



SAN BERNARDINO COUNTY EMERGENCY MEDICAL CARE COMMITTEE



ICEMA
Training Rooms A & B
1425 South "D" Street
San Bernardino, CA 92408

July 19, 2012
9:00 a.m.

A G E N D A

I. CALL TO ORDER

II. APPROVAL OF MINUTES

May 17, 2012

III. INTRODUCTION OF NEW MEMBERS

Membership Report

IV. ICEMA UPDATE

INFO/ACTION

- A. Update - RFP for Consultant for Ground Medical Transportation System Design
- B. EMS MISS I & II Status Report

V. ICEMA MEDICAL DIRECTOR

INFO/ACTION

- A. STEMI System Update
- B. Stroke System Update
- C. State STEMI/Stroke Regulations
- D. Trauma System Update
- E. Medication Shortage Update
- F. Tactical Medicine
- G. Pediatric Intubation Education

VI. STANDING EMS SYSTEM MANAGEMENT REPORTS

INFO

- A. Quarterly Trauma Hospital Reports
- B. Base Hospital Quarterly Reports
- C. Hospital Bed Delay Reports
- D. Hospital Surveillance
- E. STEMI Reports

Reports available at http://www.sbcounty.gov/ICEMA/sbcounty_reports.aspx

VII. OLD BUSINESS

ACTION/APPROVE

- A. Utilization of PBC Trust Fund

VIII. NEW BUSINESS

ACTION/APPROVE

- A. Annual PBC Program Report 2011
- B. EMCC Workshop Topics
- C. Report on AEMT
- D. General Protocols
 - 1. 7010 - BLS/ALS Standard Drug and Equipment List
 - 2. 7020 - EMS Aircraft Standard Drug and Equipment List
 - 3. 9120 - Nausea and Vomiting
 - 4. 10010 - King Airway Device – Adult
 - 5. 10020 - King Airway Device – Pediatric
 - 6. 10030 - Oral Endotracheal Intubation – Adult
 - 7. 10050 - Nasotracheal Intubation
 - 8. 10080 - Insertion of Nasogastric/Orogastric Tube
 - 9. 10090 - Vagal Maneuver
 - 10. 10100 - 12-Lead Electrocardiography
 - 11. 10140 - Intraosseous Infusion (IO)
 - 12. 10150 - External Jugular Vein Access
 - 13. 11030 - Non-Traumatic Hypertensive Crisis - DELETE
 - 14. 12010 - Determination of Death on Scene
 - 15. 12020 - Withholding Resuscitative Measures
 - 16. 13010 - Poisonings
 - 17. 13020 - Heat Related Emergencies
 - 18. 13030 - Cold Related Emergencies
 - 19. 14020 - Airway Obstruction - Pediatric
 - 20. 14040 - Cardiac Arrest - Pediatric
 - 21. 14090 - Newborn Care

IX. COMMITTEE/TASK FORCE REPORTS

X. OTHER/PUBLIC COMMENT

XI. COMMITTEE MEMBER REQUESTS FOR NEXT MEETING

XII. NEXT MEETING DATE AND LOCATION

September 20, 2012

ICEMA

Training Rooms A & B

1425 South “D” Street

San Bernardino, CA

XIII. ADJOURNMENT

e San Bernardino County Emergency Medical Care Committee (EMCC) meeting facility is accessible to persons with disabilities. If assistive listening devices or other auxiliary aids or services are needed in order to participate in the public meeting, requests should be made through the Inland Counties Emergency Medical Agency at least three (3) business days prior to the EMCC meeting. The telephone number is (909) 388-5823, and office is located at 1425 South “D” Street, San Bernardino, CA.



SAN BERNARDINO COUNTY EMERGENCY MEDICAL CARE COMMITTEE



ICEMA
Training Rooms A & B
1425 South "D" Street
San Bernardino, CA 92415-0060

May 17, 2012

COMMITTEE	ORGANIZATION	EMS AGENCY STAFF	POSITION
<input checked="" type="checkbox"/> Jim Holbrook	EMS Training Institution	<input checked="" type="checkbox"/> Reza Vaezazizi	Medical Director
<input checked="" type="checkbox"/> Diana McCafferty	Private Ambulance Provider	<input checked="" type="checkbox"/> Virginia Hastings	Executive Director
<input checked="" type="checkbox"/> Margaret Peterson	Hospital Administrator	<input checked="" type="checkbox"/> Denice Wicker-Stiles	Assistant Administrator
<input checked="" type="checkbox"/> Stephen Miller	Law Enforcement	<input checked="" type="checkbox"/> George Stone	PBC Program Coordinator
<input checked="" type="checkbox"/> Michael Smith	Fire Chief	<input checked="" type="checkbox"/> Sherri Shimshy	EMS Nurse
<input checked="" type="checkbox"/> Troy Pennington	Physician -Level II	<input checked="" type="checkbox"/> Chris Yoshida-McMath	EMS Trauma Nurse
<input checked="" type="checkbox"/> Art Andres	EMT-P - Public Sector	<input checked="" type="checkbox"/> Ron Holk	EMS Nurse
<input checked="" type="checkbox"/> Rick Britt	Communication	<input checked="" type="checkbox"/> Mark Roberts	EMS Technical Consultant
<input checked="" type="checkbox"/> Allen Francis	Nurse - MICN	<input checked="" type="checkbox"/> Paul Easterling	EMS Specialist
<input checked="" type="checkbox"/> Roy Cox	Air Ambulance Provider	<input type="checkbox"/> John Mueller	EMS Specialist
<input checked="" type="checkbox"/> Art Rodriguez	EMT-P - Private Sector	<input checked="" type="checkbox"/> Jacquie Martin	Secretary
<input checked="" type="checkbox"/> Richard Catalano	Physician - Level I		
<input type="checkbox"/> <i>Vacant</i>	City Manager		
<input type="checkbox"/> <i>Vacant</i>	Consumer Advocate		
<input type="checkbox"/> <i>Vacant</i>	Physician - ER		
Dimitrios Alexiou	HASC	Greg Kunkel	MCLB
Patrick Apodaca	Barstow FD	Ramon Lomeli	MBA
Renee Colarossi	AMR	Scott MacDonald	Redlands FD
Christine Eusoof-Ortiz	RCH	Mike Maltby	Big Bear FD
Nancy Hernandez	LLUMC	Kevin Parkes	SACH
Bill Jones	San Manuel FD	Joy Peters	ARMC
Holly Kendall	Symons Ambulance	Ryan Tworek	MCLB

I. CALL TO ORDER

The meeting was called to order at 9:00 a.m.

II. APPROVAL OF MINUTES

The January 19, 2012, EMCC meeting minutes and February 23, 2012, special meeting minutes were reviewed.

Michael Smith motioned to approve January 19, 2012, minutes; Allen Francis seconded.

MSC:

Ayes - 12

Noes - 0

Abstaining - 0

Correction request to February 23, 2012, special meeting minutes: Stephen Miller requested the removal of the word "initial" on Page 4 under VOTING, Item #4. Stephen Miller motioned to approve February 23, 2012, minutes; Rick Britt seconded.

MSC:

Ayes - 12

Noes - 0

Abstaining - 0

III. INTRODUCTION OF NEW MEMBERS

The Board of Supervisors appointed Dr. Travis Henson to fill the ED physician non-trauma center seat on March 27, 2012. He was unable to attend the meeting due to a scheduling conflict.

IV. ICEMA UPDATE

A. Legislative Update

Virginia Hastings reported on the following:

1797.201 Stakeholders Work Group - Outcome Paper: Included in agenda packet for information.

AB 1245: The group met once and made recommendations to EMSA which she understands are being drafted into legislation. Some of the key recommendations agreed on are issues concerning emergency medical responders (EMR) in that there is no curriculum or certification process. AB 1245 will address these issues and have a major impact.

B. Urban EOA Contracts Completion

Staff Report included in agenda packet for reference. Virginia Hastings noted that the contract with AMR was approved by the ICEMA Governing Board on May 8, 2012, and will be effective July 1, 2012. The agreed upon term is two (2) years, plus two (2) one-year extensions with approval by the Board for each extension year. The contract also provides ICEMA with \$100,000 (one-time supplemental funding) intended to assist in the implementation of ImageTrend, particularly to assist in hardware purchased by first responder agencies.

Restock reimbursement to first responder agencies will be a flat rate of \$8.00 per transported patient, paid quarterly by AMR to ICEMA for distribution back to the agencies. Agencies receiving reimbursement will have to register on the County's ePro system. Estimated timeframe for ICEMA/County processes is 45 days. Based upon timeframes, first responders should be prepared for their own restock for the first four (4) months. ICEMA will be issuing a memo regarding the procedures for receiving reimbursement.

EMCC Comments:

Jim Holbrook requested a list of EMS first responder agencies that will receive money and how much from the enhancement money. He also asked if there is a list of who has already received equipment. Denice Wicker-Stiles responded that ICEMA has a record of providers who received equipment through the Homeland Security Grant. Virginia Hastings noted that it is not ICEMA's intention to provide hardware to those who already received it from the previous grant.

Stephen Miller voiced concern over the role of the EMCC and the need for clarification and a clear understanding of anti-trust issues and legislative changes in regards to the contracting process. He pointed out that selective or differing memories on what has happened creates difficulty when it comes down to making a final decision.

Jim Holbrook recommended a workshop be held for the EMCC members, similar to the workshop held several years ago. He requested that suggested topics be sent to Denice Wicker-Stiles.

Stephen Miller reiterated that as performance based contracts and RFPs move forward, there needs to be a good understanding what the active State legislation means and what the role of the EMCC is in the process. He also requested minutes that documents the progress and ICEMA's own internal recordkeeping will help with the approval process.

C. EMS MISS I & II Status Report

EMS MISS I & II Report is included in agenda packet for reference. Virginia Hastings noted that she is confident that ICEMA will have an ePCR data system with everyone onboard within the next year. On a recently held conference call with EMSA for next year's grant funding, regional LEMSAs were notified they will be ineligible for funding if electronic data is not submitted. There is sufficient "authority" with the local EMS agency and EMSA to take action against agencies who do not comply with the data requirements.

EMCC Comments:

Jim Holbrook asked if it was anticipated that, of the 14 agencies listed on the report as not submitting data to ICEMA, collection and submission would be completed this year. He suggested that the EMCC could help lend support in getting participation.

Michael Smith commented that it is anticipated that those fire departments on the list will be coming on board this year, if not, during 2013.

Virginia Hastings noted that there is a real commitment from the Fire Chief's and that they clearly understand the mandate and need for solid data. She also noted that there is funding to help with the commitment. In June, beta testing will begin with San Bernardino City FD and AMR. There are some questions that still need to be addressed regarding CAD interfaces but Virginia feels ICEMA is on track.

Rick Britt commented that he does not see any real issues and that the CAD interface looks pretty straight forward technically.

Michael Smith noted that the Fire Chief's community is on board and recognizes the importance and support.

D. Update - Ground Based Ambulance Rate Setting Policy

Virginia Hastings noted that the policy is updated every two (2) years. Years ago it was in the San Bernardino Public Health ordinance, but once ICEMA became a separate department County Counsel advised that ICEMA set its policy so that it applies to the entire county where County ordinances only apply to unincorporated areas. There were no major changes but in the next couple of years there could be significant changes based upon how reimbursements change. Rates were distributed yesterday to providers and posted on the ICEMA website and will become effective July 1st.

V. ICEMA MEDICAL DIRECTOR

A. STEMI System Update

Latest STEMI data is posted on the ICEMA website. There are no new trends to report at this time.

Dr. Vaezazizi reported on the following:

The STEMI CQI Committee is in early stages of exploring the concept of developing Cardiac Arrest Centers where cardiac arrest patients who experience a return of spontaneous circulation in field are transported to a specialty center rather than the closest hospital. These centers will most likely be current STEMI centers. This concept will require further discussion at future meetings.

STEMI Referral Hospital (SRH) - STEMI Receiving Center (SRC) Buddy System - ICEMA and the STEMI CQI Committee have developed a Buddy System to encourage and facilitate communication while expediting transfer of STEMI patients between a SRH and SRC. The STEMI Centers will reach out to their paired buddy referral hospitals to make sure the channels of communications are open and that transfers are readily accepted without any delays so patients receive the treatment that they require.

ECG Study - ICEMA will be conducting a system-wide comprehensive review of all prehospital ECGs on 100% of STEMI patients. The project is scheduled to start later this summer and ICEMA will be working closely with all field providers to capture and review all STEMI prehospital ECGs.

B. Stroke Receiving Centers Update

There are currently six (6) Stroke Centers in ICEMA's regional network. There was a recent change in status of Arrowhead Regional Medical Center, changing their designation from a Level I to a Level II NSRC. This change was due to equipment and physical plant issues, and is expected to be temporary. The Stroke QI Committee is scheduled to meeting in June.

C. Medication Shortage Update

ICEMA continues to issue waivers to the affected providers, on a case-by-case basis. Waivers are strictly limited to situations where no identifiable solution is available and not when a shortage is due to vendor or contract limitations. It is important that providers understand that a waiver can only be issued under certain circumstances of nationally recognized shortages. Providers are strongly encouraged to explore contacts with multiple vendors to increase access to the required medications.

ICEMA will continue to monitor the situation and provide updates as needed.

D. State Task Force on STEMI and Stroke Regulations Update

Work is ongoing. A final draft should be available for public review and comment later this year. Also, the concept of a Statewide STEMI registry is currently being explored. There are currently no plans for a statewide registry for Stroke Centers.

VI. STANDING EMS SYSTEM MANAGEMENT REPORTS

The following reports are available for review at http://www.sbcounty.gov/sbcounty_reports.aspx:

- Trauma Reports (Quarterly)
- Base Hospital Statistics (Quarterly)
- Bed Delay Reports
- Prehospital Data Reports
- Reddinet Assessment Reports
- STEMI Center Reports

VII. OLD BUSINESS

A. Utilization of PBC Trust Fund

Utilization of PBC Trust Fund is included in agenda packet for reference. Jim Holbrook noted that this is an information item only but that EMCC needed a motion to continue support.

Stephen Miller motioned to approve; Diana McCafferty seconded.

MSC:

Ayes - 12

Noes - 0

Abstaining - 0

VIII. NEW BUSINESS

A. 2011 Annual Report - Final Reading

Jim Holbrook noted the report was included in the packet. There were no comments received. The report will be sent to the Governing Board.

B. Fines and Forfeitures - Funding for RFP - Consultant for Ground Medical Transportation System Design

Staff Report included in the agenda packet.

Art Andres motioned to endorse the expenditure of \$150,000 for the Ground Medical Transportation System consultant; Stephen Miller seconded.

MSC:

Ayes - 12

Noes - 0

Abstaining - 0

C. General Protocols

The following protocols were approved with no discussion and no changes:

1. 6070 Cardiovascular "STEMI" Receiving Centers

Stephen Miller motioned to approve; Allen Francis seconded.

MSC:

Ayes - 12

Noes - 0

Abstaining - 0

2. 8100 Continuation of Trauma Care

Art Rodriguez motioned to approve; Allen Francis seconded.

MSC:

Ayes - 12

Noes - 0

Abstaining - 0

3. 15010 Trauma - Adult

Troy Pennington motioned to approve; Diana McCafferty seconded.

MSC:

Ayes - 12

Noes - 0

Abstaining - 0

The following protocol was approved after further discussion and no changes:

4. Draft Hospital Emergency Response Team (HERT)

Troy Pennington motioned to approve; Allen Francis seconded.

MSC:

Ayes - 12

Noes - 0

Abstaining - 0

IX. COMMITTEE/TASK FORCE REPORTS

None

X. OTHER/PUBLIC COMMENT

None

XI. COMMITTEE MEMBER REQUESTS FOR NEXT MEETING

Workshop Topics

AEMT Report

RFP Update

XII. NEXT MEETING DATE AND LOCATION

July 19, 2012

ICEMA

Training Rooms A & B

1425 South "D" Street

San Bernardino, CA

XIII. ADJOURNMENT

Meeting was adjourned at 10:28 a.m.

VH/jlm



**SAN BERNARDINO COUNTY EMCC MEMBERS
APPOINTMENTS/MANDATORY AB 1234 ETHICS TRAINING**



SEAT #	MEMBER NAME	EMCC POSITION	APPOINT. DATE	APPOINT. EXPIRES	MEMBER STATUS	AB 1234 COMP. DATE	AB 1234 EXPIRE DATE
1	McCafferty, Diana	Private Ambulance Provider	3/22/2011	1/31/2013	CURRENT	7/15/2011	7/15/2013
2	Holbrook, Jim	EMT-P Training Program	3/22/2011	1/31/2015	CURRENT	6/27/2011	6/27/2013
3	Peterson, Margaret	Hospital Administrator	3/22/2011	1/31/2015	CURRENT	1/16/2012	1/16/2014
4	Henson, Travis, MD	ED Physician - Non-Trauma	3/27/2012	1/31/2016	CURRENT		
5	Hughes, Chris	City Manager	6/26/2012	1/31/2014	CURRENT		
6	VACANT	Consumer Advocate					
7	Smith, Michael	Fire Chief	3/22/2011	1/31/2015	CURRENT	4/13/2012	4/13/2014
8	Miller, Stephen	Law Enforcement	1/10/2012	1/31/2016	CURRENT	7/01/2010	7/01/2012
9	Andres, Art	EMT/EMT-P - Public Sector	1/10/2012	1/31/2016	CURRENT	8/09/2011	8/09/2013
10	Britt, Rick	Emergency Medical Dispatch (PSAP)	3/22/2011	1/31/2015	CURRENT	7/28/2011	7/28/2013
11	Francis RN, Allen	Nurse - MICN	1/10/2012	1/31/2016	CURRENT	3/01/2012	3/01/2014
12	Pennington MD, Troy	Physician - Level II	6/07/2011	1/31/2014	CURRENT	7/14/2010	7/14/2012
13	Cox, Roy	Air Ambulance Provider	3/22/2011	1/31/2015	CURRENT	9/24/2010	9/24/2012
14	Catalano MD, Richard	Physician - Level I	12/06/2011	1/31/2015	CURRENT	1/19/2012	1/19/2014
15	Art Rodriguez	EMT/EMT-P - Private Sector	11/15/2011	1/31/2015	CURRENT	11/30/2011	11/30/2013

Staff Report - EMCC

Request for Proposal (RFP) - Consultant for EMS Ground Medical Transportation System Design

At the EMCC meeting in May, the EMCC recommended utilization of Performance Base Contract fines and forfeitures for a consultant to perform a review of the County's Ground Transportation System. This allocation was later approved through the budget process, by the ICEMA Governing Board.

ICEMA received input regarding the scope of work through multiple meetings with Ambulance Association representatives, both urban and rural, and the County Fire Chief's Advisory Committee. The RFP was released on June 29, 2012, and the Mandatory Proposal Conference was held on July 16, 2012.

The following timetable and scope of work was developed:

Timetable

Release of RFP	June 29, 2012
Deadline for Submission of Questions	5:00 p.m. on July 9, 2012
Answers to Questions Released	5:00 p.m. on July 12, 2012
Mandatory Proposal Conference	10:00 a.m. on July 16, 2012 at ICEMA
Deadline for Proposals	5:00 p.m. on August 29, 2012
Tentative Date for Awarding Agreement	September 25, 2012

Scope of Work

1. System Analysis

Following a detailed system review, including stakeholders input, submit an updated Draft Medical Transportation Plan, to include recommendations for design of EOAs based upon, at a minimum, industry standards for patient transportation, a financial analysis, including potential payor sources for each recommended EOA, and consideration of unique geographic areas identified as rural/wilderness areas and/or areas with high seasonal or recreational areas.

- a. Analyze and provide system-wide financial data modeling of current and expected revenue potentials for recommended EOAs. Financial modeling should include anticipated funding sources/coverage for San Bernardino County payer mix.
- b. Analyze and develop models for exclusivity for: 1) 9-1-1 calls only and/or 2) 9-1-1 and IFTs, including CCTs.

- c. Conduct geographically based stakeholder focus groups for information/recommendations relating to design of EOAs to include:
 - First Responders, public and private
 - Transportation providers
 - City Managers and elected officials
 - Community leaders
 - Hospital representatives, including administrators and physicians, public and private
 - Skilled nursing organizations, convalescent homes, rehabilitation/long term care facilities
 - Physicians, including specialty hospital physicians (trauma, STEMI, and stroke)
 - d. Analyze method should utilize ArcGis and geocoding, staffing and financial resources.
 - e. Compare and contrast ICEMA existing and recommend EOA design with other comparable medical transportation delivery systems.
 - f. Based on information outlined above, recommend proposed EOAs and operating area (non-exclusive).
2. Product To Be Produced
- a. Draft ICEMA Ground Medical Transportation Plan for San Bernardino County. Plan requirements:
 - Transportation Plan, EOA Plan should be cost neutral to San Bernardino County
 - Must comply with all federal, state and county statutes, regulations, and guidelines
 - Recommended EOA design by geographic description:
 - ArcGis geocoding
 - Lat/Long response time polygons
 - Potential costs/revenue sources, including anticipated changes in patient coverage and financial viability of EMS responders in EOA
 - Except for very unique conditions, shall comply with industry/ICEMA established transport timeframes and should comply with applicable statutes, regulations and guidelines and EMSA System and Standards Guidelines
 - b. Other design recommendations based upon contractor's experience.

REQUEST FOR PROVIDER FINANCIAL DATA

ICEMA has requested financial data from both private and public transportation agencies in anticipation of the Transportation system review. This will be an essential data element to ensure complete analysis of San Bernardino County's current EMS system and possible redesign. It is imperative that all agencies provide requested data in a timely manner or delay of EMS Consultant report and subsequent bid will be inevitable.

Information received from:

- AMR
- Desert Ambulance
- Rialto FD
- Running Springs FD (partial data)
- Upland Air (partial data)

Information not received from:

- Big Bear City FD
- Big Bear Lake FD
- Baker EMS
- County Fire
- Crest Forest FD
- Morongo Basin Ambulance

Denice Wicker-Stiles
7/19/12

Staff Report - EMCC

EMS Management Information & Surveillance System - MISS I and MISS II (ImageTrend)

MISS II

IMAGETREND ePCR SOFTWARE - PILOT PHASE

ICEMA started the pilot phase of testing with AMR Redlands, San Bernardino City Fire and San Manuel Fire. The pilot includes creating and posting of calls as well as transferring PCRs in the field. Estimated date of completion for the pilot is August 15, 2012.

CAD INTERFACES PENDING ePCR IMPLEMENTATION

AMR - Completed
San Bernardino City Fire - In progress
Ontario Fire - Pending
Confire - Pending
Desert Ambulance - Pending

MISS I

ICEMA SERVER

ICEMA has received the follow:

1. 2011 - 223,844 ePCRs
2. May 2012 - 19,752 ePCRs
3. Jan 2, 2012 - June 30, 2012 - 111,663 ePCRs

PENDING MOUs

CAL FIRE - Yucaipa - San Bernardino County (received May 7, 2012)
CAL FIRE - Highland - San Bernardino County

PENDING DEPLOYMENTS

Sheriff's Search and Rescue - San Bernardino County

HOMELAND SECURITY GRANT FUNDING

Below is a list of providers that received equipment through original MISS Homeland Security Grant:

- Barstow FD
- Big Bear Lake FD
- Big Bear City FD

- Crest Forest FPD
- Fort Irwin FD
- Morongo Valley FD
- Running Springs FD
- San Bernardino City FD
- Sheriffs Air
- Symons - San Bernardino
- Yucaipa FD
- Upland FD

Mark Roberts
7/19/12

Staff Report - EMCC

UTILIZATION OF PBC TRUST FUND (LIQUIDATED DAMAGES)

<i>Request for Incidental Expenses:</i>	<i>\$5,000</i>
Incidental expenses related to MISS project or performance based contracts not to exceed \$5,000.	
<i>Request for Additional Expenses for FY 2012-13:</i>	<i>\$55,000</i>
Purchase of printer paper and toner for FY 2012-13 up to \$55,000 as approved. Expenses for the new FY are anticipated to cost \$55,000.	

Current Trust Fund Balance (as of June 30, 2012): \$598,922

Incidental Expenses:

During the October 2010 meeting, the EMCC approved the use of liquidated damages for incidental expenses related to the MISS project or performance based contracts not to exceed \$5,000.

APPROVED INCIDENTAL BUDGET	Vendor	Date	\$5,000
Expenses:			
Toughbook batteries (27)	Sarcom	12/14/2011	\$3,450.22
Subtotal			\$3,450.00
Balance Remaining			\$1,549.78

Additional Expenses for FY 2011-12:

During the November 2011 meeting, the EMCC also approved expenditures up to \$40,000 for the costs associated with paper and toner purchases.

APPROVED EXPENDITURES BUDGET	Vendor	Amount	\$40,000
Expenses FY 2011-12:			
Paper	Staples	\$8,071	\$8,071
Toner	Daisy Wheel	\$27,757	\$27,757
Subtotal			\$35,828
Balance Remaining			\$4,172

ICEMA anticipates annual cost of \$55,000 for paper and toner as additional providers implement ImageTrend.

Electronic Patient Care Record Data System Expenses for FY 2011-12:

ICEMA governing board approved an ePCR project with the initial three (3) year term for a total cost of \$717,546, on November 15, 2011. Expenditures of the project are shown below.

APPROVED ePCR BUDGET	Vendor	Amount	\$717,546
Expenses FY 2012:			
	Image Trend	\$161,640	\$161,640
	Sarcom	\$12,014	\$12,014
	ISD	\$22,162*	\$22,162
	Golden Star Tech	\$2,745	\$2,745
Subtotal			\$198,562
Balance Remaining			\$518,984

* Amount as actually billed, different from previous report shown as estimate from ISD quote of \$24,045.

Trust Fund Expenditure History

September 2009	Printer Paper and Toner	\$28,000
January 2010	150 Ruggedized Flash Drives	\$5,000
May 2010	Printer Paper and Toner	\$25,000
July 2010	Additional Printers	\$5,177
January 2011	Printer Paper and Toner Increase	\$15,000
May 2011	Additional Printers	\$12,500
October 2011	MISS and PBC Incidental Expenses	\$5,000
November 2011	Additional Paper and toners	\$40,000

Staff Recommendations:

EMCC endorsement of \$5,000 for incidental expenditures related to MISS project and performance based contracts.

EMCC endorsement of expenditures up to \$55,000 for FY 12-13 for the costs associated with paper and toner purchases.

May Wang
7/19/12



San Bernardino County

Performance Based Contracts

Annual Report

2011

Reported on May 21, 2012

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BACKGROUND INFORMATION

Performance-based contracts or agreements with public and private ambulance providers in the County ensure a more in-depth monitoring of the EMS system for compliance with standards, policies and procedures designed to provide citizens with the best possible pre-hospital emergency care. Rural, wilderness and underserved areas were given special consideration regarding term of contract, penalty provisions, breach language, bond requirements and other areas that would otherwise have seriously affected the provider's ability to continue to provide emergency medical services.

San Bernardino County is divided into 27 total Exclusive Operating Areas designated as urban, rural, or wilderness areas, and where ambulance services are provided by private companies, public fire departments or fire districts, or by volunteer fire departments. All private providers are required to enter into a performance based contract; public providers are required to enter into a Memorandum Of Understanding (MOU).

Performance based contracts provide for a detailed methodology for assurance of compliance by the contractor with all ICEMA policies and procedures with an emphasis on response time compliance providing for financial penalties for non-compliance.

Term of Agreements:

The term of the agreement is provided in the "ALS Transportation Provider List" with evergreen clauses provided for rural/wilderness and public providers.

Responsibilities of Providers:

Personnel and Equipment:

- Provide all necessary personnel, equipment and materials to ensure availability and EMS response on a continuous 24-hour basis.
- Staffing: ALS units – one paramedic and one EMT per unit; BLS units 2 EMTs per unit; CCT units in accordance with ICMEA policy.
- Develop and maintain personnel, including plan for immediate recall of personnel, and patient care policies
- Provide in-service training to employees
- Ensure courteous conduct and professional appearance
- Ensure proper state licensure and ICEMA accreditation/certification
- Ensure all personnel comply with ICEMA QI Plan

Coordination with other providers:

First responders (fire agencies)

- Develop and initiate mutual aid agreements by May 1, 2005
- Develop and maintain a first responder orientation program
- Coordinate and work under the Incident Command System
- Make available to first responder personnel continuing education programs

Police Chiefs and County Fire Chiefs Association:

- Provide an administrative representative or designated to attend meetings upon reasonable request

Mutual Aid:

- Respond to requests from neighboring jurisdictions that require Code 3 response, to the extent resources are available
- During disaster response, commit necessary and appropriate resources

Quality Improvement:

Medical Control:

- Adhere to all ICEMA plans, policies, standards and protocols, applicable county ordinances and state laws
- Adhere to standards of medical control established by ICEMA
- Provide a physician medical director to work with ICEMA Medical Director to ensure compliance with established clinical standards (not required of rural/wilderness providers)

Response time standards:

- Compliance measured and calculated monthly on fractile basis using computer aided dispatch (CAD) data
- Cancelled calls included in determining compliance; supervisory support vehicles are not included for the purpose of determining compliance
- Submit monthly each instance when a call results in exceeding maximum response time standard

Data Collection and Reporting:

- For each patient, an ICEMA approved patient care report (PCR) or electronic patient care report (ePCR) form must be completed
- Submit accurate and complete data monthly, including CAD data, for each response and patient care data as specified by ICEMA approved electronic data collections and submission format

Emergency Medical Dispatch:

- Trained personnel and equipment available 24 hours a day
- Ensure compliance with all ICEMA policies and procedures
- Maintain CAD system not below the level of the system in place as of May 1, 2004 in accordance with ICEMA policies and procedures
- Establish and maintain an ICEMA approved backup provider dispatch system in the event of disasters, etc.

Deployment Plan:

- Plan reviewed by ICEMA on an annual basis or as any material changes occur
- Plan may incorporate more than one EOA

- Movement of resources must not result in EOA non-compliance

User fee rate adjustments:

- Rates may be adjusted pursuant to process defined in ICEMA policy 5080

Indigent Transport Services:

- Shall provide service pursuant to contract with the County of San Bernardino

End Term Provisions:

- Provider to continue to provide service during transition period
- Provider accepts periodic bid competition (urban contracts)

Management / Monitoring Fee:

An annual management/monitoring fee is assessed for each EOA. The amount represents a pro rata share of the annual fee in an amount estimated to be sufficient to cover ICEMA's costs related to monitoring and enforcing the provisions of the agreements. The pro rata of cost is determined based on the total number of 9-1-1 transports within the EOA during the most recent 12-month period.

Calendar year 2011 – A total of \$462,347.78 was collected for administrative fees – AMR, \$411,869.04, Desert Ambulance, \$17,214.89; Needles Ambulance, \$3,096.13; Baker EMS, \$1,361.91; Crest Forest Fire Dept., \$2,856.09; Morongo Basin Ambulance, \$16,029.35; Running Springs Fire Dept., \$1,876.30; Big Bear City Fire Dept., \$8,044.07.

Liquidated Damages / Assessments:

Liquidated Damages / Assessments generated in 2011 were as follows:

- From response time compliance - \$230,036
- From vehicle critical failures - \$9,250

The assessments are deposited in an Emergency Medical Services (EMS) Trust Fund to be utilized for the purpose of enhancing, not supplanting, the EMS system as determined by ICEMA, reviewed and endorsed by the San Bernardino Emergency Medical Care Committee (EMCC), and approved by the ICEMA Governing Board.

Liquidated Damages Trust Fund Expenditures:

- Toners and paper - \$28,423.74
- Additional printers - \$12,500.00
- Incidental expenses - \$3,450.22 for 27 Toughbook batteries

During the October 2010 meeting, the EMCC approved the use of liquidated damages for incidental expenses related to the MISS project or PBC not to exceed \$5,000.

ALS TRANSPORTATION PROVIDER LISTING

EOA	Provider	Type of Agreement	Effective	Expiration
1	AMR	Urban Contract	05/01/2004	06/30/2014*
2	AMR	Urban Contract	05/01/2004	06/30/2014*
3	AMR	Urban Contract	05/01/2004	06/30/2014*
4	AMR	Urban Contract	05/01/2004	06/30/2014*
5	AMR	Urban Contract ⁽¹⁾	05/01/2004	06/30/2014*
6	AMR	Urban Contract	05/01/2004	06/30/2014*
7	AMR	Urban Contract	05/01/2004	06/30/2014*
8	AMR	Urban Contract	05/01/2004	04/30/2012 ⁽²⁾
9	AMR	Urban Contract	05/01/2004	06/30/2014*
10	Crest Forest FD	Rural/Wilderness MOU	10/17 2006	12/31/2013
11	AMR	Rural Contract	05/01/2004	04/30/2012 ⁽²⁾
12	AMR	Rural Contract	05/01/2004	04/30/2012 ⁽²⁾
13	Desert Ambulance	Rural Contract	05/01/2004	04/30/2012 ⁽²⁾
14	Morongo Basin	Rural/Wilderness MOU	12/19/2006	12/31/2014
15	Morongo Basin	Rural/Wilderness MOU	12/19/2006	12/31/2014
16	SBCF (Wrightwood)	MOU	-----	-----
17	SBCF (Hesperia)	MOU	-----	-----
18	SBCF (Lake Arrowhead)	MOU	-----	-----
19	Running Spring FD	Rural/Wilderness MOU	10/17/2006	13/13/2012 ⁽²⁾
20	Bear Valley Paramedics	Rural/Wilderness MOU	10/17/2006	12/31/2013 ⁽²⁾
21	SBCF (Yucca Valley)	MOU	-----	-----
22	Needles Ambulance	Wilderness Contract	10/01/2004	09/30/2012 ⁽²⁾
23	Baker EMS	Wilderness Contract	10/01/2004	09/30/2012 ⁽²⁾
24	Searles Valley FD (BLS)	MOU for Current BLS	RFP ALS ⁽³⁾	-----
25	SBCF (Lucerne Valley)	MOU	-----	-----
26	Liberty Ambulance	Wilderness Contract	RFP ALS ⁽³⁾	-----
27	SBCF (Havasu)	MOU	-----	-----

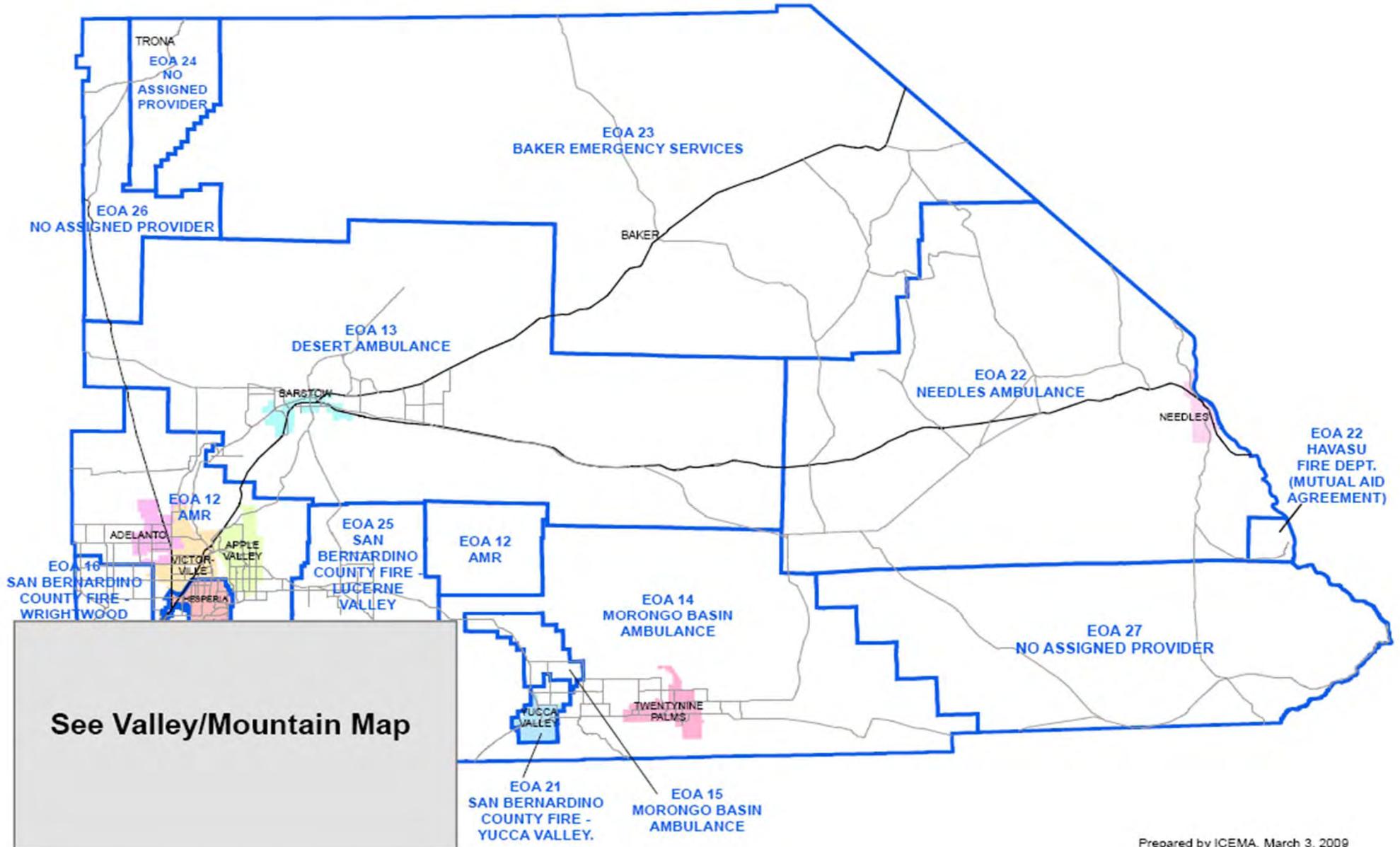
* Two (2) one-year extensions upon Board approval

