

3340 Glenwood Street, Eureka, CA 95501 (707) 445-2081 (800) 282-0088 FAX (707) 445-0443

MEMORANDUM:

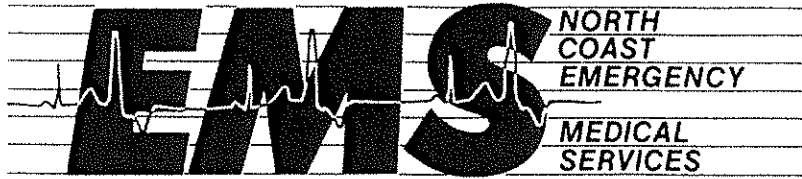
DATE: August 21, 2015

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
Interested Others

FROM: Rhiannon Potts, Administrative Assistant

RE: E-Informational Mailing

1. For Your Information:
 - a. Change Notice # 108
Draft- Policy # 2509 SEMS/EOM- Establishment of Operational Area- Wide Situational Awareness Communications/ Reporting Policy (Please email comments by September 18, 2015 to Louis@northcoastems.com).
Add- Policy 3100 Public Safety First Aid and CPR Training Structure & Instructor Qualifications
Replace- Policy # 4002 Fee Schedule
Replace- Policy #5438 Zofran
Replace- Quick Reference
 - b. 4th QTR Progress Report 14-15
 - c. MCI Channel Test 8-11-15
 - d. MCI Channel Test 7-9-15



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CHANGE NOTICE

CHANGE #108

DATE: 8/21/15

TO: ALL PREHOSPITAL CARE POLICY MANUAL HOLDERS

INSTRUCTIONS	POLICY #	POLICY DESCRIPTION	# OF PAGES
DRAFT	2509	SEMS/EOM- Establishment of Operational Area-Wide Situational Awareness Communications/ Reporting Policy	4
ADD	3100	Public Safety First Aid and CPR Training Structure & Instructor Qualifications	2
REPLACE	4002	Fee Schedule	3
REPLACE	5438	Zofran	1
REPLACE		Quick Reference	1

Subject: SEMS/EOM - Establishment of Operational Area-Wide Situational Awareness
Communications/Reporting Policy

Associated Policies:

I. **Authority: California Health and Safety Code Section 1797.153 (c. 1-8 & 17)**

A. **Purpose:**

During a widespread emergency the establishment of situational awareness within the operational area is required in order to prioritize the use of limited health and medical human and material resources, and in order to anticipate and communicate OA needs to the Mutual Aid Regional Emergency Operations Center, and the State Emergency Operations Center.

California State Statute and the California State Public Health and Medical Emergency Operations Manual (EOM) designates the Medical Health, Operational Area Coordinator (MHOAC) as responsible for identifying Public Health and Medical needs and communicating those needs to neighboring operational areas, and to State and Federal Authorities through SEMS. The EOA establishes an expectation that the MHOAC will provide an operational area health and medical emergency situation assessment to the Regional Disaster Medical Health Coordinator within two hours of any situation that meets the following criteria:

- *The incident significantly impacts or is anticipated to impact public health or safety;*
- *The incident disrupts or is anticipated to disrupt the Public Health and Medical System;*
- *Resources are needed or anticipated to be needed beyond the capabilities of the Operational Area, including those resources available through existing agreements (day-to-day agreements, memoranda of understanding, or other emergency assistance agreements);*
- *The incident produces media attention or is politically sensitive;*
- *The incident leads to a Regional or State request for information; and/or*
- *Whenever increased information flow from the Operational Area to the State will assist in the management or mitigation of the incident's impact.*

**California Public Health and Medical Emergency
Operations Manual (EOM) July 2011**

The EOM recognizes that, although each individual, agency and institution may be able to assess their own status during a potential disaster, authorities with operational area-wide responsibility cannot know the status of other agencies and institutions unless they have received a status report from those agencies and institutions.

- B. In order to establish a common public health and medical “operational picture” within the operational area North Coast EMS **Transport Providers** shall, after discussion with the MHOAC or MHOAC designee,:

Subject: SEMS/EOM - Establishment of Operational Area-Wide Situational Awareness
Communications/Reporting Policy

Associated Policies:

1. Establish internal policies and procedures to identify the on duty individual responsible for a written agency situational assessment and reporting to the MHOAC within two hours of any of seismic activity, flooding, wildland fire, intentional or unintentional environmental contamination, or other occurrence that:
 - a. Generates (or is anticipated to generate) requests for medical or other assistance from the public, (may include mutual aid requests from within or without the county.)
 - b. Causes minor to severe injury to agency personnel, or minor to severe damage to agency facilities, vehicles, or equipment.
 - c. Degrades agency communications (may include interruption of cell phone communications between agency personnel and their family members.)
 - d. Reduces agency staffing (may include agency personnel unable to report for normal duty in order to care for family or prevent the further loss of personnel property).
 - e. Impedes the movement of agency assets (e.g. road closures)
 - f. Result in circumstances that, in the judgement of the individual with responsibility for overall agency operations, merit the establishment of direct communications with the MHOAC program.
 - g. Results in a reporting request from the MHOAC or MHOAC designee.

2. The agency's internal policy should identify the items to be included in the agency's report to the MHOAC*, to include:
 - a. The name, job title, and contact information for the agency's reporting individual.
 - b. The reason for the report.
 - c. Whether, and to what degree, the agency is or anticipates experiencing an increase in ambulance responses.
 - d. The type of ambulance requests being received.
 - e. The current number of on duty field personnel as compared to routine staffing.
 - f. The anticipated number of on duty field positions anticipated to be staffed over the next 24 hours.
 - g. The likelihood that this level of staffing can be sustained beyond 48 hours.
 - h. The anticipated level of staffing needed over the next 24 hours.
 - i. The number of ambulances currently staffed.
 - j. The number of ambulances anticipated to be staffed over the next 24 hours.
 - k. Whether and the number of currently staffed ambulances are engaged or anticipated to be engaged in mutual aid and where they will be sent.
 - l. The likely number of ambulances that the agency could provide for mutual aid within 6 hours of a request.
 - m. Current or anticipated shortages in medical supplies.
 - n. Current or anticipated degradation in agency communications.

