

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

MEMORANDUM:

DATE: June 29, 2017

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

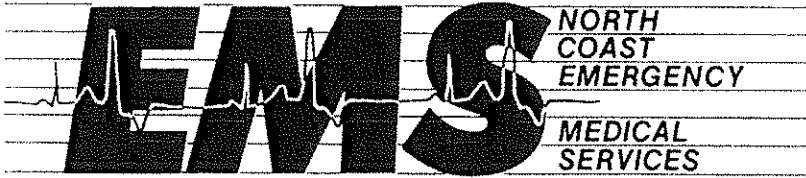
FROM: Emily Johnson, Administrative Assistant

RE: E-Informational Mailing

1. For Your Information:

- a. Change Notice # 110**
 - Draft- Policy # 2217 BLS Naloxone Policy**
 - #6043 Naloxone (Narcan)**
 - #6044 Suspected Opioid Overdoes (Please email comments by August 11, 2017 to emily@northcoastems.com or wendy@northcoastems.com)**
 - Replace Policy # 7000 Trauma Triage Determination and Transport Destination Policy**
 - # 3001 Training Program Approval**
 - Remove Policy #3303 Student Eligibility to Enter an AED Training Program**
 - #3304 AED Training Structure & Instructor Qualifications**

- b. Memo Regarding Intranasal Narcan Addition to EMT-I Basic Scope of Practice**



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CHANGE NOTICE

CHANGE #110

DATE: 6/29/17

TO: ALL PREHOSPITAL CARE POLICY MANUAL HOLDERS

INSTRUCTIONS	POLICY #	POLICY DESCRIPTION	# OF PAGES
DRAFT	2217	BLS Naloxone	1
DRAFT	6043	Naloxone (Narcan)	2
DRAFT	6044	Suspected Opioid Overdose	1
REPLACE	7000	Trauma Triage Determination and Transport Destination Policy	8
REPLACE	3001	Training Program Approval	3
REMOVE	3303	Student Eligibility to Enter an AED Training Program	1
REMOVE	3304	AED Training Structure & Instructor Qualifications	2

Subject: Provider
BLS Naloxone (Narcan)

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
 - A. To describe the provider approval process and use of Intranasal Naloxone for their BLS providers.

- III. Policy
 - A. Only North Coast EMS EMS agencies who are an approved optional skills provider may carry and employ intranasal administration of naloxone.
 - B. BLS personnel must be authorized, trained and on duty to administer IN naloxone to patients.
 - C. Prior to receiving North Coast EMS optional skills approval, the EMS agency must document that they staff has received the required training.
 - D. Agencies receiving optional skills approval are required to ensure that their personnel are adequately trained and receive periodic review.
 - E. Agencies receiving optional skill approval with ensure that personnel that have not received the training will not administer naloxone for any reason.

- IV. Minimum Course Content for Optional Skills for the BLS Agency
 - A. General Principles
 1. Scene size up and scene safety.
 2. Ensure appropriate EMS units have been requested.
 3. Identify possible opioid use
 - a. Look for syringes or admissions from bystanders.
 - B. Cardiopulmonary Resuscitation
 1. Identify cardiopulmonary arrest
 2. Identify respiratory arrest.
 3. Review airway and ventilation adjuncts.
 - C. Medication Administration
 1. Understanding the 5 Rights of medication administration.
 2. Review atomizer use and principles
 3. Review naloxone drug formulary
 4. Naloxone administration and side effects.
 - D. Patient Management after naloxone use.
 - E. Documentation and Reporting.

06/2017

Approved: _____ Date: _____
Approved as to Form _____ Date: _____

Subject: Treatment Guidelines - BLS
Naloxone (Narcan)

Associated Policies:

- I. Class
 - A. Narcotic antagonist.

- II. Indications
 - A. Environment is suspicious for use of opioids.
 - B. Victim is unconscious/poorly responsive and respiratory rate appears slow(<12) or shallow/inadequate; or victim is unconscious and not breathing.

- III. Therapeutic Effect/Mechanism of Action:
 - A. Naloxone is chemically similar to narcotics; however it has only antagonistic properties. Naloxone competes for opiate receptors in the brain and displaces narcotic molecules from opiate receptors. It can reverse respiratory depression from narcotic overdose.

- IV. Contraindications
 - A. Absolute:
 - 1. Known hypersensitivity.
 - 2. An advanced airway is in place and patient is being adequately ventilated.