⁽¹⁾ AMR – Rialto Fire Department (1797.201) no contract or MOU

⁽²⁾ Automatic successive 3-year extensions

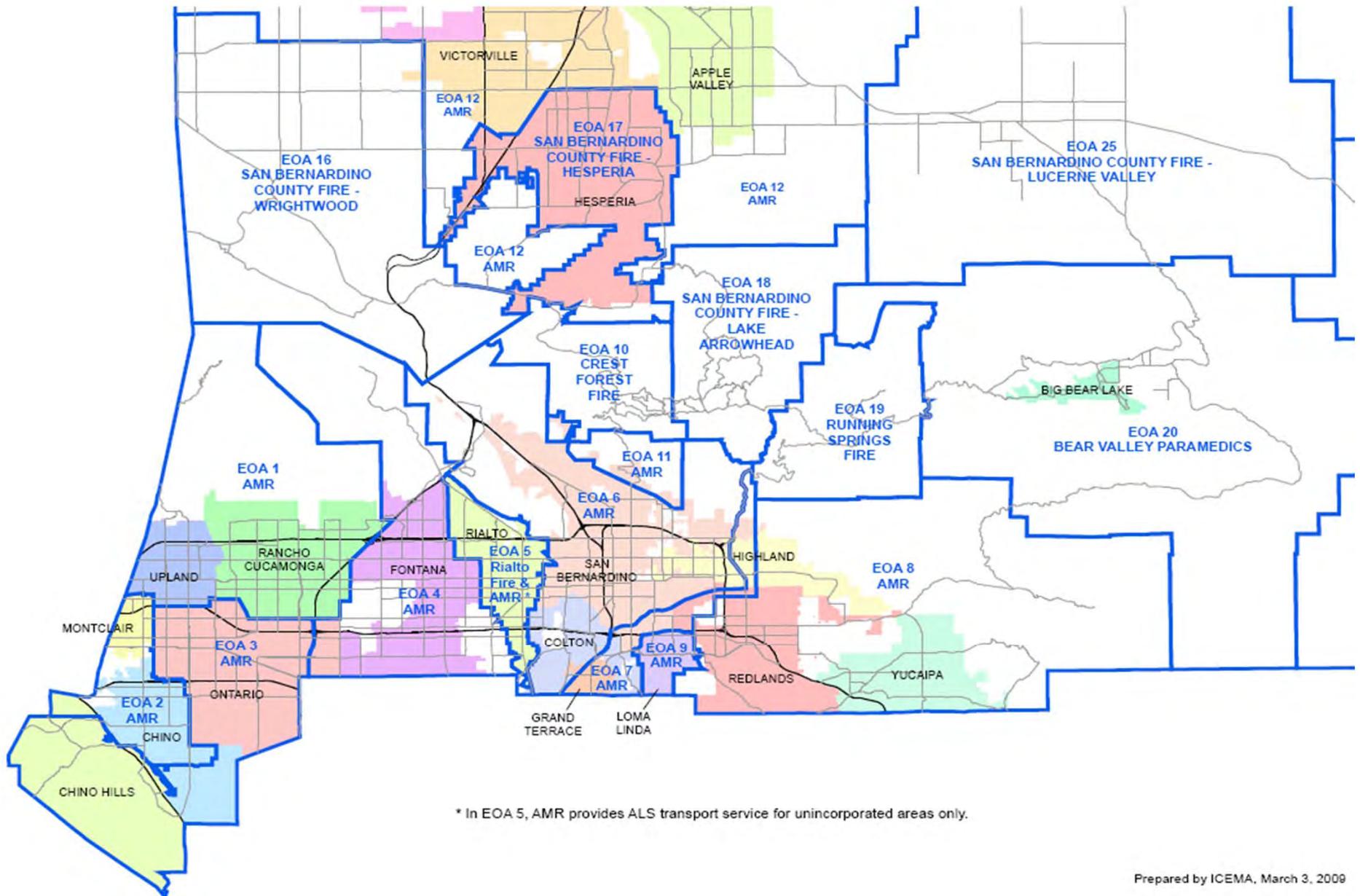
⁽³⁾ RFP January of 2007 for ALS provider – no responses or proposals received

San Bernardino County ALS Ambulance Transport Service Exclusive Operating Areas and Service Providers Desert Region



Prepared by ICEMA, March 3, 2009

San Bernardino County ALS Ambulance Transport Service Exclusive Operating Areas and Service Providers Valley/Mountain Region



Response Time Compliance by All providers in All EOA's All months in 2011

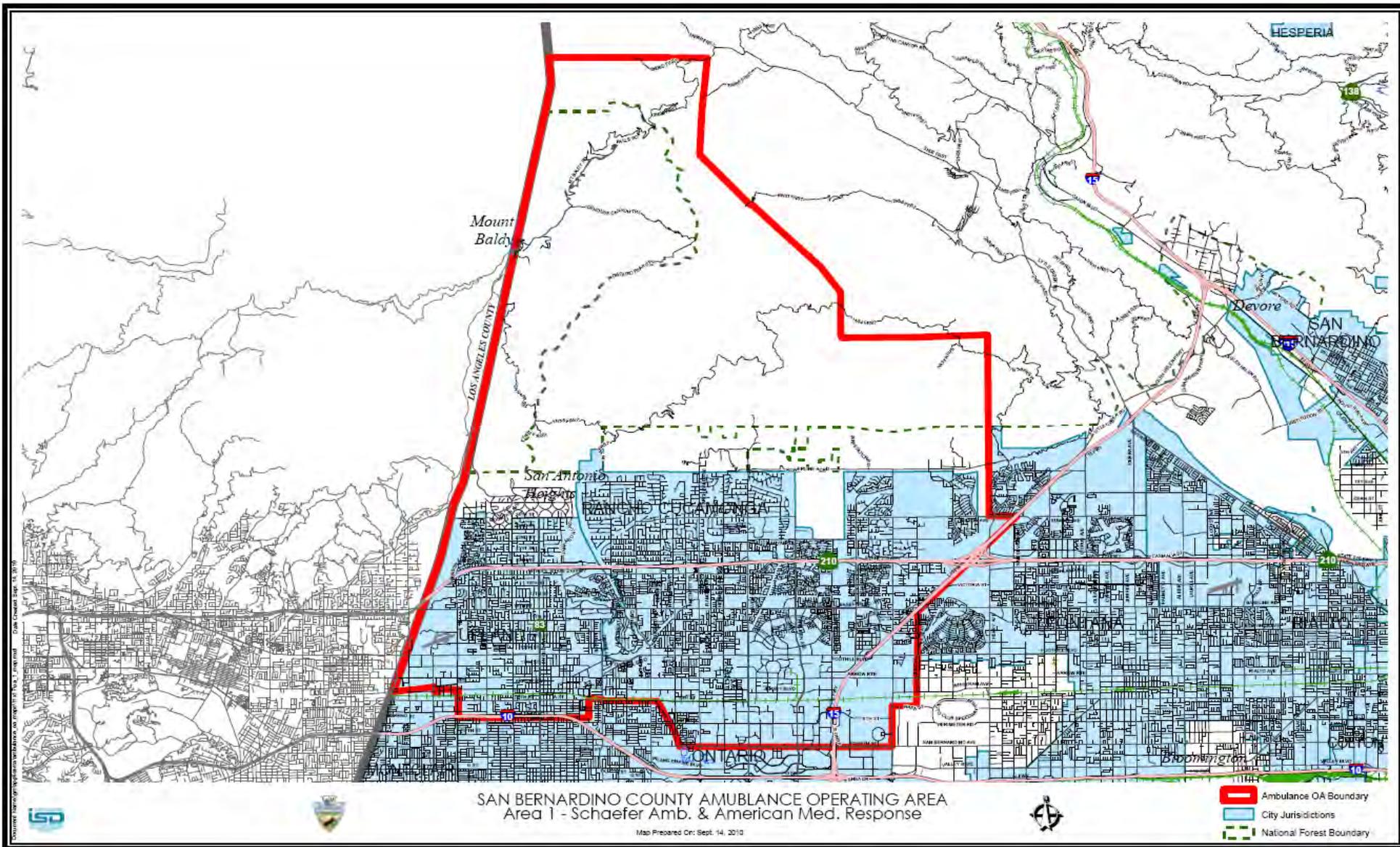
EOA	Provider	2011											Total CY2011	Total Runs*	
		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov			Dec
1	AMR (Rancho Cucamonga)	92.02%	91.49%	92.54%	92.69%	91.71%	90.89%	93.76%	92.79%	92.40%	92.81%	92.60%	91.72%	92.30%	16,030
2	AMR (Rancho Cucamonga)	93.77%	91.10%	93.47%	94.18%	94.51%	94.09%	95.75%	94.07%	93.62%	92.53%	92.48%	94.89%	93.71%	7,697
3	AMR (Rancho Cucamonga)	92.23%	90.49%	92.36%	91.98%	92.68%	91.76%	92.23%	91.13%	91.57%	91.92%	91.48%	92.20%	91.85%	14,720
4	AMR (Rancho Cucamonga)	90.50%	90.71%	91.63%	91.35%	90.87%	90.98%	91.44%	91.11%	91.83%	90.40%	90.10%	90.61%	90.96%	14,334
5	Rialto Fire Department (201)														
5	AMR (San Bernardino)	84.62%	73.68%	100.00%	100.00%	95.00%	85.00%	89.47%	82.76%	80.00%	100.00%	86.36%	85.00%	88.13%	219
6	AMR (San Bernardino)	90.82%	93.02%	92.50%	93.65%	92.88%	92.63%	93.67%	91.71%	92.45%	92.68%	93.58%	93.06%	92.71%	29,592
7	AMR (Redlands)	91.48%	94.55%	91.00%	92.52%	92.46%	93.00%	93.91%	94.03%	92.07%	93.57%	93.38%	91.33%	92.77%	3,652
8	AMR (Redlands)	92.91%	94.08%	91.92%	92.98%	93.55%	91.89%	92.20%	92.56%	91.79%	92.52%	91.64%	91.63%	92.47%	12,138
9	AMR (Redlands)	93.04%	94.18%	92.22%	95.18%	93.85%	94.12%	93.03%	92.97%	92.59%	92.35%	94.71%	94.19%	93.54%	2,106
10	Crest Forest Fire Department														
11	AMR (San Bernardino)	<i>Included in EOA 6 calculation **</i>													
12	AMR (Victorville)	92.71%	91.19%	92.91%	94.34%	94.04%	93.77%	92.99%	92.24%	91.39%	91.64%	90.31%	91.48%	92.41%	25,203
13	Desert Ambulance	100.00%	100.00%	98.58%	99.75%	100.00%	100.00%	100.00%	99.81%	99.78%	99.78%	100.00%	100.00%	99.80%	5,111
14	Morongo Basin Ambulance														
15	Morongo Basin Ambulance														
16	Wrightwood Fire Department														
17	Hesperia Fire Department														
18	Lake Arrowhead Fire Dept														
19	Running Springs Fire Dept														
20	Bear Valley Paramedics														
21	Yucca Valley Fire Dept														
22	Needles Ambulance														
23	Baker EMS														
24	Searles Valley Fire Dept (BLS)														
25	Lucerne Valley Fire Department														
26	Liberty Ambulance														
27	Havasu Fire Department														

* Data include only runs used in response time calculation.
Runs with approved exemptions are excluded.
Multi-patient and multi-unit runs are counted only once.

** Beginning with July 2007 data, EOA 6 and EOA 11 runs are combined per Amendment #1 to PBCs 04-304 and 04-308 (Item #107, BOS, 06/05/2007).

White	PBC Contracts currently in effect
Yellow	MOU agreements currently in effect
Orange	Agencies without MOU's
Red	RFP areas Feb 2007 -- no bids

All EOA's Exemption			
Month	Requests	Approved	% Approved
January	176	172	97.7%
February	190	183	96.3%
March	135	135	100.0%
April	113	113	100.0%
May	67	67	100.0%
June	133	128	96.2%
July	123	123	100.0%
August	165	165	100.0%
September	132	131	99.2%
October	126	126	100.0%
November	96	90	93.8%
December	90	90	100.0%
Total	1546	1523	98.5%



EOA 1 Response Time Performance By Month, Calendar Year 2011

Month	Response Time Requirement	Total Runs	Percent On-Time
January	9:59	1,312	92.45%
	29:59	29	72.41%
	Total	1,341	92.02%
February	9:59	1,248	91.59%
	29:59	21	85.71%
	Total	1,269	91.49%
March	9:59	1,354	92.61%
	29:59	14	85.71%
	Total	1,368	92.54%
April	9:59	1,298	92.76%
	29:59	15	86.67%
	Total	1,313	92.69%
May	9:59	1,285	91.67%
	29:59	6	100.00%
	Total	1,291	91.71%
June	9:59	1,237	90.78%
	29:59	14	100.00%
	Total	1,251	90.89%

Month	Response Time Requirement	Total Runs	Percent On-Time
July	9:59	1,334	93.70%
	29:59	13	100.00%
	Total	1,347	93.76%
August	9:59	1,332	92.79%
	29:59	13	92.31%
	Total	1,345	92.79%
September	9:59	1,337	92.45%
	29:59	5	80.00%
	Total	1,342	92.40%
October	9:59	1,395	92.76%
	29:59	9	100.00%
	Total	1,404	92.81%
November	9:59	1,304	92.56%
	29:59	6	100.00%
	Total	1,310	92.60%
December	9:59	1,437	91.86%
	29:59	12	75.00%
	Total	1,449	91.72%

Month	Exemption		
	Requests	Approved	% Approved
January	6	6	100.0%
February	7	6	85.7%
March	9	9	100.0%
April	5	5	100.0%
May	2	2	100.0%
June	6	6	100.0%
July	9	9	100.0%
August	5	5	100.0%
September	14	14	100.0%
October	7	7	100.0%
November	2	1	50.0%
December	6	6	100.0%
Total	78	76	97.4%

CY2011	Response Time Requirement	Total Runs	Percent On-Time
	9:59	15,873	92.35%
	29:59	157	87.26%
Total	16,030	92.30%	

Average number of runs per month: **1,336**

RT compliance of each month exceeded 90%.

Overall compliance for the year: **92.30%**

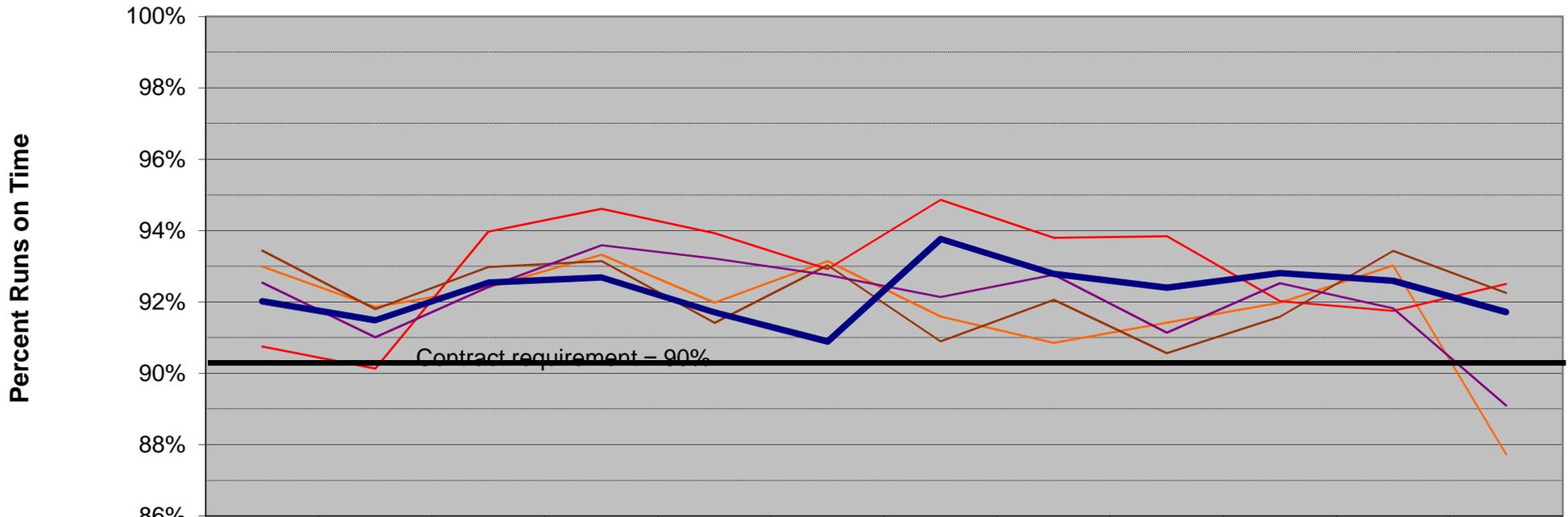
The highest compliance rate for the year was:

July at: **93.76%**

The lowest compliance rate for the year was:

June at: **90.89%**

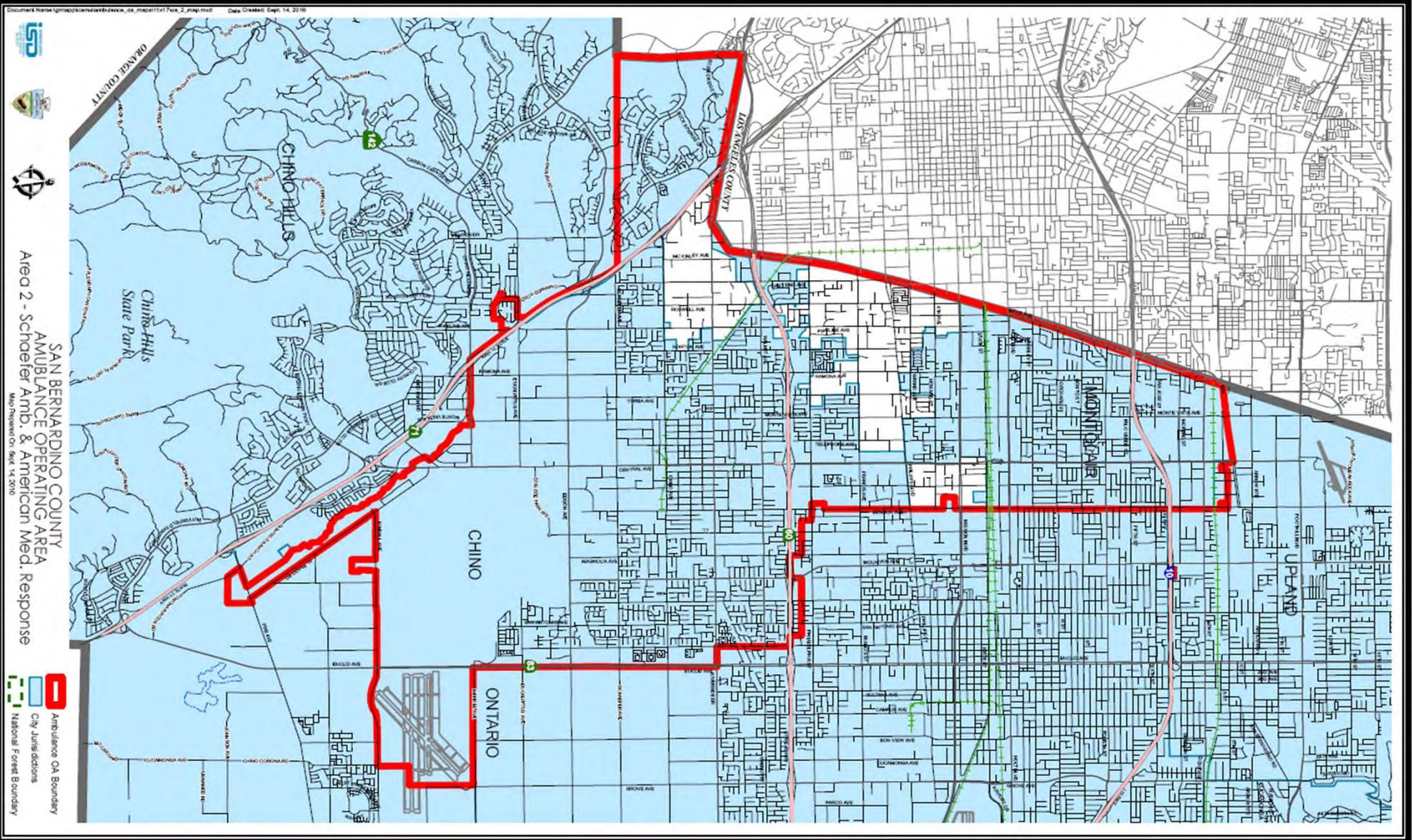
EOA 1 - Response Time Compliance and Liquidated Damages 2007 - 2011, by Month



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2007 RT	92.99%	91.86%	92.41%	93.32%	91.98%	93.14%	91.59%	90.85%	91.42%	91.98%	93.02%	87.73%
2008 RT	90.75%	90.13%	93.97%	94.61%	93.93%	92.92%	94.86%	93.80%	93.84%	92.02%	91.75%	92.50%
2009 RT	93.44%	91.80%	92.98%	93.14%	91.41%	93.03%	90.89%	92.06%	90.56%	91.58%	93.43%	92.25%
2010 RT	92.54%	91.00%	92.41%	93.59%	93.22%	92.75%	92.14%	92.76%	91.14%	92.52%	91.82%	89.10%
2011 RT	92.02%	91.49%	92.54%	92.69%	91.71%	90.89%	93.76%	92.79%	92.40%	92.81%	92.60%	91.72%
2007 Fines	\$936	\$1,942	\$1,469	\$1,208	\$2,183	\$956	\$2,321	\$2,485	\$2,394	\$1,438	\$1,408	\$6,690
2008 Fines	\$2,950	\$3,485	\$775	\$290	\$1,024	\$1,250	\$271	\$649	\$935	\$1,444	\$1,663	\$2,592
2009 Fines	\$2,135	\$2,242	\$975	\$951	\$1,760	\$745	\$2,845	\$1,814	\$3,620	\$1,705	\$686	\$1,494
2010 Fines	\$1,822	\$2,781	\$2,771	\$1,109	\$870	\$1,136	\$1,580	\$1,370	\$1,790	\$1,536	\$1,770	\$4,661
2011 Fines	\$2,825	\$2,309	\$2,338	\$1,510	\$1,709	\$3,125	\$1,149	\$1,763	\$1,170	\$1,607	\$1,530	\$2,430

Month

Total Liquidated Damages = \$110,391



EOA 2 Response Time Performance By Month, Calendar Year 2011

Month	Response Time Requirement	Total Runs	Percent On-Time
January	9:59	385	92.99%
	11:59	241	95.02%
	Total	626	93.77%
February	9:59	409	89.00%
	11:59	209	95.22%
	Total	618	91.10%
March	9:59	431	91.18%
	11:59	243	97.53%
	Total	674	93.47%
April	9:59	406	92.12%
	11:59	247	97.57%
	Total	653	94.18%
May	9:59	406	93.10%
	11:59	213	97.18%
	Total	619	94.51%
June	9:59	389	93.06%
	11:59	220	95.91%
	Total	609	94.09%

Month	Response Time Requirement	Total Runs	Percent On-Time
July	9:59	404	94.55%
	11:59	255	97.65%
	Total	659	95.75%
August	9:59	411	92.21%
	11:59	247	97.17%
	Total	658	94.07%
September	9:59	418	91.39%
	11:59	209	98.09%
	Total	627	93.62%
October	9:59	472	90.47%
	11:59	224	96.88%
	Total	696	92.53%
November	9:59	393	90.08%
	11:59	219	96.80%
	Total	612	92.48%
December	9:59	432	94.44%
	11:59	214	95.79%
	Total	646	94.89%

Month	Exemption		
	Requests	Approved	% Approved
January	3	3	100.0%
February	5	5	100.0%
March	2	2	100.0%
April	1	1	100.0%
May	0	0	---
June	3	3	100.0%
July	2	2	100.0%
August	3	3	100.0%
September	2	2	100.0%
October	9	9	100.0%
November	1	1	100.0%
December	1	1	100.0%
Total	32	32	100.0%

CY2011	Response Time Requirement	Total Runs	Percent On-Time
	9:59	4,956	92.03%
	11:59	2,741	96.75%
	Total	7,697	93.71%

Average number of runs per month: **642**

RT compliance of each month exceeded 90%.

Overall compliance for the year: **93.71%**

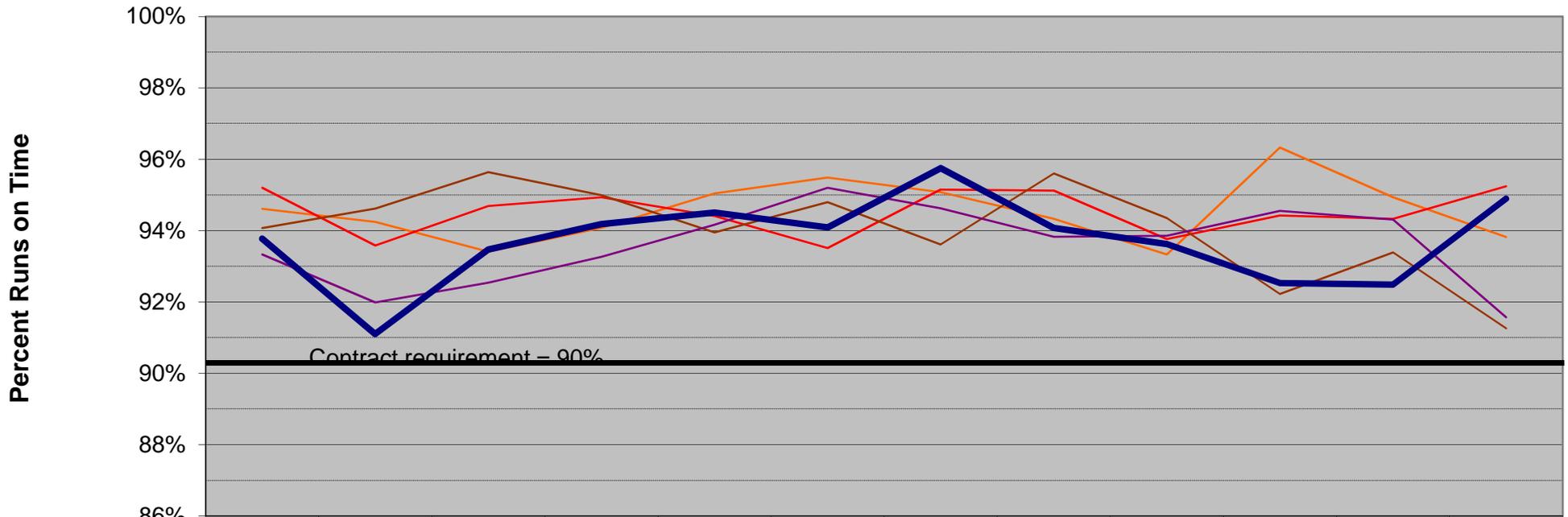
The highest compliance rate for the year was:

July at: **95.75%**

The lowest compliance rate for the year was:

February at: **91.10%**

EOA 2 - Response Time Compliance and Liquidated Damages 2007 - 2011, by Month



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2007 RT	94.61%	94.24%	93.41%	94.08%	95.04%	95.49%	95.08%	94.33%	93.33%	96.33%	94.93%	93.82%
2008 RT	95.20%	93.58%	94.69%	94.93%	94.41%	93.51%	95.15%	95.12%	93.76%	94.42%	94.33%	95.24%
2009 RT	94.07%	94.62%	95.64%	94.99%	93.95%	94.80%	93.61%	95.60%	94.35%	92.22%	93.39%	91.26%
2010 RT	93.33%	91.99%	92.54%	93.26%	94.16%	95.20%	94.63%	93.83%	93.86%	94.55%	94.30%	91.57%
2011 RT	93.77%	91.10%	93.47%	94.18%	94.51%	94.09%	95.75%	94.07%	93.62%	92.53%	92.48%	94.89%
2007 Fines	\$238	\$253	\$829	\$208	\$60	\$140	\$172	\$303	\$994	\$42	\$205	\$608
2008 Fines	\$243	\$1,133	\$230	\$319	\$307	\$1,063	\$142	\$277	\$383	\$393	\$389	\$177
2009 Fines	\$489	\$229	\$89	\$131	\$472	\$238	\$386	\$91	\$271	\$1,049	\$711	\$1,120
2010 Fines	\$630	\$950	\$675	\$370	\$371	\$138	\$262	\$386	\$561	\$297	\$454	\$775
2011 Fines	\$578	\$1,635	\$805	\$351	\$337	\$329	\$130	\$558	\$601	\$699	\$843	\$315

Month

Total Liquidated Damages = \$27,434

EOA 3 Response Time Performance By Month, Calendar Year 2011

Month	Response Time Requirement	Total Runs	Percent On-Time
January	9:59	1,287	92.23%
February	9:59	1,104	90.49%
March	9:59	1,257	92.36%
April	9:59	1,147	91.98%
May	9:59	1,284	92.68%
June	9:59	1,202	91.76%

Month	Response Time Requirement	Total Runs	Percent On-Time
July	9:59	1,248	92.23%
August	9:59	1,252	91.13%
September	9:59	1,269	91.57%
October	9:59	1,275	91.92%
November	9:59	1,139	91.48%
December	9:59	1,256	92.20%

Month	Exemption		
	Requests	Approved	% Approved
January	6	6	100.0%
February	10	10	100.0%
March	10	10	100.0%
April	9	9	100.0%
May	6	6	100.0%
June	13	13	100.0%
July	6	6	100.0%
August	20	20	100.0%
September	20	20	100.0%
October	11	11	100.0%
November	1	1	100.0%
December	7	7	100.0%
Total	119	119	100.0%

CY2011	Response Time Requirement	Total Runs	Percent On-Time
	9:59	14,720	91.85%

Average number of runs per month: **1,227**

RT compliance of each month exceeded 90%.

Overall compliance for the year: **91.85%**

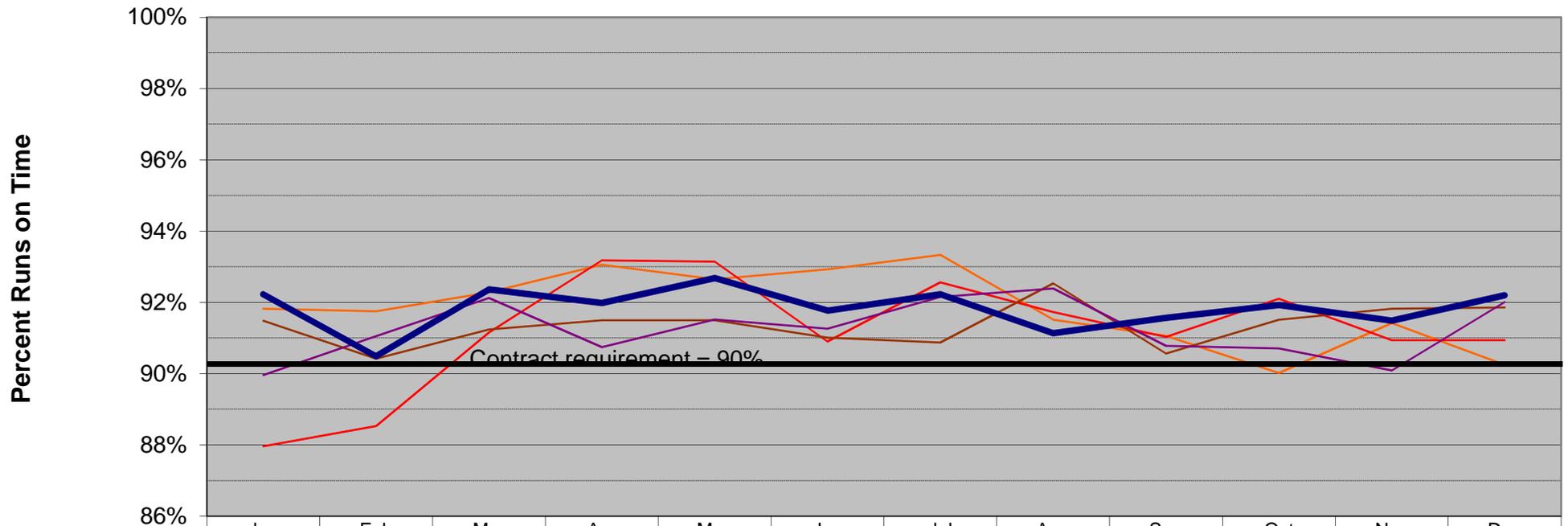
The highest compliance rate for the year was:

May at: **92.68%**

The lowest compliance rate for the year was:

February at: **90.49%**

EOA 3 - Response Time Compliance and Liquidated Damages 2007 - 2011, by Month



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2007 RT	91.82%	91.75%	92.28%	93.06%	92.65%	92.93%	93.33%	91.51%	91.06%	90.02%	91.42%	90.25%
2008 RT	87.96%	88.53%	91.15%	93.18%	93.14%	90.90%	92.56%	91.73%	91.03%	92.10%	90.94%	90.94%
2009 RT	91.48%	90.42%	91.24%	91.50%	91.50%	91.01%	90.87%	92.53%	90.56%	91.51%	91.82%	91.86%
2010 RT	89.96%	91.05%	92.12%	90.74%	91.52%	91.26%	92.15%	92.39%	90.78%	90.71%	90.08%	92.01%
2011 RT	92.23%	90.49%	92.36%	91.98%	92.68%	91.76%	92.23%	91.13%	91.57%	91.92%	91.48%	92.20%
2007 Fines	\$1,859	\$2,013	\$2,336	\$995	\$2,278	\$1,846	\$1,171	\$1,798	\$2,483	\$2,900	\$2,738	\$4,620
2008 Fines	\$6,795	\$6,055	\$2,260	\$1,367	\$1,453	\$4,190	\$2,061	\$2,799	\$2,645	\$1,856	\$3,310	\$4,580
2009 Fines	\$2,462	\$4,025	\$2,673	\$3,078	\$2,977	\$2,276	\$3,245	\$1,366	\$2,895	\$2,543	\$2,394	\$3,200
2010 Fines	\$3,745	\$2,762	\$1,990	\$2,880	\$2,653	\$2,442	\$1,987	\$1,706	\$3,800	\$3,525	\$3,440	\$2,743
2011 Fines	\$2,246	\$5,005	\$1,869	\$3,232	\$2,326	\$2,815	\$1,853	\$3,941	\$3,159	\$2,698	\$2,447	\$2,173

Month

Total Liquidated Damages = \$166,979

EOA 4 Response Time Performance By Month, Calendar Year 2011

Month	Response Time Requirement	Total Runs	Percent On-Time
January	9:59	1,193	90.44%
	29:59	7	100.00%
	Total	1,200	90.50%
February	9:59	1,133	90.64%
	29:59	8	100.00%
	Total	1,141	90.71%
March	9:59	1,221	91.56%
	29:59	10	100.00%
	Total	1,231	91.63%
April	9:59	1,114	91.29%
	29:59	7	100.00%
	Total	1,121	91.35%
May	9:59	1,188	90.82%
	29:59	6	100.00%
	Total	1,194	90.87%
June	9:59	1,163	90.89%
	29:59	12	100.00%
	Total	1,175	90.98%

Month	Response Time Requirement	Total Runs	Percent On-Time
July	9:59	1,164	91.24%
	29:59	27	100.00%
	Total	1,191	91.44%
August	9:59	1,250	91.12%
	29:59	10	90.00%
	Total	1,260	91.11%
September	9:59	1,157	91.79%
	29:59	6	100.00%
	Total	1,163	91.83%
October	9:59	1,246	90.45%
	29:59	4	75.00%
	Total	1,250	90.40%
November	9:59	1,130	90.00%
	29:59	11	100.00%
	Total	1,141	90.10%
December	9:59	1,263	90.58%
	29:59	4	100.00%
	Total	1,267	90.61%

Month	Exemption		
	Requests	Approved	% Approved
January	12	10	83.3%
February	6	5	83.3%
March	9	9	100.0%
April	9	9	100.0%
May	3	3	100.0%
June	13	13	100.0%
July	11	11	100.0%
August	11	11	100.0%
September	15	15	100.0%
October	16	16	100.0%
November	4	3	75.0%
December	5	5	100.0%
Total	114	110	96.5%

CY2011	Response Time Requirement	Total Runs	Percent On-Time
	9:59	14,222	90.90%
	29:59	112	98.21%
	Total	14,334	90.96%

Average number of runs per month: **1,195**

RT compliance of each month exceeded 90%.

Overall compliance for the year: **90.96%**

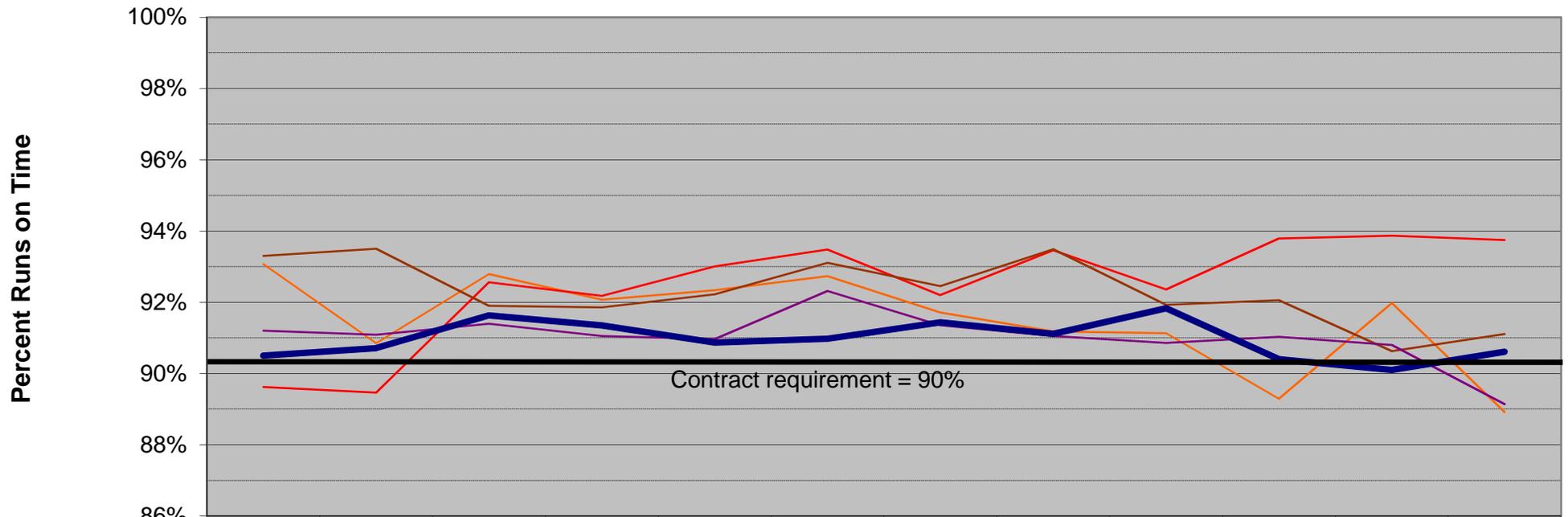
The highest compliance rate for the year was:

September at: **91.83%**

The lowest compliance rate for the year was:

November at: **90.10%**

EOA 4 - Response Time Compliance and Liquidated Damages 2007 - 2011, by Month



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2007 RT	93.07%	90.85%	92.79%	92.07%	92.34%	92.73%	91.71%	91.18%	91.13%	89.29%	91.98%	88.92%
2008 RT	89.62%	89.46%	92.56%	92.18%	93.01%	93.48%	92.20%	93.46%	92.36%	93.79%	93.87%	93.75%
2009 RT	93.30%	93.50%	91.90%	91.86%	92.22%	93.11%	92.45%	93.49%	91.93%	92.06%	90.63%	91.11%
2010 RT	91.20%	91.09%	91.39%	91.05%	90.96%	92.31%	91.35%	91.05%	90.86%	91.03%	90.80%	89.14%
2011 RT	90.50%	90.71%	91.63%	91.35%	90.87%	90.98%	91.44%	91.11%	91.83%	90.40%	90.10%	90.61%
2007 Fines	\$843	\$3,080	\$1,725	\$2,372	\$1,968	\$2,170	\$2,750	\$2,851	\$2,037	\$3,505	\$1,624	\$5,640
2008 Fines	\$4,500	\$4,510	\$1,773	\$1,386	\$1,006	\$1,355	\$1,328	\$652	\$1,805	\$1,017	\$1,046	\$956
2009 Fines	\$1,024	\$1,058	\$1,928	\$2,390	\$1,789	\$1,002	\$1,773	\$804	\$1,774	\$1,256	\$2,590	\$2,406
2010 Fines	\$2,507	\$1,721	\$1,843	\$2,232	\$1,995	\$1,514	\$2,365	\$2,394	\$2,425	\$2,070	\$3,695	\$3,611
2011 Fines	\$3,090	\$2,485	\$1,835	\$1,729	\$2,940	\$2,890	\$2,705	\$2,500	\$1,855	\$3,165	\$2,845	\$3,230

Month

Total Liquidated Damages = \$131,334

EOA 5* Response Time Performance

By Month, Calendar Year 2011

Month	Response Time Requirement	Total Runs	Percent On-Time
January	9:59	13	84.62%
February	9:59	19	73.68%
March	9:59	14	100.00%
April	9:59	16	100.00%
May	9:59	20	95.00%
June	9:59	20	85.00%

Month	Response Time Requirement	Total Runs	Percent On-Time
July	9:59	19	89.47%
August	9:59	29	82.76%
September	9:59	10	80.00%
October	9:59	17	100.00%
November	9:59	22	86.36%
December	9:59	20	85.00%

Month	Exemption		
	Requests	Approved	% Approved
January	0	0	---
February	0	0	---
March	0	0	---
April	0	0	---
May	0	0	---
June	0	0	---
July	0	0	---
August	0	0	---
September	0	0	---
October	1	1	100.0%
November	1	1	100.0%
December	0	0	---
Total	2	2	100.0%

CY2011	Response Time Requirement	Total Runs	Percent On-Time
	9:59	219	88.13%

Average number of runs per month: **19**
 Overall compliance for the year: **88.13%**

* Data reflects only calls responded to and transported by AMR.