Subject: SEMS/EOM - Establishment of Operational Area-Wide Situational Awareness
Communications/Reporting Policy

Associated Policies:

- o. Any other information considered pertinent by individual responsible for overall agency operations.
- C. In order to establish a common public health and medical "operational picture" within the operational area, North Coast EMS **Emergency Departments** within the North Coast EMS shall, after discussion with the MHOAC or MHOAC designee,:
- 1. Establish internal policies and procedures to identify the on duty individual responsible for a written agency situational assessment and reporting to the MHOAC within two hours of any of seismic activity, flooding, wildland fire, intentional or unintentional environmental contamination, or other occurrence that:
 - a. Prompts the hospital's activation of HICS.
 - b. Generates (or is anticipated to generate) an increase in the number of patients requiring medical attention or other hospital services.
 - c. Causes minor to severe injury to the hospital's personnel or minor to severe damage or to the hospital's facilities, vehicles, or equipment.
 - d. Degrades hospital communications (may include interruption of cell phone communications between hospital personnel and their family members.)
 - e. Reduces hospital staffing (may include hospital personnel unable to report for normal duty in order to care for family or prevent the further loss of personnel property).
 - f. Results in circumstances that, in the judgement of the individual with responsibility for overall hospital operations, merit the establishment of direct communications with the MHOAC program.
 - g. Results in a reporting request from the MHOAC or MHOAC designee.
 - 2. The hospital's internal policy should identify the items to be included in the agency's report to the MHOAC*, to include:
 - a. The name, job title, and contact information for the hospital's reporting individual.
 - b. The reason for the report.
 - c. Whether, and to what degree, the hospital is or anticipates experiencing an increase in patients.
 - d. The type of increased medical attention or increased demand for other hospital services that the circumstances have generated.
 - e. The current number of on duty hospital personnel as compared to routine staffing.
 - f. The anticipated number of hospital positions anticipated to be staffed over the next 24 hours.
 - g. The likelihood that this level of staffing can be sustained beyond 48 hours.
 - h. The anticipated level of staffing needed over the next 24 hours.
 - i. Whether and to what extent normal patient to nurse ratios have been altered.

Subject: SEMS/EOM - Establishment of Operational Area-Wide Situational Awareness
Communications/Reporting Policy

Associated Policies:

- j. The number of hospital beds currently staffed.
- k. The number of hospital beds anticipated to be staffed over the next 24 hours.
- l. Current or anticipated shortages in medical supplies.
- m. Current or anticipated degradation in hospital communications.
- n. Any other information considered pertinent by individual responsible for overall hospital operations.

D. Internal Provider and Hospital Standardized Emergency Management System (SEMS) Communications Policies should:

1. Designate the on duty position responsible for establishing provider agency or hospital communication with the MHOAC or MHOAC designee.
2. Designate an alternate or secondary on duty position responsible for establishing provider agency or hospital communication with the MHOAC or MHOAC designee in the event that the primary on duty responsible position is unable to complete this responsibility.
3. Describe the primary and secondary means of establishing contact with the MHOAC or MHOAC designee. (i.e. this Standard Operating Procedure could include telephone, fax, text, or other specific contact information. Contact information should be validated at least annually and during drills or exercises.)
4. Include a form that can be completed and transmitted to the MHOAC or MHOAC designee.
5. Report every two hours or whenever there is a significant change in the circumstances. (The MHOAC or MHOAC designee may request that reporting be done on a different schedule.)

*This list may be modified through written agreement between the EMS transport provider agency or hospital and their MHOAC program. The agreement must be signed by both the EMS transport provider representative and their MHOAC.

Approved: _____ Date: _____

Approved as to Form: _____ Date: _____

Subject: Training
**Public Safety First Aid and CPR Training Structure & Instructor
Qualifications**

Associated Policies:

#3101

- I. Authority and Reference (incorporated herein by references)
 - A. Division 2.5 of Health and Safety Code
 - B. North Coast EMS Policies and Procedures
 - C. California Code of Regulations Title 22. Social Security Division 9
Prehospital Emergency Medical Services Chapter 1.5. First Aid and CPR
Standards and Training for Public Safety Personnel.

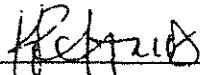
- II. Purpose
To establish qualifications for sponsoring a Public Safety First Aid and CPR
Training Course and to articulate the teaching and management structure and
instructor qualifications of a North Coast EMS approved program.


- III. Training Program Qualifications
Public Safety First Aid and CPR Training Programs may be sponsored by any of
the following institutions:
 - A. Accredited universities and colleges, school districts, regional
occupational training programs, and private post-secondary schools.
 - B. Medical training units of a branch of the Armed Forces or Coast Guard.
 - C. Licensed general acute care hospitals.
 - D. Agencies of government.
 - E. Public safety agencies.
 - F. Local EMS agencies.
 - G. Private organizations with a recognized role in first aid or prehospital care
training.