- V. Precautions
 - A. Naloxone should be administered cautiously to patients who are known or are suspected to be physically dependent on narcotics. Abrupt and complete reversal by Naloxone can cause withdrawal type effects.

- VI. Side Effects:
 - A. Hypotension
 - B. Nausea and vomiting.
 - C. Hypertension.
 - D. Ventricular arrhythmias.
 - E. Diarrhea.

- VI. Administration and Dosage- Route for BLS Providers will only include Intranasal(IN).
 - A. Adult: 2mg Intranasal(IN)- maximum single dose 2 mg. May be repeated every 2-3 minutes if no improvement to a total of 6mg total.

Subject: Treatment Guidelines – BLS
Naloxone (Narcan)

Associated Policies:

- B. Pediatric: 0.1mg/kg Intranasal(IN)-maximum single dose of 2mg. May be repeated every 2-3 minutes if no improvement to a total of 0.3mg/kg.

Approved: _____ Date: _____

Approved as to Form: _____ Date: _____

Subject: Treatment Guidelines-BLS Personnel
Suspected Opioid Overdose

Associated Policies:

- I. Priorities:
 - A. Scene safety
 - B. ABCs
 - C. Manage airway and assist ventilations
 - D. Ensure appropriate EMS units have been requested.

- II. Suspected Opioid Overdose
 - A. Identify intranasal naloxone indications
 - 1. Environment is suspicious for use of opioids
 - 2. Victim is unconscious/poorly responsive and respiratory (breathing) rate appears slow (<12) or shallow/inadequate; or victim is unconscious and not breathing.
 - B. Ensure that appropriate EMS units have been requested. (BLS/ALS)
 - C. Utilize personal protective equipment.
 - D. Stimulate victim to determine if the person with awaken.
 - E. If no pulse, begin chest compressions.
 - F. Assess respiratory status, manage airway and assist ventilations with appropriate BLS maneuvers.
 - G. Provide high flow oxygen using appropriate delivery devices (if available).
 - H. If no response to stimulation and continued poor/absent breathing, administer naloxone.
 - I. Assemble 2mg/2cc intranasal naloxone preload or utilize naloxone spray.
 - J. When using the 2mg/2cc intranasal naloxone, administer 1mg cc to each nostril.
 - K. When using naloxone spray, follow the manufactures instructions.
 - L. If patient does not respond, or responds briefly but then relapses, administer a second dose 2-3 minutes after the first dose.
 - M. Observe for improved breathing and consciousness; continue to assist ventilations until patient regains consciousness.
 - N. If respirations return but patient remains unresponsive, place patient on their left side to prevent aspiration.
 - O. Use naloxone with caution in patients with significant trauma who have not been adequately immobilized- consider the concurrent need for appropriate immobilization/spinal motion restriction.
 - P. If improved response to naloxone, be alert for sudden agitation behavior or symptoms of opioid withdrawal, such as vomiting, abdominal cramps or sweating.
 - Q. Report administration of naloxone to appropriate EMS personnel.
 - R. Complete naloxone utilization report and submit a copy to North Coast EMS.

Approved: _____ Date: _____

Approved as to Form: _____ Date: _____

Subject: Patient Care – Trauma System
Trauma Triage Determination and Transport Destination Policy

I. Authority and Reference:

- A. Title 22, Division 9, Chapter 7
- B. Division 2.5, Health and Safety Code
- C. North Coast EMS Policies
- D. Coastal Valley's EMS Policies

II. Purpose:

- A. To rapidly triage trauma patients and transport them to optimal care.

III. Policy:

- A. The goal of trauma triage determination in the North Coast EMS region is to rapidly identify the trauma patient based on physiologic changes, mechanism/anatomic injury, and concurrent/special conditions.
- B. After rapid trauma triage has occurred, the goal is to transport the trauma patient to the closest, most appropriate trauma center. This is further defined by the regions of Del Norte, Humboldt, and Lake Counties, with patient destination decisions delineated in policies 7000.1, 7000.2, and 7000.3.
- C. Trauma Alert: Field personnel should provide the earliest possible notification, including expected ETA, to the base or receiving hospital that they are transporting a patient meeting trauma triage criteria to that facility.
- D. Patient Destination Exceptions for All Counties:
 - 1. A trauma patient may, at the option of the Base Hospital Physician, be brought to the closest appropriate medical facility, when the patient has a life-threatening condition which overrides the need for expedient surgery. This would include conditions such as obstructed airway, tension pneumothorax, etc, which cannot be relieved or stabilized in the field.
 - 2. In the case of a Mass Casualty Incident (MCI), patients are triaged according to the North Coast EMS MCI Policy #6542, "MCI Criteria - Operational Guidelines".
 - 3. Patients who have trauma with burns may, at the option of the Base Hospital Medical Control, be transported directly to a trauma center with burn specialization capabilities.