Amendment 1 of the contract approved by BOS (Nov. 21, 2006, Item 81) authorized valid method for computing EOA 5 response time compliance. Using this method, EOA response time compliance is calculated by combining monthly runs until enough runs have accumulated to provide a statistically valid measurement. The number of runs required for a statistically valid measurement is based on the previous year's runs. Based on 2010 data, 90 runs are required for CY2011 compliance calculations. One cycle was completed carried over from CY2010 and one cycle was completed in CY2011 with these results --

Cumulative Compliance Calculation

September, 2010 - February, 2011

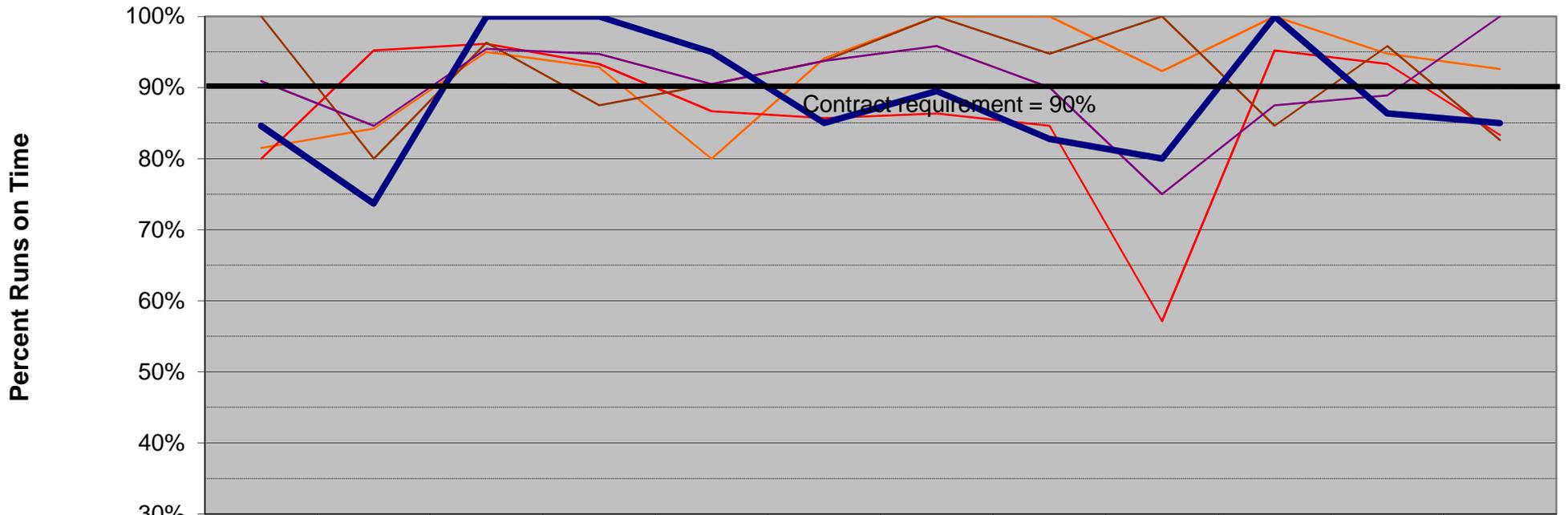
Response Time Requirement	Total Runs	Percent On-Time
9:59	97	84.54%

Cumulative Compliance Calculation

March, 2011 - August, 2011

Response Time Requirement	Total Runs	Percent On-Time
9:59	118	90.68%

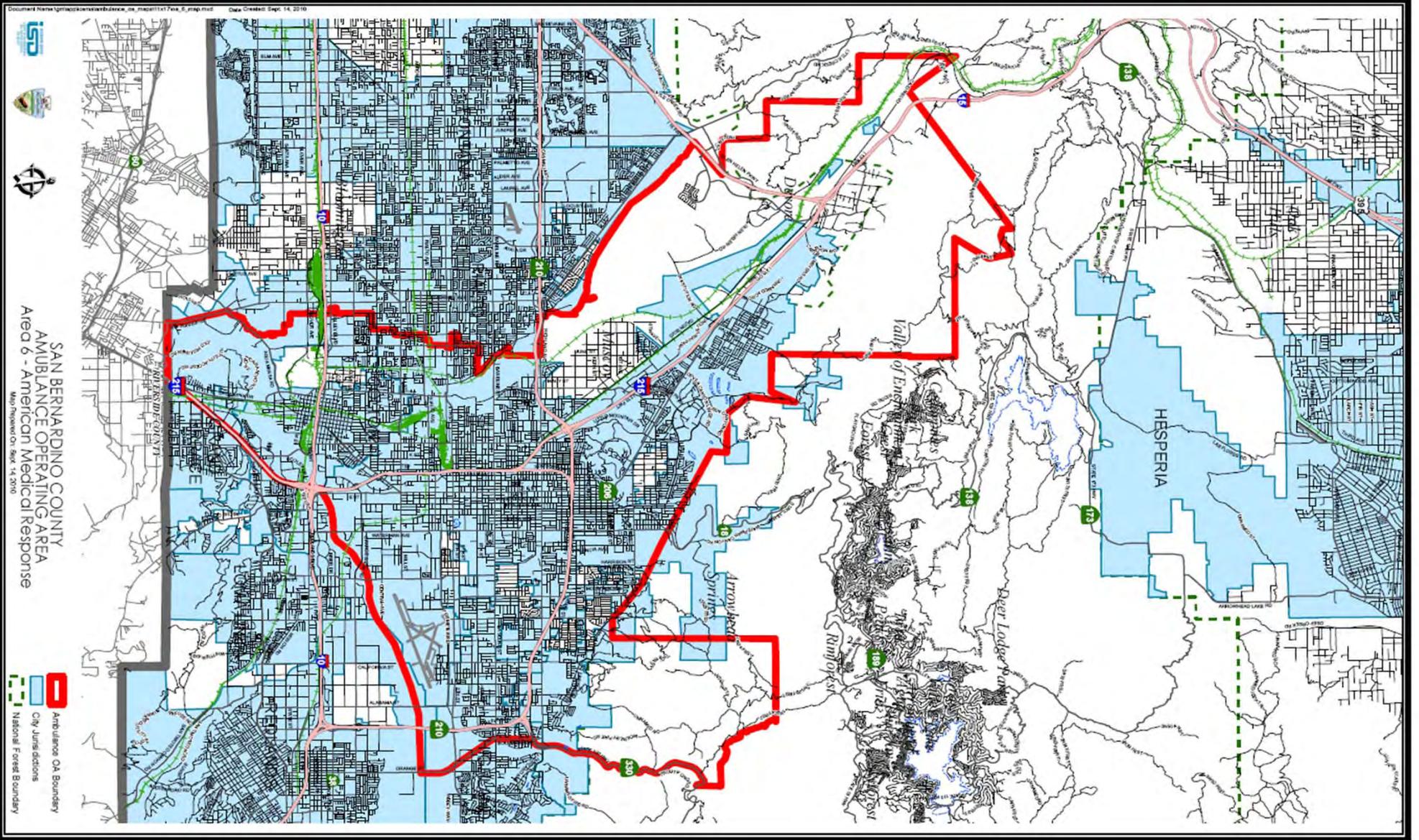
EOA 5 - Response Time Compliance and Liquidated Damages 2007 - 2011, by Month



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2007 RT	81.48%	84.21%	95.00%	92.86%	80.00%	94.12%	100.00%	100.00%	92.31%	100.00%	94.74%	92.59%
2008 RT	80.00%	95.24%	96.15%	93.33%	86.67%	85.71%	86.36%	84.62%	57.14%	95.24%	93.33%	83.33%
2009 RT	100.00%	80.00%	96.30%	87.50%	90.48%	93.75%	100.00%	94.74%	100.00%	84.62%	95.83%	82.61%
2010 RT	90.91%	84.62%	95.45%	94.74%	90.48%	93.75%	95.83%	90.00%	75.00%	87.50%	88.89%	100.00%
2011 RT	84.62%	73.68%	100.00%	100.00%	95.00%	85.00%	89.47%	82.76%	80.00%	100.00%	86.36%	85.00%
2007 Fines	\$260	\$200	\$1	\$160	\$610	\$3	\$0	\$0	\$45	\$0	\$13	\$19
2008 Fines	\$195	\$6	\$0	\$5	\$15	\$30	\$105	\$30	\$8,965	\$1	\$25	\$255
2009 Fines	\$0	\$20	\$4	\$220	\$95	\$5	\$0	\$3	\$0	\$35	\$9	\$205
2010 Fines	\$15	\$20	\$1	\$5	\$70	\$7	\$1	\$15	\$40	\$25	\$20	\$0
2011 Fines	\$125	\$5,594	\$0	\$0	\$5	\$160	\$25	\$160	\$40	\$0	\$90	\$40

Month

Total Liquidated Damages = \$17,997



EOA 6 Response Time Performance

By Month, Calendar Year 2011

Month	Response Time Requirement	Total Runs	Percent On-Time
January	9:59	585	85.30%
	11:59	1,962	92.46%
	14:59	1	100.00%
	19:59	No Runs	
	24:59	1	100.00%
	29:59	No Runs	
	99:59	No Runs	
	Total	2,549	90.82%
February	9:59	517	89.17%
	11:59	1,775	94.14%
	14:59	1	100.00%
	19:59	No Runs	
	24:59	No Runs	
	29:59	No Runs	
	99:59	No Runs	
	Total	2,293	93.02%
March	9:59	517	87.81%
	11:59	1,883	93.79%
	14:59	No Runs	
	19:59	No Runs	
	24:59	1	100.00%
	29:59	No Runs	
	99:59	No Runs	
	Total	2,401	92.50%
April	9:59	540	88.33%
	11:59	1,824	95.23%
	14:59	No Runs	
	19:59	No Runs	
	24:59	No Runs	
	29:59	No Runs	
	99:59	No Runs	
	Total	2,364	93.65%
May	9:59	575	87.48%
	11:59	1,952	94.47%
	14:59	No Runs	
	19:59	No Runs	
	24:59	No Runs	
	29:59	No Runs	
	99:59	No Runs	
	Total	2,527	92.88%
June	9:59	573	85.86%
	11:59	1,866	94.75%
	14:59	4	75.00%
	19:59	No Runs	
	24:59	No Runs	
	29:59	No Runs	
	99:59	No Runs	
	Total	2,443	92.63%

Month	Response Time Requirement	Total Runs	Percent On-Time
July	9:59	605	88.43%
	11:59	1,933	95.34%
	14:59	1	100.00%
	19:59	1	0.00%
	24:59	2	100.00%
	29:59	1	100.00%
	99:59	1	100.00%
	Total	2,544	93.67%
August	9:59	601	83.86%
	11:59	1,914	94.15%
	14:59	1	100.00%
	19:59	1	100.00%
	24:59	3	100.00%
	29:59	No Runs	
	99:59	No Runs	
	Total	2,520	91.71%
September	9:59	569	86.82%
	11:59	1,946	94.09%
	14:59	No Runs	
	19:59	2	100.00%
	24:59	1	100.00%
	29:59	No Runs	
	99:59	No Runs	
	Total	2,518	92.45%
October	9:59	556	86.69%
	11:59	1,944	94.39%
	14:59	No Runs	
	19:59	1	100.00%
	24:59	No Runs	
	29:59	No Runs	
	99:59	No Runs	
	Total	2,501	92.68%
November	9:59	491	88.59%
	11:59	1,874	94.88%
	14:59	No Runs	
	19:59	No Runs	
	24:59	2	100.00%
	29:59	No Runs	
	99:59	No Runs	
	Total	2,367	93.58%
December	9:59	546	88.64%
	11:59	2,017	94.25%
	14:59	No Runs	
	19:59	No Runs	
	24:59	1	100.00%
	29:59	1	100.00%
	99:59	No Runs	
	Total	2,565	93.06%

Month	Exemption		
	Requests	Approved	% Approved
January	61	59	96.7%
February	50	47	94.0%
March	42	42	100.0%
April	37	37	100.0%
May	26	26	100.0%
June	37	37	100.0%
July	40	40	100.0%
August	52	52	100.0%
September	28	27	96.4%
October	35	35	100.0%
November	34	33	97.1%
December	32	32	100.0%
Total	474	467	98.5%

CY2011	9:59	6,675	87.19%
	11:59	22,890	94.32%
	14:59	8	87.50%
	19:59	5	80.00%
	24:59	11	100.00%
	29:59	2	100.00%
	99:59	1	100.00%
	Total	29,592	92.71%

Average number of runs per month: **2,466**

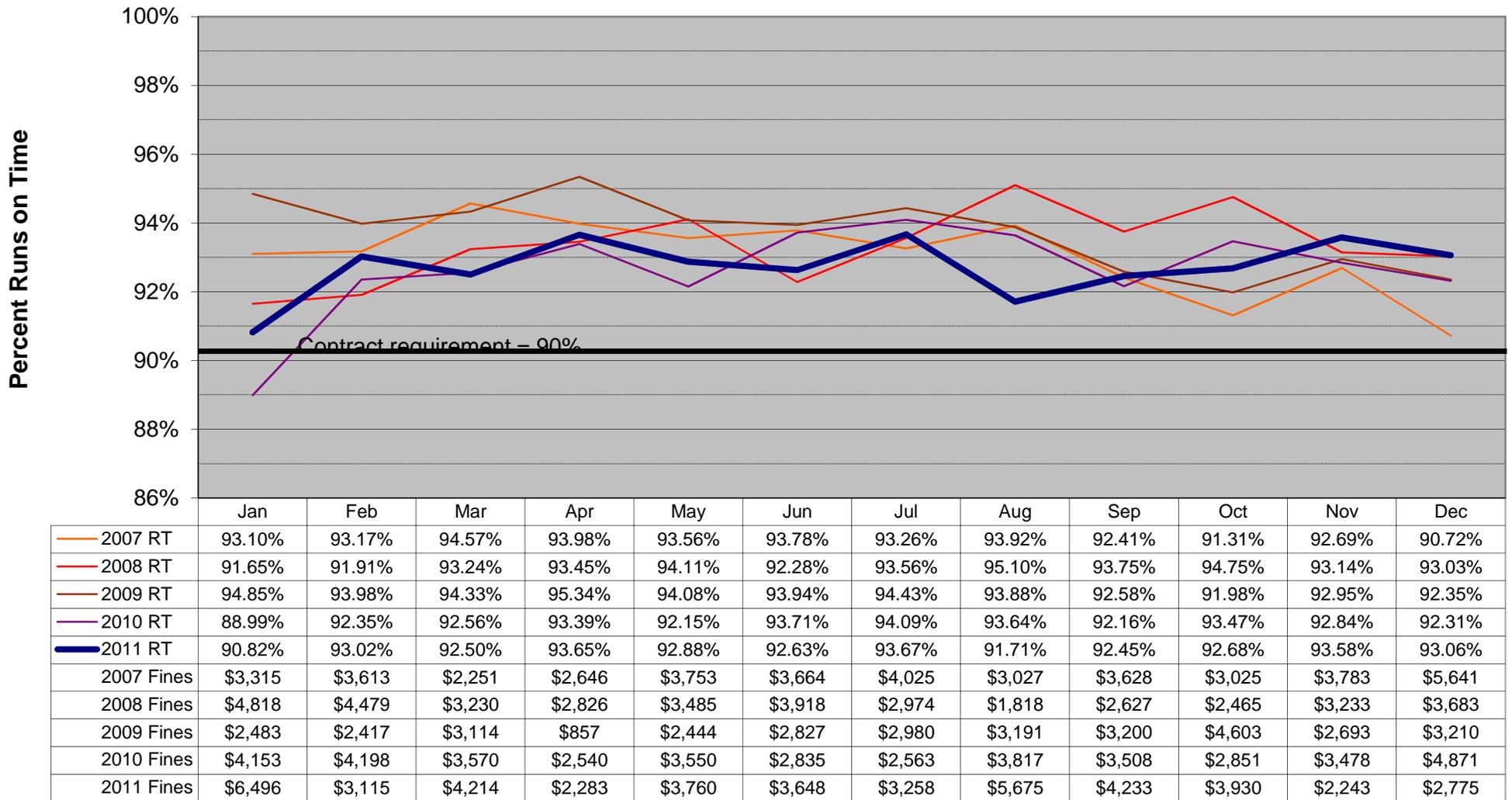
RT compliance of each month exceeded 90%.
Overall compliance for the year: **92.71%**

The highest compliance rate for the year was:
July at: **93.67%**

The lowest compliance rate for the year was:
January at: **90.82%**

Note: Beginning with July 2007 data, EOA 6 and EOA 11 runs are combined per Amendment #1 to PBCs 04-304 and 04-308 (Item #107, BOS, 06/05/2007).

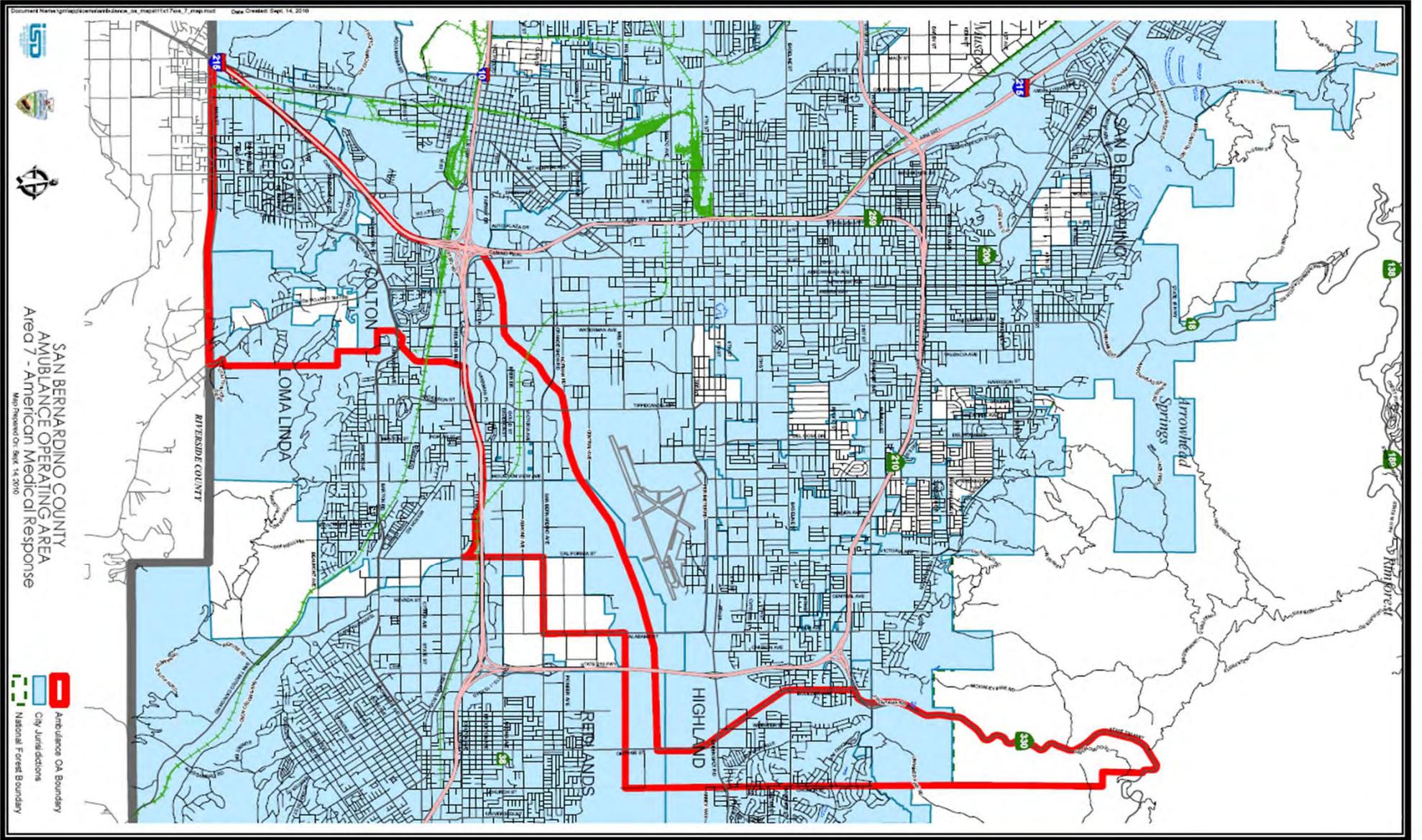
EOA 6 - Response Time Compliance and Liquidated Damages 2007 - 2011, by Month



Beginning July 2007, per contract amendment, EOA 11 runs were included in EOA 6 calculations.

Month

Total Liquidated Damages = \$203,510



EOA 7 Response Time Performance By Month, Calendar Year 2011

Month	Response Time Requirement	Total Runs	Percent On-Time
January	9:59	193	87.56%
	11:59	112	98.21%
	19:59	No Runs	
	Total	305	91.48%
February	9:59	169	92.90%
	11:59	88	97.73%
	19:59	No Runs	
	Total	257	94.55%
March	9:59	203	86.70%
	11:59	97	100.00%
	19:59	No Runs	
	Total	300	91.00%
April	9:59	207	89.86%
	11:59	87	98.85%
	19:59	No Runs	
	Total	294	92.52%
May	9:59	211	89.10%
	11:59	94	100.00%
	19:59	No Runs	
	Total	305	92.46%
June	9:59	216	91.20%
	11:59	84	97.62%
	19:59	No Runs	
	Total	300	93.00%

Month	Response Time Requirement	Total Runs	Percent On-Time
July	9:59	237	91.14%
	11:59	108	100.00%
	19:59	No Runs	
	Total	345	93.91%
August	9:59	213	91.08%
	11:59	120	99.17%
	19:59	2	100.00%
	Total	335	94.03%
September	9:59	198	88.38%
	11:59	91	100.00%
	19:59	1	100.00%
	Total	290	92.07%
October	9:59	201	90.55%
	11:59	110	99.09%
	19:59	No Runs	
	Total	311	93.57%
November	9:59	192	91.15%
	11:59	94	97.87%
	19:59	1	100.00%
	Total	287	93.38%
December	9:59	222	88.74%
	11:59	101	97.03%
	19:59	No Runs	
	Total	323	91.33%

Month	Exemption		
	Requests	Approved	% Approved
January	7	7	100.0%
February	5	5	100.0%
March	6	6	100.0%
April	1	1	100.0%
May	5	5	100.0%
June	3	3	100.0%
July	6	6	100.0%
August	5	5	100.0%
September	3	3	100.0%
October	3	3	100.0%
November	3	3	100.0%
December	2	2	100.0%
Total	49	49	100.0%

CY2011	Response Time Requirement	Total Runs	Percent On-Time
	9:59	2,462	89.85%
	11:59	1,186	98.82%
	19:59	4	100.00%
Total	3,652	92.77%	

Average number of runs per month: **305**

RT compliance of each month exceeded 90%.

Overall compliance for the year: **92.77%**

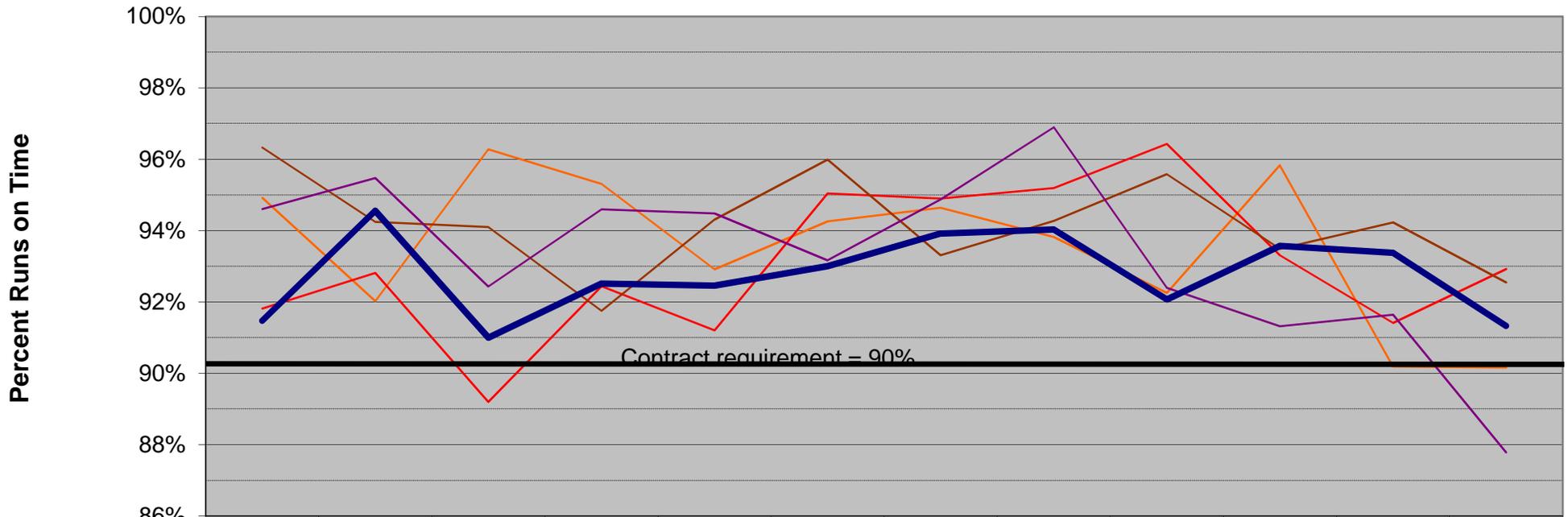
The highest compliance rate for the year was:

February at: **94.55%**

The lowest compliance rate for the year was:

March at: **91.00%**

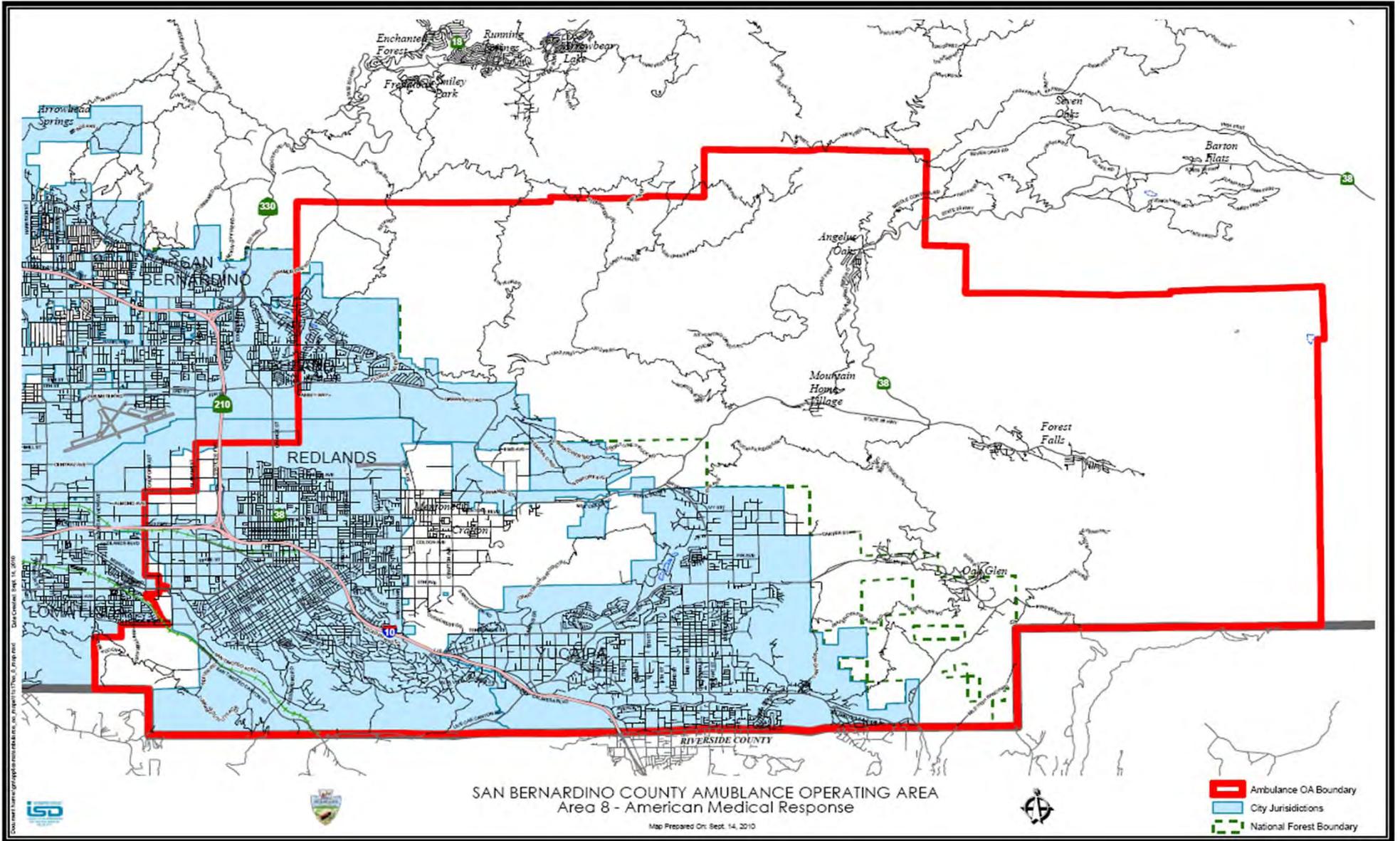
EOA 7 - Response Time Compliance and Liquidated Damages 2007 - 2011, by Month



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2007 RT	94.92%	92.02%	96.28%	95.31%	92.91%	94.26%	94.64%	93.82%	92.25%	95.83%	90.19%	90.16%
2008 RT	91.81%	92.81%	89.20%	92.44%	91.20%	95.04%	94.90%	95.19%	96.43%	93.31%	91.41%	92.92%
2009 RT	96.33%	94.24%	94.10%	91.75%	94.31%	95.99%	93.31%	94.27%	95.58%	93.49%	94.23%	92.55%
2010 RT	94.60%	95.47%	92.43%	94.59%	94.48%	93.17%	94.87%	96.89%	92.40%	91.32%	91.64%	87.78%
2011 RT	91.48%	94.55%	91.00%	92.52%	92.46%	93.00%	93.91%	94.03%	92.07%	93.57%	93.38%	91.33%
2007 Fines	\$188	\$268	\$34	\$39	\$317	\$169	\$203	\$449	\$670	\$61	\$983	\$895
2008 Fines	\$830	\$906	\$1,117	\$296	\$1,027	\$88	\$172	\$188	\$103	\$361	\$424	\$370
2009 Fines	\$14	\$214	\$372	\$557	\$194	\$40	\$367	\$121	\$58	\$368	\$236	\$580
2010 Fines	\$696	\$135	\$493	\$133	\$219	\$288	\$86	\$26	\$344	\$631	\$422	\$3,195
2011 Fines	\$1,034	\$170	\$910	\$921	\$710	\$465	\$463	\$140	\$965	\$348	\$320	\$683

Month

Total Liquidated Damages = \$27,076



EOA 8 Response Time Performance

By Month, Calendar Year 2011

Month	Response Time Requirement	Total Runs	Percent On-Time
January	9:59	1,023	92.77%
	24:59	No Runs	
	39:59	13	100.00%
	49:59	5	100.00%
	99:59	3	100.00%
	Total	1,044	92.91%
February	9:59	965	93.99%
	24:59	No Runs	
	39:59	5	100.00%
	49:59	4	100.00%
	99:59	6	100.00%
	Total	980	94.08%
March	9:59	1,054	91.84%
	24:59	No Runs	
	39:59	4	100.00%
	49:59	3	100.00%
	99:59	4	100.00%
	Total	1,065	91.92%
April	9:59	953	92.86%
	24:59	1	100.00%
	39:59	7	100.00%
	49:59	4	100.00%
	99:59	3	100.00%
	Total	968	92.98%
May	9:59	1,003	93.42%
	24:59	5	100.00%
	39:59	9	100.00%
	49:59	3	100.00%
	99:59	4	100.00%
	Total	1,024	93.55%
June	9:59	959	91.66%
	24:59	1	100.00%
	39:59	13	100.00%
	49:59	5	100.00%
	99:59	8	100.00%
	Total	986	91.89%

Month	Response Time Requirement	Total Runs	Percent On-Time
July	9:59	1,059	92.07%
	24:59	5	100.00%
	39:59	15	93.33%
	49:59	7	100.00%
	99:59	4	100.00%
	Total	1,090	92.20%
August	9:59	1,003	92.42%
	24:59	3	100.00%
	39:59	9	100.00%
	49:59	3	100.00%
	99:59	3	100.00%
	Total	1,021	92.56%
September	9:59	951	91.63%
	24:59	1	
	39:59	11	100.00%
	49:59	5	100.00%
	99:59	8	100.00%
	Total	976	91.79%
October	9:59	546	92.32%
	24:59	No Runs	100.00%
	39:59	No Runs	100.00%
	49:59	1	100.00%
	99:59	No Runs	100.00%
	Total	2,565	92.52%
November	9:59	934	91.54%
	24:59	1	100.00%
	39:59	5	100.00%
	49:59	3	100.00%
	99:59	2	100.00%
	Total	945	91.64%
December	9:59	983	91.45%
	24:59	1	100.00%
	39:59	8	100.00%
	49:59	7	100.00%
	99:59	5	100.00%
	Total	1,004	91.63%

Month	Exemption		
	Requests	Approved	% Approved
January	28	28	100.0%
February	29	28	96.6%
March	24	24	100.0%
April	16	16	100.0%
May	12	12	100.0%
June	22	22	100.0%
July	16	16	100.0%
August	20	20	100.0%
September	16	16	100.0%
October	11	11	100.0%
November	18	17	94.4%
December	15	15	100.0%
Total	227	225	99.1%

CY2011	Response Time Requirement	Total Runs	Percent On-Time
	9:59	11,902	92.33%
	24:59	18	100.00%
	39:59	106	99.06%
	49:59	54	100.00%
	99:59	58	100.00%
Total	12,138	92.47%	

Average number of runs per month: **1,012**

RT compliance of each month exceeded 90%.

Overall compliance for the year: **92.47%**

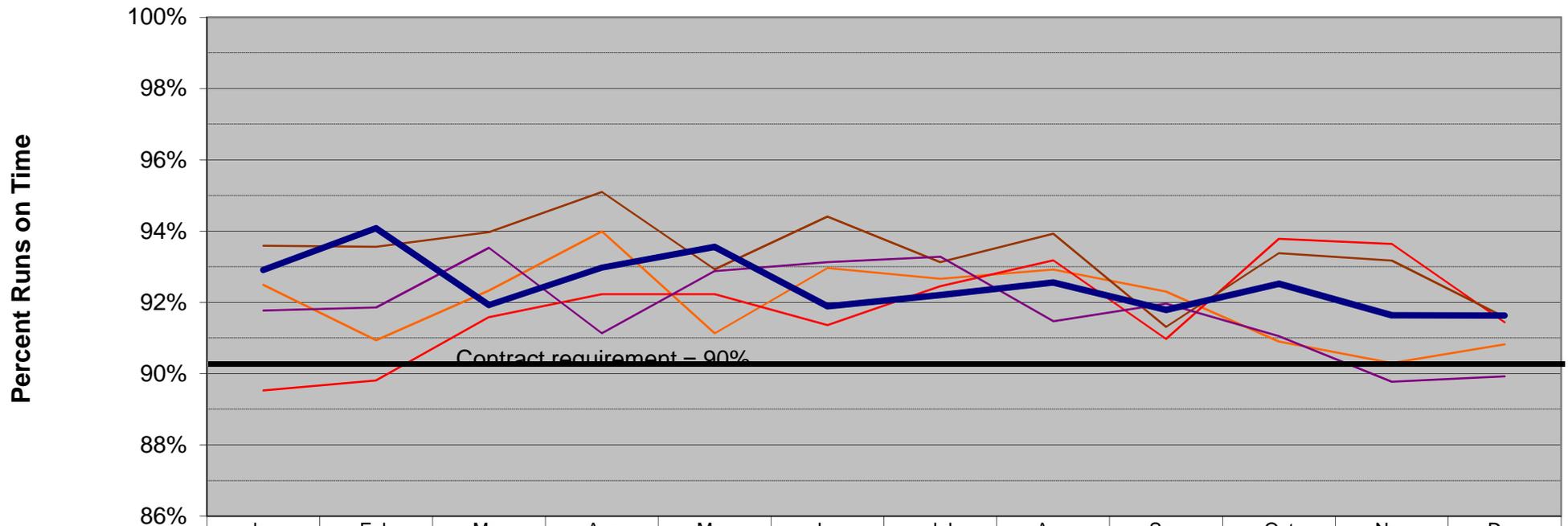
The highest compliance rate for the year was:

February at: **94.08%**

The lowest compliance rate for the year was:

December at: **91.63%**

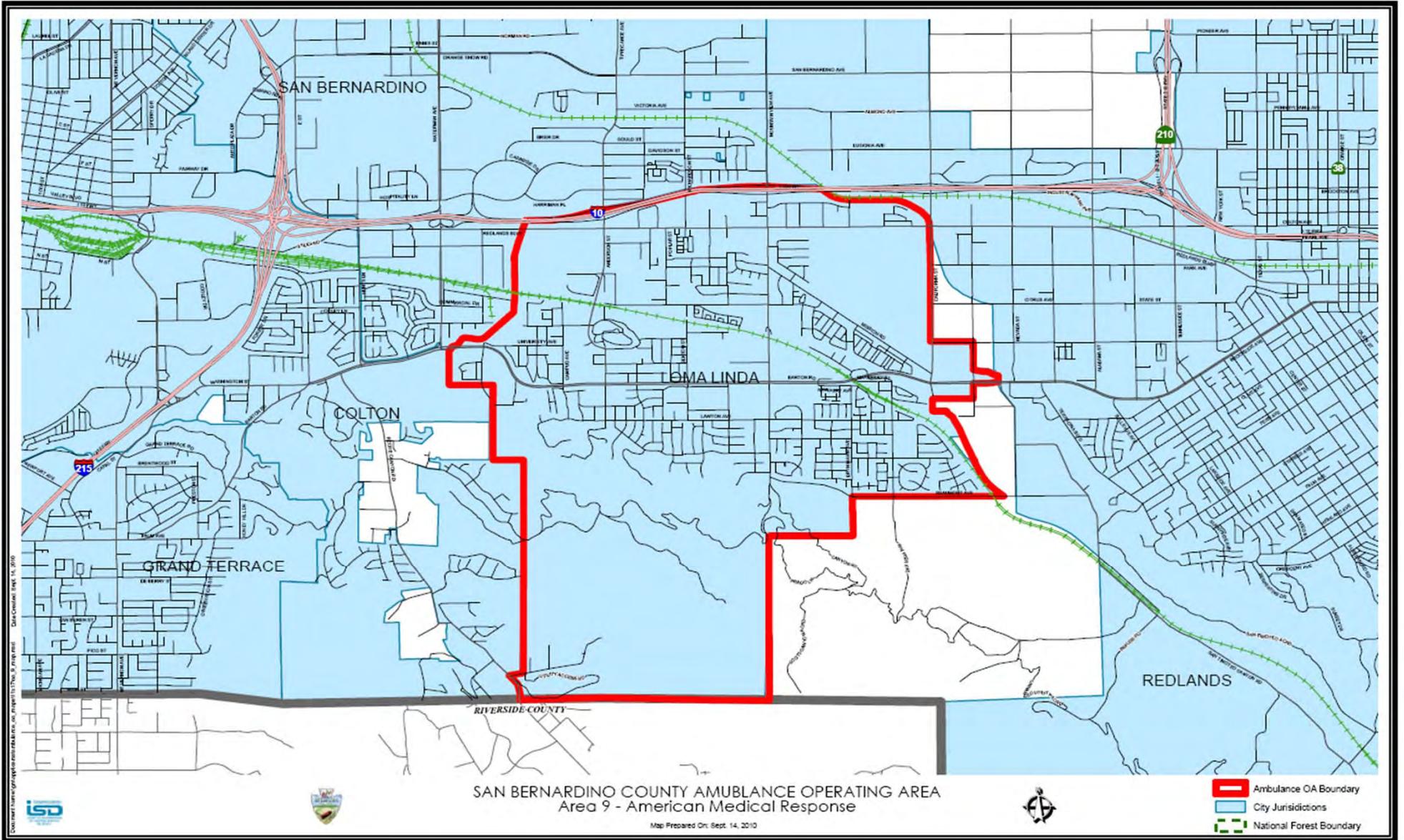
EOA 8 - Response Time Compliance and Liquidated Damages 2007 - 2011, by Month



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2007 RT	92.49%	90.94%	92.33%	93.99%	91.13%	92.96%	92.66%	92.92%	92.30%	90.90%	90.30%	90.82%
2008 RT	89.53%	89.81%	91.58%	92.23%	92.23%	91.36%	92.45%	93.18%	90.97%	93.78%	93.64%	91.44%
2009 RT	93.59%	93.56%	93.97%	95.10%	92.93%	94.41%	93.13%	93.93%	91.31%	93.38%	93.17%	91.58%
2010 RT	91.77%	91.86%	93.53%	91.13%	92.88%	93.13%	93.28%	91.47%	91.97%	91.05%	89.77%	89.92%
2011 RT	92.91%	94.08%	91.92%	92.98%	93.55%	91.89%	92.20%	92.56%	91.79%	92.52%	91.64%	91.63%
2007 Fines	\$2,029	\$3,205	\$1,586	\$1,330	\$2,458	\$2,202	\$1,617	\$1,261	\$2,176	\$1,935	\$3,145	\$4,835
2008 Fines	\$4,615	\$3,470	\$3,195	\$2,309	\$2,666	\$2,126	\$1,482	\$1,186	\$3,170	\$723	\$1,294	\$2,547
2009 Fines	\$1,041	\$876	\$1,066	\$305	\$1,907	\$313	\$1,579	\$862	\$2,904	\$987	\$973	\$2,219
2010 Fines	\$2,547	\$2,260	\$1,392	\$2,787	\$1,830	\$960	\$1,152	\$3,487	\$1,875	\$2,277	\$4,282	\$4,500
2011 Fines	\$1,530	\$954	\$2,268	\$1,347	\$951	\$2,357	\$1,615	\$1,472	\$2,443	\$2,186	\$2,358	\$2,547

Month

Total Liquidated Damages = \$122,971



EOA 9 Response Time Performance By Month, Calendar Year 2011

Month	Response Time Requirement	Total Runs	Percent On-Time
January	9:59	158	93.04%
February	9:59	189	94.18%
March	9:59	167	92.22%
April	9:59	166	95.18%
May	9:59	179	93.85%
June	9:59	187	94.12%

Month	Response Time Requirement	Total Runs	Percent On-Time
July	9:59	201	93.03%
August	9:59	185	92.97%
September	9:59	162	92.59%
October	9:59	170	92.35%
November	9:59	170	94.71%
December	9:59	172	94.19%

Month	Exemption		
	Requests	Approved	% Approved
January	0	0	---
February	5	5	100.0%
March	1	1	100.0%
April	1	1	100.0%
May	1	1	100.0%
June	1	1	100.0%
July	0	0	---
August	1	1	100.0%
September	1	1	100.0%
October	1	1	100.0%
November	0	0	---
December	0	0	---
Total	12	12	100.0%

CY2011	9:59	2,106	93.54%
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Average number of runs per month: **176**

RT compliance of each month exceeded 90%.

