each respective hospital with the trauma administrative staff and their trauma survey team.

B. Issues/ Solutions:

Each surveyed hospital that is identified as qualified by the EMS Agency, to be a trauma center following the ACS review, will be provided a 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. Trauma Center contracts will be developed as part of the third quarter of this phase of the grant.

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. Membership will be established according to the positioned defined in the Trauma System Plan.

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. This will occur in the fourth quarter of the Regional Trauma Plan Contract

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 in fourth quarter of the Regional Trauma Plan Contract. This will occur once the trauma centers are identified.

B. Issues/Solutions: Pending

January 15, 2004

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 sixth 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 VI Progress Report - 10/15/03 to 1/15/04
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 sixth quarter with the contract team Northern California Safety Consortium (NCSC).

Objectives:

1. Special Project Administration

The fourth quarter report was prepared and submitted. An extension was requested to allow time for presenting MCI conferences in each county.

2. Steering Committee

Meetings have been held with individual members of the Humboldt and Del Norte County steering committees. Meetings were held with the Lake County steering committee in preparation for the Lake County MCI exercise. Updates of the project's progress were presented monthly to the Humboldt/Del Norte County Medical Advisory Committee, at meetings of the Lake and Humboldt County Emergency Medical Care Committees, and to the Humboldt/Del Norte County Medical Society Disaster Committee.

3. Develop a formal MCI plan

The formal MCI plan was completely revised reflecting concerns expressed by steering committee members pertaining to the utility of the plan. Comments received on the revision were highly favorable and proposed changes were incorporated. The Plan will go out in draft form to the region for public comment. The Lake County Ambulance Mutual Aid agreement developed by G.H Smith Emergency Management Planners is in draft form.

4. Standardized Training

Scheduling of MCI/Disaster conferences has proven to be difficult due to multiple factors including the extensive fire season and availability of speakers. Three conferences have been planned for the first quarter of 2004. The program will include an introduction to SEMS/ICS, orientation to the new MCI Plan, break-out sections for on-scene

management of a MCI and MCI for first responders, orientation to DMAT, and planning MCI exercises. Dates are pending confirmation of speakers.

5. Standardized identification systems and planning tools

MCI management equipment has been purchased for Lake County. Lake County has divided itself for HazMat and MCI response purposes into four quadrants. Each quadrant has equipment and supply caches that can be used for initial response in that quadrant or for delivery to other areas within the county. A comprehensive "Rapid Response Kit" including management vests, treatment area tarps, clipboards with position descriptions, and triage tags was acquired for each quadrant. A contractual price has been established with Disaster Management Systems for the purchase of vests and related items for Humboldt and Del Norte county providers.

6. Conduct Exercises

A formal review for the Humboldt County Airport exercise held on September 22 was conducted on October 15. Multiple agencies participated in the review. For the first time, communications was identified as a strong point of the exercise. The Coast Guard air station participated much more extensively than was planned with the flight surgeon establishing a medical treatment area without direct coordination with the medical group. The largest problem area identified involved interaction with the press. Perimeter security was established by the Sheriff's Department and some press representatives were excluded while others were not. An after-action report was prepared.

The Northern CA Safety Consortium (NCSC), North Coast EMS (NCEMS), and the Humboldt County Health Officer participated as evaluators for a functional exercise conducted at Mad River Hospital in Arcata. This exercise was conducted in conjunction with the statewide exercise involving pneumonic plague. The need for increased security, the establishment of a staging area where incoming staff, first responders, and ambulance providers can be briefed, and the availability of masks to be donned by patients and those accompanying them, were identified as areas to be incorporated in facility emergency plans.

A full scale exercise was planned and conducted in Lake County on November 17. The exercise involved a simulated airplane crash at the former Lakeport Airport involving 21 patients including patients contaminated with fuel. The exercise included response by Lakeport Fire department, Clearlake Oaks Fire Department, Lucerne Fire Department, Nice Fire Department, Redwood Empire Life Support, the Lake County Sheriff's Department, and Redbud Community Hospital. Evaluators included NCEMS, NCSC, State OES, and Emergency Management Planners. Air ambulance providers, although involved in the planning process, were unable to participate at the time of the exercise.

Redbud Community Hospital received all the patients from the drill including two "contaminated" patients arriving by private vehicle. Six ambulances were used for transport. All patients were extricated, packaged, and transported within 45 minutes of the beginning of the exercise. Some resources were staged in anticipation of the drill and therefore response times were artificial for some responders. Redbud Hospital activated their internal disaster plan and fully utilized the Health Emergencies Incident Command System (HEICS). Redbud set up for the first time a new decontamination system outside their emergency department. A "hotwash" was conducted immediately following the drill with a formal after-action report prepared jointly by NCSC and Emergency Management Planners.

7. Evaluating prehospital response to MCIs and disasters

Criteria that may be utilized for evaluation of exercises or actual MCI events are included in the Plan.

8. Model Programs to support NEST development

The Americorps workers assigned to the American Red Cross have been very active in teaching disaster preparedness to a wide range of audiences. They have reestablished contact with four NEST programs and conducted training with one. Fire departments are more interested in supporting the CERT program. The American Red Cross in Humboldt and Del Norte county are promoting this program. A second instructor series is being held in February, 2004. Training programs have been targeted under an OES grant to establish CERTs in each area that was previously identified as part of the Cascadia Project as an "Isolated Island of Humanity".

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

Quarter 6 Progress Report January 15, 2004

OVERVIEW: During this quarter three First Responder Pediatric Emergency for Prehospital Personnel (PEPP) certification programs were presented in the North Coast EMS region, one in Lake County and two in Humboldt County. The Focused Education courses continued for rural providers. A contract extension was requested and denied for an additional three months to complete this grant.

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. Objective 3: Develop focused education courses.

The eighth module was completed and a final draft was released for comments. Those comments were included in the final publication which has been printed and will be distributed to all North Coast EMS Continuing Education Providers.

4. Objective 4: Conduct First Responder Courses.

This objective has been completed.

5. Objective 5: Conduct Focused Education Courses

Activity 5.2 Coordinate and Conduct Courses

Three additional classes were held in Humboldt County. A second PEPP class was completed in Lake County and two classes were completed in Humboldt County.

Activity 5.3 Follow Up Training Needs

Area Fire Chiefs were contacted and future training needs were discussed. At this time there are no longer funds available to continue with the education courses. The training binders will be made available to any department that is interested in providing their own training.