Subject: Patient Care – Trauma System
Trauma Triage Determination and Transport Destination Policy – Del Norte County

Authority and Reference:

- A. Title 22, Division 9, Chapter 7
- B. Division 2.5, Health and Safety Code
- C. North Coast EMS Policies

Purpose:

- A. To rapidly triage trauma patients and transport them to optimal care.

Policy:

- A. The goal of trauma triage determination in the North Coast EMS region is to rapidly identify the trauma patient based on physiologic changes, mechanism/anatomic injury, and concurrent/special conditions.
- B. After rapid trauma triage has occurred, the goal is to transport the trauma patient to the closest, most appropriate trauma center.

Patient Destination Decision:

Del Norte County

From Scene to Hospital

All trauma patients should be taken directly to the Level IV trauma center at Sutter Coast Hospital in Crescent City, CA.

- Consider air transport to a higher-level trauma center outside the NCEMS region when possible.

From Hospital to Higher Level of Trauma Care

All trauma patients taken to Sutter Coast will be evaluated for their seriousness of injury and the hospitals ability to provide the necessary resources. Following the Sutter Coast “Trauma Activation” policy, the physician in charge of patient care determines if the patient will be transferred. This decision should be communicated immediately to the receiving physician and to transport personnel, per EMTALA requirements.



Subject: Patient Care – Trauma System
Trauma Triage Determination and Transport Destination Policy – **Humboldt County**

Authority and Reference:

- A. Title 22, Division 9, Chapter 7
- B. Division 2.5, Health and Safety Code
- C. North Coast EMS Policies

Purpose:

- A. To rapidly triage trauma patients and transport them to optimal care.

Policy:

- A. The goal of trauma triage determination in the North Coast EMS region is to rapidly identify the trauma patient based on physiologic changes, mechanism/anatomic injury, and concurrent/special conditions using the ACS 2011 Guidelines for Field Triage of Injured Patients, attached to this policy.
- B. After rapid trauma triage has occurred, the goal is to transport the trauma patient to the closest, most appropriate trauma center.

Humboldt County

There are two designated trauma centers in Humboldt County: St. Joseph Hospital Eureka (SJE) and Mad River Community Hospital (MRCH).

Trauma Patient Destination Criteria:

1. Eureka and Southern Humboldt: The City Ambulance of Eureka (CAE) trauma catchment area will be defined as the Humboldt County Zones 3 and 4 and CAE covered areas outside of Humboldt County as determined with another LEMSA. All trauma patients in the CAE catchment area meeting the ACS 2011 Guidelines for Field Triage of Injured Patients shall be transported directly from the field to SJE, except that, patients who are in extremis as determined by the base hospital physician and in consultation with the transporting paramedic will be transported to the closest facility for stabilization and re-triage to SJE or a higher-level trauma center.
2. North and Eastern County: The Arcata Mad River Ambulance and Hoopa (K'ima:w) Ambulance trauma catchment areas will include Humboldt County Zones 1 and 2 and other covered areas outside of Humboldt County as determined by North Coast EMS or another LEMSA. All trauma patients meeting the ACS 2011 Guidelines for Field Triage of Injured Patients will be transported to the closest designated trauma center in the county capable of meeting the needs of the patient, as determined by the base hospital and in consultation with the transporting paramedic.
3. Aero Medical: Trauma patients meeting the ACS 2011 Guidelines for Field Triage of Injured Patients who are transported by an aero medical resource from the scene will

Subject: Patient Care – Trauma System

Trauma Triage Determination and Transport Destination Policy – **Humboldt County**

be transported to the closest appropriately designated trauma center. Additionally, see North Coast EMS Policy #2206.3, “EMS Aircraft Services, Patient Care and Destination” for additional considerations.