Overall compliance for the year: **93.54%**

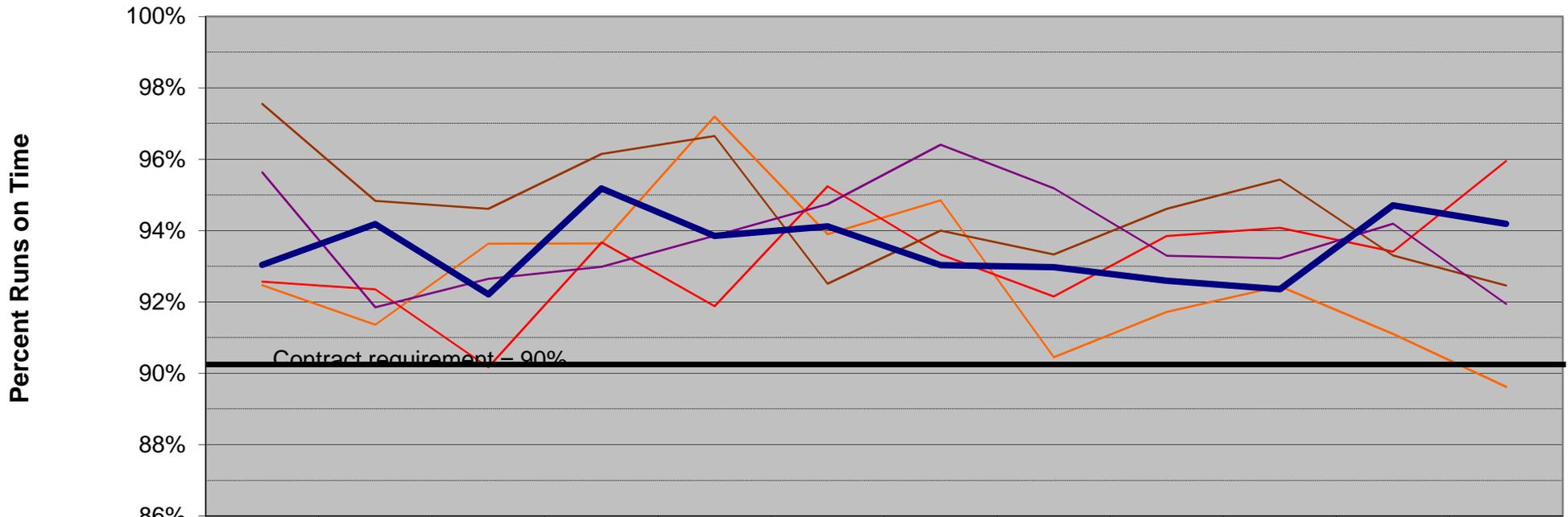
The highest compliance rate for the year was:

April at: **95.18%**

The lowest compliance rate for the year was:

March at: **92.22%**

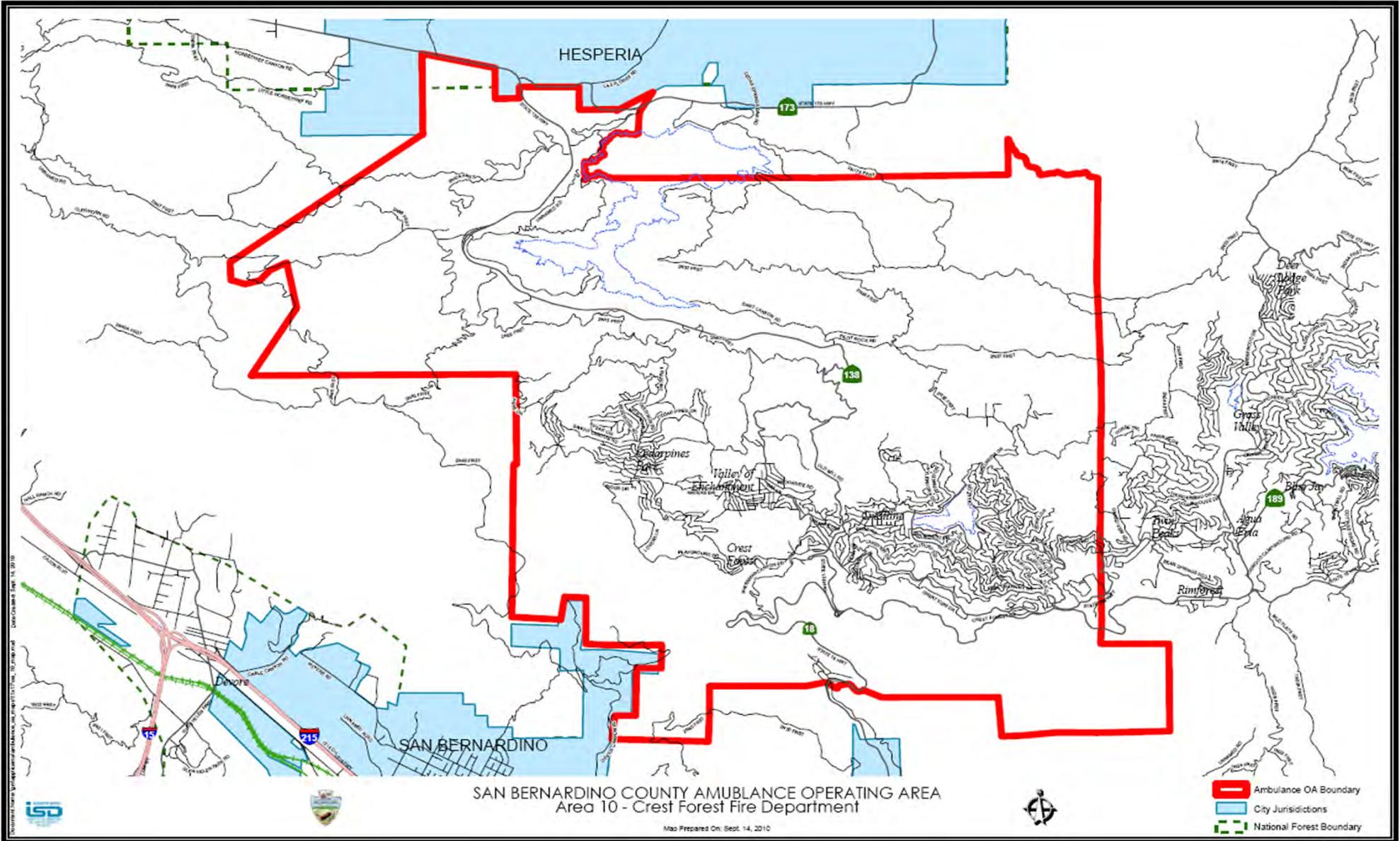
EOA 9 - Response Time Compliance and Liquidated Damages 2007 - 2011, by Month



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2007 RT	92.47%	91.36%	93.63%	93.64%	97.20%	93.90%	94.85%	90.45%	91.72%	92.44%	91.10%	89.62%
2008 RT	92.57%	92.35%	90.17%	93.67%	91.88%	95.24%	93.33%	92.15%	93.85%	94.08%	93.41%	95.95%
2009 RT	97.55%	94.83%	94.61%	96.15%	96.65%	92.51%	94.00%	93.33%	94.61%	95.43%	93.30%	92.46%
2010 RT	95.63%	91.85%	92.65%	92.98%	93.85%	94.74%	96.41%	95.19%	93.29%	93.22%	94.19%	91.95%
2011 RT	93.04%	94.18%	92.22%	95.18%	93.85%	94.12%	93.03%	92.97%	92.59%	92.35%	94.71%	94.19%
2007 Fines	\$144	\$312	\$103	\$71	\$15	\$47	\$520	\$220	\$211	\$109	\$89	\$595
2008 Fines	\$109	\$77	\$435	\$98	\$543	\$32	\$64	\$259	\$93	\$39	\$164	\$42
2009 Fines	\$1	\$30	\$88	\$8	\$7	\$218	\$145	\$44	\$41	\$15	\$164	\$138
2010 Fines	\$11	\$198	\$150	\$74	\$74	\$45	\$3	\$18	\$74	\$181	\$29	\$187
2011 Fines	\$174	\$180	\$93	\$28	\$78	\$66	\$91	\$93	\$192	\$164	\$42	\$76

Month

Total Liquidated Damages = \$7,611



SAN BERNARDINO COUNTY AMUBLANCE OPERATING AREA
Area 10 - Crest Forest Fire Department

Map Prepared On: Sept. 14, 2010

EOA 10 Response Time Performance By Month, Calendar Year 2011

Month	Response Time Requirement	Total Runs	Percent On-Time
January	14:59	---	---
	29:59	---	---
	99:59	---	---
	Total	---	---
February	14:59	---	---
	29:59	---	---
	99:59	---	---
	Total	---	---
March	14:59	---	---
	29:59	---	---
	99:59	---	---
	Total	---	---
April	14:59	---	---
	29:59	---	---
	99:59	---	---
	Total	---	---
May	14:59	---	---
	29:59	---	---
	99:59	---	---
	Total	---	---
June	14:59	---	---
	29:59	---	---
	99:59	---	---
	Total	---	---

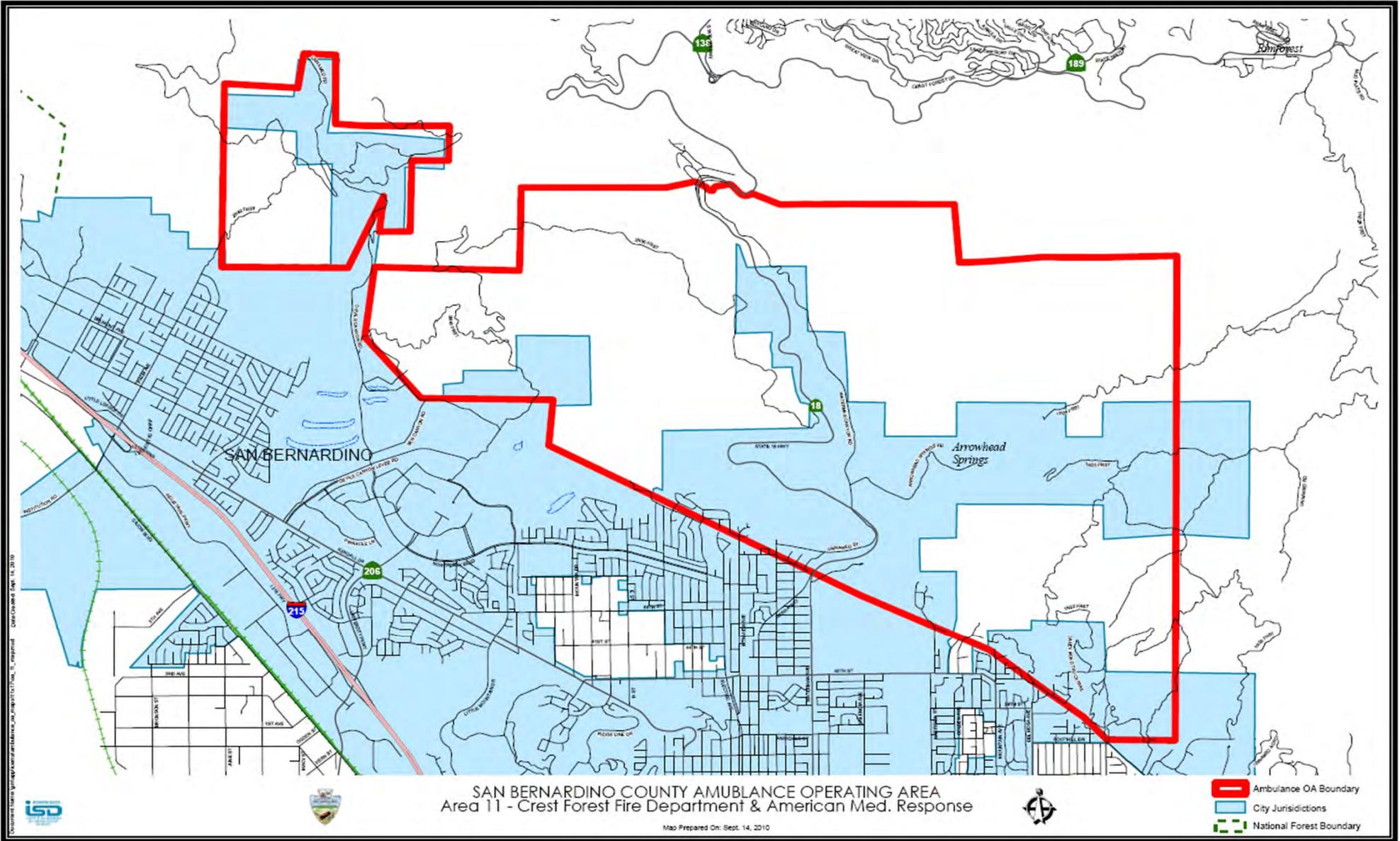
Month	Response Time Requirement	Total Runs	Percent On-Time
July	14:59	---	---
	29:59	---	---
	99:59	---	---
	Total	---	---
August	14:59	---	---
	29:59	---	---
	99:59	---	---
	Total	---	---
September	14:59	---	---
	29:59	---	---
	99:59	---	---
	Total	---	---
October	14:59	---	---
	29:59	---	---
	99:59	---	---
	Total	---	---
November	14:59	---	---
	29:59	---	---
	99:59	---	---
	Total	---	---
December	14:59	---	---
	29:59	---	---
	99:59	---	---
	Total	---	---

Month	Exemption		
	Requests	Approved	% Approved
January	---	---	---
February	---	---	---
March	---	---	---
April	---	---	---
May	---	---	---
June	---	---	---
July	---	---	---
August	---	---	---
September	---	---	---
October	---	---	---
November	---	---	---
December	---	---	---
Total	---	---	---

CY2011	9:59	---	---
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Average number of runs per month: ---

Provider Crest Forest Fire District has not provided data as specified in MOU Agreement 06-1049, Section XIV "DATA COLLECTION AND REPORTING REQUIREMENTS" (2, 3)



EOA 11 Response Time Performance By Month, Calendar Year 2011

Month	Response Time Requirement	Total Runs	Percent On-Time
January		Included in EOA 6 calculation.	
February		Included in EOA 6 calculation.	
March		Included in EOA 6 calculation.	
April		Included in EOA 6 calculation.	
May		Included in EOA 6 calculation.	
June		Included in EOA 6 calculation.	

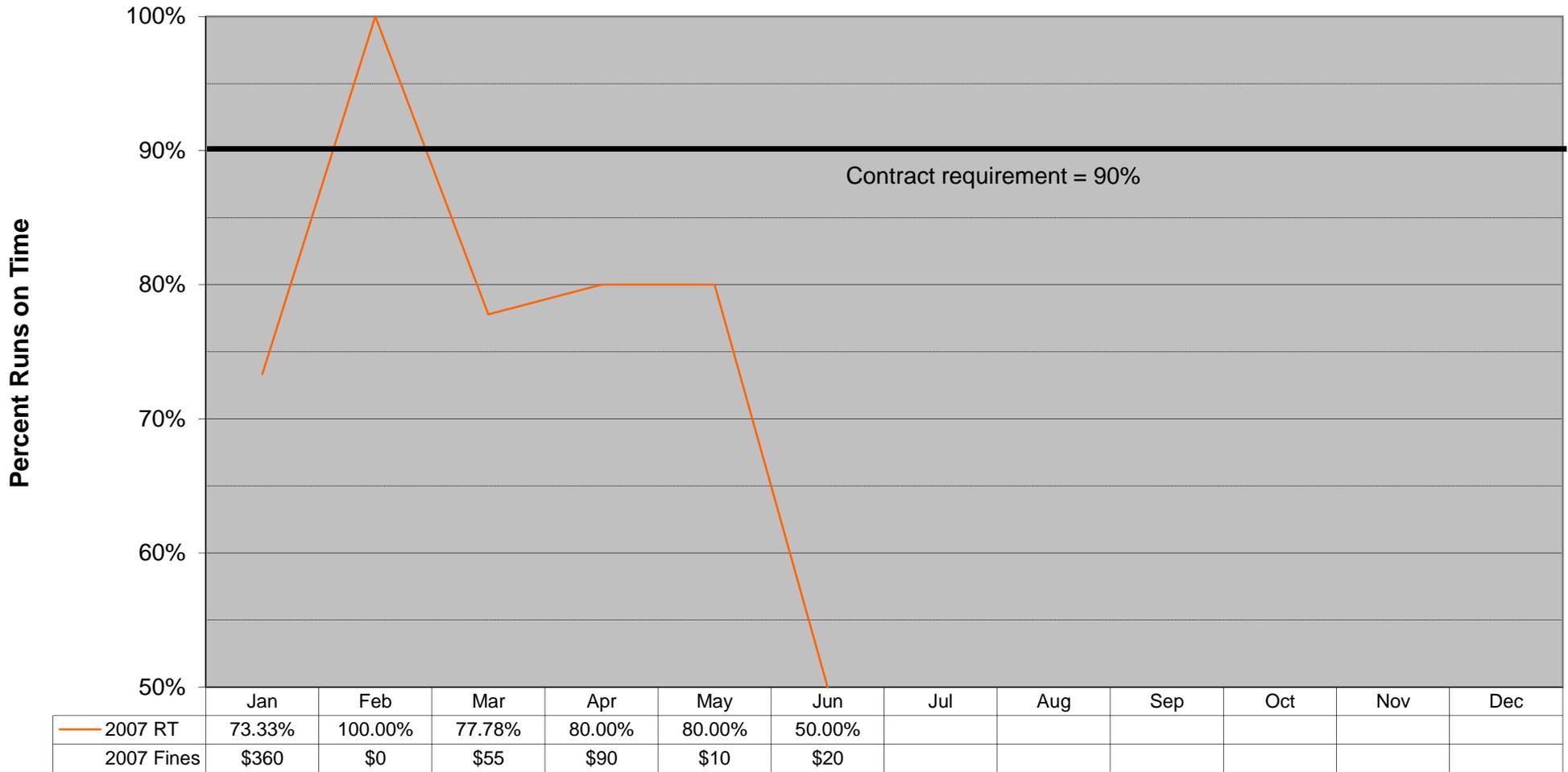
Month	Response Time Requirement	Total Runs	Percent On-Time
July		Included in EOA 6 calculation.	
August		Included in EOA 6 calculation.	
September		Included in EOA 6 calculation.	
October		Included in EOA 6 calculation.	
November		Included in EOA 6 calculation.	
December		Included in EOA 6 calculation.	

Month	Exemption		
	Requests	Approved	% Approved
January	Included in EOA 6 calculation.		
February	Included in EOA 6 calculation.		
March	Included in EOA 6 calculation.		
April	Included in EOA 6 calculation.		
May	Included in EOA 6 calculation.		
June	Included in EOA 6 calculation.		
July	Included in EOA 6 calculation.		
August	Included in EOA 6 calculation.		
September	Included in EOA 6 calculation.		
October	Included in EOA 6 calculation.		
November	Included in EOA 6 calculation.		
December	Included in EOA 6 calculation.		
Total	Included in EOA 6 calculation.		

CY2011	Included in EOA 6 calculation.		
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Note: Beginning with July 2007 data, EOA 6 and EOA 11 runs are combined per Amendment #1 to PBCs 04-304 and 04-308 (Item #107, BOS, 06/05/2007).

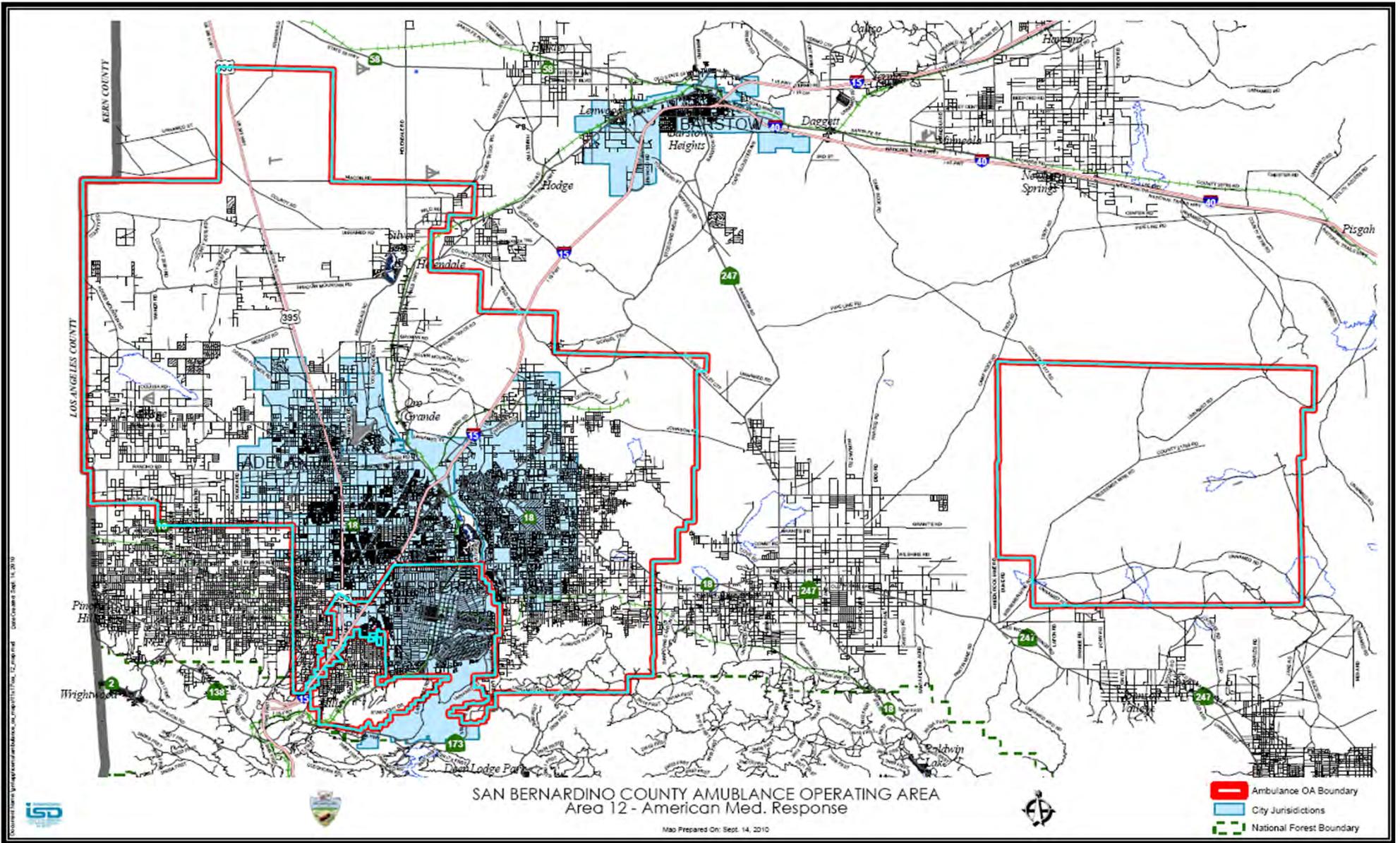
EOA 11 - Response Time Compliance and Liquidated Damages 2007 - 2011, by Month



Beginning July 2007, per contract amendment, EOA 11 runs were included in EOA 6 calculations.

Month

Total Liquidated Damages = \$535



SAN BERNARDINO COUNTY AMUBLANCE OPERATING AREA
Area 12 - American Med. Response

- Ambulance OA Boundary
- City Jurisdictions
- National Forest Boundary

EOA 12 Response Time Performance By Month, Calendar Year 2011

Month	Response Time Requirement	Total Runs	Percent On-Time
January	9:59	2,008	92.43%
	19:59	93	92.47%
	29:59	91	98.90%
	49:59	2	100.00%
	99:59	No Runs	
	Total	2,194	92.71%
February	9:59	1,865	90.88%
	19:59	88	94.32%
	29:59	66	95.45%
	49:59	1	100.00%
	99:59	No Runs	
	Total	2,020	91.19%
March	9:59	1,923	92.51%
	19:59	87	96.55%
	29:59	60	100.00%
	49:59	2	100.00%
	99:59	No Runs	
	Total	2,072	92.91%
April	9:59	1,846	94.31%
	19:59	81	93.83%
	29:59	66	95.45%
	49:59	2	100.00%
	99:59	1	100.00%
	Total	1,996	94.34%
May	9:59	1,910	93.51%
	19:59	89	100.00%
	29:59	80	100.00%
	49:59	No Runs	
	99:59	1	100.00%
	Total	2,080	94.04%
June	9:59	1,849	93.40%
	19:59	99	96.97%
	29:59	71	98.59%
	49:59	1	100.00%
	99:59	1	100.00%
	Total	2,021	93.77%

Month	Response Time Requirement	Total Runs	Percent On-Time
July	9:59	1,995	92.98%
	19:59	107	89.72%
	29:59	82	97.56%
	49:59	No Runs	
	99:59	No Runs	
	Total	2,184	92.99%
August	9:59	2,033	91.98%
	19:59	104	91.35%
	29:59	80	100.00%
	49:59	No Runs	
	99:59	No Runs	
	Total	2,217	92.24%
September	9:59	1,934	90.85%
	19:59	105	95.24%
	29:59	73	100.00%
	49:59	3	100.00%
	99:59	No Runs	
	Total	2,115	91.39%
October	9:59	1,973	91.23%
	19:59	98	93.88%
	29:59	69	100.00%
	49:59	1	100.00%
	99:59	No Runs	
	Total	2,141	91.64%
November	9:59	1,870	89.89%
	19:59	75	93.33%
	29:59	58	100.00%
	49:59	No runs	
	99:59	No runs	
	Total	2,003	90.31%
December	9:59	1,989	91.15%
	19:59	93	93.55%
	29:59	76	97.37%
	49:59	2	100.00%
	99:59	No runs	
	Total	2,160	91.48%

Month	Exemption		
	Requests	Approved	% Approved
January	50	50	100.0%
February	72	71	98.6%
March	28	28	100.0%
April	34	34	100.0%
May	12	12	100.0%
June	33	28	84.8%
July	27	27	100.0%
August	46	46	100.0%
September	31	31	100.0%
October	32	32	100.0%
November	32	30	93.8%
December	21	21	100.0%
Total	418	410	98.1%

CY2011	9:59	23,195	92.09%
	19:59	1,119	94.19%
	29:59	872	98.62%
	49:59	14	100.00%
	99:59	3	100.00%
	Total	25,203	92.41%

Average number of runs per month: **2,101**

RT compliance of each month exceeded 90%.

Overall compliance for the year: **92.41%**

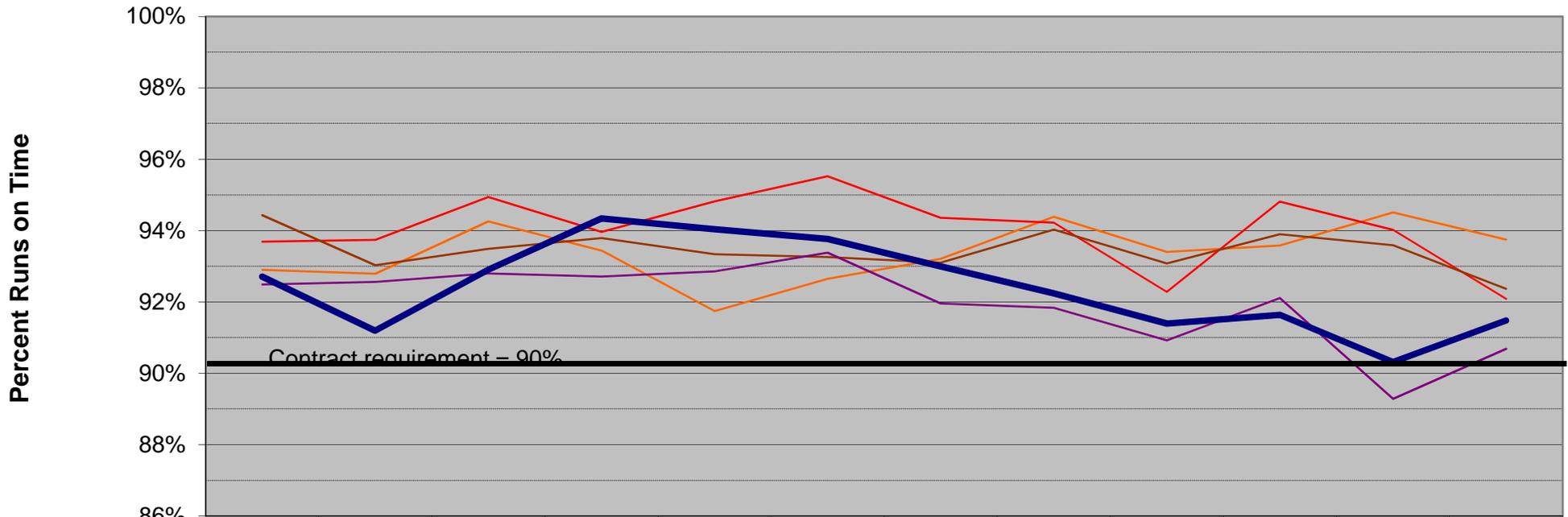
The highest compliance rate for the year was:

April at: **94.34%**

The lowest compliance rate for the year was:

February at: **91.19%**

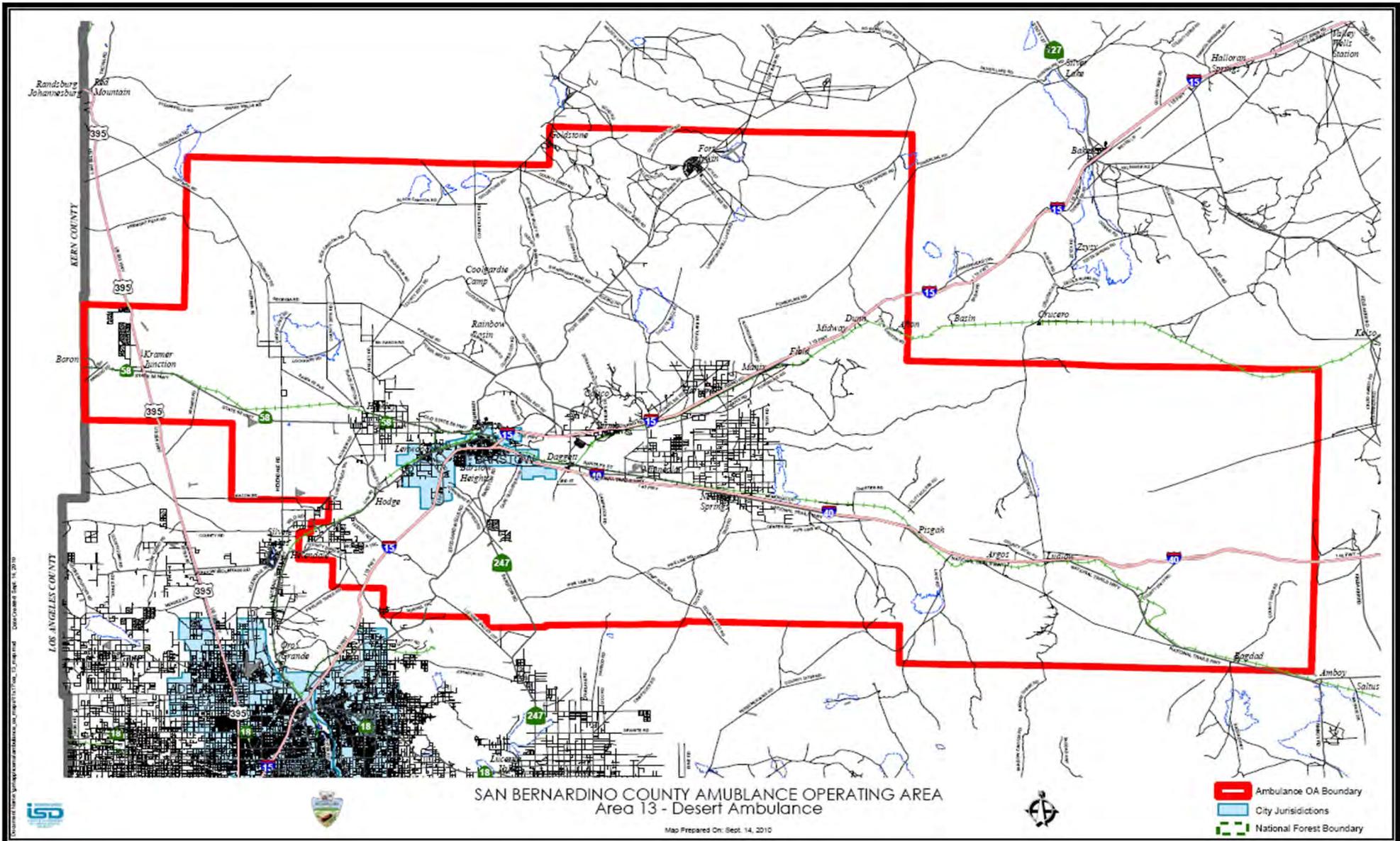
EOA 12 - Response Time Compliance and Liquidated Damages 2007 - 2011, by Month



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2007 RT	92.90%	92.79%	94.26%	93.44%	91.74%	92.65%	93.21%	94.39%	93.40%	93.58%	94.51%	93.75%
2008 RT	93.69%	93.74%	94.94%	93.96%	94.82%	95.52%	94.36%	94.22%	92.28%	94.81%	94.02%	92.09%
2009 RT	94.43%	93.03%	93.49%	93.79%	93.34%	93.26%	93.10%	94.03%	93.08%	93.90%	93.59%	92.37%
2010 RT	92.49%	92.56%	92.80%	92.71%	92.86%	93.38%	91.96%	91.83%	90.92%	92.11%	89.28%	90.69%
2011 RT	92.71%	91.19%	92.91%	94.34%	94.04%	93.77%	92.99%	92.24%	91.39%	91.64%	90.31%	91.48%
2007 Fines	\$2,477	\$2,950	\$837	\$1,801	\$3,617	\$2,232	\$1,753	\$629	\$2,851	\$891	\$435	\$2,026
2008 Fines	\$2,554	\$1,992	\$736	\$1,746	\$602	\$435	\$720	\$787	\$2,704	\$862	\$813	\$4,058
2009 Fines	\$779	\$1,946	\$1,432	\$1,525	\$2,408	\$2,061	\$1,977	\$1,046	\$2,144	\$1,958	\$1,544	\$3,125
2010 Fines	\$2,844	\$2,463	\$2,572	\$2,061	\$3,231	\$2,372	\$3,256	\$4,672	\$6,067	\$4,508	\$7,391	\$5,834
2011 Fines	\$4,158	\$7,145	\$3,396	\$1,034	\$1,507	\$1,854	\$5,320	\$4,876	\$5,549	\$4,230	\$6,854	\$6,123

Month

Total Liquidated Damages = \$161,770



EOA 13 Response Time Performance

By Month, Calendar Year 2011

Month	Response Time Requirement	Total Runs	Percent On-Time
January	9:59	220	100.00%
	14:59	61	100.00%
	19:59	19	100.00%
	29:59	50	100.00%
	49:59	40	100.00%
	99:59	6	100.00%
	Total		396
February	9:59	213	100.00%
	14:59	75	100.00%
	19:59	22	100.00%
	29:59	30	100.00%
	49:59	59	100.00%
	99:59	4	100.00%
	Total		403
March	9:59	216	97.69%
	14:59	78	98.72%
	19:59	28	100.00%
	29:59	39	100.00%
	49:59	54	100.00%
	99:59	9	100.00%
	Total		424
April	9:59	215	99.53%
	14:59	61	100.00%
	19:59	22	100.00%
	29:59	37	100.00%
	49:59	62	100.00%
	99:59	7	100.00%
	Total		404
May	9:59	213	100.00%
	14:59	61	100.00%
	19:59	24	100.00%
	29:59	23	100.00%
	49:59	53	100.00%
	99:59	4	100.00%
	Total		378
June	9:59	223	100.00%
	14:59	75	100.00%
	19:59	37	100.00%
	29:59	32	100.00%
	49:59	66	100.00%
	99:59	20	100.00%
	Total		453