- IV. Each Public Safety First Aid and CPR Training Program is required to provide for
the functions of administrative direction, medical quality assurance and actual
program instruction. One or more persons, as qualified and approved in writing
by North Coast EMS, are required to be responsible for the following specific
functions:
 - A. A Public Safety First Aid and CPR Training Program shall have a
Program Director who is qualified by education and experience in
methods, materials, and evaluation of instruction, or is an administrative
officer within the sponsoring institution.
 - B. A Public Safety First Aid and CPR Training Program shall have a
Principal Instructor who, at a minimum:
 1. Must be a currently certified EMT-I, and
 2. Must be a currently certified CPR instructor, and

Subject: Training
**Public Safety First Aid and CPR Training Structure & Instructor
Qualifications**

3. Must have at least two years of experience in the practice of prehospital emergency medical care in the last five years.
- C. A Public Safety First Aid and CPR Training Program may have one or more Teaching Assistants, who are qualified by training and experience to assist with teaching of the course and are approved by the Program Director. A Teaching Assistant who is a certified CPR Instructor may be used to meet the Principal Instructor CPR Instruction requirement.

Approved: 

Approved as to Form: 

Date: 8-21-2015

Subject: Certification
Fee Schedule

- I. Authority and Reference (incorporated herein by references)
 - A. Division 2.5 of Health and Safety Code
 - B. North Coast EMS Policies and Procedures
- II. Purpose
 To establish a fee schedule and policy for all certification levels.
- III. The following schedule of fees are established to offset costs; all fees are payable in advance:

EMT-I (re)certification	40.00
EMT-I (re) certification for first responders with a NCEMS recognized volunteer agency, requires chief signature	20.00
EMSA Initial Central Registry Fee	75.00
EMSA Recertification Central Registry Fee	37.00
EMT-II (Re)certification	50.00
EMT-II Test & Retest	50.00
EMT-P Accreditation (including cases when there has been a lapse of accreditation)	150.00
Extension of Accreditation Time Limit Without Cause	50.00
Special Care Transfer Paramedic Accreditation (Hep/Nitro)	20.00
MICN Initial Authorization/ Reauthorization if lapsed	80.00
MICN Re-Authorization	50.00
MICN Skills Test & Retest	50.00
Written Retest	20.00
Reactivation from LOA	20.00
Card Replacement	10.00
Suspension Reinstatement	25.00
Special Test	50.00
"Rush" of Certification, Accreditation or Authorization Card	15.00
Returned Check Fee	25.00
First Responder / Continuing Education Program Approval (Fee charged for private organizations with a recognized role in first aid or prehospital care education/training only.)	50.00
Initial ALS Provider Fee	500.00
Base Hospital Closure or Downgrading Fee	2000.00
Proposed Only: Trauma Center Application and Annual Maintenance Fee	
Level III Trauma Center	5000.00
Level IV Trauma Center	2500.00
STEMI Receiving Center Initial Fee	15,000.00
STEMI Annual Fee	10,000.00
<u>Aero Medical Helicopter Provider Oversight and Monitoring Annual Fee</u>	<u>10,000.00</u>

Subject: Certification
Fee Schedule

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

IV. Policy (for initial, recertification/authorization, and all retests)

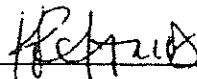
- A. Certification fees are reduced by 50% for active volunteer firefighters who are with a North Coast EMS recognized volunteer first responder agency applying for EMT-I. Documentation for this waiver will be met by including the Fire Chief's signature on the application. (Cal Fire and Forest Service firefighters are not eligible for this waiver.)
- B. "Volunteers" may request a waiver of certification fees by sending a letter of waiver request to North Coast EMS with the certification application. The letter must state the applicant's name, address, phone number, provider agency affiliation, and that at no time do they receive money for performing patient care in the field. The waiver request will be evaluated by the North Coast EMS Executive and/or Medical Director(s). The decision will be final unless an appeal is presented to the Joint Powers Governing Board.
- C. If EMT-I certification fees are paid by a personal check, certification will be held for thirty (30) days from the date of receipt of the check.
- D. Allow at least thirty (30) days upon receipt of a completed application by North Coast EMS for a certificate to be issued. An individual may request that his/her certification/accreditation/authorization card be processed sooner, or that we rush the process and call the employer immediately to confirm certification/accreditation/ authorization, by requesting "Rush" in writing, and enclosing an additional \$15.00 Rush Fee, payable by cash or money order only. In this case, we will call the employer immediately after confirming certification, accreditation or authorization, and the certification card will be processed within ten (10) working days of North Coast EMS receipt of the completed application, written "Rush" request, and fee.
- E. No EMT-I, EMT-II, EMT-P, or MICN will exercise his/her skills unless they are currently certified/authorized/accredited. The certification/accreditation/authorization requirements include the submittal of the appropriate paperwork and fee. If a check covering the fee is returned by the bank for any reason, the individual will be immediately suspended for a thirty (30) day period and will be required to pay the Returned Check Fee of \$25 and any other associated costs. (The thirty (30) day suspension begins upon written notification from North Coast EMS and, as long as returned check fee and any other associated costs are paid, ends thirty calendar days later. North Coast will also notify employer and base hospital by phone.)
- F. There is no provision for extension of expiration dates on certifications. When an individual's certification/authorization/accreditation card expires,

Subject: Certification
Fee Schedule

the individual is no longer certified/authorized/accredited and is no longer allowed to function at their former level of certification/authorization/accreditation.

- G. The fee for a returned check is \$25.00. If an individual's check is returned by the bank, North Coast EMS will not accept a check from, or extend credit to, that individual in the future.

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

Approved: 

Approved as to Form: 

Rev: 7/2015

Subject: Scope of Practice/Procedure - Paramedic
Zofran (Ondansetron)

Associated Policies: 6511

- I. Class:
 - A. Antiemetic

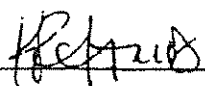
- II. Indications
Anti-Emetic used to control nausea and/or vomiting.


- III. Therapeutic Effects
A serotonin 5-HT₃ receptor antagonist that acts as an antiemetic by reducing the activity of the vagus nerve.