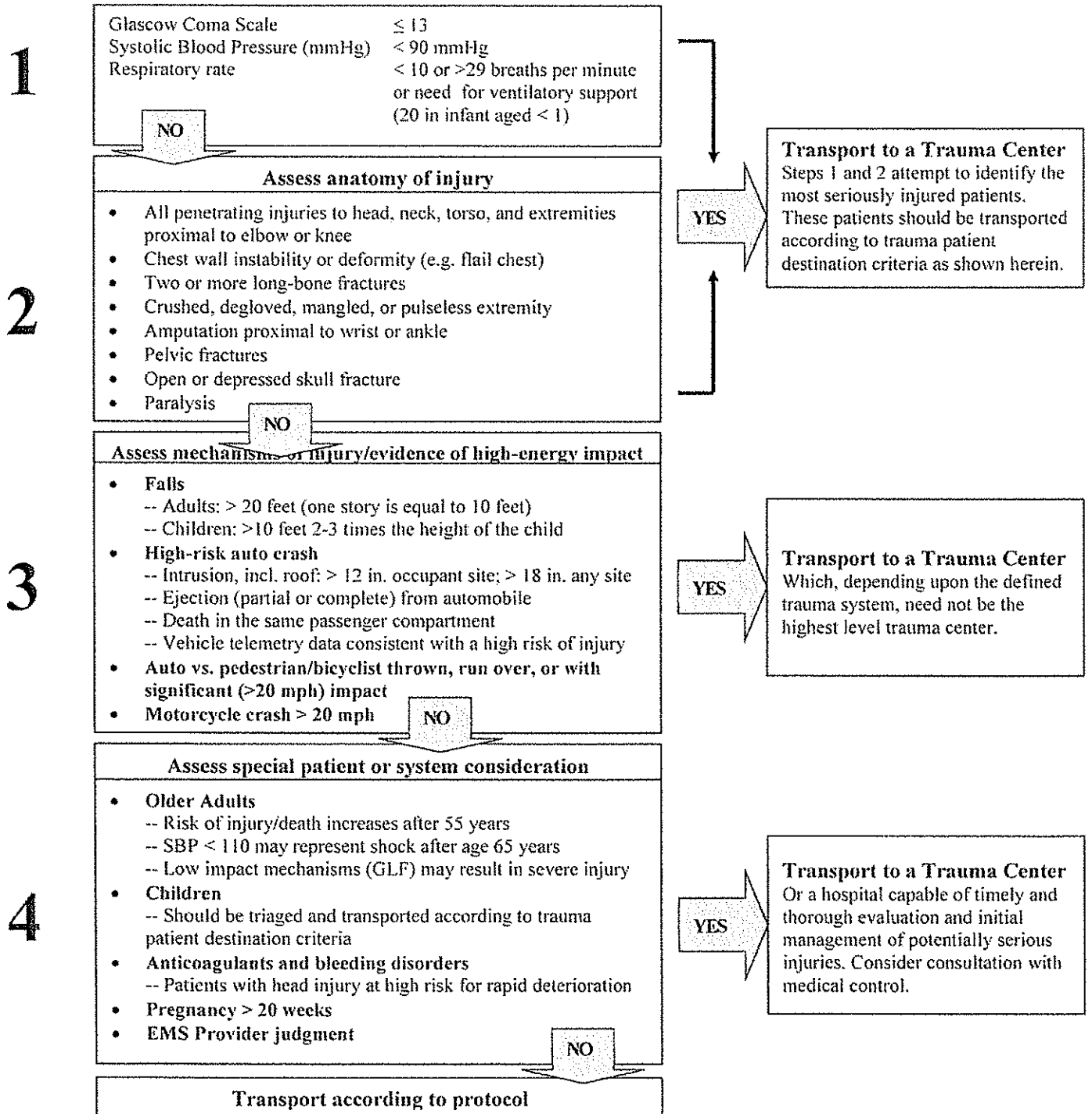
Trauma Patient Tracking Mechanism: A quality improvement tracking and review process shall be established by each designated trauma center in Humboldt County that includes a written process to document the reason(s) for bypassing or receiving trauma patients that meet critical trauma criteria. NCEMS Policy #7005, “Trauma Quality Improvement: EMS System Process for Providing Trauma Quality Improvement” will be used, by each designated trauma center in Humboldt County, to monitor and evaluate the medical care of patients with traumatic injuries and to provide an educational forum for the improvement of trauma care.