Month	Response Time Requirement	Total Runs	Percent On-Time
July	9:59	214	100.00%
	14:59	71	100.00%
	19:59	31	100.00%
	29:59	43	100.00%
	49:59	64	100.00%
	99:59	15	100.00%
	Total		438
August	9:59	265	99.62%
	14:59	70	100.00%
	19:59	37	100.00%
	29:59	54	100.00%
	49:59	75	100.00%
	99:59	15	100.00%
	Total		516
September	9:59	252	99.60%
	14:59	86	100.00%
	19:59	24	100.00%
	29:59	34	100.00%
	49:59	55	100.00%
	99:59	7	100.00%
	Total		458
October	9:59	269	99.63%
	14:59	66	100.00%
	19:59	21	100.00%
	29:59	29	100.00%
	49:59	58	100.00%
	99:59	6	100.00%
	Total		449
November	9:59	245	100.00%
	14:59	66	100.00%
	19:59	14	100.00%
	29:59	19	100.00%
	49:59	51	100.00%
	99:59	3	100.00%
	Total		398
December	9:59	217	100.00%
	14:59	61	100.00%
	19:59	20	100.00%
	29:59	36	100.00%
	49:59	55	100.00%
	99:59	5	100.00%
	Total		394

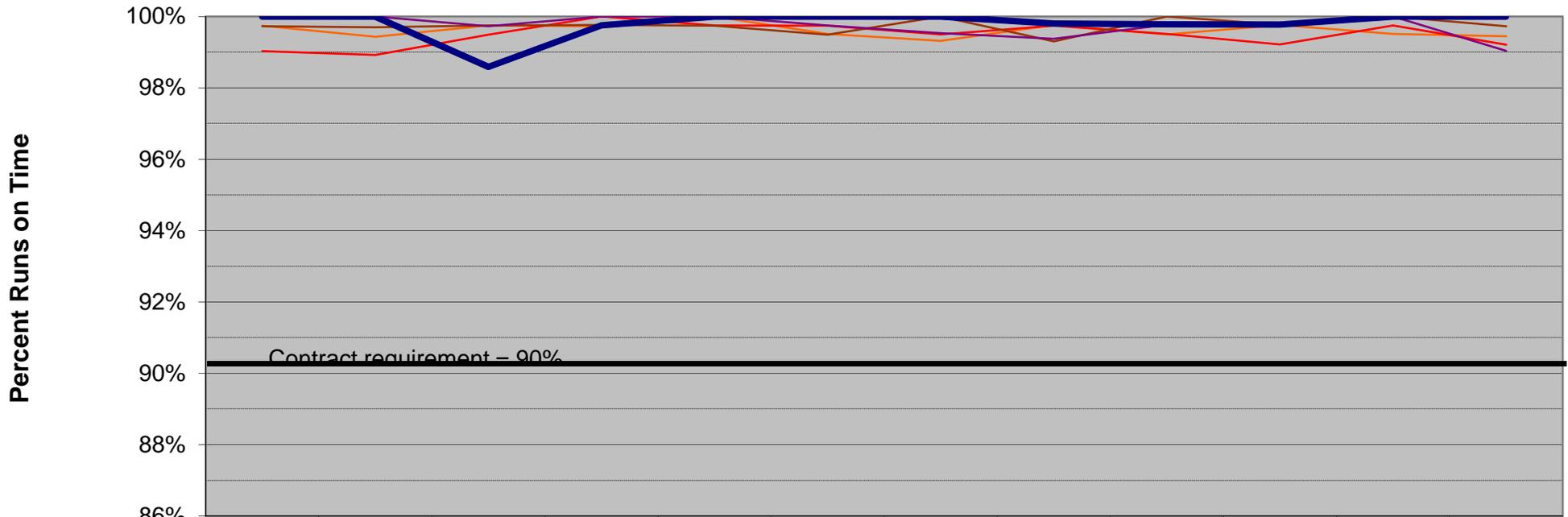
Month	Exemption		
	Requests	Approved	% Approved
January	3	3	100.0%
February	1	1	100.0%
March	4	4	100.0%
April	0	0	---
May	0	0	---
June	2	2	100.0%
July	6	6	100.0%
August	2	2	100.0%
September	2	2	100.0%
October	0	0	---
November	0	0	---
December	1	1	100.0%
Total	21	21	100.0%

CY2011	9:59	2,762	99.67%
	14:59	831	99.88%
	19:59	299	100.00%
	29:59	426	100.00%
	49:59	692	100.00%
	99:59	101	100.00%
	Total	5,111	99.80%

Average number of runs per month: **426**

RT compliance of each month exceeded 90%.
 Overall compliance for the year: **99.80%**
 The highest compliance rate for the year was:
Jan, Feb, May, June, July, November an 100.00%
 The lowest compliance rate for the year was:
March at: 98.58%

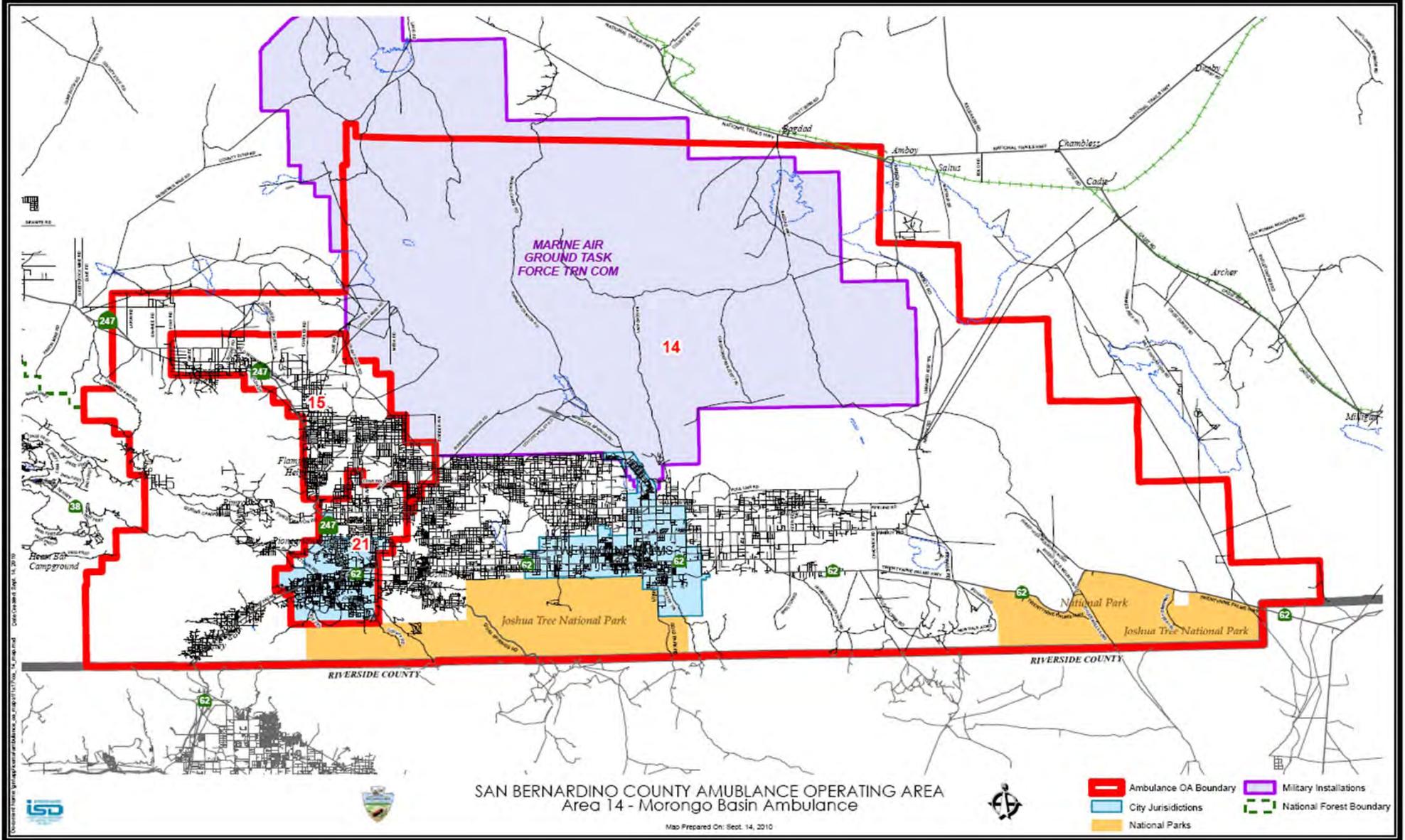
EOA 13 - Response Time Compliance and Liquidated Damages 2007 - 2011, by Month



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2007 RT	99.74%	99.43%	99.75%	99.73%	100.00%	99.51%	99.32%	99.76%	99.50%	99.76%	99.51%	99.45%
2008 RT	99.03%	98.92%	99.49%	100.00%	99.75%	99.74%	99.50%	99.74%	99.51%	99.22%	99.75%	99.21%
2009 RT	99.73%	99.70%	99.75%	99.76%	99.74%	99.49%	100.00%	99.30%	100.00%	99.77%	100.00%	99.73%
2010 RT	100.00%	100.00%	99.73%	100.00%	100.00%	99.75%	99.53%	99.37%	99.77%	99.78%	100.00%	99.04%
2011 RT	100.00%	100.00%	98.58%	99.75%	100.00%	100.00%	100.00%	99.81%	99.78%	99.78%	100.00%	100.00%
2007 Fines	\$2	\$0	\$0	\$0	\$0	\$0	\$2	\$0	\$2	\$1	\$0	\$3
2008 Fines	\$0	\$0	\$6	\$0	\$1	\$0	\$2	\$0	\$0	\$1	\$0	\$5
2009 Fines	\$1	\$1	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2010 Fines	\$0	\$0	\$2	\$0	\$0	\$5	\$0	\$0	\$1	\$1	\$0	\$8
2011 Fines	\$0	\$0	\$2	\$2	\$0	\$0	\$0	\$1	\$2	\$1	\$0	\$0

Month

Total Liquidated Damages = \$52



EOA 14 Response Time Performance By Month, Calendar Year 2011

Month	Response Time Requirement	Total Runs	Percent On-Time
January	9:59	---	---
	14:59	---	---
	19:59	---	---
	29:59	---	---
	49:59	---	---
	99:59	---	---
	Total	---	---
February	9:59	---	---
	14:59	---	---
	19:59	---	---
	29:59	---	---
	49:59	---	---
	99:59	---	---
	Total	---	---
March	9:59	---	---
	14:59	---	---
	19:59	---	---
	29:59	---	---
	49:59	---	---
	99:59	---	---
	Total	---	---
April	9:59	---	---
	14:59	---	---
	19:59	---	---
	29:59	---	---
	49:59	---	---
	99:59	---	---
	Total	---	---
May	9:59	---	---
	14:59	---	---
	19:59	---	---
	29:59	---	---
	49:59	---	---
	99:59	---	---
	Total	---	---
June	9:59	---	---
	14:59	---	---
	19:59	---	---
	29:59	---	---
	49:59	---	---
	99:59	---	---
	Total	---	---

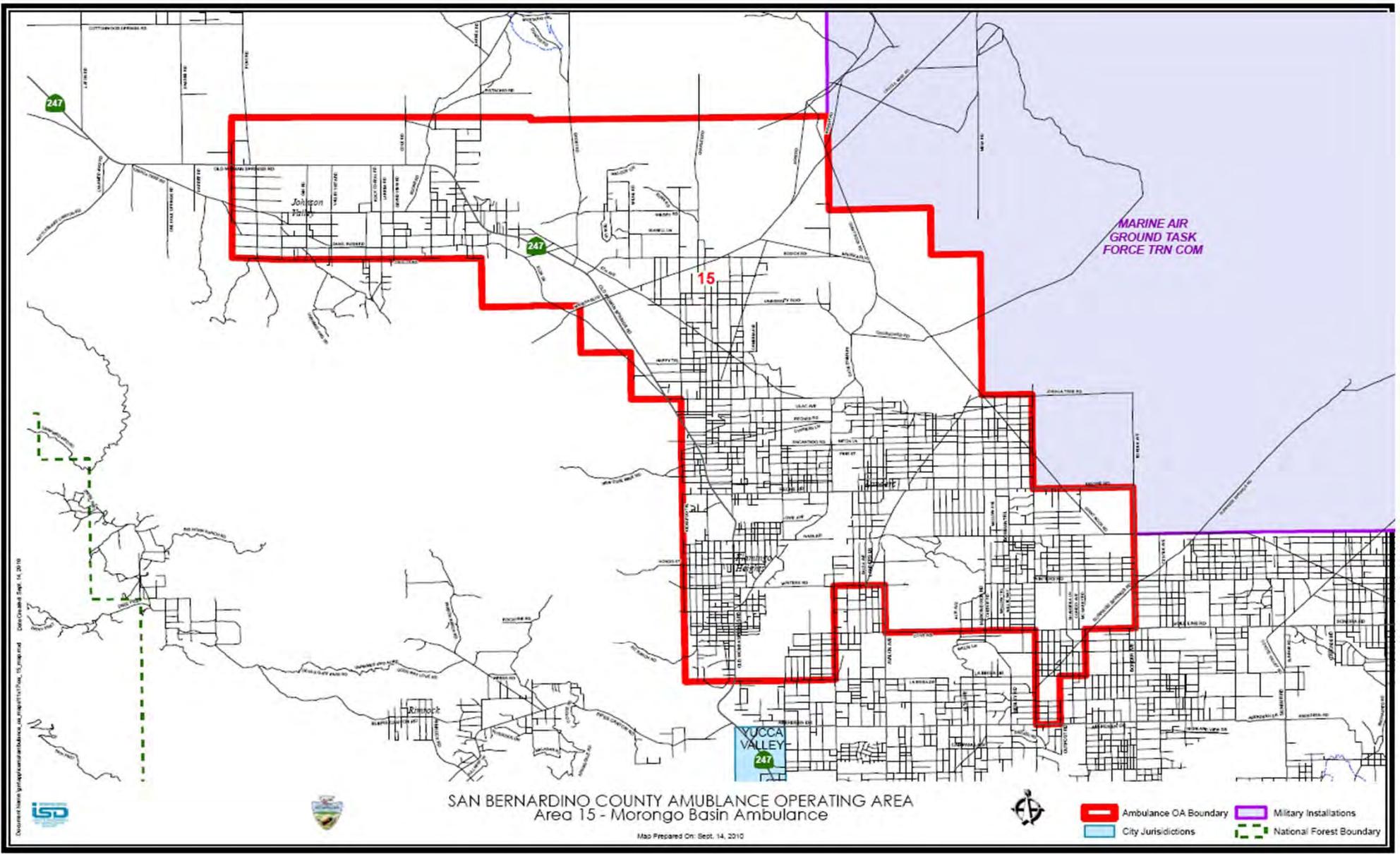
Month	Response Time Requirement	Total Runs	Percent On-Time
July	9:59	---	---
	14:59	---	---
	19:59	---	---
	29:59	---	---
	49:59	---	---
	99:59	---	---
	Total	---	---
August	9:59	---	---
	14:59	---	---
	19:59	---	---
	29:59	---	---
	49:59	---	---
	99:59	---	---
	Total	---	---
September	9:59	---	---
	14:59	---	---
	19:59	---	---
	29:59	---	---
	49:59	---	---
	99:59	---	---
	Total	---	---
October	9:59	---	---
	14:59	---	---
	19:59	---	---
	29:59	---	---
	49:59	---	---
	99:59	---	---
	Total	---	---
November	9:59	---	---
	14:59	---	---
	19:59	---	---
	29:59	---	---
	49:59	---	---
	99:59	---	---
	Total	---	---
December	9:59	---	---
	14:59	---	---
	19:59	---	---
	29:59	---	---
	49:59	---	---
	99:59	---	---
	Total	---	---

Month	Exemption		
	Requests	Approved	% Approved
January	---	---	---
February	---	---	---
March	---	---	---
April	---	---	---
May	---	---	---
June	---	---	---
July	---	---	---
August	---	---	---
September	---	---	---
October	---	---	---
November	---	---	---
December	---	---	---
Total	---	---	---

CY2011	9:59	---	---
	14:59	---	---
	19:59	---	---
	29:59	---	---
	49:59	---	---
	99:59	---	---
Total	---	---	

Average number of runs per month: ---

Provider Morongo Basin Ambulance has not provided data as specified in MOU Agreement 06-1049, Section XIV "DATA COLLECTION AND REPORTING REQUIRMENTS" (2, 3)



EOA 15 Response Time Performance By Month, Calendar Year 2011

Month	Response Time Requirement	Total Runs	Percent On-Time
January	29:59	---	---
	59:59	---	---
	Total	---	---
February	29:59	---	---
	59:59	---	---
	Total	---	---
March	29:59	---	---
	59:59	---	---
	Total	---	---
April	29:59	---	---
	59:59	---	---
	Total	---	---
May	29:59	---	---
	59:59	---	---
	Total	---	---
June	29:59	---	---
	59:59	---	---
	Total	---	---

Month	Response Time Requirement	Total Runs	Percent On-Time
July	29:59	---	---
	59:59	---	---
	Total	---	---
August	29:59	---	---
	59:59	---	---
	Total	---	---
September	29:59	---	---
	59:59	---	---
	Total	---	---
October	29:59	---	---
	59:59	---	---
	Total	---	---
November	29:59	---	---
	59:59	---	---
	Total	---	---
December	29:59	---	---
	59:59	---	---
	Total	---	---

Month	Exemption		
	Requests	Approved	% Approved
January	---	---	---
February	---	---	---
March	---	---	---
April	---	---	---
May	---	---	---
June	---	---	---
July	---	---	---
August	---	---	---
September	---	---	---
October	---	---	---
November	---	---	---
December	---	---	---
Total	---	---	---

CY2011	29:59	---	---
	59:59	---	---
	Total	---	---

Average number of runs per month: ---

Provider Morongo Basin Ambulance has not provided data as specified in MOU Agreement 06-1049, Section XIV "DATA COLLECTION AND REPORTING REQUIREMENTS" (2, 3)

EOA 16 Response Time Performance

By Month, Calendar Year 2011

Month	Response Time Requirement	Total Runs	Percent On-Time
January	9:59	---	---
	14:59	---	---
	19:59	---	---
	29:59	---	---
	49:59	---	---
	99:59	---	---
	Total	---	---
February	9:59	---	---
	14:59	---	---
	19:59	---	---
	29:59	---	---
	49:59	---	---
	99:59	---	---
	Total	---	---
March	9:59	---	---
	14:59	---	---
	19:59	---	---
	29:59	---	---
	49:59	---	---
	99:59	---	---
	Total	---	---
April	9:59	---	---
	14:59	---	---
	19:59	---	---
	29:59	---	---
	49:59	---	---
	99:59	---	---
	Total	---	---
May	9:59	---	---
	14:59	---	---
	19:59	---	---
	29:59	---	---
	49:59	---	---
	99:59	---	---
	Total	---	---
June	9:59	---	---
	14:59	---	---
	19:59	---	---
	29:59	---	---
	49:59	---	---
	99:59	---	---
	Total	---	---

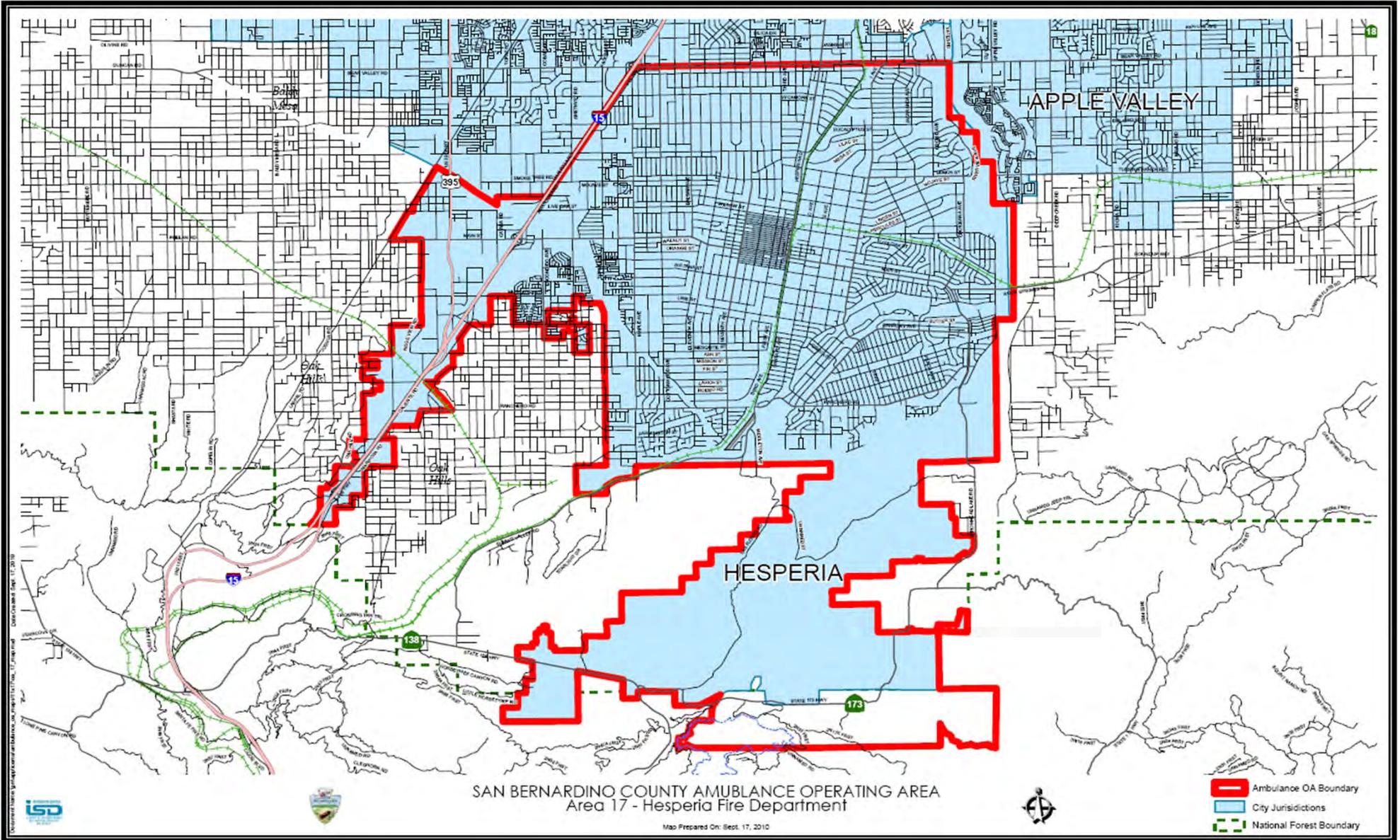
Month	Response Time Requirement	Total Runs	Percent On-Time
July	9:59	---	---
	14:59	---	---
	19:59	---	---
	29:59	---	---
	49:59	---	---
	99:59	---	---
	Total	---	---
August	9:59	---	---
	14:59	---	---
	19:59	---	---
	29:59	---	---
	49:59	---	---
	99:59	---	---
	Total	---	---
September	9:59	---	---
	14:59	---	---
	19:59	---	---
	29:59	---	---
	49:59	---	---
	99:59	---	---
	Total	---	---
October	9:59	---	---
	14:59	---	---
	19:59	---	---
	29:59	---	---
	49:59	---	---
	99:59	---	---
	Total	---	---
November	9:59	---	---
	14:59	---	---
	19:59	---	---
	29:59	---	---
	49:59	---	---
	99:59	---	---
	Total	---	---
December	9:59	---	---
	14:59	---	---
	19:59	---	---
	29:59	---	---
	49:59	---	---
	99:59	---	---
	Total	---	---

Month	Exemption		
	Requests	Approved	% Approved
January	---	---	---
February	---	---	---
March	---	---	---
April	---	---	---
May	---	---	---
June	---	---	---
July	---	---	---
August	---	---	---
September	---	---	---
October	---	---	---
November	---	---	---
December	---	---	---
Total	---	---	---

CY2011	9:59	---	---
	14:59	---	---
	19:59	---	---
	29:59	---	---
	49:59	---	---
	99:59	---	---
Total	---	---	

Average number of runs per month: ---

Provider San Bernardino Fire Department (Wrightwood) has not provided data to ICEMA for year 2010. No MOU or other enforceable agreement is currently in place.



EOA 17 Response Time Performance By Month, Calendar Year 2011

Month	Response Time Requirement	Total Runs	Percent On-Time
January	9:59	---	---
	19:59	---	---
	29:59	---	---
	99:59	---	---
	Total	---	---
February	9:59	---	---
	19:59	---	---
	29:59	---	---
	99:59	---	---
	Total	---	---
March	9:59	---	---
	19:59	---	---
	29:59	---	---
	99:59	---	---
	Total	---	---
April	9:59	---	---
	19:59	---	---
	29:59	---	---
	49:59	---	---
	99:59	---	---
	Total	---	---
May	9:59	---	---
	19:59	---	---
	29:59	---	---
	99:59	---	---
	Total	---	---
June	9:59	---	---
	19:59	---	---
	29:59	---	---
	99:59	---	---
	Total	---	---

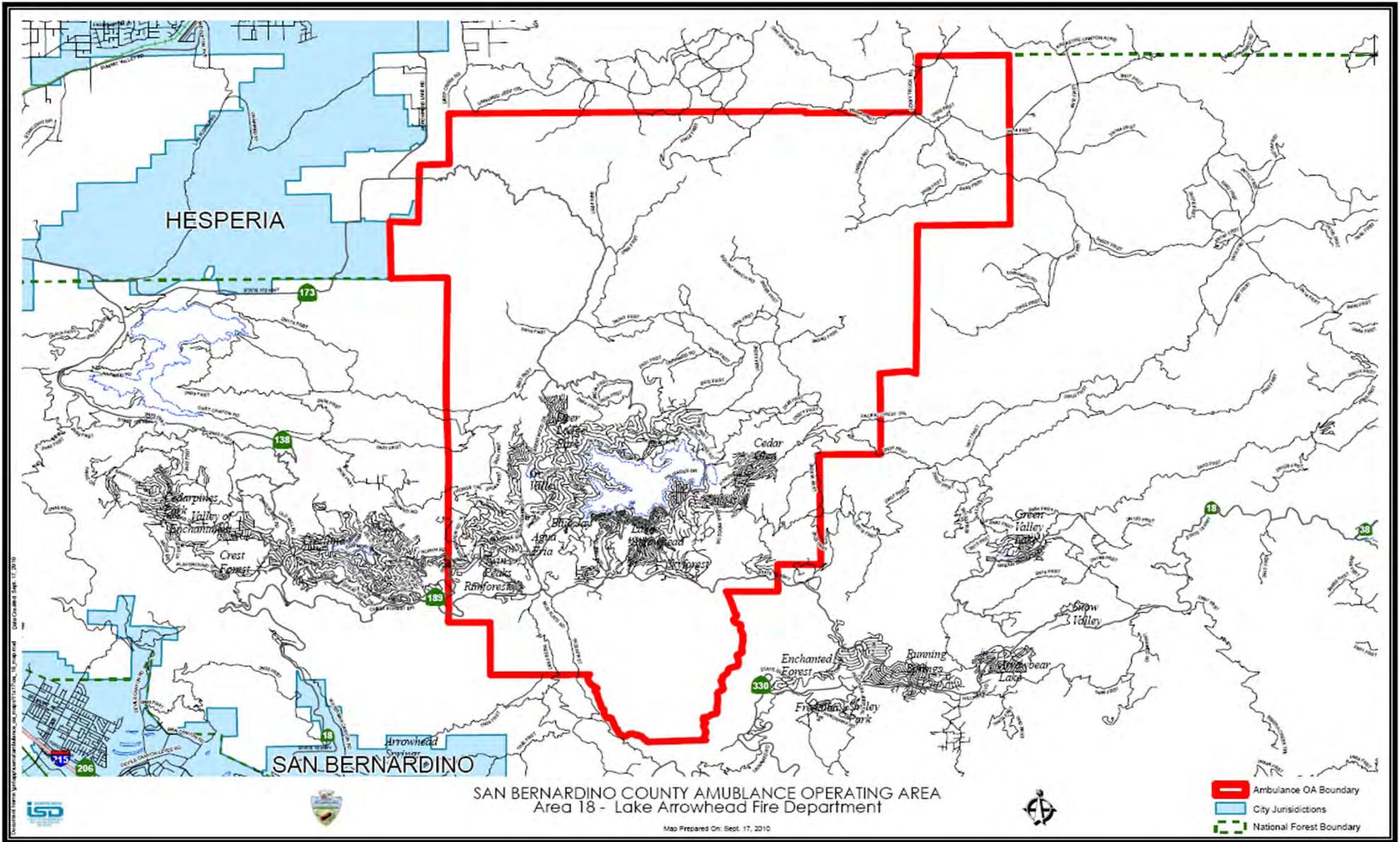
Month	Response Time Requirement	Total Runs	Percent On-Time
July	9:59	---	---
	19:59	---	---
	29:59	---	---
	99:59	---	---
	Total	---	---
August	9:59	---	---
	19:59	---	---
	29:59	---	---
	99:59	---	---
	Total	---	---
September	9:59	---	---
	19:59	---	---
	29:59	---	---
	99:59	---	---
	Total	---	---
October	9:59	---	---
	19:59	---	---
	29:59	---	---
	49:59	---	---
	99:59	---	---
	Total	---	---
November	9:59	---	---
	19:59	---	---
	29:59	---	---
	99:59	---	---
	Total	---	---
December	9:59	---	---
	19:59	---	---
	29:59	---	---
	99:59	---	---
	Total	---	---

Month	Exemption		
	Requests	Approved	% Approved
January	---	---	---
February	---	---	---
March	---	---	---
April	---	---	---
May	---	---	---
June	---	---	---
July	---	---	---
August	---	---	---
September	---	---	---
October	---	---	---
November	---	---	---
December	---	---	---
Total	---	---	---

CY2011	9:59	---	---
	19:59	---	---
	29:59	---	---
	Total	---	---

Average number of runs per month: ---

Provider San Bernardino Fire Department (Hesperia) has not provided data to ICEMA for year 2010. No MOU or other enforceable agreement is currently in place.



EOA 18 Response Time Performance By Month, Calendar Year 2011

Month	Response Time Requirement	Total Runs	Percent On-Time
January	19:59	---	---
	99:59	---	---
	Total	---	---
February	19:59	---	---
	99:59	---	---
	Total	---	---
March	19:59	---	---
	99:59	---	---
	Total	---	---
April	19:59	---	---
	99:59	---	---
	Total	---	---
May	19:59	---	---
	99:59	---	---
	Total	---	---
June	19:59	---	---
	99:59	---	---
	Total	---	---

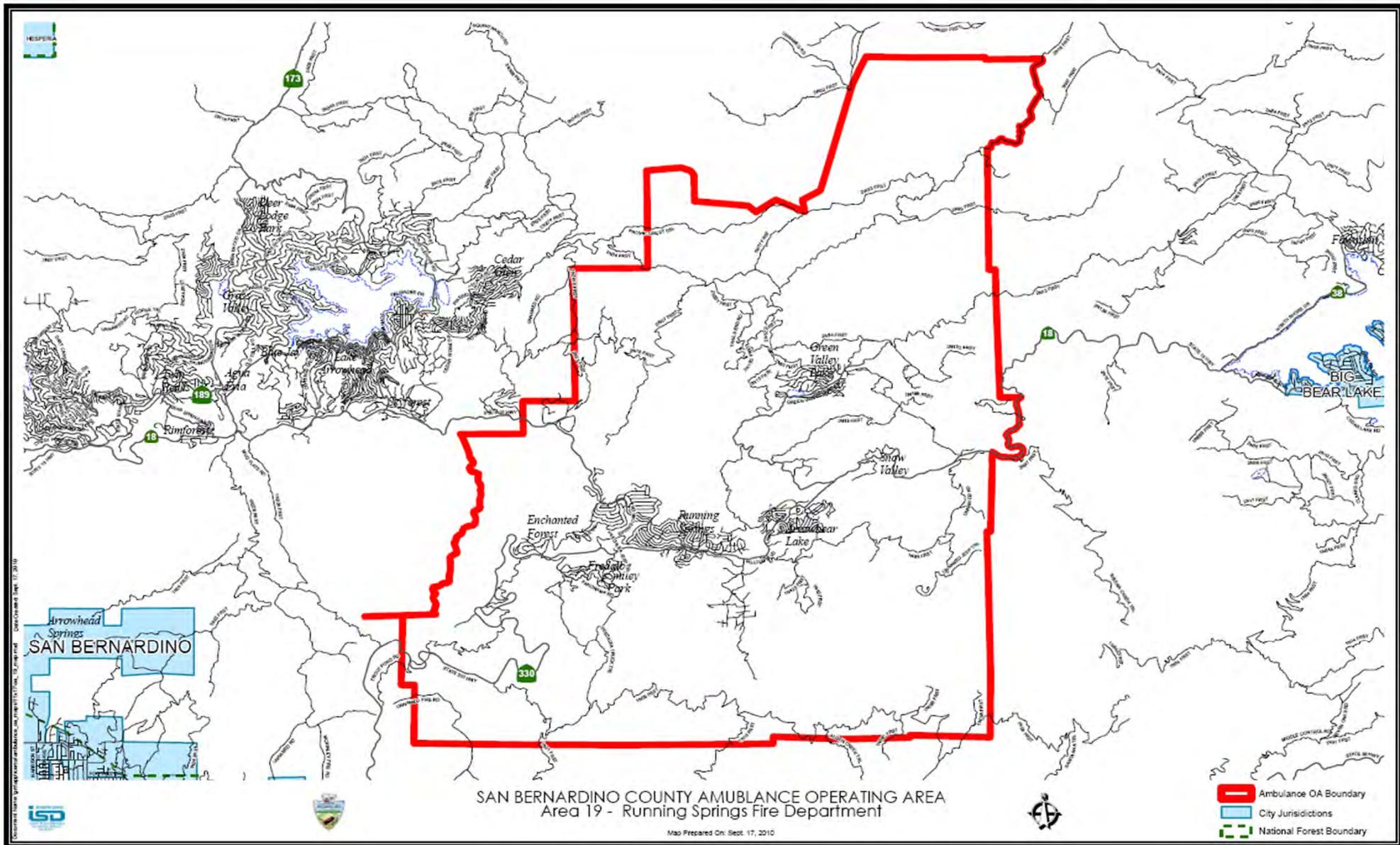
Month	Response Time Requirement	Total Runs	Percent On-Time
July	19:59	---	---
	99:59	---	---
	Total	---	---
August	19:59	---	---
	99:59	---	---
	Total	---	---
September	19:59	---	---
	99:59	---	---
	Total	---	---
October	19:59	---	---
	99:59	---	---
	Total	---	---
November	19:59	---	---
	99:59	---	---
	Total	---	---
December	19:59	---	---
	99:59	---	---
	Total	---	---

Month	Exemption		
	Requests	Approved	% Approved
January	---	---	---
February	---	---	---
March	---	---	---
April	---	---	---
May	---	---	---
June	---	---	---
July	---	---	---
August	---	---	---
September	---	---	---
October	---	---	---
November	---	---	---
December	---	---	---
Total	---	---	---

CY2011	19:59	---	---
	99:59	---	---
	Total	---	---

Average number of runs per month: ---

Provider San Bernardino Fire Department (Lake Arrowhead) has not provided data to ICEMA for year 2010. No MOU or other enforceable agreement is currently in place.



EOA 19 Response Time Performance By Month, Calendar Year 2011

Month	Response Time Requirement	Total Runs	Percent On-Time
January	14:59	---	---
	19:59	---	---
	29:59	---	---
	99:59	---	---
	Total	---	---
February	14:59	---	---
	19:59	---	---
	29:59	---	---
	99:59	---	---
	Total	---	---
March	14:59	---	---
	19:59	---	---
	29:59	---	---
	99:59	---	---
	Total	---	---
April	14:59	---	---
	19:59	---	---
	29:59	---	---
	49:59	---	---
	99:59	---	---
	Total	---	---
May	14:59	---	---
	19:59	---	---
	29:59	---	---
	99:59	---	---
	Total	---	---
June	14:59	---	---
	19:59	---	---
	29:59	---	---
	99:59	---	---
	Total	---	---

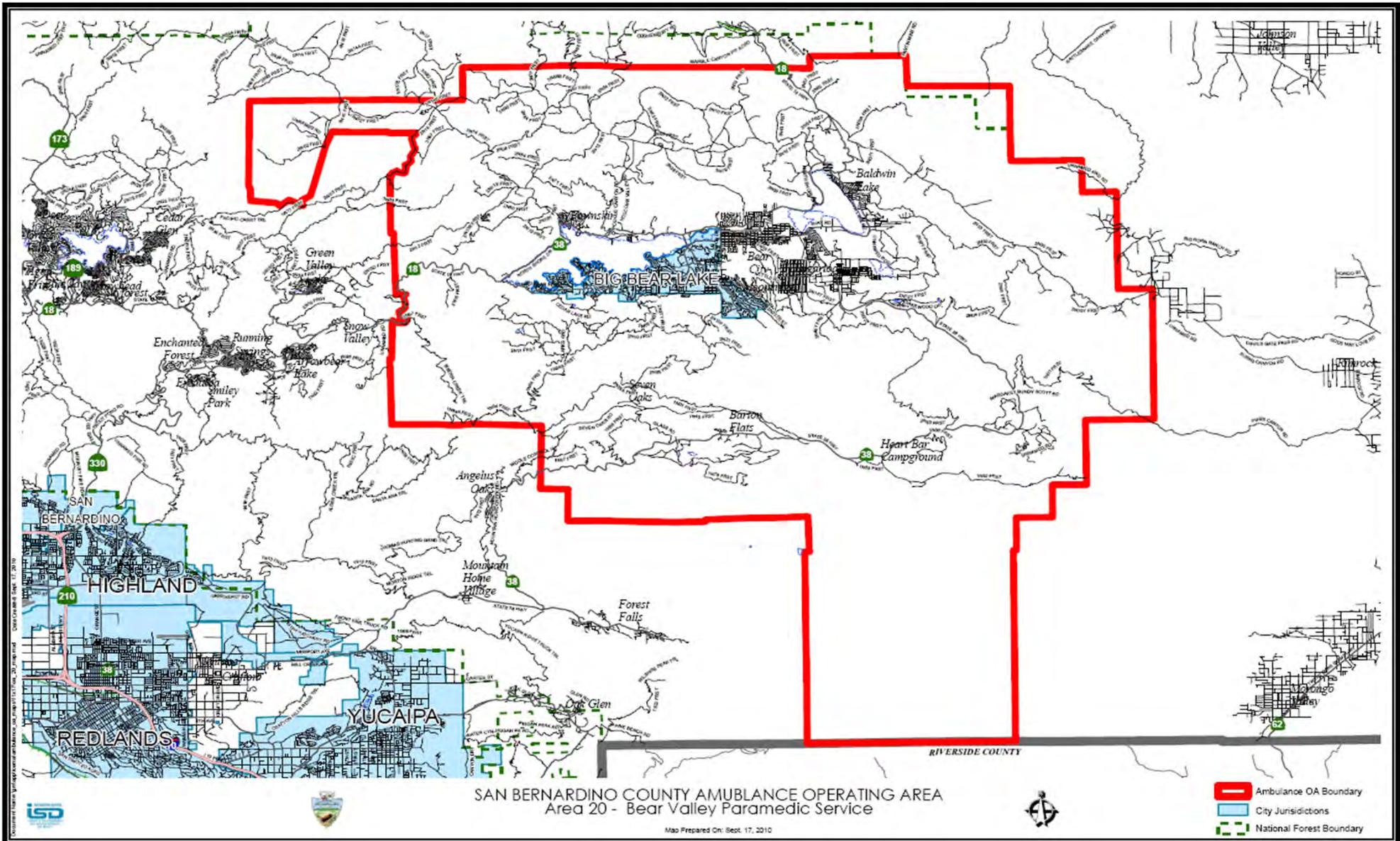
Month	Response Time Requirement	Total Runs	Percent On-Time
July	14:59	---	---
	19:59	---	---
	29:59	---	---
	99:59	---	---
	Total	---	---
August	14:59	---	---
	19:59	---	---
	29:59	---	---
	99:59	---	---
	Total	---	---
September	14:59	---	---
	19:59	---	---
	29:59	---	---
	99:59	---	---
	Total	---	---
October	14:59	---	---
	19:59	---	---
	29:59	---	---
	49:59	---	---
	99:59	---	---
	Total	---	---
November	14:59	---	---
	19:59	---	---
	29:59	---	---
	99:59	---	---
	Total	---	---
December	14:59	---	---
	19:59	---	---
	29:59	---	---
	99:59	---	---
	Total	---	---

Month	Exemption		
	Requests	Approved	% Approved
January	---	---	---
February	---	---	---
March	---	---	---
April	---	---	---
May	---	---	---
June	---	---	---
July	---	---	---
August	---	---	---
September	---	---	---
October	---	---	---
November	---	---	---
December	---	---	---
Total	---	---	---

CY2011	14:59	---	---
	19:59	---	---
	29:59	---	---
	Total	---	---

Average number of runs per month: ---

Provider Running Springs Fire District has not provided data as specified in MOU Agreement 06-1049, Section XIV "DATA COLLECTION AND REPORTING REQUIRMENTS" (2, 3)



EOA 20 Response Time Performance By Month, Calendar Year 2011

Month	Response Time Requirement	Total Runs	Percent On-Time
January	9:59	---	---
	19:59	---	---
	29:59	---	---
	39:59	---	---
	99:59	---	---
	Total	---	---
February	9:59	---	---
	19:59	---	---
	29:59	---	---
	39:59	---	---
	99:59	---	---
	Total	---	---
March	9:59	---	---
	19:59	---	---
	29:59	---	---
	39:59	---	---
	99:59	---	---
	Total	---	---
April	9:59	---	---
	19:59	---	---
	29:59	---	---
	39:59	---	---
	99:59	---	---
	Total	---	---
May	9:59	---	---
	19:59	---	---
	29:59	---	---
	39:59	---	---
	99:59	---	---
	Total	---	---
June	9:59	---	---
	19:59	---	---
	29:59	---	---
	39:59	---	---
	99:59	---	---
	Total	---	---

Month	Response Time Requirement	Total Runs	Percent On-Time
July	9:59	---	---
	19:59	---	---
	29:59	---	---
	39:59	---	---
	99:59	---	---
	Total	---	---
August	9:59	---	---
	19:59	---	---
	29:59	---	---
	39:59	---	---
	99:59	---	---
	Total	---	---
September	9:59	---	---
	19:59	---	---
	29:59	---	---
	39:59	---	---
	99:59	---	---
	Total	---	---
October	9:59	---	---
	19:59	---	---
	29:59	---	---
	39:59	---	---
	99:59	---	---
	Total	---	---
November	9:59	---	---
	19:59	---	---
	29:59	---	---
	39:59	---	---
	99:59	---	---
	Total	---	---
December	9:59	---	---
	19:59	---	---
	29:59	---	---
	39:59	---	---
	99:59	---	---
	Total	---	---

Month	Exemption		
	Requests	Approved	% Approved
January	---	---	---
February	---	---	---
March	---	---	---
April	---	---	---
May	---	---	---
June	---	---	---
July	---	---	---
August	---	---	---
September	---	---	---
October	---	---	---
November	---	---	---
December	---	---	---
Total	---	---	---

CY2011	9:59	---	---
	19:59	---	---
	29:59	---	---
	39:59:00	---	---
	99:59	---	---
Total	---	---	

Average number of runs per month: ---

Provider Bear Valley Paramedics has not provided data to ICEMA for year 2009. No MOU or other enforceable agreement is currently in place.