- IV. Contraindications
 - A. Known sensitivity to Ondansetron (Zofran) or other 5-HT₃ antagonists including.
 - 1. Granisetron (Kytril)
 - 2. Dolasetron (Anzemet)
 - 3. Palonosetron (Aloxi)
 - B. Pregnancy - Base Order is required prior to administration when patient is pregnant. Consider Benadryl as an alternative if no contraindications exist.

- V. Adverse Effects
 - A. Hypotension
 - B. Tachycardia

- VI. Administration and Dosage
 - A. Adult: 4mg IM or PO (dissolvable tablet). Can repeat oral dose in 15 minutes if vomiting persists.
 - IV dose range - 4mg slow IV over at least 30 seconds. Can repeat in 15 minutes.
 - 8mg slow IV over at least 1 minutes. Cannot be repeated for 4 hours.
 - B. Pediatrics: Greater than 4 years of age. 4mg IV slowly over 2 to 5 minutes/IM/IO. May repeat once in 30 minutes. 4mg PO orally dissolvable tablets, may repeat once in 15 minutes.
 - C. Contact base hospital physician for repeat dosages.

Approved: 

Approved as to Form: 

Date: 8-21-15

Standing Orders	Radio Failure	Verbal Orders
Activated Charcoal	50 GM, PO, NG or OG	
Adenosine	6mg, 12mg IVP/IO	
Albuterol Sulfate	2.5mg SVN	
Amiodarone	300mg, 150mg IVP, 150mg over 10 minute IV/IO drip	
Aspirin	81-324mg PO	
Ativan***	2mg titrated to effect, 8mg max	
Atropine	0.5mg, 1mg max 0.4mg/kg, no max for organophosphate	
Atrovent	0.5mg SVN repeat once in 20 min. Must be added to Albuterol	
Benadryl	25 -50mg slow IV	
Calcium Chloride 10%	500mg-1GM IV slowly over 60 seconds	
Dextrose 50%, 25%, 10%	25 GM, <35kg – 0.5 -1GM/kg D25, Neonates 0.5-1GM/kg D10 IV/IO	
Dopamine	2-20µg/kg/min IV/IO drip	
Epinephrine	1:1,000-0.3-0.5mg IM/SQ, 1:1000 0.5mg SVN, 1:10,000 1mg IV/IO	
Fentanyl***	25-50mcg slow IV, 50mcg IN single dose	
Glucagon	1mg IM	
Lasix***	40mg slow IV	80mg slow IV
Lidocaine	1-1.5mg/kg to max 3mg/kg IVP/IO	
Magnesium Sulfate 10%	1-2GM IV/IO Cardiac Arrest	4GM IV drip for Eclampsia
Morphine	1-40mg slow IV/IO, 5-10mg IM once only.	
Narcan	0.4-2mg IV/IO, 2mg NT	
Nitroglycerine	0.4mg SL, Titrate to blood pressure for Pulmonary Edema	
Sodium Bicarb	1 mEq/kg	
Valium***	2.5mg titrated to effect slow IV	
Versed***	1-10mg titrated to effect slow IV, 10mg NT	
Zofran	4mg PO, 4-8mg slow IV	
Administration of Medications	Intravenous (IV), Intramuscular (IM), Subcutaneously (SQ), Intraosseous (IO), Intranasal (IN), oral(PO), rectal (PR) or nebulized (SVN). As last resort, ET or NT.	
Blood Glucose Determination	All ages	
Cardiac Pacing	All ages for unstable bradycardiac rhythms	
Combitube	Greater than 16 yrs only	
CPAP Mask device		
Defibrillation	All Ages	
Intraosseous Access	Adult or pediatric	
Monitor Potassium/KCL	<40mEq/liter with rate not to exceed 10mEq/hour	
Nasal Intubation	Greater than 12 years of age	Less than 12 years of age
Nasal or Orogastric tubes	Decompression of gastric distention or admin charcoal	
Needle Cricothyrotomy	Complete Airway obstruction	
Needle Thoacostomy	Tension pneumothorax all ages	
Non-invasive monitoring devices	Pulse Oximetry, Capnography, Color metric device	
Oral Intubation	All ages with >10min transport	Peds with < 10min transport time
Synchronized Cardioversion	Unstable V-tach, Unstable PSVT, A-fib in the unresp patient	Conscious patient with V-tach, PSVT, A-fib
Valsalva	PSVT	
Venous Access	Any peripheral vein, including external jugular vein.	



North Coast EMS
3340 Glenwood Street
Eureka, CA 95503

Agreement # C14-014

4th Quarter Report
April 1, 2015 to June 30, 2015

Below each bulleted item, include a detailed description of the work performed and a summary of the activities that have taken place during the specific quarter related to the individual task.

Component 1 - System Organization and Management

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

Task: The system organization and management responsibilities of the regional EMS agency, at a minimum, include:

- Staff development, training, and management

North Coast EMS personnel attended or participated in the following state EMS activities including: state EMS for Children meetings, EMSAAC Legislative Committee calls, EMSA/LEMSA call (please note that the Executive Director was unable to attend due to a simultaneous mandatory EMSC meeting with HRSA at UCD), State HPP Disaster related calls and meetings, EMSAAC QIP Coordinator calls and meetings, EMSA/Regional contract calls, EMSAAC Conference and meeting, EMDAAC & EMS Commission meetings – San Diego; and, in the following local EMS activities: Joint Powers Governing Board meeting; Humboldt/Del Norte Medical Advisory Committee (MAC) meetings, Lake County Emergency Medical Care Committee (EMCC) meetings, Lake County Inter-facility Transfer (IFT) meetings, Lake County Trauma Advisory Committee meeting, EMSC TACTICAL meetings and calls, federal SPROC calls, HRSA EMSC meeting at UCD Medical Center, Health Information Exchange meetings, Humboldt County Child Death Review Team meetings, Humboldt County Child Passenger Safety Committee meeting, Humboldt County Fire Chiefs Association meetings, Emergency Preparedness and numerous HPP Disaster related meetings and calls, Exclusive Operating Area meetings, Humboldt County Board of Supervisors EOA meeting, Emergency Medical Dispatch meeting, Humboldt Bay Fire meeting, STEMI Receiving Center meetings, EMS, Trauma and QIP Plan meetings, Lake County IFT and EMS Roles meeting, Lake County Public Health meeting, Humboldt County Public Health meeting, Shasta Med Center meeting, Del Norte County EMS Week event, St Joseph Hospital Trauma contract call and other meetings.