ED Call Schedule Notification: MRCH and SJE hospitals shall establish, implement, and keep records of a written process to formally notify each ED, CAE dispatch, and North Coast EMS of each day’s relevant trauma patient capabilities and on-call specialty coverage schedule. This process shall include providing applicable updates as relevant capabilities change throughout each day. This information will be reviewed, at minimum, during the quarterly Trauma Advisory Committee (TAC) meetings.

2011 Guidelines for Field Triage of Injured Patients

Measure vital sign and level of consciousness

Subject: Patient Care – Trauma System
Trauma Triage Determination and Transport Destination Policy – Humboldt County



When in doubt, transfer to a Trauma Center

Subject: Patient Care – Trauma System
Trauma Triage Determination and Transport Destination Policy – **Lake County**

Authority and Reference:

- A. Title 22, Division 9, Chapter 7
- B. Division 2.5, Health and Safety Code
- C. North Coast EMS Policies
- D. Coastal Valley's EMS Policies

Purpose:

- A. To rapidly triage trauma patients and transport them to optimal care.

Policy:

- A. The goal of trauma triage determination in the North Coast EMS region is to rapidly identify the trauma patient based on physiologic changes, mechanism/anatomic injury, and concurrent/special conditions.
- B. After rapid trauma triage has occurred, the goal is to transport the trauma patient to the closest, most appropriate trauma center.

Patient Destination Decision:

Lake County

Trauma Patient Medical Control – base hospital medical control for all trauma (injured) patients located within 25-minutes of the designated trauma center in Lake County will be assigned to the closest Lake County based trauma center, except for air ambulances, which will be the responsibility of the appropriate base hospital located outside of the North Coast EMS region.

Trauma Triage and Transport Decision Scheme

In order to coordinate with Coastal Valley's EMS Trauma System, Pediatric Trauma Patient age is less than 15 years old.

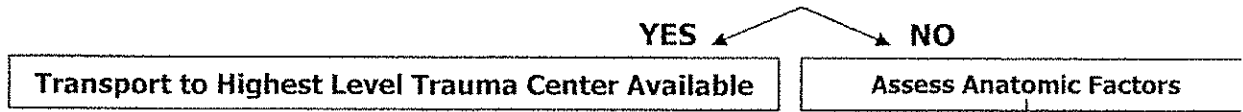
Trauma Patients are to be transported to the closest available facility according to the following Trauma Triage & Transport Determination Scheme. Generally, this will be to the highest level trauma center available. Transport within Lake County, according to Trauma Patient Medical Control, only when unable to transport the patient by aero medical ambulance to a higher level trauma center located outside Lake County.

TRAUMA TRIAGE & TRANSPORT DETERMINATION FOR LAKE COUNTY

Subject: Patient Care – Trauma System
 Trauma Triage Determination and Transport Destination Policy – Lake County

STEP 1 – Major Physiologic Factors:

Adult Patient (age 15 and older) GCS of thirteen (13) or Less Systolic BP < 90 mm Hg	Pediatric Patient (age less than 15yrs) GSC of thirteen (13) or Less Systolic BP < 80 mm Hg – age 7 – 15 Systolic BP < 70 mm Hg – age < 7
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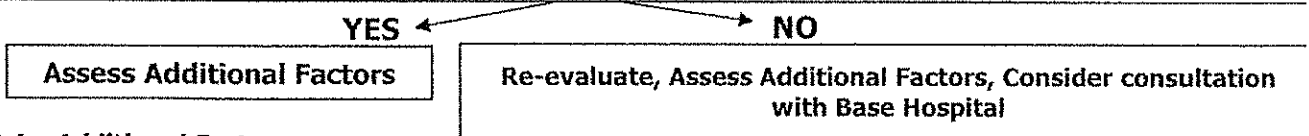
STEP 2 – Major Anatomic Factors:

1. Penetrating injury to head, neck, chest, abdomen, pelvis, groin, or extremities proximal to elbow or knee
2. Combination of Trauma and Burns of greater than or equal to 15%, or Burns to Face or Airway
3. Two or more proximal long-bone fractures
4. Open or Depressed Skull Fracture
5. Flail Chest
6. Pelvic Fracture
7. Amputation proximal to wrist or ankle
8. Traumatic Paralysis
9. Any patient <5 yrs old who has suffered major trauma & it is not possible to determine physiologic age