EOA 21 Response Time Performance By Month, Calendar Year 2011

Month	Response Time Requirement	Total Runs	Percent On-Time
January	9:59	---	---
	29:59	---	---
	Total	---	---
February	9:59	---	---
	29:59	---	---
	Total	---	---
March	9:59	---	---
	29:59	---	---
	Total	---	---
April	9:59	---	---
	29:59	---	---
	Total	---	---
May	9:59	---	---
	29:59	---	---
	Total	---	---
June	9:59	---	---
	29:59	---	---
	Total	---	---

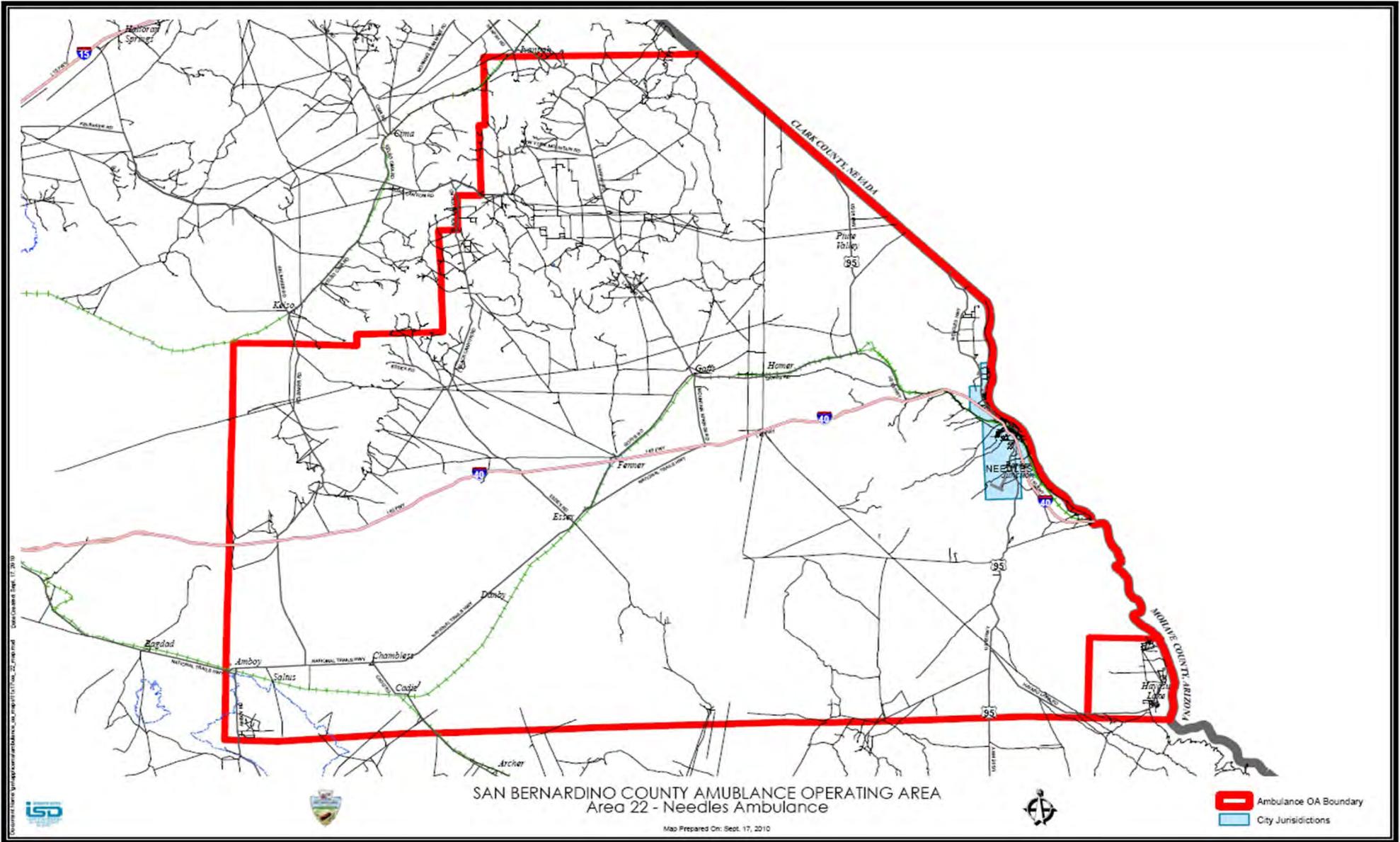
Month	Response Time Requirement	Total Runs	Percent On-Time
July	9:59	---	---
	29:59	---	---
	Total	---	---
August	9:59	---	---
	29:59	---	---
	Total	---	---
September	9:59	---	---
	29:59	---	---
	Total	---	---
October	9:59	---	---
	29:59	---	---
	Total	---	---
November	9:59	---	---
	29:59	---	---
	Total	---	---
December	9:59	---	---
	29:59	---	---
	Total	---	---

Month	Exemption		
	Requests	Approved	% Approved
January	---	---	---
February	---	---	---
March	---	---	---
April	---	---	---
May	---	---	---
June	---	---	---
July	---	---	---
August	---	---	---
September	---	---	---
October	---	---	---
November	---	---	---
December	---	---	---
Total	---	---	---

CY2011	9:59	---	---
	29:59	---	---
	Total	---	---

Average number of runs per month: ---

Provider San Bernardino Fire Department (Yucca Valley) has not provided data to ICEMA for year 2010. No MOU or other enforceable agreement is currently in place.



EOA 22 Response Time Performance By Month, Calendar Year 2011

Month	Response Time Requirement	Total Runs	Percent On-Time
January	9:59	---	---
	14:59	---	---
	29:59	---	---
	49:59	---	---
	99:59	---	---
	Total	---	---
February	9:59	---	---
	14:59	---	---
	29:59	---	---
	49:59	---	---
	99:59	---	---
	Total	---	---
March	9:59	---	---
	14:59	---	---
	29:59	---	---
	49:59	---	---
	99:59	---	---
	Total	---	---
April	9:59	---	---
	14:59	---	---
	29:59	---	---
	49:59	---	---
	99:59	---	---
	Total	---	---
May	9:59	---	---
	14:59	---	---
	29:59	---	---
	49:59	---	---
	99:59	---	---
	Total	---	---
June	9:59	---	---
	14:59	---	---
	29:59	---	---
	49:59	---	---
	99:59	---	---
	Total	---	---

Month	Response Time Requirement	Total Runs	Percent On-Time
July	9:59	---	---
	14:59	---	---
	29:59	---	---
	49:59	---	---
	99:59	---	---
	Total	---	---
August	9:59	---	---
	14:59	---	---
	29:59	---	---
	49:59	---	---
	99:59	---	---
	Total	---	---
September	9:59	---	---
	14:59	---	---
	29:59	---	---
	49:59	---	---
	99:59	---	---
	Total	---	---
October	9:59	---	---
	14:59	---	---
	29:59	---	---
	49:59	---	---
	99:59	---	---
	Total	---	---
November	9:59	---	---
	14:59	---	---
	29:59	---	---
	49:59	---	---
	99:59	---	---
	Total	---	---
December	9:59	---	---
	14:59	---	---
	29:59	---	---
	49:59	---	---
	99:59	---	---
	Total	---	---

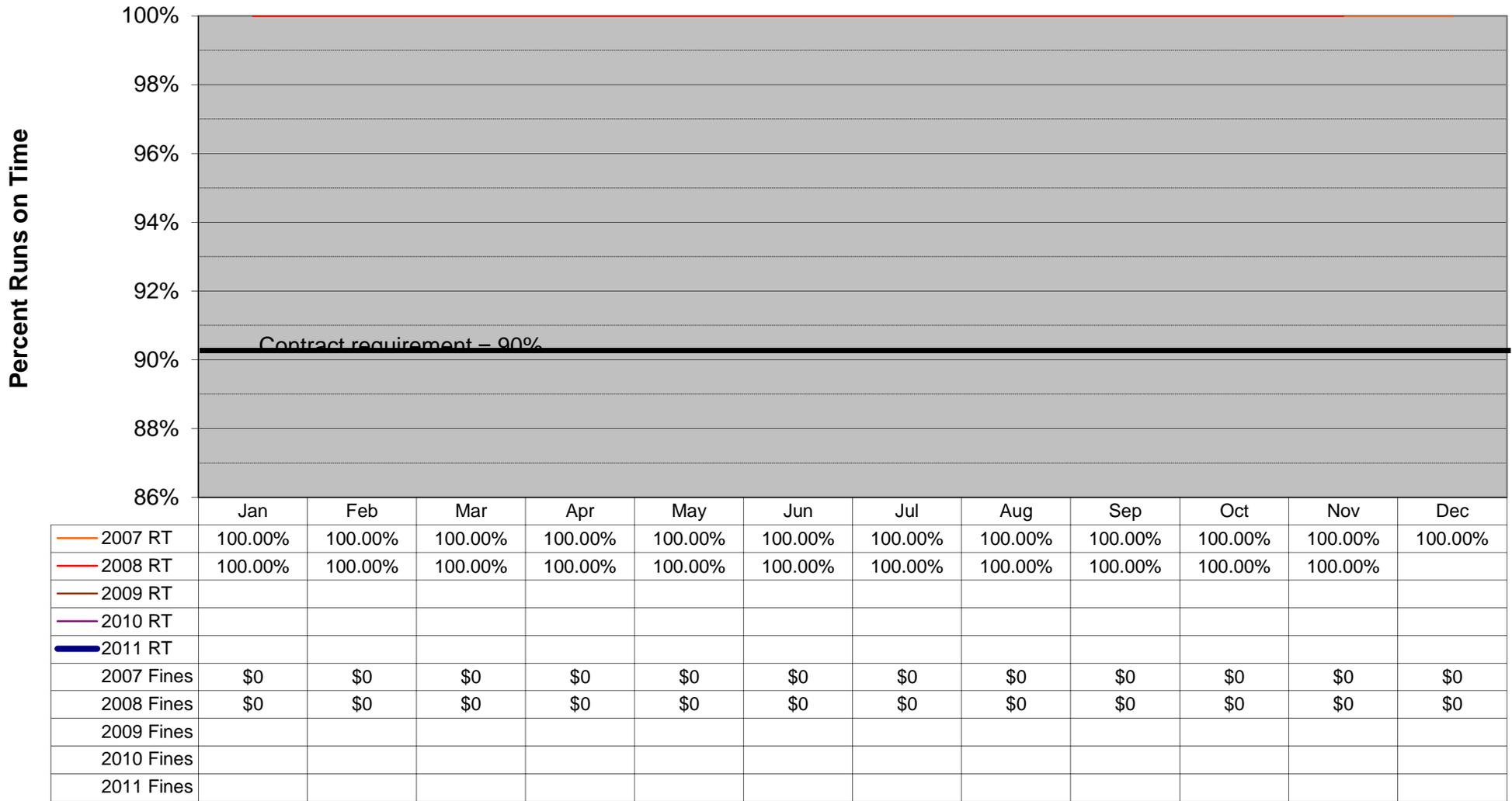
Month	Exemption		
	Requests	Approved	% Approved
January	---	---	---
February	---	---	---
March	---	---	---
April	---	---	---
May	---	---	---
June	---	---	---
July	---	---	---
August	---	---	---
September	---	---	---
October	---	---	---
November	---	---	---
December	---	---	---
Total	---	---	---

CY2011	9:59	---	---
	14:59	---	---
	29:59	---	---
	49:59	---	---
	99:59	---	---
	Total	---	---

Average number of runs per month: ---

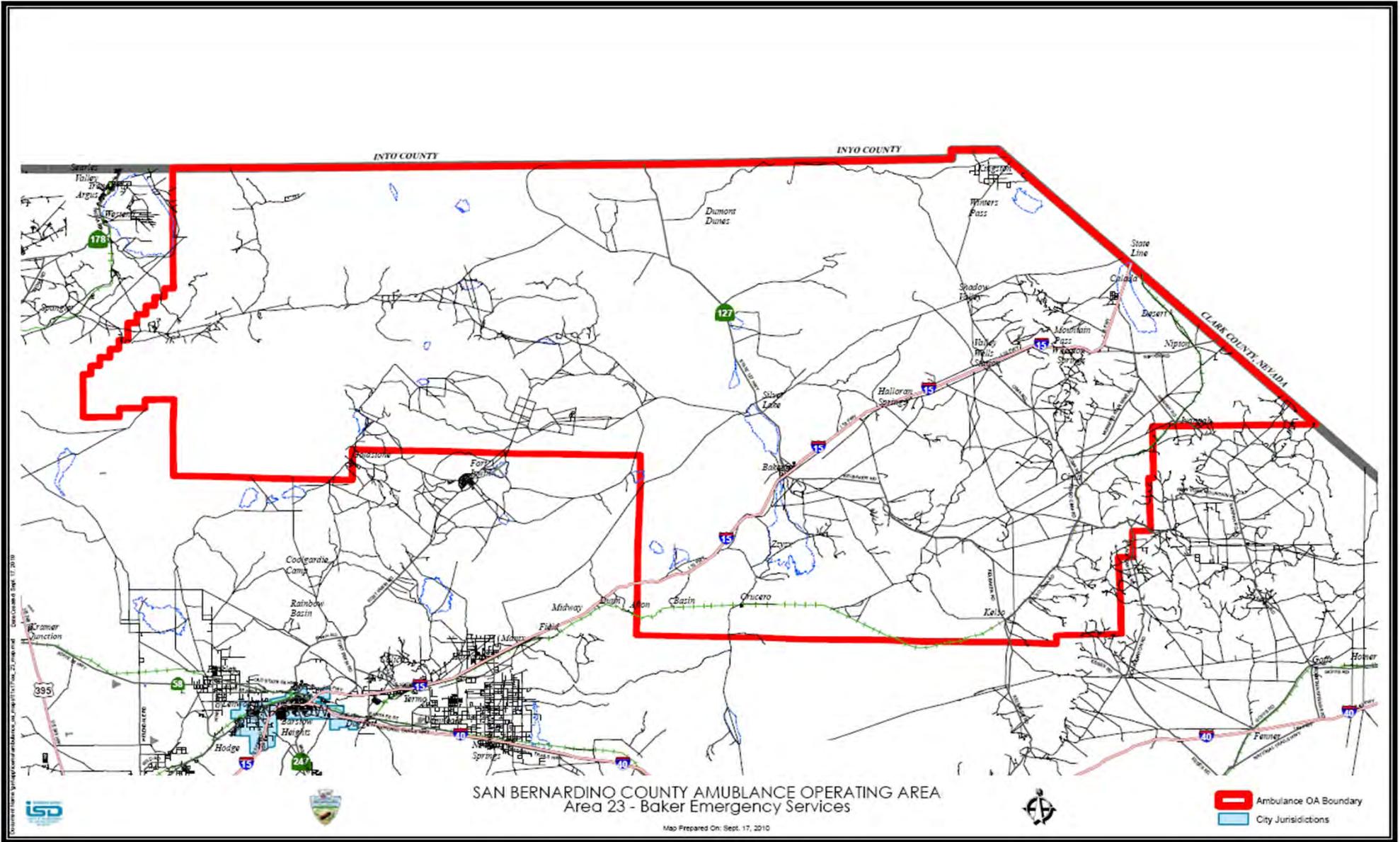
Provider Needle Ambulance has not provided data as specified in MOU Agreement 06-1049, Section XIV "DATA COLLECTION AND REPORTING REQUIREMENTS" (2, 3)

EOA 22 - Response Time Compliance and Liquidated Damages 2007 - 2011, by Month



Month

Total Liquidated Damages = \$0



EOA 23 Response Time Performance By Month, Calendar Year 2011

Month	Response Time Requirement	Total Runs	Percent On-Time
January	99:59	---	---
February	99:59	---	---
March	99:59	---	---
April	99:59	---	---
May	99:59	---	---
June	99:59	---	---

Month	Response Time Requirement	Total Runs	Percent On-Time
July	99:59	---	---
August	99:59	---	---
September	99:59	---	---
October	99:59	---	---
November	99:59	---	---
December	99:59	---	---

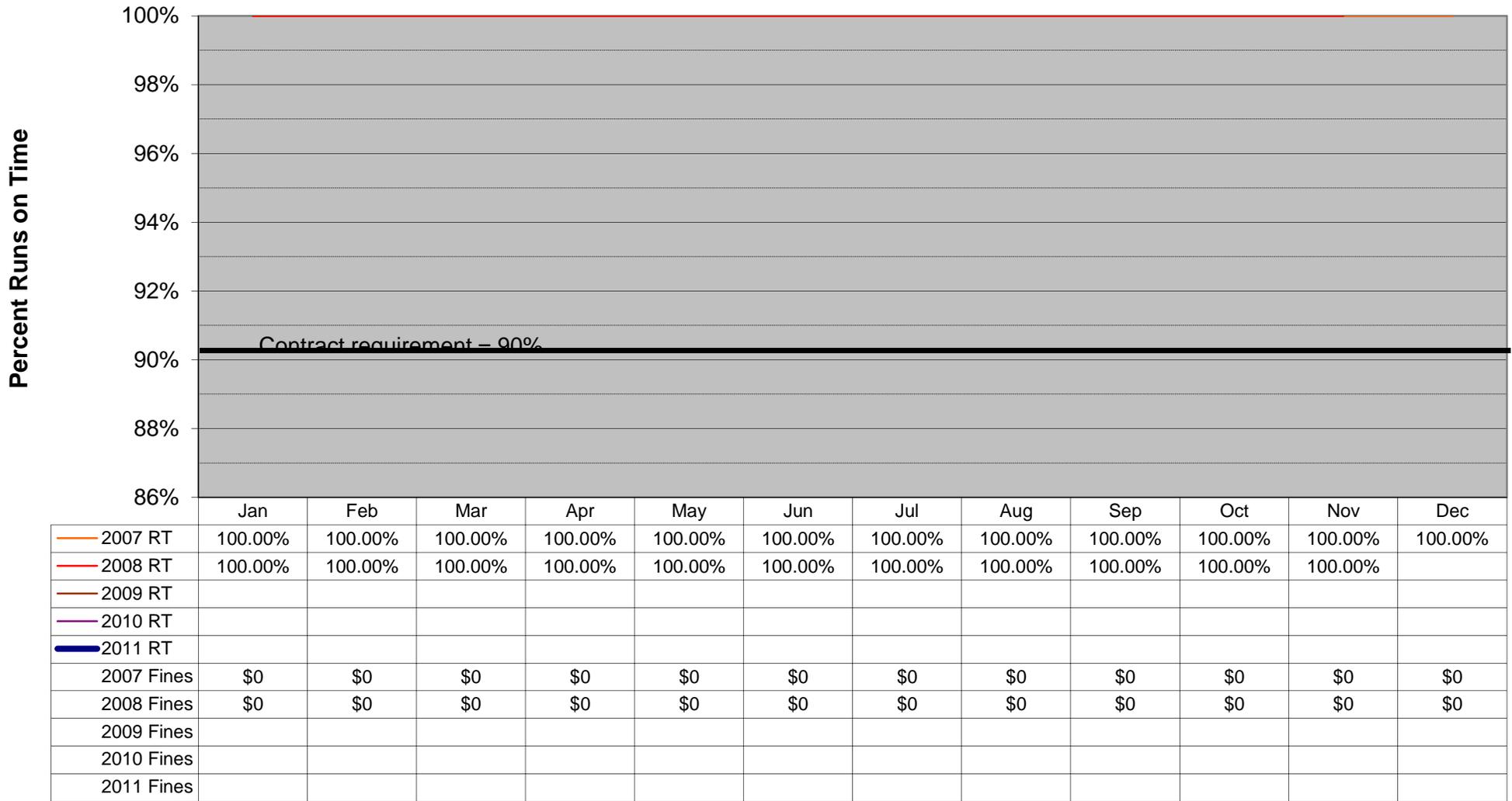
Month	Exemption		
	Requests	Approved	% Approved
January	---	---	---
February	---	---	---
March	---	---	---
April	---	---	---
May	---	---	---
June	---	---	---
July	---	---	---
August	---	---	---
September	---	---	---
October	---	---	---
November	---	---	---
December	---	---	---
Total	---	---	---

CY2011	99:59	---	---
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Average number of runs per month: ---

Provider Baker EMS has not provided data as specified in MOU Agreement 06-1049, Section XIV "DATA COLLECTION AND REPORTING REQUIREMENTS" (2, 3)

EOA 23 - Response Time Compliance and Liquidated Damages 2007 - 2011, by Month



Month

Total Liquidated Damages = \$0



SAN BERNARDINO COUNTY
AMBULANCE OPERATING AREA
Area 24 - Seales Valley Fire Department

Map Revised On: Sept. 17, 2010



Ambulance OA Boundary
City Jurisdictions



NTD COUNTY

EOA 24 Response Time Performance By Month, Calendar Year 2011

Month	Response Time Requirement	Total Runs	Percent On-Time
January	39:59	---	---
February	39:59	---	---
March	39:59	---	---
April	39:59	---	---
May	39:59	---	---
June	39:59	---	---

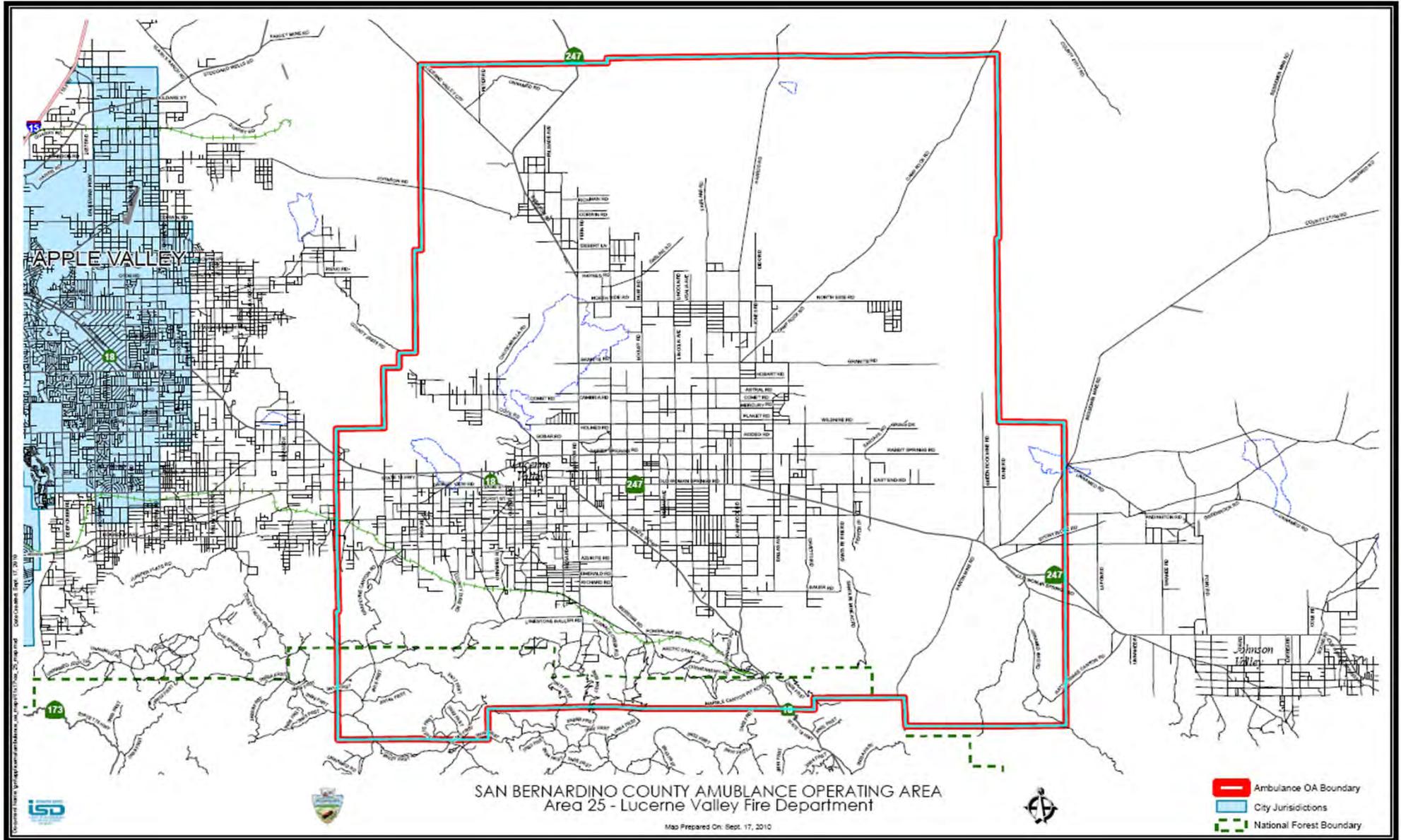
Month	Response Time Requirement	Total Runs	Percent On-Time
July	39:59	---	---
August	39:59	---	---
September	39:59	---	---
October	39:59	---	---
November	39:59	---	---
December	39:59	---	---

Month	Exemption		
	Requests	Approved	% Approved
January	---	---	---
February	---	---	---
March	---	---	---
April	---	---	---
May	---	---	---
June	---	---	---
July	---	---	---
August	---	---	---
September	---	---	---
October	---	---	---
November	---	---	---
December	---	---	---
Total	---	---	---

CY2011	39:59	---	---
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Average number of runs per month: ---

EOA 24 received no responses on ALS provider January 2007 RFP and is currently not assigned to an exclusive provider. EOA transportation currently is provided by BLS provider Searles Valley Fire Department who is not reporting performance data to ICEMA.



EOA 25 Response Time Performance By Month, Calendar Year 2011

Month	Response Time Requirement	Total Runs	Percent On-Time
January	29:59	---	---
	49:59	---	---
	99:59	---	---
	Total	---	---
February	29:59	---	---
	49:59	---	---
	99:59	---	---
	Total	---	---
March	29:59	---	---
	49:59	---	---
	99:59	---	---
	Total	---	---
April	29:59	---	---
	49:59	---	---
	99:59	---	---
	Total	---	---
May	29:59	---	---
	49:59	---	---
	99:59	---	---
	Total	---	---
June	29:59	---	---
	49:59	---	---
	99:59	---	---
	Total	---	---

Month	Response Time Requirement	Total Runs	Percent On-Time
July	29:59	---	---
	49:59	---	---
	99:59	---	---
	Total	---	---
August	29:59	---	---
	49:59	---	---
	99:59	---	---
	Total	---	---
September	29:59	---	---
	49:59	---	---
	99:59	---	---
	Total	---	---
October	29:59	---	---
	49:59	---	---
	99:59	---	---
	Total	---	---
November	29:59	---	---
	49:59	---	---
	99:59	---	---
	Total	---	---
December	29:59	---	---
	49:59	---	---
	99:59	---	---
	Total	---	---

Month	Exemption		
	Requests	Approved	% Approved
January	---	---	---
February	---	---	---
March	---	---	---
April	---	---	---
May	---	---	---
June	---	---	---
July	---	---	---
August	---	---	---
September	---	---	---
October	---	---	---
November	---	---	---
December	---	---	---
Total	---	---	---

CY2011	29:59	---	---
	49:59	---	---
	99:59	---	---
	Total	---	---

Average number of runs per month: ---

Provider San Bernardino Fire Department (Lucerne Valley) has not provided data to ICEMA for year 2010. No MOU or other enforceable agreement is currently in place.

EOA 26 Response Time Performance By Month, Calendar Year 2011

Month	Response Time Requirement	Total Runs	Percent On-Time
January	49:59	---	---
February	49:59	---	---
March	49:59	---	---
April	49:59	---	---
May	49:59	---	---
June	49:59	---	---

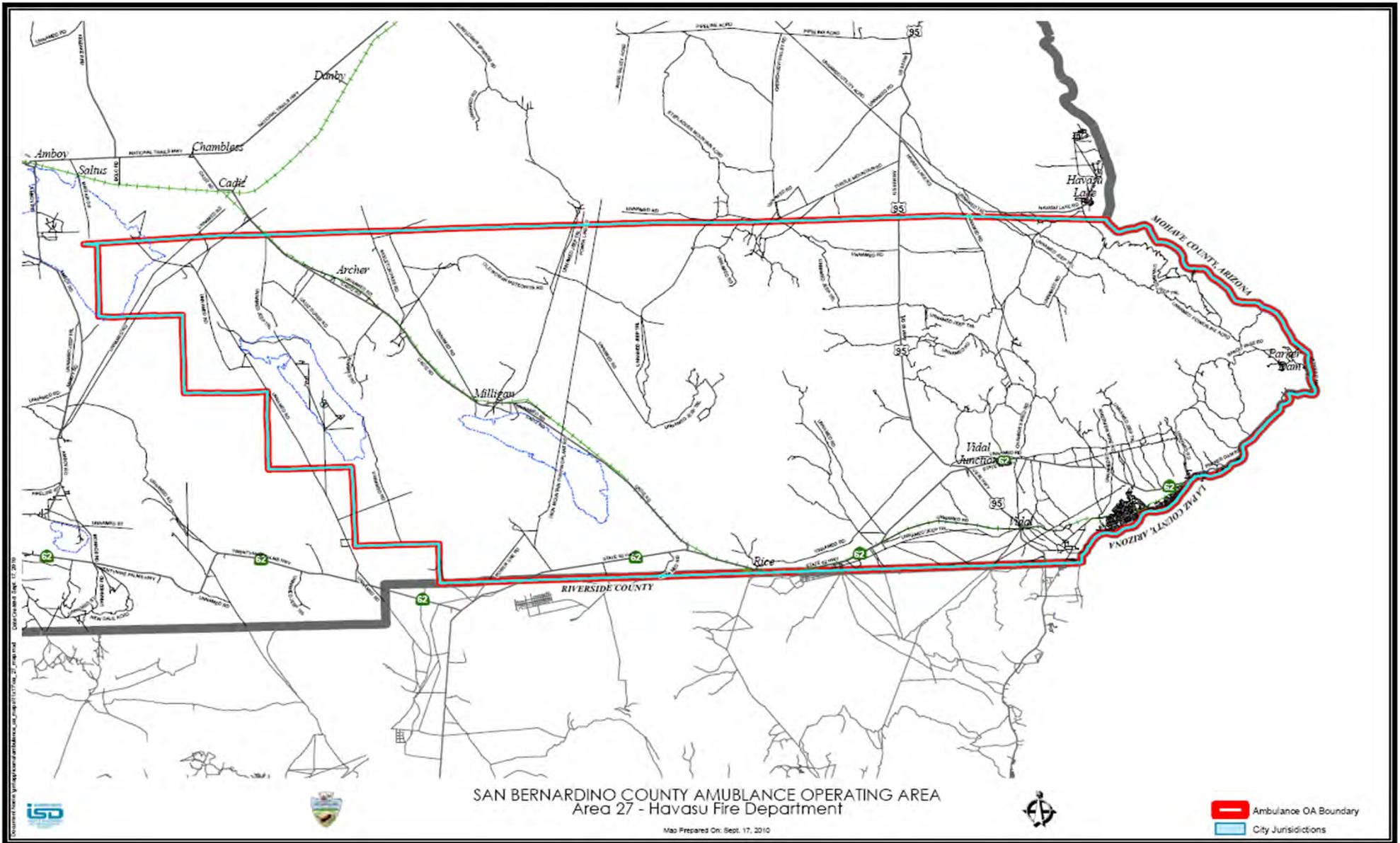
Month	Response Time Requirement	Total Runs	Percent On-Time
July	49:59	---	---
August	49:59	---	---
September	49:59	---	---
October	49:59	---	---
November	49:59	---	---
December	49:59	---	---

Month	Exemption		
	Requests	Approved	% Approved
January	---	---	---
February	---	---	---
March	---	---	---
April	---	---	---
May	---	---	---
June	---	---	---
July	---	---	---
August	---	---	---
September	---	---	---
October	---	---	---
November	---	---	---
December	---	---	---
Total	---	---	---

CY2011	49:59	---	---
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Average number of runs per month: ---

EOA 26 received no responses on ALS provider January 2007 RFP and is currently not assigned to an exclusive provider. EOA transportation currently is provided by Liberty Ambulance who is not reporting performance data to ICEMA.



EOA 27 Response Time Performance By Month, Calendar Year 2011

Month	Response Time Requirement	Total Runs	Percent On-Time
January	49:59	---	---
February	49:59	---	---
March	49:59	---	---
April	49:59	---	---
May	49:59	---	---
June	49:59	---	---

Month	Response Time Requirement	Total Runs	Percent On-Time
July	49:59	---	---
August	49:59	---	---
September	49:59	---	---
October	49:59	---	---
November	49:59	---	---
December	49:59	---	---

Month	Exemption		
	Requests	Approved	% Approved
January	---	---	---
February	---	---	---
March	---	---	---
April	---	---	---
May	---	---	---
June	---	---	---
July	---	---	---
August	---	---	---
September	---	---	---
October	---	---	---
November	---	---	---
December	---	---	---
Total	---	---	---

CY2011	49:59	---	---
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Average number of runs per month: ---

EOA 27 received no responses on ALS provider January 2007 RFP and is currently not assigned to an exclusive provider. EOA transportation currently is provided by San Bernardino Fire Department (Havasu) who is not reporting performance data to ICEMA.

Provider San Bernardino Fire Department (Havasu) has not provided data to ICEMA for year 2010. No MOU or other enforceable agreement is currently in place.

San Bernardino EMCC Workshop

Agenda

April 17, 2008

Time	Proposed Subject	Presenter
0900	I. Introductions	Chris Carlson
0910	II. Welcome	Virginia Hastings
0915	III. Overview of the Day a. Agenda Building and Review b. Ground Rules	Chris Carlson
0940	IV. Process in San Bernardino County a. Organization b. Process Flow c. Roles – Or how ICEMA supports you	Virginia Hastings
1050	BREAK	
1100	V. Can We Talk? Perspectives on the Brown Act	Daniel B. Haueter, Principal Assistant County Counsel
1200	LUNCH (provided by SB Sheriff's Dept)	
1230	VII. Measure of EMS Effectiveness a. Historical/Conventional b. Emerging Literature c. Focus of the EMCC 1. Building a "Dashboard"	Chris Carlson
1430	BREAK	
1445	VIII. Big Audacious Goals for EMS in San Bernardino County	Chris Carlson

Staff Report - EMCC

STATUS OF ADVANCED EMERGENCY MEDICAL TECHNICIAN (AEMT) IN THE ICEMA REGION

On December 14, 2010, the ICEMA Governing Board authorized the Sheriff's Search and Rescue Team (SAR) to provide limited ALS (LALS). Currently there are eight (8) certified AEMTs in the ICEMA region.

Due to limited calls, SAR has not had the opportunity to utilize LALS in the field but maintains skills through monthly training.

ICEMA expects to expand the LALS program within the next couple of months to include two (2) providers in Inyo County. ICEMA anticipates the utilization of LALS will be much higher in the rural environment due to limited resources and will enhance the emergency services that are currently available.

The LALS training program adds an additional forty-eight (48) hours of didactic classroom time, sixteen (16) hours of clinical (hospital) time, and twenty-four (24) hours of field time with a minimum of ten (10) ALS patient care contacts.

Sherri Shimshy, RN
07/19/12



Inland Counties Emergency Medical Agency

Serving San Bernardino, Inyo, and Mono Counties

*Virginia Hastings, Executive Director
Reza Vaezazizi, M.D., Medical Director*

DATE: June 21, 2012

TO: EMS Providers – ALS, BLS, EMS Aircraft
Hospital CEOs, ED Directors, Nurse Managers and PLNs
EMS Training Institutions and Continuing Education Providers
Inyo, Mono and San Bernardino County EMCC Members
Other Interested Parties

FROM: Virginia Hastings, Executive Director
Reza Vaezazizi, M.D., Medical Director

SUBJECT: PROTOCOLS FOR 30-DAY COMMENT

The following protocols have been reviewed and revised by the Protocol Education Committee (PEC) and the Medical Advisory Committee (MAC) and are now available for public comment and recommendations.