- Allocating and maintaining office space, office equipment, and office supplies

North Coast EMS continued plans to expand the video conferencing capabilities throughout the region, installing the Lake County Department of Health and Human Services – Public Health equipment. Also, purchased new Office Server computer.

- Executing and maintaining contracts with member counties, service providers, consultants, and contractual staff

The State General Fund third quarter progress report and the QIP Plan update were submitted to EMSA. The Regional Trauma Plan was approved by EMSA.

We continued administrative contracts with: JPA member counties, the EMSA, UCD for the federal EMS for Children TACTICAL REGIONALIZATION program (Year Three), the EMSC rollover contract with UCD, the Regional HPP Disaster contract with CDPH, and the HIE Discovery contract with EMSA; Dr. Stiver as Regional Medical Director, Pam Mather as EMSC and Trauma Coordinator, EPCIS/ePCR IT programmer Jay Myhre, Ezequiel Sandoval - Office IT, Moss, Levy and Hartzhiems-fiscal audit, Stayce Curry - Regional Mental Health contractor, Kayce Hurd – Paramedic and EMT policy revisions, Dennis Louy, Tina Wood (and Continuing Education for Hoopa), Kimberly Miinch - County HPP Disaster Liaisons, Selinda Shontz – STEMI, Matt Dennis – Public Safety and EMR policy development; Keith Taylor, EMSC Cultural Liaison; Humboldt County Counsel; ICEMA – Image Trend management; Rick Narad – EMS Plan consultation; TempBev, Inc., HIE Discovery project, and Coats web site design. North Coast EMS continued to receive Pediatric Maddy Funds from all three counties. We continued contracts with seven designated base hospitals, 14 Paramedic Service Providers, numerous First Responder agencies, two Emergency Medical Dispatch Centers, six EDAPs and two Trauma Centers. We also continued contracts with five hospitals (i.e., Sutter-Coast, Mad River, Jerold Phelps, Sutter-Lakeside and St Helena Clearlake) specific to IRB approved pediatric outcome information as part of the EMSC Regionalization grant and have almost completed data collection. The process to approve Air Methods and REACH as an ALS Provider/Aero Medical Provider within Lake County continues to be on hold until the Sutter Health System completes its aero medical inter-facility transfer bid process. We received copies of the updated STEMI Receiving Center Check List from St Joseph Hospital and set the site visit date for August 18th.

- In person attendance to a minimum of 3 EMSAAC meetings annually

North Coast EMS staff attended the EMSAAC meeting in San Diego and Associate Director Bruhnke attended the quarterly EMSA/LEMSA meeting by phone.

Component 2 - Staffing and Training

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

Task: The staffing and training responsibilities of the regional EMS agency, at a minimum, include:



- Ongoing assessment of local training program needs
North Coast EMS has numerous mechanisms for determining training program needs, including: past surveys sent to paramedics and providers specific to pediatric training needs; committee meetings where EMS system and training needs are discussed; staff attendance at state and federal meetings where best practices are reviewed; communications with regional EMS instructors; review of quarterly QIP reports from base hospitals and providers, etc.
- Authorizing and approving training programs and curriculum for all certification levels
North Coast EMS has numerous approved training programs that have been verified to meet or exceed state minimum standards, including curriculum requirements. These programs include: First Responder, EMT-I, Paramedic, MICN, continuing education, etc. We also developed new policies to implement the revised Public Safety regulations and later, plan replace the First Responder program with national Emergency Medical Responder program.
- Providing training programs and classes (as needed)
An EMS for Children training conference was held in Eureka on April 23, 2015. EMS personnel attended from Del Norte, Humboldt and Lake Counties.
- Providing ongoing certification/authorization/accreditation or personnel approval of local scope of practice for all certification levels
North Coast EMS issues numerous EMT-I certifications, paramedic accreditations and MICN authorizations annually. We have policies specific to BLS and ALS scope of practice and numerous continuously updated protocols and policies specific to the EMT-I and EMT-P scope of practice.
- Developing and maintaining treatment protocols for all certification levels
North Coast EMS has numerous policies specific to the BLS and ALS scope of practice and continuously update protocols and policies specific to the EMT-I and EMT-P scope of practice. We are considering forming a Policy Review Committee to help keep up with policy revisions.
- Maintaining communication link with Quality Improvement program to assess performance of field personnel
North Coast EMS has QI policies, revised the QIP Plan for submission to EMSA for approval and has an extensive QIP program. We previously approved base hospital and ALS Providers QIP Plans and require all approved ALS providers and designated base hospitals to submit quarterly QIP reports summarizing progress in each of the QIP regulation required categories. We also select a focused review topic each quarter. We initiated the HIE special project grant to help develop a similar QI administrative tool for the Image Trend program and test outcome linkages.
- Conducting investigations and taking action against certification when indicated
No investigations were conducted or requested this quarter.
- Providing personnel recognition programs for exemplary service



North Coast EMS attended the EMS Week event recognizing outstanding service in Del Norte County.

- Authorizing, maintaining, and evaluating EMS continuing education programs

See #2 above. North Coast EMS has 33 approved CEU providers. Each approved CEU program is required to reapply every four years as required in state regulation.