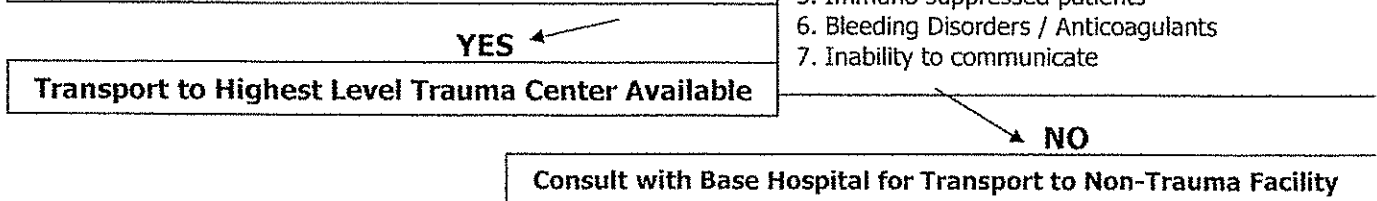
STEP 3 – Mechanism of Injury Factors:

1. Ejected from vehicle, e.g., auto, jet ski, or motorcycle traveling > 20 mph
2. Death in the same passenger compartment
3. Extrication time > 20 minutes
4. Rollover without seatbelt
5. Fall > 20 feet
6. Auto-pedestrian or auto-bicycle accident with speed > 40 mph and/or major auto deformity
7. High speed MVC with speed >40 mph, or major auto deformity >20 in., or passenger space intrusion >12 in.
8. Significant blunt injury to head, neck, chest, abdomen, or pelvis without co-existing Anatomic or Physiologic Factors



STEP 4 – Additional Factors:

<p><u>Physiologic & Anatomic Factors</u></p> <ol style="list-style-type: none"> 1. Torso, abdomen, or pelvic complaint 2. Constant respiratory difficulty, tachycardia, or vasoconstriction 3. Extremity ischemia, demonstrated by absent pulses and pallor 	<p><u>Age & Co-Morbid Factors</u></p> <ol style="list-style-type: none"> 1. Age < 5yrs & difficult to evaluate or age > 55yrs 2. Pregnancy 3. Cardiac/Resp Disease, IDDM, Cirrhosis, Obesity 5. Immuno suppressed patients 6. Bleeding Disorders / Anticoagulants 7. Inability to communicate
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NORTH COAST EMERGENCY SERVICES
POLICIES AND PROCEDURES

POLICY #7000
Page 1 of 1

Subject: Patient Care – Trauma System

Trauma Triage Determination and Transport Destination Policy

- I. Authority and Reference:
 - A. Policy 7000
 - B. Policy 7000.1
 - C. Policy 7000.2
 - D. Policy 7000.3

Approved: [Signature] Date: 6/1/17

Approved as to Form: [Signature] Date: 6/1/17

Subject: Training
Training Program Approval

- 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 the regional procedure for obtaining and maintaining Training Program Approval that ensures fairness and due process.

- III. Procedure for Training Program Approval
 - A. Eligible training institutions shall submit the appropriate North Coast EMS Program Approval Package within the following timelines:
 1. First Responder, Emergency Medical Technician-I (EMT-I), Advanced Emergency Medical Technician (AEMT), Mobile Intensive Care Nurse (MICN), Expanded Scope of Practice, Field Training Officer (FTO) Program Approval Packages must be received by North Coast EMS at least thirty (30) days before the first classroom session.
 2. AEMT and Paramedic Program Approval Packages must be received by North Coast EMS at least ninety (90) days before the first classroom session.

 - B. See appropriate program approval package (available at North Coast EMS office) and Title 22 for list of eligible training institutions and other requirements.

 - C. Program approval shall be for a period of four (4) years, unless withdrawn, suspended, or revoked by one of the parties, in accordance with agreements signed within the Program Approval Package.

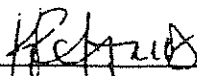
 - D. The maintenance of program approval includes a detailed schedule of all future classes submitted to North Coast EMS, following the timeline above.


 - E. Program approval may be renewed by training institution every four (4) years by:
 1. Submitting a letter of request noting all changes from prior program approval and including any necessary documentation related to those changes; or
 2. Submitting the entire program approval package.

- IV. Procedure for Training Program Investigation
 - A. Written documentation with a detailed description of the problem or complaint (etc.) will be submitted to North Coast EMS and copied to all relevant individuals and Training Programs.