Protocol Reference #:

- 7010 BLS/ALS Standard Drug and Equipment List
- 7020 EMS Aircraft Standard Drug and Equipment List
- 9120 Nausea and Vomiting
- 10010 King Airway Device – Adult
- 10020 King Airway Device – Pediatric
- 10030 Oral Endotracheal Intubation – Adult
- 10050 Nasotracheal Intubation
- 10080 Insertion of Nasogastric/Orogastric Tube
- 10090 Vagal Maneuver
- 10100 12 Lead Electrocardiography
- 10140 Intraosseous Infusion (IO)
- 10150 External Jugular Vein Access
- 11030 Non-Traumatic Hypertensive Crisis – DELETE
- 12010 Determination of Death on Scene
- 12020 Withholding Resuscitative Measures
- 13010 Poisonings
- 13020 Heat Related Emergencies
- 13030 Cold Related Emergencies
- 14020 Airway Obstruction – Pediatric
- 14040 Cardiac Arrest – Pediatric
- 14090 Newborn Care

Protocols for 30-Day Comment

June 21, 2012

Page 2

ICEMA encourages all system participants to submit recommendations, in writing, to ICEMA during the comment period. **Written comments will be accepted until Friday, July 13, 2012, at 5 pm.** Comments may be sent via hardcopy, faxed to (909) 388-5850 or via e-mail to SShimshy@cao.sbcounty.gov. Comments submitted and any revisions made will be presented at the July 19, 2012, Emergency Medical Care Committee (EMCC) meeting. The protocols will also be presented at the Inyo and Mono Counties EMCC meetings.

VH/RV/SS/mae

Enclosures

c: File Copy



BLS/ALS STANDARD DRUG & EQUIPMENT LIST

Each ambulance and first responder unit will be equipped with the following functional equipment and supplies. **This list represents mandatory items with minimum quantities** excluding narcotics which must be kept within the range indicated. All expiration dates must be current. All packaging of drugs or equipment must be intact. No open products or torn packaging may be used.

All ALS (transport and non-transport) and BLS transport vehicles shall be inspected annually.

MEDICATIONS/SOLUTIONS

Exchanged Medications/Solutions	BLS	ALS Non-Transport	ALS Transport
<u>Activated Charcoal - 25 gm Per MAC remove from list.</u>		2	2
Adenosine (Adenocard) 6 mg		1	1
Adenosine (Adenocard) 12 mg		2	2
Adrenaline (Epinephrine) 1:1000 1 mg		2	2
Adrenaline (Epinephrine) 1:10,000 1 mg preload		3	3
Albuterol Aerosolized Solution (Proventil) - unit dose 2.5mg		4 doses	4 doses
Aspirin, chewable – 81mg tablet		1 bottle	1 bottle
Atropine 1 mg preload		4	4
Calcium Chloride 1 gm preload		1	1
Dextrose 25% 2.5 gm preload		2	2
Dextrose 50% 25 gm preload		2	2
Diphenhydramine (Benadryl) 50 mg		1	1
Dopamine 400 mg		1	1
Glucagon 1 mg		1	1
Glucose paste	1 tube	1 tube	1 tube
Ipratropium Bromide Inhalation Solution (Atrovent) unit dose 0.5mg		4	4
Irrigating Saline and/or Sterile Water (1000cc)	2	1	2
Lidocaine 100 mg		3	3
Lidocaine 1gm or 1 bag pre-mixed 1gm/250cc D5W		1	1
Lidocaine 2% (Viscous) bottle		1	1
Magnesium Sulfate 10 gm		1	1
Naloxone (Narcan) 2 mg preload (needle less)		2	2
Nitroglycerine – Spray 0.4mg metered dose and/or tablets (tablets to be discarded 90 days after opening)		1	2
Normal Saline for Injection (10cc)		2	2

Exchanged Medications/Solutions	BLS	ALS Non-Transport	ALS Transport
Normal Saline 100cc		1	2
Normal Saline 250cc		1	1
Normal Saline 1000cc <u>500 ml and/or 1000ml</u>		<u>3000 ml</u>	<u>6000 ml</u>
Ondansetron (Zofran) 4mg Oral Disintegrating Tablets (ODT)		4	4
Ondansetron (Zofran) 4 mg IM/ IV		4	4
Phenylephrine HCL - 0.5mg per metered dose		1 bottle	1 bottle
Procainamide 1 gm		1	2
Sodium Bicarbonate 50 mEq preload		2	2
Verapamil 5 mg		3	3

CONTROLLED SUBSTANCE MEDICATIONS

Non-Exchange Controlled Substance Medications MUST BE DOUBLE LOCKED	BLS	ALS Non-Transport	ALS Transport
Midazolam – vials of 10mg/2cc, 2mg/2cc, or 5mg/5cc		20-40mg	20-40mg
Morphine Sulfate – vials ampules of 10mg or 15mg		20-60mg	30-60mg

AIRWAY/SUCTION EQUIPMENT

Exchanged Airway/Suction Equipment	BLS	ALS Non-Transport	ALS Transport
Adult non-rebreather mask	2	2	2
BAAM Device		1	2
End Title CO2 device – Pediatric and Adult (may be integrated into bag)		1	1
CPAP circuits- all manufacture’s available sizes		1 each	2 each
Endotracheal Tubes cuffed – 6.0 and/or 6.5, 7.0 and/or 7.5 and 8.0 and/or 8.5 with stylet		2 each	2 each
Endotracheal Tubes, uncuffed – 2.5, 3.0, 3.5 <u>with stylet</u>		2 each	2 each
Endotracheal Tubes, uncuffed – 4.0 or 4.5, 5.0 or 5.5 <u>with stylet</u>		2 each	2 each
ET Tube holders – pediatric and adult		1 each	2 each
Infant Simple Mask	1	2	2
King LTS-D Adult: 4-5 feet: Size 3 (yellow) 5-6 feet: Size 4 (red) Over 6 feet: Size 5 (purple)	SPECIALTY PROGRAMS ONLY 2 each	1 each	2 each
King Ped: 35-45 inches or 12-25 kg: Size 2 (green) 41-51 inches or 25-35 kg: Size 2.5 (orange)	SPECIALTY PROGRAMS ONLY 2 each	1 each	2 each
Nasal cannulas – pediatric and adult	2 each	2 each	2 each

Exchanged Airway/Suction Equipment	BLS	ALS Non-Transport	ALS Transport
Naso/Orogastric feeding tubes - 5fr or 6fr, and 8fr		1 each	1 each
Naso/Orogastric tubes - 10fr or 12fr, 14fr, 16fr or 18fr		1 each	1 each
Nasopharyngeal Airways – (infant, child, and adult)	1 each	1 each	1 each
Needle Cricothyrotomy Device – Pediatric and adult or Needles for procedure 10, 12, 14 and/or 16 gauge		1 each 2 each	1 each 2 each
One way flutter valve with adapter or equivalent		1	1
Oropharyngeal Airways – (infant, child, and adult)	1 each	1 each	1 each
Pediatric non-rebreather O2 mask	2	2	2
Small volume nebulizer with universal cuff adaptor		2	2
Suction Canister 1200-ee	1	1	1
Suction catheters - 6fr, 8fr or 10fr, 12fr or 14fr	1 each	1 each	1 each
Ventilation Bags – Infant 250ml, Pediatric 500ml (or equivalent) Adult	1 each 1 each	1 each 1 each	1 each 1 each
Water soluble lubricating jelly		1	1
Yaunkers tonsil tip	1	1	1

Non-Exchange Airway/Suction Equipment	BLS	ALS Non-Transport	ALS Transport
Ambulance Oxygen source –10L/min for 20 minutes	1		1
Flashlight/penlight	1	1	1
Laryngeal blades - #0, #1, #2, #3, #4 curved and/or straight		1 each	1 each
Laryngoscope handle with batteries – or 2 disposable handles		1	1
Magill Forceps – Pediatric and Adult		1 each	1 each
Portable Oxygen with regulator – 10L/min for 20 minutes	1	1	1
Portable suction device (battery operated)	1	1	1
Pulse Oximetry device	(SEE OPTIONAL EQUIPMENT SECTION, PG. 5)	1	1
Stethoscope	1	1	1
Wall mount suction device	1		1

IV/NEEDLES/SYRINGES/MONITORING EQUIPMENT

Exchanged IV/Needles/Syringes/Monitor Equipment	BLS	ALS Non-Transport	ALS Transport
Blood Tubing (Y type)			2
Conductive medium or Pacer/Defibrillation pads		2 each	2 each
Disposable Tourniquets		2	2

Exchanged IV/Needles/Syringes/Monitor Equipment	BLS	ALS Non-Transport	ALS Transport
ECG electrodes — Pediatric and Adult		3 sets each <u>20</u>	3 sets each <u>20</u>
Glucose monitoring device with compatible strips and OSHA approved single use lancets		1	1
EZ-IO Needles <u>and Driver 15mm, 25mm, and 45mm</u> <u>Or manual IO needles</u> — Pts. 40kg or greater: 25mm, 15 gauge —— Pts. 3-39 kg: 15mm, 15 gauge —— LD needle 3-way stopcock with extension tubing 3-way stopcock with extension tubing		2 each 1 each 1 2	2 each 1 each 1 2
IO Needles - sizes 16 and 18 gauge <u>Optional</u>		<u>2</u>	<u>2</u>
IO Needles - sizes 16 and 18 gauge <u>Optional</u>		1 each	1 each
IV Catheters – sizes 14, 16, 18, 20, 22, 24		2 each	2 each
Microdrip Administration Set (60 drops/cc)		1	2
Macro drip Administration Set (10 drops/cc)		3	3
Mucosal Atomizer Device (MAD) for nasal administration of medication		4	4
Pressure Infusion Bag (disposable)		1	1
Razors		2	2
Safety Needles – 20 or 21gauge and 23 or 25 gauge		2 each	2 each
Saline Lock Large Bore Tubing Needleless		2	2
Sterile IV dressing		2	2
Syringes w/wo safety needles – 1cc, 3cc, 10cc, 20cc, 60cc catheter tip		2 each	2 each

Non-Exchange IV/Needles/Syringes/Monitor Equip	BLS	ALS Non-Transport	ALS Transport
12 Lead ECG Monitor <u>and Defibrillator with TCP and printout</u>		1	1
Blood pressure cuff – large adult or thigh cuff, adult, child and infant	1	1	1
Defibrillator (adult and pediatric capabilities) with TCP and printout		1	1
Needle disposal system (OSHA Approved)		1	1
Thermometer - Mercury Free with covers	1	1	1

OPTIONAL EQUIPMENT/MEDICATIONS

Non-Exchange Optional Equipment/Medications	BLS	ALS Non-Transport	ALS Transport
AED/defib pads	2		
Ammonia Inhalants		2	2
<u>Approved Automatic CPR device</u>	<u>1</u>	<u>1</u>	<u>1</u>
Approved Automatic ventilator		1	1
Backboard padding	1	1	1
<u>Bone Injection Drill (adult and pediatric) or ICEMA approved IO device</u>		2	2
Buretrol		1	1
<u>Capnography monitor and supplies, may be integrated in the cardiac monitor</u>		<u>1</u>	<u>1</u>
Chemistry profile tubes		3	3
Gum Elastic intubation stylet		2	2
<u>Hemostatic combat gauze</u>	<u>1</u>	<u>1</u>	<u>1</u>
IV infusion pump		1	1
IV warming device		1	1
Manual IV Flow Rate Control Device			
Manual powered suction device	1	1	1
<u>Medical Tourniquet</u>	<u>1</u>	<u>1</u>	<u>1</u>
Multi-lumen peripheral catheter		2	2
Needle Thoracostomy Kit (prepackaged)		2	2
Pitocin		20 units	20 units
Pulse Oximetry device	1		
Translaryngeal Jet Ventilation Device		1	1
Vacutainer		1	1

DRESSING MATERIALS/OTHER EQUIPMENT/SUPPLIES

Exchanged Dressing Materials/Other Equip/Supplies	BLS	ALS Non-Transport	ALS Transport
Adhesive tape – 1 inch	2	2	2
Air occlusive dressing (Vaseline gauze)	1	1	1
Ankle & wrist restraints, soft ties acceptable	1	0	1
Antiseptic swabs/wipes		10	10
Bedpan or fracture pan	1		1
Urinal	1		1
Cervical Collars – Rigid Pediatric & Adult or Cervical Collars – Adjustable Adult & Pediatric	2 each 2 each	2 each 2 each	2 each 2 each
Cold Packs	2	2	2
Emesis basin or disposable bags & covered waste	1	1	1

Exchanged Dressing Materials/Other Equip/Supplies	BLS	ALS Non-Transport	ALS Transport
container			
Head immobilization device	2	2	2
OB Kit	1	1	1
Pneumatic or rigid splints capable of splinting all extremities	4	2	4
Providence/Iodine swabs/wipes		10	10
Roller bandages – 4 inch	6	3	6
Sterile bandage compress or equivalent	6	2	6
Sterile gauze pads – 4x4 inch	4	4	4
Sterile Sheet for Burns	2	2	2
Universal Dressing 10x30 inches	2	2	2

Non-Exchange Dressing Materials/Other Equip/Supplies	BLS	ALS Non-Transport	ALS Transport
Ambulance gurney	1		1
Bandage Shears	1	1	1
Blood Borne Pathogen Protective Equipment - (nonporous gloves, goggles face masks & gowns meeting OSHA Standards)	2	2	2
Drinkable water in secured plastic container or equivalent	1 gallon		1 gallon
Long board with restraint straps	1	1	1
Pediatric immobilization board	1	1	1
Pillow, pillow case, sheets & blanket	1 set		1 set
Short extrication device	1	1	1
Straps to secure patient to gurney	1 set		1 set
Traction splint	1	1	1
Triage Tags- CAL Chiefs or ICEMA approved	3020	3020	3020



EMS AIRCRAFT STANDARD DRUG & EQUIPMENT LIST

Each Aircraft will be equipped with the following functional equipment and supplies. This list represents mandatory items with minimum quantities, to exclude narcotics, which must be kept within the range indicated. All expiration dates must be current. All packaging of drugs or equipment must be intact. No open products or torn packaging may be used.

MEDICATIONS/SOLUTIONS

Medications/Solutions	Amount
Activated Charcoal 25 gm Per MAC remove from list	2
Adenosine (Adenocard) 6mg	30mg
Adrenaline (Epinephrine) 1:1,000	2mg
Adrenaline (Epinephrine) 1:10,000	3mg
Albuterol Aerosolized Solution (Proventil)-unit dose 2.5mg	4 doses
Aspirin, chewable - 81mg tablet	1bottle
Atropine 1mg preload	3mg
Calcium Chloride	1gm
Dextrose 25%	50 gm
Dextrose 50%	50gm
Diphenhydramine (Benadryl) 50mg	50mg
Furosemide (Lasix)	40 mg
Glucagon	1mg
Glucopaste	1 tube
Intropin (Dopamine)	200mg
Ipratropium Bromide Inhalation Solution (Atrovent) unit dose 0.5mg	4
Lidocaine	300mg
Lidocaine 1 gm or 1 bag pre-mixed 1 gm/250cc D5W	1 2gm
Lidocaine 2% (Viscous)	2oz
Magnesium Sulfate 10mg	10gms
Naloxone (Narcan)	4 mg 10mg
Nitroglycerin – Spray 0.4 mg metered dose and/or tablets (tablets to be discarded 90 days after opening.)	1
Normal Saline for Injection (10cc)	2
Normal Saline 250ml	1
Normal Saline 1000ml 500ml and/or 1000ml	4000 ml
Ondansetron (Zofran) 4mg Oral Disintegrating Tablets (ODT)	4
Ondansetron (Zofran) 4 mg IM/ IV	4
Phenylephrine HCL - 0.5mg per metered dose	1bottle

Medications/Solutions	Amount
Procainamide	1gm
Sodium Bicarbonate	100mEq
Verapamil (Isoptin)	15mg

CONTROLLED SUBSTANCE MEDICATIONS

Controlled Substance Medications – MUST BE DOUBLE LOCKED	Amount
Midazolam – vials of 10mg / 2ml	20-40mg
Morphine Sulfate – vials/ampules of 10mg	20-60mg

AIRWAY/SUCTION EQUIPMENT

Airway/Suction Equipment	Amount
BAAM Device	1
C-PAP circuits - all manufacture's available sizes	1 each
Endotracheal tubes, uncuffed – 2.5, 3.0, 3.5 <u>with stylet</u>	2 each
Endotracheal Tubes, uncuffed – 4.0 or 4.5, 5.0 or 5.5 <u>with stylet</u>	2 each
Endotracheal Tubes cuffed – 6.0, 7.0, 7.5 and 8.0 <u>6.0 and/or 6.5, 7.0 and/or 7.5 and 8.0 and/or 8.5 with stylet</u>	2 each
ET Tube holders – pediatric and adult	1 each
King LTS-D Adult: 4-5 feet: Size 3 (yellow) 5-6 feet: Size 4 (red) Over 6 feet: Size 5 (purple)	1 each
King Ped: 35-45 inches or 12-25 kg: Size 2 (green) 41-51 inches or 25-35 kg: Size 2.5 (orange)	1 each
Malleable Stylet – pediatric and adult	1 each
Nasal Cannulas – infant, pediatric and adult	2 each
Naso/Orogastric tubes - 10fr or 12fr, 14fr, 16fr or 18fr	1 each
Naso/Orogastric feeding tubes - 5fr or 6fr, and 8fr	1 each
Nasopharyngeal Airways – infant, child, and adult	1 each
Needle Cricothyrotomy Device (Approved) – Pediatric and adult <i>or</i>	1 each
Needles for procedure 10, 12, 14 and/or 16 gauge	2 each
Non Re-Breather O ₂ Mask – Pediatric and Adult, <u>Infant Simple Mask</u>	2 each
One way flutter valve with adapter or equivalent	1
Oropharyngeal Airways – infant, child, and adult	1 each
Small volume nebulizer with universal cuff adaptor	2
Suction catheters - 6fr, 8fr or 10fr, 12fr or 14fr	1 each
Ventilation Bags – Infant 250ml, Pediatric 500ml and Adult 1L	1 each
Water soluble lubricating jelly	1

Durable Items IV/Needles/Syringes/Monitoring Equipment	Amount
Blood pressure cuff - large adult or thigh cuff, adult, child and infant	1 set
12 Lead ECG Monitor <u>and Defibrillator with TCP and printout</u>	1
<u>Defibrillator (adult and pediatric capabilities) with TCP and printout</u>	1
Glucose monitoring device	1
Needle disposal system (OSHA approved)	1
Pressure infusion bag	1
Thermometer - Mercury free with covers	1

OPTIONAL EQUIPMENT/MEDICATIONS

Optional Equipment/Medications	Amount
Ammonia Inhalants	2
Automatic ventilator (Approved)	1
Backboard padding	1
BLS AED/defib pads	1
<u>BLS/ALS Handheld Resuscitator (CAREvent[®])</u>	1
<u>Bone Drill (adult & Peds) or ICEMA-approved IO device</u>	2
<u>Capnography monitor and supplies, may be integrated in the cardiac monitor</u>	<u>1</u>
Chemistry profile tubes	3
D5W in bag	1
<u>Hemostatic combat gauze</u>	<u>1</u>
IV infusion pump	1
IV warming device	1
Manual powered suction device	1
<u>Medical Tourniquet</u>	<u>1</u>
<u>Multi-lumen peripheral catheter</u>	1
Needle Thoracostomy Kit (prepackaged)	2
Pitocin	2
Translaryngeal Jet Ventilation Device	<u>1 20-units</u>
Vacutainer	1

DRESSING MATERIALS/OTHER EQUIPMENT/SUPPLIES

Dressing Materials/Other Equipment Supplies	Amount
Adhesive tape – 1 inch	2
Air occlusive dressing (Vaseline gauze)	1
Ankle & wrist restraints, soft ties acceptable	1
Antiseptic swabs/wipes	
Cervical Collars – Rigid Pediatric & Adult <i>or</i>	2 each

Dressing Materials/Other Equipment Supplies	Amount
Cervical Collars – Adjustable Adult & Pediatric	2 each
Emesis basin or disposable bags & covered waste container	1
Head immobilization device	2
OB Kit	1
Pneumatic or rigid splints capable of splinting all extremities	4
Providence/Iodine swabs/wipes	
Roller bandages – 4 inch	3
Sterile bandage compress or equivalent	6
Sterile gauze pads – 4x4 inch	4
Sterile Sheet for Burns	2
Universal Dressing 10x30 inches	2

Durable Use Dressing Materials/Other Equipment Supplies	Amount
Aircraft stretcher or litter system with approved FAA straps that allows for Axial Spinal Immobilization	1
Bandage Shears	1
Blanket or sheet	2
Blood Borne Pathogen Protective Equipment - (nonporous gloves, goggles face masks & gowns meeting OSHA Standards)	2
Pediatric immobilization board	1
Short extrication device	1
Traction splint	1



NAUSEA AND VOMITING

FIELD ASSESSMENT/TREATMENT INDICATORS

1. Nausea
2. Vomiting
3. Prophylactic treatment of narcotic induced nausea and/or vomiting

CONTRAINDICATIONS

Patients under 4 years of age.

Known sensitivity to Ondansetron or other 5-HT₃ antagonists:

1. Granisetron (Kytril)
2. Dolasetron (Anzemet)
3. Palonosetron (Aloxi)

ALS PROCEDURE

1. Assess patient for need for anti-emetic therapy
2. Maintain airway
3. Position of comfort
4. Oxygen
5. Cardiac monitoring in patients with history of cardiac problems

DOSAGE: PATIENTS FOUR (4) YEARS OLD TO ADULT

1. Ondansetron 4mg IM or slow IV push over 1 to 2 minutes(~~greater than 30 seconds~~).
2. Ondansetron 4mg Oral Disintegrating Tablet (ODT).
3. All patients four (4) years to eight (8) years old: may give a total of 4mgs of Ondansetron prior to Base Station contact.
4. All patients nine (9) and older: may give Ondansetron 4mg and may repeat twice, at

| 10 minute intervals. for a total of 12mgs prior to Base Station contact.

5. Base Station may order additional doses of Ondansetron for continuing nausea or vomiting.
6. May give Ondansetron 4mg when giving morphine IV to prevent nausea or vomiting.

DOCUMENTATION

Documentation will be done on the patient care record (O1A or ePCR). The patient's response to the medication and vital signs will be documented on the PCR.



KING AIRWAY DEVICE (PERILARYNGEAL) - ADULT

FIELD ASSESSMENT/TREATMENT INDICATORS

1. Use of the King Airway adjunct may be performed only on those patients who meet **ALL** of the following criteria:
 - a. Unresponsive, agonal respirations ~~and apneic~~ (less than six (6) breaths per minute) or apneic.
 - b. No gag reflex.
 - c. Anyone over four (4) feet in height
 - i. 4-5 feet: Size 3 (connector color: yellow)
 - ii. 5-6 feet: Size 4 (connector color: red)
 - iii. 6 feet and over: Size 5 (connector color: purple)

ADDITIONAL CONSIDERATIONS

1. BVM management not adequate or effective.
2. A King Airway adjunct should not be removed unless it becomes ineffective there is a malfunction.
3. Medications may **NOT** be given via the King Airway.

CONTRAINDICATIONS

1. Conscious patients with an intact gag reflex.
2. Known ingestion of caustic substances.
3. Suspected foreign body airway obstruction (FBAO).
4. Facial and/or esophageal trauma.
5. Patients with known esophageal disease (cancer, varices, surgery, etc.).

6. Epiglottitis

5.7. Airway burns

PROCEDURE

1. Using the information provided, choose the correct KING LTS-D size based on patient height.
2. Test cuff inflation system by injecting the maximum recommended volume of air into the cuffs (size 3 – 60 ml; size 4 – 80 ml; size 5 – 90 ml). Prior to insertion, disconnect Valve Actuator from Inflation Valve and remove all air from both cuffs.
3. Apply a water-based lubricant to the beveled distal tip and posterior aspect of the tube taking care to avoid introduction of lubricant in or near the ventilatory openings.
4. Have a spare KING LTS-D ready and prepared for immediate use.
5. Pre-oxygenate.
6. Position the head. (The ideal head position for insertion of the KING LTS-D is the “sniffing position”.)
7. Hold the KING LTS-D at the connector with dominant hand. With non-dominant hand, hold mouth open and apply chin lift.
8. With the KING LTS-D rotated laterally 45-90°, introduce tip into mouth and advance behind base of tongue.
9. Rotate the tube back to the midline as the tip reaches the posterior wall of the pharynx.
10. Without exerting excessive force, advance KING LTS-D until base of connector is aligned with teeth or gums.
11. Holding the KLT 900 Cuff Pressure Gauge in non-dominant hand, inflate cuffs of the KING LTS-D to 60 cm H₂O. If a cuff pressure gauge is not available and a syringe is being used to inflate the KING LTS-D, inflate cuffs with the minimum volume necessary to seal the airway at the peak ventilatory pressure employed (just seal volume).
12. Attach the breathing circuit to the 15 mm connector of the KING LTS-D. While gently bagging the patient to assess ventilation, simultaneously withdraw the airway

until ventilation is easy and free flowing (large tidal volume with minimal airway pressure).

13. Reference marks are provided at the proximal end of the KING LTS-D which when aligned with the upper teeth give an indication of the depth of insertion.
14. Confirm proper position by auscultation, chest movement and/or verification of CO₂ by capnography.
15. Re-adjust cuff inflation to 60 cm H₂O (or to just seal volume).
16. Secure KING LTS-D to patient.

DOCUMENTATION

In the event the receiving physician discovers the device is improperly placed, an incident Report must be completed by the receiving hospital and forwarded to ICEMA within twenty-four (24) hours of the incident. Forms are available as part of the protocol manual and on the ICEMA website.



KING AIRWAY DEVICE (PERILARYNGEAL) – PEDIATRIC (Less than 15 years of age)

FIELD ASSESSMENT/TREATMENT INDICATORS

1. Use of the King Airway adjunct may be performed only on those patients who meet **ALL** of the following criteria:
 - a. Unresponsive, agonal respirations ~~and apneic~~ (less than 6 per minute) or apneic.
 - b. No gag reflex.
 - c. Pediatric patients meeting the following criteria:
 - i. 35-45 inches or 12-25 kg: Size 2 (connector color: green)
 - ii. 41-51 inches or 25-35 kg: Size 2.5 (connector color: orange).

ADDITIONAL CONSIDERATIONS

1. BVM management not adequate or effective.
2. A King Airway adjunct should not be removed unless it becomes ineffective ~~there is a malfunction~~.
3. Medications may **NOT** be given via the King Airway.

CONTRAINDICATIONS

1. Conscious patients with an intact gag reflex.
2. Known ingestion of caustic substances.
3. Suspected foreign body airway obstruction (FBAO).
4. Facial and/or esophageal trauma.
5. Patients with known esophageal disease (cancer, varices, surgery, etc.).
6. Epiglottitis

7. Airway burns

PROCEDURE

1. Using the information provided, choose the correct KING LT size based on patient height.
2. Test cuff inflation system by injecting the maximum recommended volume of air into the cuffs (size 2: 25–35 ml; size 2.5: 30-40 ml). Prior to insertion, disconnect Valve Actuator from Inflation Valve and remove all air from both cuffs.
3. Apply a water-based lubricant to the beveled distal tip and posterior aspect of the tube taking care to avoid introduction of lubricant in or near the ventilatory openings.
4. Have a spare KING LT ready and prepared for immediate use.
5. Pre-oxygenate.
6. Position the head. (The ideal head position for insertion of the KING LT is the “sniffing position.”)
7. Hold the KING LT at the connector with dominant hand. With non-dominant hand, hold mouth open and apply chin lift.
8. With the KING LT rotated laterally 45-90°, introduce tip into mouth and advance behind base of tongue.
9. Rotate the tube back to the midline as the tip reaches the posterior wall of the pharynx.
10. Without exerting excessive force, advance KING LT until base of connector is aligned with teeth or gums.
11. Holding the KLT 900 Cuff Pressure Gauge in non-dominant hand, inflate cuffs of the KING LT to 60 cm H₂O. If a cuff pressure gauge is not available and a syringe is being used to inflate the KING LT, inflate cuffs with the minimum volume necessary to seal the airway at the peak ventilatory pressure employed (just seal volume).
12. Attach the breathing circuit to the 15 mm connector of the KING LT. While gently bagging the patient to assess ventilation, simultaneously withdraw the airway until

ventilation is easy and free flowing (large tidal volume with minimal airway pressure).

13. Reference marks are provided at the proximal end of the KING LT which when aligned with the upper teeth give an indication of the depth of insertion.
14. Confirm proper position by auscultation, chest movement and/or verification of CO₂ by capnography.
15. Re-adjust cuff inflation to 60 cm H₂O (or to just seal volume).
16. Secure KING LT to patient.

DOCUMENTATION

In the event the receiving physician discovers the device is improperly placed, attached is an Incident Report that must be filled out and forwarded to ICEMA within one (1) week by the receiving hospital.



ORAL ENDOTRACHEAL INTUBATION - ADULT

AUTHORITY

Sections 1797.107, 1797.172 and 1797.176, Health and Safety Code.

Reference: Sections 1797.90, 1797.172, 1797.202, 1797.220, 1798, 1798.2, 1798.3 and 1798.105, Health and Safety Code

FIELD ASSESSMENT/TREATMENT INDICATORS

1. Non-responsive and apneic patients.
2. Agonal or failing respirations with and/or no gag reflex present.
3. Prolonged ventilation is required and adequate ventilation cannot otherwise be achieved.

Procedure may **initially** be contraindicated with suspected ALOC per Protocol Reference #11080, Altered Level of Consciousness/Seizures.

PROCEDURE

1. Support ventilations with appropriate basic airway adjuncts. Use in-line cervical stabilization as needed to prevent lateral movement of the head for suspected neck injury.
2. Immediately prior to intubation, consider prophylactic Lidocaine 1.5mg/kg IV for suspected head/brain injury.
3. Select appropriate cuffed tube and pre-oxygenate. Cricoid pressure should be applied during intubation to protect against regurgitation of gastric contents.
 - a. Visualize the epiglottis and vocal cords with the laryngoscope. Insert the endotracheal tube until the entire balloon is 2cm past the vocal cords. Placement efforts must stop after twenty (20) seconds for ventilation.
 - b. Inflate the balloon with air to the point where no air leak can be heard; listen to breath sounds and resume ventilation with 100% oxygen. Secure the endotracheal tube.

- c. Monitor end-tidal CO₂ with capnography when available and monitor~~or~~ pulse oximetry and suction the trachea when necessary.
 - d. Document methods of verifying~~ication of~~ tube placement, (auscultation, visualization, capnography when available).
4. If unable to place ET after a maximum of three (3) intubation attempts (an attempt is considered made when tube passes the gum line), and if all procedures to establish an adequate airway fail, consider needle cricothyrotomy per protocol Reference #10070, Needle Cricothyrotomy.

DOCUMENTATION

In the event the receiving physician discovers the device is improperly placed, an Incident Report must be completed by the receiving hospital and forwarded to ICEMA within twenty-four (24) hours of the incident. Forms are available as part of the protocol manual and on the ICEMA website.



NASOTRACHEAL INTUBATION

FIELD ASSESSMENT/TREATMENT INDICATORS

1. Possible cervical spine injury with clenched jaw and gag reflex.
2. Trapped and inaccessible for direct laryngoscopy.
3. Severe respiratory distress per Protocol Reference #11010, Adult Respiratory Emergencies.
4. Patient nares is able to accommodate size 7.0, 7.5 or 8.0 endotracheal tubes.

ABSOLUTE CONTRAINDICATIONS

1. Apnea
2. Failed CPAP

RELATIVE CONTRAINDICATIONS

Base Station Contact Required

1. For significant trauma to the face or nose and/or possible basilar skull fracture.
2. For patients on anticoagulant therapy.
3. Suspected airway burns

PROCEDURE

1. Support ventilations with appropriate basic airway adjuncts and explain the procedure to a conscious patient.
2. Immediately prior to intubation, consider prophylactic Lidocaine 1.5mg/kg IVP for suspected head/brain injury.
3. Select the nostril to be used and inspect for patency and air flow. Select the appropriate cuffed tube and pre-oxygenate patient with 100% oxygen prior to attempting procedure.

- a. If patient becomes apneic, discontinue procedure and attempt oral intubation.
 - b. Lubricate the distal tip of endotracheal tube with a water soluble jelly or viscous Lidocaine.
 - c. Position the patient as tolerated. Hold in-line cervical stabilization if neck injury is suspected.
 - d. Administer one (1) metered dose, 0.5mg of phenylephrine HCL to the selected nostril. May be repeated once prior to additional attempt.
 - e. With one hand, advance ET tube into the selected nostril with bevel facing out while applying cricoid pressure with the other hand. Monitor breath sounds continuously with Beck Airway Airflow Monitor (BAAM) while gently guiding the tube into the trachea. ~~Use of BAAM device could assist with proper placement.~~
 - f. Inflate the balloon with air and ventilate with 100% oxygen. Secure the ET tube.
 - g. Verify and document tube placement.
 - h. Monitor end-tidal CO₂, capnography and/or pulse oximetry during procedure.
 - i. Suction the trachea when necessary.
4. Contact Base Station if unable to place ET tube after a maximum of three (3) nasotracheal intubation attempts or if unable to adequately ventilate patient via BVM.

DOCUMENTATION

In the event the receiving physician discovers the device is improperly placed, an Incident Report must be completed by the receiving hospital and forwarded to ICEMA within twenty-four (24) hours of the incident. Forms are available as part of the protocol manual and on the ICEMA website.



INSERTION OF NASOGASTRIC/OROGASTRIC TUBE

FIELD ASSESSMENT/TREATMENT INDICATORS

1. Any intubated patient where gastric distention may impede ABC's.
2. Oral route for patients with mid-facial trauma and all patients less than six (6) months of age.
3. Conscious patients with gastric distention and/or vomiting.

CONTRAINDICATIONS

1. History of esophageal strictures, varices and/or other esophageal diseases.
2. Caustic ingestion.
3. Significant facial or head trauma.
4. History of bleeding disorders.

PROCEDURE

1. Explain procedure, then position patient in high fowlers unless otherwise contraindicated and select appropriate size naso/orogastric tube: adults 16-18fr, adolescents 12-14fr, children 8-10fr or infants 5-6fr.
2. Measure and mark the gastric tube for proper insertion length and have suction equipment readily available.
 - a. Nasogastric -- Combined distance between the tip of the nose to the ear lobe to the xiphoid process.
 - b. Orogastric -- Combined distance between the corner of the mouth to the ear lobe to the xiphoid process.
3. Examine both nares to determine nare with best airflow or examine oropharyngeal cavity for obstructions or secretions then:
 - a. Lubricate distal third of gastric tube with a water-soluble lubricant or viscous Lidocaine gel.

- b. Gently pass tube posteriorly along floor of nasal cavity.
 - c. Instruct patient to swallow (if conscious).
 - d. If resistance is met while using the nasal route, remove and attempt other nostril.
 - e. Slowly rotate and advance tube during insertion until pre-designated mark is at tip of nose.
 - f. If resistance is met, remove tube and attempt again.
4. For those adult patients with King LTS-D in place (Refer to Protocol #10010 King Airway Device - Perilaryngeal):
 - a. The gastric access lumen allows the insertion of up to an 18 Fr diameter gastric tube into the esophagus and stomach.
 - b. Lubricate gastric tube prior to insertion.
5. Confirm proper placement by:
 - a. Aspiration of stomach contents.
 - b. Injection of 30-60ml of air into tube and auscultate for the sound of air over the epigastric region.
6. Secure tube to bridge of nose (nasogastric) or side of mouth (orogastric).
7. Attach gastric tube to suction tubing and adjust to low suction or some other type of approved suction device.
8. If patient experiences respiratory distress at anytime during procedure, remove tube immediately.

DOCUMENTATION

In the event the receiving physician discovers the device is improperly placed, an incident Report must be completed by the receiving hospital and forwarded to ICEMA within twenty-four (24) hours of the incident. Forms are available as part of the protocol manual and on the ICEMA website.



VAGAL MANEUVERS

FIELD ASSESSMENT/TREATMENT INDICATORS

Stable Narrow Complex Tachycardias.

RELATIVE CONTRAINDICATIONS

1. Hypertension
2. Suspected ~~STEMI ECG~~MI
3. Suspected head/brain injury

PROCEDURE

1. Explain procedure to patient.
2. Have patient perform one of the following procedures:
 - a. Have the patient pinch nostrils together, close mouth and blow against a closed glottis.
 - b. Have patient bear down as if having a bowel movement.
 - c. ~~Have patient submerge face in ice water or apply cold wet washcloth against face (preferred method for infants).~~
3. All procedures should be performed until arrhythmia is terminated or for a maximum of ten (10) seconds.
4. Reassess cardiac and hemodynamic status. Document rhythm before, during and after procedure.
5. If rhythm does not convert within ten (10) seconds, follow Protocol Reference #11050, Adult Tachycardias.



12 LEAD ELECTROCARDIOGRAPHY

PURPOSE

To identify guidelines for the acquisition, interpretation and transmission of a 12 lead ECG in the prehospital setting to facilitate early identification STEMI patients and prompt transportation to a STEMI Receiving Center (SRC).

NOTE: 12 lead ECG training and competency is mandatory in the ICEMA region for all ALS providers.

POLICY

Paramedics will obtain a 12 lead ECG in patients suspected of having acute coronary syndrome and provide treatment in accordance with this policy.

INDICATIONS

Any and all patients whose medical history and/or presenting complaints are consistent with an acute coronary syndrome. Patients will have one or more of the following:

1. Chest or upper abdominal discomfort suggestive of acute coronary syndrome.
2. New onset cardiac dysrhythmias (including adult cardiac arrest if return of spontaneous circulation).
3. Unexplained syncope or near syncope.
4. Unexplained acute generalized weakness with or without diaphoresis.
5. Acute onset of dyspnea suggestive of congestive heart failure.
6. Other signs or symptoms suggestive of acute coronary syndrome.
7. May be considered in patients with stable tachycardia for diagnostic purposes.
8. Any atypical presentation of symptoms that may be a suspected anginal equivalent.

CONTRAINDICATIONS (RELATIVE)

1. Trauma

2. Uncooperative patient
3. Presence of unstable ventricular tachycardia, ventricular fibrillation, or 3rd degree AV block.

PROCEDURE

1. Complete initial assessment and stabilizing treatment
2. Recommend obtaining the ECG as soon as possible and prior to departing the scene.
3. Place precordial lead electrodes and acquire tracing as per manufacturer's directions.
4. Relay ECG interpretation to STEMI **Receiving** Base Station. Assure that the receiving hospital is advised if machine interpretation is "acute myocardial infarction" or "suspected acute myocardial infarction." Meets STEMI criteria (Exact machine interpretation is required for immediate cath lab activation at the STEMI receiving hospital).
5. STEMI Base Station contact must be made in situations where the medic suspects a positive STEMI which is not supported by the ECG interpretation.
6. If defibrillation or synchronized cardioversion are necessary, place paddles or defibrillation electrodes, removing precordial leads if necessary.
7. The paramedic should transmit ECG to the STEMI Receiving Center when available.

DOCUMENTATION

1. Document the performance of 12 lead ECG, the machine interpretation and the paramedic interpretation on pre-hospital care report (PCR).
2. Provide original tracing to receiving hospital. Attach copy of 12 lead to hospital copy, provider copy and EMS copy of PCR.

DATA COLLECTION

In order to continue STEMI quality improvement, the following data elements must be collected on each and every 12 lead ECG performed and provided to the receiving hospital with the patient:

1. A copy of the ePCR or O1A.

- a. Patient identifiers
 - b. Procedure performed (12 lead ECG)
 - c. Machine, paramedic, and physician interpretations
 - d. Additional ECG findings
 - e. Rhythm
2. A copy of the 12 lead ECG.
 - a. Patient identifiers
 - b. Date 12 lead ECG performed
 - c. Time 12 lead ECG performed

SPECIAL CONSIDERATIONS

1. Approximate time to acquire 12 lead should be no longer than three (3) minutes.
2. Perform 12 lead ECG prior to or just as Nitroglycerin is administered as changes in the 12 lead ECG may occur with treatment.
3. 12 lead ECG does not need to be repeated, if originally performed at clinics or other similar settings unless patient's condition changes.
4. Machine interpretation of suspected STEMI may not be accurate in presence of paced rhythms, bundle branch blocks, and certain tachydysrhythmias (e.g., SVT, atrial flutter) or wandering base line. When communicating machine interpretation to base hospital, paramedics should advise base of paced / BBB / tachydysrhythmia rhythms.