Other: The Agency currently has 1 approved Paramedic, 1 approved MICN, five approved EMT-I, 12 approved First Responder training programs, and 33 approved Continuing Education Providers. We continued to monitor these important programs as staff resources allow and make additional modifications to policies and protocols as needed. We also continue to assess Community Paramedic Program developments within California and plan to implement revised Public Safety regulations this coming quarter.

Component 3 - Communications

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

Task: The communications responsibilities of the regional EMS agency, at a minimum, include:

- On-going assessment of communications status and needs

Nothing new this quarter

- Assuring appropriate maintenance of communications systems integrity

We plan to continue to work with each county, hospital and provider to help ensure future Med Net Communication Systems integrity.

- Approving ambulance dispatch centers

All three counties have centralized dispatch for ambulances (with the exception of Hoopa {K'ima:w} Ambulance in Humboldt County). We continued to assess and work with the local community to improve results of WIDE-AREA Med Net radio tests in Humboldt County.

- Providing acceptable procedures and communications for the purpose of dispatch and on-line medical control

Communications procedures and medical control policies have been in place for decades and are updated as needed.

- Approving emergency medical dispatch (EMD) training and/or operational programs

Convene EMD meeting in Humboldt County to review Motor Vehicle Crash response and Dr. Stiver approved policy change.



Component 4 - Response and Transportation

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

Task: The response and transportation responsibilities of the regional EMS agency, at a minimum, include:

- Designating EMS responders including first responders, Limited Advanced Life Support (LALS)/Advanced Life Support (ALS) providers, ambulance providers, EMS helicopter providers, and rescue providers

North Coast EMS designates First Responder training programs (see 2.1 above) Each County Board of Supervisors permits or contracts with ambulance providers and North Coast EMS is drafting a Humboldt County Transportation Plan (HCTP) that will include Exclusive Operating Areas if approved by EMSA. The Humboldt County BOS approved a Resolution supporting this process, and the first public comment process on the draft HCTP was recently completed. The draft Plan will be revised and resubmitted for an additional comment period. All ambulance providers, four non-transporting providers and one fixed wing aircraft provider are North Coast EMS designated ALS Providers. North Coast EMS has policies and MOUs specific to in- and out-of-area EMS helicopters.

- Enforcing local ordinances

North Coast EMS works closely with each county to assist with assessment and evaluation of designated transport ALS Providers as part of the QI program.

- Establishing policies and procedures to the system for the transportation of patients to trauma centers and/or specialty care hospitals as needed

North Coast EMS has established and periodically updates policies and procedures for the transportation of patients to trauma and other specialty centers as needed. See our website (Northcoastems.com) for our Patient Destination and Trauma Patient Destination Policies. We also continued to assist with the assessment and resolution of inter-facility transfer related issues in each county.

- Implementing and maintaining contracts with providers

North Coast EMS has contracts with all approved ALS Providers and AED Providers.

- Providing direction and coordination for EMS resources during time of hospital overcrowding or closures

North Coast EMS has policies and procedures specific hospital closure. We also have a long standing Patient Destination Policy that allows an incapacitated hospital, due to structural damage but not overcrowding, to selectively bypass or redirect to another hospital. Diversion was discontinued years ago.

- Creating exclusive operating areas

North Coast EMS has no EOAs at this time but is in the process of developing a Humboldt County Transportation Plan (see above) to create two non-competitive EOAs within Humboldt County.



- Inspecting ambulance or LALS/ALS providers

We continue to await execution of the Base Hospital contract amendment to add Air Methods/Mercy Air and REACH as assigned ALS Providers in Lake County so we can begin the associated paramedic accreditation process. North Coast EMS delegates ambulance inspections to Base Hospital Prehospital Care Nurse Coordinator (PCNC)s for new ALS providers or for cause.

- Developing performance standards as needed

We are considering adding Oral Glucose and Epinephrine but are considering waiting until these are part of the EMT-I basic scope of practice. Authorized ALS Providers and designated Base Hospitals continue to submit quarterly QIP reports with a pre-selected relevant quarterly focus determined by NCEMS. We are planning to develop ambulance performance standards associated with the Humboldt County Transportation Plan.

Component 5 - Facilities and Critical Care

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

Task: The facilities and critical care responsibilities of the regional EMS agency, at a minimum, include:

- Designating base hospital(s) for on-line medical control and direction

We continue to await execution of the Base Hospital contract amendment to add Air Methods and REACH as assigned ALS Providers at Sutter-Lakeside Hospital. All seven base hospitals are designated by contract, six as "modified base hospitals" who are no longer required utilize MICNs. We need additional staff time to adequately monitor base hospitals.

- Identifying ambulance receiving centers including hospitals and alternative receiving facilities

All seven hospitals are designated receiving centers; another is a mental health receiving facility. We have no alternate receiving centers.

- Identifying and designating, as needed, trauma centers and other specialty care facilities

Please see the annual Trauma Plan update approved last quarter. Two Level IV trauma centers are designated, one in Del Norte and the other in Lake County. One or more trauma centers need to be designated in Humboldt County and there is recent interest in requesting designation by St Joseph Hospital in Eureka. North Coast EMS is in the process of designating SJH as a STEMI Receiving Center and plans to complete this process before proceeding with designation of trauma centers. All seven hospitals are EDAP designated and site visits are planned for the coming fiscal year, as is a Trauma Center site visit in Lake County.

- Periodically assessing trauma system and plan as needed

We continue to submit Trauma Registry data to EMSA but we are trying to resolve



ongoing issues with data transfer from Sutter-Coast Hospital. See above, but we are excited about renewed interest in Trauma Center designation by SJH.

- Coordinating trauma patients to appropriate trauma center(s) or approved receiving hospitals

North Coast EMS has an approved Trauma Triage Policy that integrates with Coastal Valley's EMS policy and is very similar to the national standard. These direct patients meeting Trauma Triage Criteria to our two designated Level IV trauma centers or by air, in Lake County, to the closest higher level TC located out of county. Humboldt County has no designated trauma centers at this time - trauma patients are transported to the closest ED. Sutter-Coast Hospital in Del Norte County receives all trauma patients due to geography.