Subject: Training
Training Program Approval

-
- B. After reviewing of the problem and/or complaint, North Coast EMS will take appropriate steps.
- V. Possible Training Program Approval Violations
North Coast EMS will investigate program complaints received, including, but not limited to:
- A. Holding an EMT-I, AEMT, EMT-P, MICN or expanded scope of practice class prior to receiving program approval from North Coast EMS.
 - B. Classroom instruction outside the California scope of practice.
 - C. Classroom instruction outside 2.5 of the Health and Safety Code, Title 22 of the California Code of Regulations, California Highway Patrol Ambulance Driver's Handbook or North Coast EMS Policies and Procedures.
 - D. Non-compliance with required program approval documentation.
 - E. Loss of current prehospital or hospital care California license or certification by Program Director, Clinical Coordinator, Principal Instructor, or Teaching Assistants (Training Program Staff).
 - F. Training Program Staff's performance while certified, accredited, licensed or authorized.
 - G. Training Program Staff's record of remediation, suspension or decertifications.
 - H. Unfavorable evaluations from students.
 - I. Written complaints received by North Coast EMS concerning classroom instruction.
 - J. Non-compliance with North Coast EMS policies, procedures, rules and requirements by Training Program staff.
- VI. Consideration Factors When Reviewing Complaints or Incidences
When determining violations reported, the following factors may be considered:
- A. Nature and severity of the act(s), offenses(s) or crime(s) under consideration.
 - B. Prior disciplinary record of Training Program Staff.
 - C. Prior warning or remediation record specific to Program Approval.
 - D. Prior remediation of Training Program Staff.
 - E. Number and/or variety of violations.
 - F. Mitigating evidence.
 - G. Time elapsed since the act(s), offense(s), or crime(s).
- VII. Possible Violation Outcomes
- A. Disapprove a Training Program Approval request.

Approved: 

Approved as to Form: 

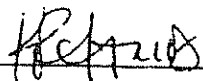
Subject: Training
Training Program Approval

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- B. Continuing education coursework.
 - C. Quarterly report requirements.
 - D. Personal appearances.
 - E. Remediation.
 - F. Probation of Training Program or Training Program Staff.
 - G. Suspension of Training Program or Training Program Staff.
 - H. Revocation of Training Program or Training Program Staff.

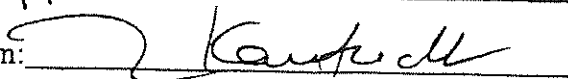
VIII. Reconsideration Process

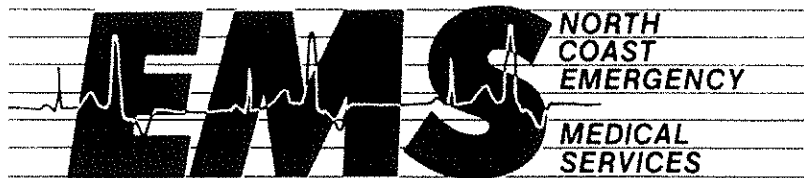
- A. If Training Program or Training Program Staff approval is denied, probated, suspended, revoked or requirements are imposed by the North Coast EMS Medical Director for any reason, Training Program may request reconsideration of that decision, in writing, to the North Coast EMS Executive Director.
- B. If after the Executive Director makes a decision, further reconsideration is requested, the Training Program may appeal, in writing, to the North Coast EMS Joint Powers Governing Board.
- C. If necessary, Training Program Staff who requests reconsideration of a prior decision may need to appear and testify in person to either the Executive Director and/or the Joint Powers Governing Board.

Approved: _____



Approved as to Form: _____





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

MEMORANDUM

DATE: June 29, 2017

TO: All NCEMS Providers

FROM: Wendy Chapman, Programs Manager

RE: Intranasal Narcan Addition to EMT-I Basic Scope of Practice

The new California EMT-I regulations go into effect on July 1, 2017. One thing being added is intranasal naloxone (Narcan) to the basic scope of practice for all certified EMT's, with EMS Medical Director approval. After review and discussion North Coast EMS will add this to the local North Coast EMS scope of practice for EMT's. We will also be adding it as an optional skill for Public Safety First Aid and North Coast EMS First Responder programs. **This addition will not occur until after the draft policies have been reviewed and finalized.**

If any agency decides that they want to carry and use intranasal naloxone for Basic Life Support (BLS) personnel, they will have to sign an agreement with North Coast EMS and adhere to all North Coast EMS and State regulations and policies. They will also have to report any intranasal naloxone use to our office, using the North Coast EMS Narcan report form.