INTRAOSSIOUS INFUSION (IO)

FIELD ASSESSMENT/TREATMENT INDICATORS

1. Primary vascular access in cardiac arrest patients eight (8) years of age and younger.
2. Any patient where venous access is unavailable by any other means.

CONTRAINDICATIONS

1. Fracture of target bone.
2. Previous IO attempt and marrow entry at target site.

PROCEDURE

1. Select and prep the following preferred sites for appropriate patient age.
 - a. Eight (8) years of age and younger - Anterior medial surface of tibia, 2cm below tibial tuberosity.

~~b. b.~~ — Nine (9) years of age and older —

~~i.~~ — Lower end of tibia, 2cm above the medial malleolus ~~or~~

~~i.ii.~~ — Proximal humerus. ~~When approaching from the top, grasp the humeral head between your fingers and thumb. Centrally located between the two should be a prominence that is the greater tuberosity.~~

- c. Base Station contact - Anterior distal femur, 2cm above the patella.

~~2.~~ — For agencies utilizing EZIO:

- ~~Select the appropriate sized IO needle. Attach the needle to the driver and while stabilizing the extremity, insert the needle through the skin at a 90 degree angle to the bone until the needle touches the bone. Visualize the 5mm mark to assure appropriate needle size. Depress the trigger and insert the needle into the bone. Upon entrance into the medullary cavity, remove the driver from the~~

~~needle, remove stylet and attach primed extension tubing to the hub of the needle.~~

~~3. For agencies utilizing manual devices:~~

- ~~• Select appropriate sized IO needle. Apply downward pressure in a twisting motion perpendicular to the surface of the target site. Upon entrance into medullary cavity, slightly advance needle 1-2mm.~~

~~4.2.~~ Confirmation of placement is verified by the following:

- ~~Needle stands upright without support.~~
- ~~Aspiration of blood/marrow.~~
- ~~Ability to infuse IV solution without s/s of extravasation.~~
- ~~Leave site visible~~

~~5. Leave site uncovered and attach IV extension tubing and IV tubing to IO needle. Hinge tape regular IV tubing to extremity to secure site.~~

~~3.~~ To control infusion pain on a conscious patient, use 2% Lidocaine.

- ~~Prime the extension tubing with 0.5mg/kg of 2% Lidocaine and infuse *slowly* (over 30 to 60 seconds), not to exceed 50mg total. Allow one (1) minute for anesthetic effect before infusing fluids.~~

~~4.~~ Infusion may need to be pressurized using syringe or pressure bag device.

~~8.5. Monitor site closely when administering dopamine for signs of extravasation. Contact Base Station if patient condition indicates use of Dopamine in patients nine (9) years of age or older.~~

DOCUMENTATION

In the event the receiving physician discovers the device is improperly placed, an Incident Report must be completed by the receiving hospital and forwarded to ICEMA within twenty-four (24) hours of the incident. Forms are available as part of the protocol manual and on the ICEMA website.



EXTERNAL JUGULAR VEIN ACCESS

AUTHORITY

Sections 1797.107, 1797.172 and 1797.176, Health and Safety Code.

Reference: Sections 1797.90, 1797.172, 1797.202, 1797.220, 1798, 1798.2, 1798.3 and 1798.105, Health and Safety Code

FIELD ASSESSMENT/TREATMENT INDICATORS

1. Patient condition requires IV access and other peripheral venous ~~IV~~ access attempts are unsuccessful.
2. Patient 8 years of age and younger - **not indicated**.

PROCEDURE

1. Inform patient of procedure if alert.
2. Utilize axial-spinal stabilization in trauma patients. If not in axial-spinal stabilization, extend and stabilize patient's neck. Maintain axial stabilization if the need to remove C-collar arises.
3. Place in trendelenburg position or apply slight pressure at base of vein for tourniquet effect.
4. Obtain external jugular vein access with appropriately sized IV catheter.
5. Securely tape catheter with occlusive dressing in place and continue to monitor for patency.
6. Recheck site frequently for signs and symptoms of infiltration.



NON-TRAUMATIC HYPERTENSIVE CRISIS

FIELD ASSESSMENT/TREATMENT INDICATORS

1. Headache, blurred vision.
2. Neurological deficit.
3. Altered level of consciousness.
4. Chest pain, dyspnea.
5. Pulmonary edema.
6. Abrupt elevation of diastolic blood pressure.

CONTRAINDICATIONS

Nitroglycerin is contraindicated for use in a hypertensive crisis of unknown etiology.

BLS INTERVENTIONS

1. Reduce anxiety; allow patient to assume position of comfort and elevate head slightly.
2. Administer oxygen as clinically indicated; prepare to support ventilations as clinically indicated.
3. Consider transport to closest hospital or ALS intercept.

ALS INTERVENTIONS

1. Maintain airway with appropriate adjuncts.
2. Obtain oxygen saturation on room air, if possible, unless detrimental to patient condition.
3. Place on cardiac monitor and obtain rhythm strip for documentation. Copy to receiving hospital.
4. Obtain vascular access -- saline lock preferred.
5. Contact Base Station.



DETERMINATION OF DEATH ON SCENE

PURPOSE

To identify situations when an EMT-~~I~~ or EMT-P may be called upon to determine death on scene.

POLICY

An EMT-~~I~~ or EMT-P may determine death on scene if **pulselessness and apnea** are present with any of the following criteria. The EMT-P is authorized to discontinue BLS CPR initiated at scene if a patient falls into the category of obvious death. If any ALS procedures are initiated, only the Base ~~Hospital-Station~~ physician/designee may determine death in the field. In any situation where there may be doubt as to the clinical findings of the patient, BLS/CPR must be initiated and the Base ~~Hospital-Station~~ contacted, per Protocol Reference #12020, Withholding Resuscitate Measures Policy. When death is determined, the County Coroner must be notified along with the appropriate law enforcement agency.

DETERMINATION OF DEATH CRITERIA

1. Decomposition.
2. Obvious signs of rigor mortis such as rigidity or stiffening of muscular tissues and joints in the body, which occurs anytime after death and usually appears in the head, face and neck muscles first.
3. Obvious signs of venous pooling in dependent body parts, lividity such as mottled bluish-tinged discoloration of the skin, often accompanied by cold extremities.
4. Decapitation.
5. Incineration of the torso and/or head.
6. Massive crush injury ~~and/or~~
- ~~6.7.~~ ~~P~~penetrating injury with evisceration of the heart, and/or brain.
- ~~7.8.~~ Gross dismemberment of the trunk.

PROCEDURE

1. If the patient does not meet the Determination of Death criteria~~above criteria for obvious death~~, appropriate interventions must be initiated.
2. Resuscitation efforts shall not be terminated enroute per Government code 27491. The patient will be transported to the closest facility where determination of death will be made by hospital staff.
3. Most victims of electrocution, lightning and drowning should have resuscitative efforts begun and transported to the appropriate Hospital/Trauma Center.
4. Hypothermic patients should be treated per Protocol Reference #13030, Cold Related Emergencies under Severe Hypothermia.
5. A DNR report form must be completed, if applicable per Protocol Reference #12020.

A copy of the patient care record report must be made available for the coroner.

If unable to print a copy of the electronic patient care record a completed Coroners Worksheet of Death must be left at the scene. Completed ePCR must be faxed to the Coroner before the end of the shift.

ALS PROCEDURE

1. All patients in ventricular fibrillation should be resuscitated and transported unless otherwise determined by the Base ~~Hospital-Station~~ Physician/designee.
2. Traumatic cardiac arrest in the setting of severe blunt force trauma, documented asystole in at least two (2) leads and no reported ~~v~~Vital signs (palpable pulses and/or spontaneous respirations) during EMS encounter with the patient meet Determination of Death Criteria.
3. All terminated ALS resuscitation efforts must have an ECG attached to the patient care record report.
4. All conversations with the Base ~~Hospital-Station~~ must be fully documented with the name of the Base ~~Hospital-Station~~ Physician who determined death, times and instructions on the patient care record report.



WITHHOLDING RESUSCITATIVE MEASURES

PURPOSE

To establish criteria for withholding resuscitative measures from person(s) who do not otherwise meet the “Determination of Death” criteria in the prehospital setting and/or during interfacility transport.

AUTHORITY

Division 2.5, Sections 1797.220 and 1798 of the California Health and Safety Code.

POLICY

The DNR only applies to cardiopulmonary resuscitative measures. An order not to resuscitate is not an order to withhold other necessary medical treatment or nutrition. The treatment given to a patient with a DNR agreement should in all respects be the same as that provided to a patient without such an agreement.

DEFINITIONS

Do Not Resuscitate (DNR): A written order by a physician or the presence of a DNR medallion/bracelet or necklace indicating that an agreement has been reached between the physician and patient/or surrogate that in the event of cardiac or respiratory arrest the following medical interventions will **NOT** be initiated:

1. Chest compressions,
2. Defibrillation,
3. Endotracheal intubation,
4. Assisted ventilation,
5. Cardiotonic drugs, e.g., epinephrine, atropine or other medications intended to treat a non-perfusing rhythm.

Absent vital signs: Absence of respiration and absence of carotid pulse.

DNR medallion/bracelet/necklace: A medallion/bracelet/necklace worn by a patient, which has been approved for distribution by the California Emergency Medical Services Authority (EMSA).

Prehospital DNR form: Form developed by the California Medical Association (CMA) for use statewide for prehospital DNR requests. This form has been approved by EMSA and ICEMA. This form should be available to prehospital personnel in the form of the white original DNR form or as a photocopy. The original or copy of the DNR form will be taken with the patient during transport. **The DNR form shall not be accepted if amended or altered in any way.**

Prehospital Personnel: Any EMS field responder currently certified and/or accredited in San Bernardino, Inyo or Mono Counties.

Physician Orders for Life-Sustaining Treatment (POLST): A physician's order that outlines a plan of care reflecting the patient's wishes concerning care at life's end. The POLST form is voluntary and is intended to assist the patient and their family with planning and developing a plan to reflect the patient's end of life wishes. It is also intended to assist physicians, nurses, health care facilities and emergency personnel in honoring a person's wishes for life-sustaining treatment.

VALIDATION CRITERIA

1. **Statewide Prehospital DNR Form** (~~Appendix A~~) should include the following to be considered valid:
 - a. Patient's name.
 - b. Signature of the patient or a legal representative if the patient is unable to make or communicate informed health care decisions.
 - c. Signature of patients' physician, affirming that the patient/legal representative has given informed consent to the DNR instruction.
 - d. All signatures are to be dated.
 - e. Correct identification of the patient is crucial. If the patient is unable to be identified after a good faith attempt to identify the patient, a reliable witness may be used to identify the patient.
2. **DNR medallion/bracelet/necklace:** The DNR medallion/bracelet/necklace is made of metal with a permanently imprinted medical insignia. For the medallion or bracelet/necklace to be valid the following applies:

- a. Patient must be physically wearing the DNR medallion/bracelet/necklace.
 - b. Medallion/bracelet/necklace must be engraved with the words “Do Not Resuscitate EMS”, along with a toll free emergency information telephone number and a patient identification number.
3. **Physician DNR orders:** In licensed health care facilities a DNR order written by a physician shall be honored. The staff must have the patient’s chart with the DNR order immediately available for EMS personnel upon their arrival.
 4. **POLST:** The POLST form must be signed and dated by a physician. **Without this signature, the form is invalid.** Verbal or telephone orders are valid if allowed by the institution or facility. There should be a box checked indicating who the physician discussed the POLST orders with. By signing the form, the physician acknowledges that these orders reflect the wishes of the patient or designated decision maker.
 5. **Advanced Directives that include a signed DNR or POLST form**

PROCEDURE

1. EMS personnel shall validate the DNR request or POLST form.
2. BLS personnel shall continue resuscitative measures if a DNR or POLST cannot be validated.
3. ALS personnel shall contact a Base ~~Hospital-Station~~ for direction if a DNR or POLST cannot be validated. While ALS personnel are contacting the Base ~~Hospital-Station~~ for direction, BLS treatment must be initiated. If contact cannot be made, resuscitative efforts shall continue.
4. If a patient states he/she wishes resuscitative measures, the request shall be honored.
5. If a family member requests resuscitative measures despite a valid DNR or POLST, continue resuscitative measures until Base ~~Hospital-Station~~ contact is made.
6. If patient is not in cardiac arrest and has a valid POLST form, EMS may provide comfort measures as described in section B of the form.
7. The patient shall be transported to the hospital if comfort measures are started by EMS.
8. Any questions about transporting the patient will be directed to the base station.

9. If a patient expires at home, law enforcement must be notified.
10. If a patient expires in a licensed health care facility, the facility has the responsibility to make the appropriate notification.
11. All circumstances surrounding the incident shall be documented on the patient care record. If prehospital personnel are unable to copy the DNR or POLST form the following shall be documented on the patient care record:
 - a. Presence of DNR or POLST form.
 - b. Date of order.
 - c. Name of physician who signed form.
- ~~12. A copy of the patient care report and DNR or POLST must be forwarded to ICEMA within one (1) week by either the PLN at the receiving facility if it is a Base Hospital or by the EMT P's Agency EMS/QI Coordinator.~~

SUPPORTIVE MEASURES

1. Medical interventions that may provide for the comfort, safety and dignity of the patient should be utilized.
2. The patient should receive palliative treatment for pain, dyspnea, major hemorrhage or other medical conditions.
3. Allow any family members/significant others to express their concerns and begin their grieving process.
4. Unless a patient is actively dying, medical treatment for other conditions should not be withheld.



POISONINGS

PRIORITIES

1. Assure the safety of EMS personnel.
2. Assure and maintain ABCs.
3. Determine degree of physiological distress.
4. Obtain vital signs, history and complete physical assessment including the substance ingested, the amount, the time substance was ingested and the route.
5. Bring ingested substance to the hospital with patient.
6. Expedious transport.

FIELD ASSESSMENT/TREATMENT INDICATORS

1. Altered level of consciousness.
2. Signs and symptoms of substance ingestion, inhalation, injection or surface absorption.
3. History of substance poisoning.

DEFINITIVE CARE

1. Assure and maintain ABCs.
2. Place patient on high flow oxygen as clinically indicated.
3. Contact poison control (1-800-222-1222).
4. Obtain accurate history of incident:
 - a. Name of product or substance.
 - b. Quantity ingested, and/or duration of exposure.
 - c. Time elapsed since exposure.

- d. Pertinent medical history, chronic illness, and/or medical problems within the last twenty-four (24) hours.
 - e. Patient medication history.
5. Monitor vital signs.
 6. Expeditious transport.

PARAMEDIC SUPPORT PRIOR TO BASE STATION CONTACT

1. Assure and maintain ABC's.
2. Oxygen therapy as clinically indicated, obtain oxygen saturation on room air, unless detrimental to patient condition.
3. Monitor cardiac status.
4. Obtain vascular access at a TKO rate or if hypotensive administer 500cc fluid challenge to sustain a systolic B/P greater than 90mmHg.
- ~~5.~~ For pediatric patients with a systolic B/P less than 80mmHg give 20cc/kg IVP and repeat as indicated.
- ~~6.~~ For phenothiazine "poisoning", administer diphenhydramine 25mg IVP or 50mg IM for ataxia and/or muscle spasms.
- ~~5.~~ Charcoal 50gms for adult (pediatrics 1gm/kg). Administer P.O. if alert with a gag reflex. Charcoal is contraindicated with caustic ingestions.
- ~~7~~6. For known organophosphate poisoning, give atropine 2mg IVP, repeat at 2mg increments if patient remains symptomatic (ie: excessive salivation, lacrimation, urination, diarrhea, vomiting, constricted pupils).

BASE STATION MAY ORDER THE FOLLOWING

- ~~*1.~~ For phenothiazine "poisoning", administer diphenhydramine 25mg IVP or 50mg IM for ataxia and/or muscle spasms.
- *~~1~~2. For tricyclic poisonings, administer sodium bicarbonate 1mEq/kg IVP for tachycardia, widening QRS or ventricular arrhythmias.

| *23. For calcium channel blocker poisonings, administer calcium chloride 1gm (10cc of a 10% solution), if hypotension or bradycardic arrhythmias persist.

| *34. For betablocker poisonings, administer glucagon 1mg IVP.

| *45. Repeat atropine in 2 - 4mg increments until symptoms are controlled.

*May be done during radio communication failure.



HEAT RELATED EMERGENCIES

MINOR HEAT ILLNESS SYNDROMES

FIELD ASSESSMENT/TREATMENT INDICATORS

1. 1. Environmental conditions.
2. Increased skin temperature
3. Increased body temperature
4. General weakness
- ±5. Muscle cramps

HEAT EXHAUSTION (Compensated)

1. All or some of the symptoms above
2. Elevated temperature
3. Vomiting
4. Hypotension
5. Diaphoresis
6. Tachycardia
7. Tachypnea

HEAT STROKE (Uncompensated)

1. All or some of the symptoms above
2. Hyperthermia
3. ALOC or other signs of Central nervous system dysfunction
4. Absence or decreased sweating

5. Tachycardia

6. Hypotension

~~2. Postural hypotension.~~

~~3. Dehydration.~~

~~4. Heat cramps.~~

BLS INTERVENTIONS

1. Remove patient from heat source, place in a position of comfort with legs elevated and begin cooling measures.
2. Oxygen as clinically indicated.
3. Rehydrate with small amounts of appropriate liquids as tolerated.
4. Axial-spinal stabilization if indicated.

HEAT EXHAUSTION

FIELD ASSESSMENT/ TREATMENT INDICATORS

1. Dehydration.
2. Elevated temperature, vomiting, hypotension, diaphoresis, tachycardia and tachypnea.
3. No change in LOC.

BLS INTERVENTIONS

1. Remove patient from heat source, position with legs elevated and begin cooling measures.
2. Oxygen as clinically indicated.
3. Rehydrate with small amounts of appropriate liquids as tolerated. Do not give liquids if altered level of consciousness.
4. If patient has signs of Heat Stroke begin rapid cooling measures including cold packs placed adjacent to large superficial vessels.

~~3-5. Evaporative cooling measures.~~

~~Axial spinal stabilization if indicated.~~

ALS INTERVENTIONS

1. Obtain vascular access.
 - a. Adult: Fluid bolus with ~~3~~500cc NS. Reassess and repeat fluid bolus if BP remains less than 90mmHg.
 - b. Pediatric patients less than nine (9) years of age: Initial 20cc/kg IV/IO bolus; may repeat until palpable pulse obtained.
2. ~~Assess~~Obtain blood glucose and provide treatment as clinically indicated.
3. Base Station may order additional medication dosages and additional fluid boluses.

HEAT STROKE

FIELD ASSESSMENT/ TREATMENT INDICATORS

- ~~1. Hyperthermia.~~
- ~~2. ALOC or other signs of central nervous system dysfunction.~~
- ~~3. Absence or presence of sweating.~~
- ~~4. Tachycardia, Hypotension.~~

BLS INTERVENTIONS

- ~~1. Remove from heat source, position with legs elevated and begin cooling measures.~~
- ~~2. Rapid cooling measures including cold packs placed adjacent to large superficial vessels.~~
- ~~3. Evaporative cooling measures. Avoid oral intake if patient has altered level of consciousness.~~
- ~~4. Oxygen as clinically indicated.~~

ALS INTERVENTIONS

1. ~~Obtain vascular access.~~
 - a. ~~Adult: Fluid bolus with 300cc NS. Reassess and repeat fluid bolus if BP remains less than 90mmHg.~~
 - b. ~~Pediatric patients less than nine (9) years of age: Initial 20cc/kg IV/IO bolus; may repeat until palpable pulse obtained.~~
2. ~~Obtain blood glucose and provide treatment as clinically indicated.~~
- ~~3.4.~~ **3.** Obtain rhythm strip for documentation with copy to receiving hospital.
5. For tonic/clonic type seizure activity in adults administer:
 - a. Midazolam 5mg IM/IN or 2.5 mg IV/IO/IN
 - b. May repeat Midazolam for extended or recurrent seizure activity every 10 minutes as needed.
6. For tonic/clonic type seizure activity in pediatrics administer:

For seizure activity, administer Midazolam 0.2mg/kg IM/IN with maximum IM/IN dose of 5 mg or 0.1 mg/kg IV/IO with maximum dose 2.5 IV/IO. May repeat Midazolam every 10 minutes if necessary not to exceed adult dosage
Seizure precautions refer to Protocol Reference #11080, Altered Level of Consciousness/Seizures, or Protocol Reference #14060, Pediatric Seizure, if seizures occur.
4. ~~Contact Base Station for destination and further treatment orders.~~



COLD RELATED EMERGENCIES

SUSPECTED FROSTBITE

FIELD ASSESSMENT/TREATMENT INDICATORS

MILD HYPOTHERMIA

1. Decreased core temperature.
2. Cold, pale extremities.
3. Shivering, reduction in fine motor skills.
4. Loss of judgment and/or altered level of consciousness or simple problem solving skills.

SEVERE HYPOTHERMIA

1. Severe cold exposure or any prolonged exposure to ambient temperatures below 36 degrees with the following indications:
 - a. Altered LOC with associated behavior changes.
 - b. Unconscious.
 - c. Lethargic.
2. Shivering is generally absent.
3. Blood pressure and heart sounds may be unobtainable.

SUSPECTED FROSTBITE

1. Areas of skin that are cold, white, and hard to touch.
2. Capillary refill greater than two (2) seconds.
3. Pain and/or numbness to affected extremity.

BLS INTERVENTIONS

1. Remove from cold/wet environment; remove wet clothing and dry patient.
2. Begin passive warming
3. Insulate and apply wrapped heat packs, if available, to groin, axilla and neck. This process should be continuous.
4. Maintain appropriate airway with oxygen as clinically indicated (warm, humidified if possible).
5. Assess carotid pulse for a minimum of 1-2 minutes. If no pulse palpable, place AED if available, per Protocol Reference #10130. If no shock advised, begin CPR.
6. Insulate to prevent further heat loss.
7. Elevate extremity if frostbite is suspected
8. Do not massage affected extremity
9. Wrap affected body part in dry sterile gauze to prevent further exposure and handle with extreme care.
- ~~1. Elevate extremity.~~
- ~~2. Do not rub or otherwise attempt active warming.~~
- ~~3. Protect affected body part from further exposure by wrapping in dry sterile gauze.~~

ALS INTERVENTIONS

1. Obtain vascular access.
2. Cardiac Monitor.
- ~~1.3.~~ Consider blood glucose determination and provide treatment as clinically indicated
- ~~2.4.~~ For complaints of pain in affected body part:
 - a. Pediatric – Morphine Sulfate 0.1 mg/kg IV not to exceed 2mg increments, for a total of 5mg or Morphine Sulfate 0.2mg/kg IM, for a total of 10mg IM, titrated for pain relief.

- b. Adult – Morphine Sulfate 2mg IV, may repeat in 2mg increments, not to exceed 10mg IV, or Morphine Sulfate 10mg IM may repeat IM dosage one time for pain relief.

~~Base Station may order additional medication doses.~~

~~3.5. In Radio Communication Failure, the EMT-P may administer a repeat dosage of Morphine Sulfate.~~

~~6. Advanced airway as clinically indicated.~~

~~7. Obtain vascular access and administer fluid bolus.~~

~~a. Nine (9) years and older: 300ml warmed NS, may repeat.~~

~~b. Birth to eight (8) years: 20ml/kg warmed NS, may repeat.~~

~~8. Obtain rhythm strip for documentation.~~

~~9. For documented VF, Pulseless V-Tach:~~

~~Defibrillate one (1) time at manufacturer recommended dose. Do not defibrillate again until patient has begun to warm.~~

~~10. For documented asystole:~~

~~a. Begin CPR.~~

~~b. May give additional fluid bolus~~

~~11. Contact Base Station.~~

~~**MILD HYPOTHERMIA**~~

~~**FIELD ASSESSMENT/TREATMENT INDICATORS**~~

~~1. Decreased core temperature.~~

~~2. Cold, pale extremities.~~

~~3. Shivering, reduction in fine motor skills.~~

~~4. Loss of judgment and/or altered level of consciousness or simple problem solving skills.~~

BLS INTERVENTIONS

1. ~~Oxygen as clinically indicated.~~
2. ~~Remove from cold/wet environment; remove wet clothing and dry patient.~~
3. ~~Insulate and apply wrapped heat packs, if available, to groin, axilla and neck. This process should not be interrupted during transport.~~

ALS INTERVENTIONS

4. ~~Obtain vascular access.~~
5. ~~Cardiac Monitor.~~
6. ~~Consider blood glucose determination and provide treatment as clinically indicated.~~

SEVERE HYPOTHERMIA

FIELD ASSESSMENT/TREATMENT INDICATORS

1. ~~Severe cold exposure or any prolonged exposure to ambient temperatures below 36 degrees with the following indications:~~
 - a. ~~Altered LOC with associated behavior changes.~~
 - b. ~~Unconscious.~~
 - c. ~~Lethargic.~~
2. ~~Shivering is generally absent.~~
3. ~~Blood pressure and heart sounds may be unobtainable.~~

BLS INTERVENTIONS

1. ~~Maintain appropriate airway with oxygen as clinically indicated (warm, humidified if possible).~~
2. ~~Assess carotid pulse for a minimum of 1-2 minutes. If no pulse palpable, place AED if available, per Protocol Reference #10130. If no shock advised, begin CPR.~~
3. ~~Insulate to prevent further heat loss.~~

4. ~~Gently cut away wet clothing if transport time is greater than 30 minutes.~~

ALS INTERVENTIONS

7. ~~Advanced airway as clinically indicated.~~

2. ~~Obtain vascular access and administer fluid bolus.~~

a. ~~Nine (9) years and older: 300ml warmed NS, may repeat.~~

b. ~~Birth to eight (8) years: 20ml/kg warmed NS, may repeat.~~

3. ~~Obtain rhythm strip for documentation.~~

8. ~~For documented VF, Pulseless V Tach:~~

a. ~~Defibrillate one (1) time at 2j/kg or 200 joules.~~

b. ~~For agencies using bi-phasic technology, follow manufacture's guidelines.~~

9. ~~For documented asystole:~~

a. ~~Begin CPR.~~

b. ~~May give additional fluid bolus~~

10. ~~Contact Base Station.~~



AIRWAY OBSTRUCTION - PEDIATRIC (Less than 15 years of age)

FIELD ASSESSMENT/TREATMENT INDICATORS

1. Universal sign of distress.
2. Sudden ~~A~~alteration in respiratory effort or signs of obstruction ~~— coughing, gagging, stridor, wheezing, or drooling, grunting, apnea.~~
3. Altered level of consciousness (for younger children this is measured by the inability to recognize caregiver, no aversion to being cared for by EMS personnel, limp and/or ineffective cry).

BLS INTERVENTIONS - RESPONSIVE

1. Assess for ability to cry, speak or cough (e.g. “Are you choking?”).
2. Administer abdominal thrusts (~~up to~~repeated cycles of five (5) back slaps and five (5) chest thrusts for infant less than one (1) year), until the foreign body obstruction becomes is relieved or until patient becomes unresponsive.
3. After obstruction is relieved, reassess and maintain ABC’s.
4. Administer oxygen; if approved, obtain O2 saturation, per Protocol Reference #10170, Pulse Oximetry.
5. If responsive, place in position of comfort, enlisting help of child’s caregiver if needed. If child is uninjured but unresponsive with adequate breathing and a pulse, place in recovery position.

BLS INTERVENTIONS - UNRESPONSIVE

1. Position patient supine (for suspected trauma maintain in-line axial stabilization). Place under-shoulder support to achieve neutral cervical spinal position if indicated.
2. Begin CPR, starting with thirty (30) compressions.
- ~~2.3.~~ Open airway using the head tilt-chin lift method(for suspected trauma, use jaw thrust). Remove object if visible. Assess for presence/effectiveness of respirations for no more than ten (10) seconds.

- 3.4. If apneic, attempt two (2) ventilations with bag-valve mask. ~~Release completely, allow for exhalation between breaths.~~ If no chest rise or unable to ventilate, reposition airway and reattempt. continue cycles of thirty (30) compressions to two (2) ventilations until obstruction is relieved or able to ventilate.
- 4.5. If apneic and able to ventilate, provide 1 breath every three (3) to five (5) seconds. Confirm that pulses are present and reassess. ~~Check pulse~~ every two (2) minutes.
- 5.6. ~~If unable to ventilate, check for pulse then initiate CPR according to AHA 2005 guidelines and check for pulse every two (2) minutes until obstruction is relieved or able to ventilate.~~
- 6.7. If available, place AED per Protocol Reference #10130, AED.

ALS INTERVENTIONS

1. If apneic and able to ventilate, consider intubation per Protocol Reference #10040, Oral Endotracheal Intubation – Pediatric.
2. If obstruction persists and unable to ventilate, visualize with laryngoscope and remove visible foreign body with Magill forceps and attempt to ventilate.
3. If obstruction persists ~~and patient older than two (2) years,~~ consider Needle Cricothyrotomy per Protocol Reference #10070, Needle Cricothyrotomy.



CARDIAC ARREST -PEDIATRIC (Less than 15 years of age)

FIELD ASSESSMENT/TREATMENT INDICATORS

Cardiac arrest in a non-traumatic setting. Consider the potential causes of arrest for age.

BLS INTERVENTIONS

1. Assess patient, maintain appropriate airway, begin CPR according to current AHA Guidelines.
 - a. Ventilate at rate of 12 to 20 per minute. Ventilatory rate will decrease as patient age increases. Ventilatory volumes shall be the minimum necessary to cause chest rise.
 - b. Compression rate shall be a minimum of 100 per minute.
2. If patient one (1) year of age or older, utilize AED per Protocol Reference #10130 AED.

ALS INTERVENTIONS

1. Initiate CPR for 2 minutes if no CPR was performed prior to arrival and down time is greater than 5 minutes while applying the cardiac monitor.
2. Determine the cardiac rhythm and defibrillate at 2J/kg (or manufacturer's recommended equivalent) if indicated. Begin a two minute cycle of CPR.
3. Obtain IO/IV access (IO is preferred).
4. 2. Establish advanced airway when resources are available, with minimal interruption to CPR. After advanced airway established, insert NG/OG tube. Continue CPR with compressionsecompressions would then be continued at at a minimum of 100/min per minute without pauses during ventilations. Ventilations should be given at a rate of one (1) breath every six (6) to eight (8) seconds. Give 8 to 10 breaths per minute.
- 2.5. Utilize continuous quantitative waveform capnography, if available, for confirmation and monitoring of endotracheal tube placement and for assessment of ROSC.

3. ~~Determine cardiac rhythm, proceed to appropriate intervention:~~

Ventricular Fibrillation/Pulseless Ventricular Tachycardia

1. Initial defibrillation is administered at 2j/kg (or manufacturer's recommended equivalent). Second defibrillation is administered at 4J/kg. Third and subsequent defibrillation attempts should be administered at a minimum of 4J/kg up to a maximum of 10J/kg, do not exceed 200joules for monophasic or biphasic equivalent per manufacture. **WILL FOLLOW UP TO DETERMINE IF WE SHOULD HAVE A THIRD DOSE PRESET.**
2. Perform CPR for two (2) minutes after each defibrillation, ~~without delaying to assess the post-defibrillation rhythm.~~
3. Administer Epinephrine (1:10,000) during each two (2)-minute cycle of CPR after each defibrillation unless capnography indicates possible ROSC.
 - a. 1 day to 8 years: 0.01mg/kg IO/IV, (do not exceed adult dosage).
 - b. 9 to 14 years: 1.0mg IV/IO.
4. Reassess rhythm, after each two (2)-minute cycle of CPR. If VF/VT persists, defibrillate as indicated above. ~~for 2nd and subsequent shocks defibrillate at 4j/kg, do not exceed 360 joules (or biphasic equivalent).~~
5. After two (2) cycles of CPR, consider administering Lidocaine;
 - a. 1 day to 8 years: 1mg/kg IO/IV.
 - b. 9 to 14 years: 1mg/kg IV/IO.
6. May repeat Lidocaine at 0.5mg/kg after five (5) minutes up to total of 3.0 mg/kg.
7. If patient remains in pulseless VF/VT after five cycles of CPR, consult base station.

Pulseless Electrical Activity/Asystole

1. Assess for reversible causes and initiate treatment.
2. Continue CPR with evaluation of rhythm every two (2) minutes.
3. Administer initial fluid bolus of 20_ml/kg for all ages, may repeat at;
 - a. 1 day to 8 years: 20_ml/kg.

- b. 9 to 14 years: 300 ml.
4. Administer Epinephrine (1:10,000) during each two (2)-minute cycle of CPR after each rhythm evaluation.
 - a. 1 day to 8 years: 0.01mg/kg IO/IV.
 - b. 9 to 14 years: 1.0mg IV/IO.
5. ~~For patients 9 to 14 years Atropine 1.0mg may be given every 5 minutes, to maximum of 3mg.~~
6. ~~Consider termination of efforts if patient remains in asystole or PEA after successful intubation and initial medications without a reversible cause identified.~~

Utilize the following treatment modalities while managing the pediatric cardiac arrest patient

- ~~1. Whenever possible, provide family members with the option of being present during the resuscitation of an infant or a child. For any termination of efforts, base hospital contact is required.~~
1. Insert NG/OG Tube to relieve gastric distention if the patient has been intubated with an advanced airway, per Protocol Reference #10080. Vascular access
 - a. ~~1 day to 8 years: IO preferred per Protocol Reference #10140
Intraosseous Infusion.~~
 - b. ~~9 to 14 years: IV/IO.~~

~~May initiate second IV/IO if indicated.~~

2. For continued signs of inadequate tissue perfusion, Administer fluid bolus, Reassess after each bolus. May repeat twice for continued signs of inadequate tissue perfusion. In RCF, may give two (2) additional fluid boluses if indicated.
 - a. 1 day to 8 years: 20 ml/kg NS ~~evaluate after each bolus.~~
 - b. 9 to 14 years: 300 ml NS ~~Initial bolus at 20ml/kg NS~~
subsequent
~~boluses at 300ml NS evaluate after each bolus.~~

~~In RCF may give 2 additional fluid boluses if indicated.~~

3. Obtain blood glucose. If indicated administer Dextrose according to Protocol Reference #14050 Pediatric Altered Level of Consciousness.

~~4. Insert Nasogastric/Orogastric tube per Protocol Reference #10080, Insertion of Nasogastric/Orogastric Tube.~~

~~4.5.~~ Naloxone for suspected opiate overdose; may repeat once as clinically indicated.

a. 1 day to 8 years: 0.1 mg/kg IO/IV. Do not exceed adult dosage.

b. 9 to 14 years: 2mg IV/IO.

NOTE

5. If ROSC is achieved, obtain a 12-lead EKG.

~~3.6.~~ Utilize continuous waveform capnography, if available, to identify loss of circulation.

~~4.7.~~ For continued signs of inadequate tissue perfusion **after** successful resuscitation;

a. 1 day to 8 years: Epinephrine (1:10,000) 0.5 mcg/kg/min IO/IV push????

b. 9 to 14 years: Dopamine 400mg in 250ml of NS to infuse at 5-20 mcg/kg/min IV titrated to maintain signs of adequate tissue perfusion.

~~5.8.~~ Base hospital-station physician may order additional medications or interventions as indicated by patient condition.

~~1. For continued signs of inadequate tissue perfusion **after** successful resuscitation;~~

~~a. 1 day to 8 years: Epinephrine (1:10,000) 0.005mg/kg IO/IV every ten (10) minutes.~~

~~b. 9 to 14 years: Dopamine 400mg in 250ml of NS to infuse at 5-20 mcg/kg/min IV titrated to maintain signs of adequate tissue perfusion.~~

~~2. Base hospital physician may order additional medications or interventions as indicated by patient condition.~~

3. ~~Base hospital contact is required to terminate resuscitative measures. A copy of the EKG should be attached to the PCR for documentation purposes.~~



NEWBORN CARE

FIELD ASSESSMENT/TREATMENT INDICATORS

Field delivery with or without complications.

BLS INTERVENTIONS

1. When head is delivered, suction mouth then the nose, and check to see that cord is not around baby's neck.
2. Dry infant and provide warm environment. Prevent heat loss (remove wet towel).
3. Place baby in supine position at or near the level of the mother's vagina. After pulsation of cord has ceased double clamp cord at approximately 7" and 10" from baby and cut between clamps.
4. Maintain airway, suction mouth and nose.
5. Provide tactile stimulation to facilitate respiratory effort.
6. Assess breathing if respirations <20 or gasping, provide tactile stimulation and assisted ventilation if indicated.
7. Circulation:
 - a. Heart Rate <100 ventilate BVM with 100% O₂ for 30 seconds and reassess. Repeat if HR remains <100. If heart rate is still <100/min, begin CPR with ventilations at a 3:1 ratio of compressions to ventilations (approximately 90 compressions and 30 ventilations/min).
 - b. Heart Rate <60 begin chest compressions as outlined above until heart rate is ≥ 100. (rate 120 times/min) and provide BVM ventilation at a rate of 40-60 breaths/min with 100% O₂, Reassess.
 - c. If available, utilize Quantitative Waveform Capnography to assess efficacy of compressions and ventilations.
8. If Central cyanosis is present, utilize supplemental O₂ at 10 to 15L/min using oxygen tubing close to infant's nose and reassess. If no improvement is noted after thirty (30) seconds assist ventilation with BVM

- Obtain Apgar scoring at one (1) and five (5) minutes. Do not use Apgar to determine need to resuscitate.

APGAR SCORE

SIGN	0	1	2
Heart Rate	Absent	< 100/minute	> 100/minute
Respirations	Absent	<20/irregular	>20/crying
Muscle Tone	Limp	Some Flexion	Active Motion
Reflex Irritability	No Response	Grimace	Cough or Sneeze
Color	Blue or pale	Blue Extremities	Completely Pink

ALS INTERVENTIONS

- Obtain vascular access via IV/IO if indicated.
- Consider advanced airway per Protocol Reference #10040 if BVM is ineffective or tracheal suctioning is required. Place orogastric tube after advanced airway is in place. Reassess placement after every intervention.

~~Epinephrine 0.01mg/kg IV/IO (1:10,000) or if Heart Rate <60 after one (1) minute.~~

~~Place Orogastric tube if positive pressure ventilation is used >2 minutes.~~

- Obtain Blood Glucose by heel stick, if <40<35 hypoglycemic. -give D25 0.5gms/kg IV. WILL FOLLOW UP TO CONFIRM WHAT NUMBER SHOULD BE UTILIZED PER PEDIATRIC SPECIALISTS.
- Evaluate airway for hypoxemia and body temperature then consider Epinephrine 0.01mg/kg IV/IO (1:10,000) if Heart Rate <60 after one (1) minute.
- ~~5.~~ Contact Base Station if hypovolemia is suspected. Base Station may order 10-20ml/kg IV NS over 5 minutes. If unable to contact Base Station and transport time is extended give 10ml/kg IV NS over 5 minutes, may repeat.
- For persistent hypotension despite adequate ventilation and fluid resuscitation, Base Station may order Epinephrine 0.005mg/kg (1:10,000) IV/IO every 10 minutes. If unable to contact Base Station and transport time is extended give indicated dosage and contact Base Station as soon as possible. WILL FOLLOW UP TO CONFIRM WHAT THE APPROPRIATE DOSE SHOULD BE BASED ON PALS REVISIONS (PALS dose is >0.003mg/kg (1:10,000) IV/IO for pressor dosage. No change to above dosage.