- Periodically assessing hospitals (e.g., pediatric critical care centers, emergency departments approved for pediatrics, other specialty care centers)

North Coast EMS continued to receive and distribute Pediatric Maddy "Richie's" funding for EDAPs, completed the second year of the EMSC TACTICAL Regionalization program with UCD and continued the third year subcontract. We designated Jerald Phelps Community Hospital in Garberville as an EDAP. The EMSC Regionalization Project Manager completed data collection at five or the seven hospitals. All EDAPs will be reassessed next year, as will the Lake County Trauma Center. North Coast EMS EDAP standards currently meet draft EMSC regulation standards for Pediatric Receiving Centers.

The STEMI Receiving Center site visit with outside experts is planned for August 18th at SJH. Sutter-Lakeside Hospital reported are now a certified stroke center and we will continue to evaluate potential catchment area changes if needed.

North Coast EMS completed development of an online draft of the 5150 Handbook.

- Completing hospital closure impact reports

None were requested or completed in this quarter. Sutter-Coast Hospital discontinued evaluation of Critical Access Hospital designation.

Component 6 - Data Collection and System Evaluation

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

Task: The data collection and system evaluation responsibilities of the regional EMS agency, at a minimum, include:

- Reviewing reportable incidents

North Coast EMS reviews all discovered or received reportable incidents. During the fourth quarter we took no formal action and reviewed no cases.



- Reviewing prehospital care reports including Automated External Defibrillators (AED) reports

The North Coast EMS Image Trend PCR program housed at ICEMA continues to provide EMS data to the State and the HIE QI Discovery contract was executed by the EMSA. Because this project that ends in September started this quarter, we are hopeful that we will be able to roll over funds to complete the project next year. E-PCRs are available for review by assigned base hospital, ALS provider and North Coast EMS personnel for routine or special review. We discontinued review of AED reports as this requirement has been discontinued by the EMSA. We receive and review REACH aero medical transports occurring in Lake County, CEMSIS-Trauma data from Sutter-Lakeside and Sutter-Coast Hospitals, internship records for periodic review, and disclosure protected case review is conducted as needed. Trauma Registry reports continue to have intermittent transmission problems and we are working to resolve those. We also continued to transmit CEMSIS – EMS data to the EMSA, including the state required Cores Measures Report.

- Processing and investigating quality assurance/improvement incident reports

During this quarter we conducted no QI reviews. North Coast EMS oversees an extensive Quality Improvement Program and utilizes an EMSA approved Regional QIP Plan. QIP Plans have been approved by North Coast EMS for all Base Hospitals and ALS Providers, who also submit quarterly QIP updates. We discontinued Associate Director QIP Report summaries due to the increasing workload. Associate Director Bruhnke continued to be directly involved with the EMSAAC QI Group and remained instrumental in development a Provider and LEMSA QIP template. We also submitted the revised QIP Plan to the EMSA in March, sent it out for public review and received JPA Board approval.

- Monitoring and reporting on EMS System Core Measures by March 31, 2015

North Coast EMS submitted the Core Measure data as required.

- Providing data to CEMSIS monthly

See above. Image Trend data goes directly to ICEMA upon completion of each e-PCR by each EMT and paramedic.

- Making progress towards implementing a system that will provide data to CEMSIS in the NEMSIS Version 3 data format no later than January 1, 2016

We understand that Image Trend is proceeding with plans to implement the 3.X program, potentially at North Coast EMS.

Component 7 - Public Information and Education

Objective - To provide programs to establish an awareness of the EMS system, how to access and use the system and provide programs to train members of the public in first-aid and CPR.

Task: The public information and education responsibilities of the regional EMS agency, at a minimum, include:

- Information and/or access to CPR and first-aid courses taught within the EMS system



Policies and procedures to approve Public Safety training programs pursuant to the revised state regulations have been implemented. North Coast EMS approved Public Safety training programs will include CPR and first aid training.

- Involvement in public service announcements involving prevention or EMS related issues

North Coast EMS staff members participated in local injury and illness prevention and children's safety programs.

- Availability of information to assist the population in catastrophic events

North Coast EMS participates in the HPP program and is involved with disaster planning. Each county has PSAs and other means of providing information to the public in catastrophic events.

- Participating in public speaking events and representing the regional EMS agency during news events and incidents

North Coast EMS gave an EOA presentation to the Humboldt County BOS and an EMS/EDAP presentation to the HRSA EMSC group at UCD.

Component 8 - Disaster Medical Response

Objective - To collaborate with the Office of Emergency Services, Public Health and EMS responders in the preparedness and response of the regions EMS systems in the event of a disaster or catastrophic event within the regions or a neighboring jurisdiction.

Task: The disaster medical response system responsibilities of the regional EMS agency, at a minimum, include:

- Participating in disaster planning and drills as needed

As part of our HPP disaster planning role, funded by CDPH, the North Coast EMS Disaster Coordinator and our HPP County Disaster Liaisons continue to attend and participate in state, regional and local disaster planning meetings and drills.

- Identifying disaster preparedness needs

As part of our HPP disaster planning activities we have been evaluating existing North Coast EMS and regional disaster preparedness needs. This includes review of numerous documents, attending meetings and working collaboratively with each JPA member county. This includes recent focus on infectious disease preparations and preparedness for pediatric patients during special events.

- Coordinating the operational area disaster medical/health coordinator

North Coast EMS staff and HHP contractors coordinated with the RDMHC in each county, attended meetings, participated in local, state and regional Medical Disaster meetings and events. This included verification of the local process used to prepare for the return of a health care worker returning from an Ebola impacted country to Humboldt County.