We will be sending out more information on the training requirements and what the EMT's will need to have in order to meet the new state regulations in the near future. We are also planning to add Epi pens for BLS after we get the Narcan policies finalized.

I am attaching a copy of the agreement/MOU and the reporting form for your review. We are also sending out the draft intranasal naloxone policies for the first round of public comments, those policies are attached separately to the informational mailing.

If you have any comments on the agreement or the draft policies please contact me by email wendy@northcoastems.com. All comments are due to our office no later than August 11, 2017.

**NORTH COAST EMS
INTRANASAL NARCAN
REPORTING FORM**

Provider Agency: _____

Date of Call: _____

Name(s) of personnel performing procedure: _____

TIMES:

Call Received: _____ On Scene: _____ Patient Contact: _____

ALS Arrival: _____ Estimated Down Time: _____

of Witnesses on Scene: _____ RP information: _____

PATIENT INFORMATION: (circle answer)

Pulseless: Yes No Apneic: Yes No Bystander CPR: Yes No

Was arrest witnessed: Yes No Patient Vitals: BP _____ Pulse Rate _____

Any evidence of narcotic use or prescription use: Yes No

If yes describe: _____

AED:

Was AED placed: Yes No Was shock delivered: Yes No Total shocks given _____

Name of personnel operating AED: _____

INTRANASAL NARCAN:

Time first dose given: _____ Any change in responsiveness: Yes No

Time second dose given: _____ Any change in responsiveness: Yes No

Was CPR continued by BLS personnel: Yes No Was a BLS airway placed: Yes No

TRANSPORT INFORMATION:

Patient Destination: _____

Transport Provider: _____

Please write any additional comments on the back of this form. Submit completed form to NCEMS.

**NORTH COAST EMS
AGREEMENT TO PROVIDE
BLS INTRANASAL NARCAN**

This agreement is made and entered into on this _____ day of _____, 20__ by and between **North Coast Emergency Medical Services**, 3340 Glenwood Eureka, CA hereinafter referred to as “**NCEMS**”, and _____, hereinafter referred to as “**BASIC LIFE SUPPORT (BLS) INTRANASAL NARCAN PROVIDER**”.

WHEREAS, **NCEMS** is designated the local emergency medical services agency by the Counties of Del Norte, Humboldt, and Lake pursuant, in part, to Division 2.5 of the California Health and Safety Code, incorporated herein by reference, and

WHEREAS, **NCEMS** is responsible for the planning, organization, coordination, and evaluation of local EMS systems pursuant to Section 1797.103 of the California Health and Safety Code, and

WHEREAS, **NCEMS** is responsible for approval of First Responder Agencies and approval of BLS Intranasal Narcan administration, and

WHEREAS, **BLS INTRANASAL NARCAN PROVIDER** agrees to provide emergency medical service response according to the policies, procedures, and protocols of **NCEMS** as outlined in the California Administrative Code, Title 22, Division 9, Chapter 2; therefore,

IT IS MUTALLY AGREED AS FOLLOWS:

I. TERM:

This agreement shall begin on _____, and shall be automatically renewed on an annual basis unless terminated by either party giving thirty (30) days written notice to the other party.

II. BLS INTERNASAL NARACAN PROVIDER Agrees:

- a. To abide by all state laws, regulations, and North Coast EMS policies, procedures and protocols.
- b. To ensure that only personnel trained and approved to use intranasal narcan and that are affiliated with the provider are allowed to administer or use intranasal narcan.

**AGREEMENT TO PROVIDE
BLS INTRANASAL NARCAN**
(continued)

- c. To ensure that each affiliated individual is oriented to and at all times proficient in the use of BLS intranasal narcan.
- d. To ensure that each provider notifies NCEMS after any use of BLS intranasal narcan, utilizing the NCEMS BLS intranasal reporting form.

III. Designation by NCEMS:

Execution of this agreement by all the parties designates an approved BLS INTRANASAL NARCAN PROVIDER by NCEMS.

EXECUTED BY THE PARTIES

By:	_____	_____
	For BLS INTRANASAL NARCAN PROVIDER	Date
	_____	_____
	Printed Name	Title
By:	_____	_____
	For NCEMS	Date
	_____	_____
	<u>Larry Karsteadt</u>	<u>Director</u>
	Printed Name	Title