- Coordinating the regional disaster medical/health coordinator system



See above.

- Developing policies and procedures for EMS personnel in response to a multi-casualty or disaster incident

North Coast EMS has MCI and disaster related policies and updates these as needed.

- Facilitating mutual aid agreements

North Coast EMS has facilitated development of mutual aid agreements for decades and all ambulance providers have mutual aid arrangements with surrounding providers.

- Collaborating with all EMS personnel on training of incident command and Standardized Emergency Management System (SEMS)

North Coast EMS has supported and worked with County OES and other EMS organizations to help ensure ICS and SEMS training. Local training programs are conducted periodically and each approved EMT-I and paramedic training program includes these topics.



North Coast EMS Agency- #C14-014

Exhibit A- Year End Data Report for July 1, 2014 to June 30, 2015

Component 1

Workload Indicator(s):

- 1) Total static population served (Determined by DOF estimates) **22,8120**
- 2) Total annual tourism population (Determined by identified source(s) **+ 3 million**
- 3) Number of counties **3**
- 4) Geographic size of region (in square miles) **5,930**

Component 2:

Workload Indicators (please note we are unable to pull the following information for EMTs from the Central Registry and are therefore required to double enter all data on our own registry):

- 1) Total number of personnel certified/authorized/accredited by regional agency **721**
- 2) Total number of personnel completing training courses approved by regional agency during the reporting year **NA**
- 3) Total number and type of training programs approved by regional agency **20**
- 4) Total number and type of training programs conducted by regional agency **1**
- 5) Total number of continuing education providers authorized by regional agency **33**

Component 3:

Workload Indicators:

- 1) Total number of primary and secondary Public Safety Answering Point (PSAPs) **9**
- 2) Total number of EMS responses **23,466** (excludes IFTs), **28,848** (includes IFTs)
- 3) Total number of ambulances dispatched **23,466** (excludes IFTs)
- 4) Total number of EMD training programs approved by regional agency **0**
- 5) Total number and type of EMD programs authorized by regional agency **2 Medical Priority**

Component 4:

Workload Indicators:



- 1) Total ambulance response vehicles estimate **65**
- 2) Total first responder agencies **51**
- 3) Total patients transported **25,066** (includes IFTs) **20,307** (excludes IFTs)
- 4) Total patients not transported (e.g., treated and released, total dry runs) **3,782**
- 5) Total number of LALS/ALS providers authorized by regional agency **14**
- 6) Total number of transport providers in region **11**

Component 5:

Workload Indicators:

- 1) Total base hospital contacts **16,368**
- 2) Total patients received **20,536** (includes IFTs)
- 3) Total number of hospitals designated by regional agency (e.g., base, receiving, trauma, specialty centers, etc). **7 Base, 7 Receiving, 2 Trauma, 6 EDAP**

Component 6:

Workload Indicators:

- 1) Total patient care reports generated **23,466** (excludes IFTs), **28,848** (includes IFTs)
- 2) Total trauma patients **3,075** (excludes IFTs), **3,432** (includes IFTs)
- 3) Total cardiac patients **1,979** (excludes IFTs), **2,522** (includes IFTs)
- 4) Total medical **19,195** (excludes IFTs), **20,854** (includes IFTs)
- 5) Total pediatric patients **667** (excludes IFTs), **832** (includes IFTs)
- 6) Total number of situational/unusual occurrence reports processed by the LEMSA. **±8**

Component 7:

Workload Indicators:

- 1) Total number of public information and education courses conducted and/or approved by regional agency **0**
- 2) Total number of public information and education events involving regional agency **4**

Component 8:



Workload Indicators:

- 1) Total number of Disaster/Multiply Casualty Incident (MCI) Responses (response with 5 or more victims) **7**

Total number of disaster drills involving staff **± 7**

Total disaster-related meetings attended by staff **+30**

MCI CHANNEL TEST

Date

- The Tuesday before the Second Wednesday of each month (Thursday after second Wednesday for PM test)
- Contact City Ambulance 10 minutes prior to drill
- At 1000 switch MED-NET ENHANCED on the Moducom to tone “EMERGENCY” (2100 for PM test)
- Stack and send page over Med Net
- Announce “Fortuna with the bi-monthly MCI channel test, standby by for check-back”. Wait 15 to 30 seconds and do check:

ROLL CALL: IMPORTANT! Pause 3-5 seconds each time after pressing transmit before speaking into microphone.

Phelps Hospital	X	GRA1	X
Redwood Memorial	N/R	FRA 1	X
St. Josephs Hospital	N/R	FRA 2	X
Mad River Hospital	X	CTA1	U/A
Eureka Medcom	X	CTA2	X
		CTA3	X
		Arcata 1	U/A
		Arcata 2	U/A

- After the test, announce “The test is complete and the MCI channel will be deactivated in 1 minute”.
- Reset Med-Net channel to Enhanced repeater tone
- This should stack “emergency off”, send this over Med Net enhanced
- **E-MAIL TO HUUECC ->MCI TEST**
- NR=No Response U/S=Unstaffed U/A- Unavailable OC-On Call

MCI CHANNEL TEST

07-09-2015

- The Tuesday before the Second Wednesday of each month (Thursday after second Wednesday for PM test)
- Contact City Ambulance 10 minutes prior to drill
- At 1000 switch MED-NET ENHANCED on the Moducom to tone “EMERGENCY” (2100 for PM test)
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Phelps Hospital	X	GRA1	X
Redwood Memorial	Nr	FRA 1	x
St. Josephs Hospital	X	FRA 2	Oc
Mad River Hospital	X	CTA1	Oc
Eureka Medcom	X	CTA2	X
		CTA3	X
		Arcata 1	X
		Arcata 2	x

- After the test, announce “The test is complete and the MCI channel will be deactivated in 1 minute”.
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