



Inland Counties Emergency Medical Agency

Serving San Bernardino, Inyo, and Mono Counties

Tom Lynch, EMS Administrator

Reza Vaezazizi, MD, Medical Director

DATE: July 21, 2014

TO: EMS Providers - ALS, LALS, 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
Medical Advisory Committee (MAC) Members
Systems Advisory Committee (SAC) Members
Other Interested Parties

FROM: Tom Lynch  EMS Administrator
Reza Vaezazizi, MD  Medical Director

SUBJECT: PROTOCOLS/POLICIES FOR 30-DAY COMMENT

The following protocols/policies have been reviewed and revised by ICEMA and are now available for public comment and recommendations.

ICEMA Reference Number and Name

- 7010 - BLS/LALS/ALS Standard Drug & Equipment List
- 7020 - EMS AIRCRAFT Standard Drug & Equipment List
- 7040 - Medication - Standard Orders
- 8020 - Critical Care Interfacility Transport
- 9130 - Procedures for EMS Monitoring of Multiple Patients (San Bernardino County Only) (NEW)

ICEMA encourages all system participants to submit recommendations, in writing, to ICEMA during the comment period. **Written comments will be accepted until August 20, 2014, at 5:00 pm.** Comments may be sent via hardcopy, faxed to (909) 388-5850 or via e-mail to Sherri.Shimshy@cao.sbcounty.gov. Comments submitted and any revisions made will be presented at Medical Advisory Committee meeting on August 28, 2014. The protocols/policies will also be presented at the Inyo and Mono Counties EMCC meetings, when applicable.

TL/RV/jlm

Enclosures

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PROTOCOLS CHANGES FOR 30-DAY COMMENT PERIOD
July 21, 2014

Reference #	Title	Changes/Comments
NEW		
9130	Procedures for EMS Monitoring of Multiple Patients (San Bernardino County Only)	New protocol allowing the monitoring of multiple patients by one (1) EMS crew based on acuity.
1000 ACCREDITATION, CERTIFICATION AND AUTHORIZATION		
None		
2000 DATA COLLECTION		
None		
3000 EDUCATION		
None		
4000 QUALITY IMPROVEMENT		
None		
5000 MISCELLANEOUS SYSTEM POLICIES		
None		
6000 SPECIALTY PROGRAM/ PROVIDER POLICIES		
None		
7000 STANDARD DRUG & EQUIPMENT LISTS		
7010	BLS/LALS/ALS Standard Drugs & Equipment List	Addition of Dextrose 10% in 250 ml NS and Fentanyl
7020	EMS Aircraft Standard Drugs & Equipment List	Formatting changes for consistency. Addition of Dextrose 10% in 250ml NS and Fentanyl
7040	Medication - Standard Orders	Addition of Dextrose 10% in 250 ml NS and Fentanyl. Changed give/given to administer/administered.
8000 TRANSPORT/TRANSFERS AND DESTINATION POLICIES		
8020	Critical Care Interfacility Transport	Protocol named changed. Changes to the process of program approval and program requirements.
9000 GENERAL PATIENT CARE POLICIES		
None		
10000 SKILLS		
None		
11000 ADULT EMERGENCIES		
None		
12000 END OF LIFE CARE		

**PROTOCOLS CHANGES FOR 30-DAY COMMENT PERIOD
July 21, 2014**

Reference #	Title	Changes/Comments
None		
13000 ENVIRONMENTAL EMERGENCIES		
None		
14000 PEDIATRIC EMERGENCIES		
None		
15000 TRAUMA		
None		
DELETIONS		
None		
Below are some of the protocols/policies designated for review in the next few months. If there are specific protocols/policies recommended for review, please contact ICEMA.		



BLS/LALS/ALS STANDARD DRUG & EQUIPMENT LIST

Each ambulance and first responder unit shall 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	LALS	ALS Non-Transport	ALS Transport
Adenosine (Adenocard) 6mg			1	1
Adenosine (Adenocard) 12mg			2	2
Albuterol Aerosolized Solution (Proventil) - unit dose 2.5mg		4 doses	4 doses	4 doses
Albuterol MDI with spacer		Specialty programs only 1	Specialty programs only 1	Specialty programs only 1
Aspirin, chewable - 81mg tablet		2	1 bottle	1 bottle
Atropine 1 mg preload			2	2
Calcium Chloride 1gm preload			1	1
Dextrose 10% in 250ml NS		<u>2</u>	<u>2</u>	<u>2</u>
Dextrose 25% 2.5gm preload			2	2
Dextrose 50% 25gm preload		2	2	2
Diphenhydramine (Benadryl) 50mg			1	1
Dopamine 400mg			1	1
Epinephrine 1:1000 1mg		2	2	2
Epinephrine 1:10,000 1 mg preload			3	3
Glucagon 1mg		1	1	1
Glucose paste	1 tube	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	1	2
Lidocaine 100mg			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	2
Nitroglycerine - Spray 0.4 mg metered dose and/or			1	2

Exchanged Medications/Solutions	BLS	LALS	ALS Non-Transport	ALS Transport
tablets (tablets to be discarded 90 days after opening)		2		
Normal Saline for Injection (10 cc)		2	2	2
Normal Saline 100 cc			1	2
Normal Saline 250 cc			1	1
Normal Saline 500 ml and/or 1000 ml		2000 ml	3000 ml	6000 ml
Ondansetron (Zofran) 4 mg Oral Disintegrating Tablets (ODT)			4	4
Ondansetron (Zofran) 4 mg IM/ IV			4	4
Phenylephrine HCL - 0.5 mg 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	LALS	ALS Non-Transport	ALS Transport
<u>Fentanyl</u>			200-400 mcg	200-400 mcg
Midazolam			20-40mg	20-40mg
Morphine Sulfate -vials of 10 mg			20-60mg	30-60mg

AIRWAY/SUCTION EQUIPMENT

Exchanged Airway/Suction Equipment	BLS	LALS	ALS Non-Transport	ALS Transport
BAAM Device			1	2
CPAP circuits - all manufacture's available sizes			1 each	2 each
End Title CO2 device - Pediatric and Adult (may be integrated into bag)			1 each	1 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 with stylet			2 each	2 each
Endotracheal Tubes, uncuffed - 4.0 or 4.5, 5.0 or 5.5 with stylet			2 each	2 each
ET Tube holders - pediatric and adult		1 each	1 each	2 each
King LTS-D Adult: Size 3 (yellow) Size 4 (red) Size 5 (purple)	SPECIALTY PROGRAMS ONLY 2 each	1 each	1 each	2 each
King Ped: 12-25 kg: Size 2 (green) 25-35 kg: Size 2.5 (orange)	SPECIALTY PROGRAMS ONLY 2 each	1 each	1 each	2 each
Mask - Adult & Pediatric non-rebreather oxygen mask	2 each	2 each	2 each	2 each

Exchanged Airway/Suction Equipment	BLS	LALS	ALS Non-Transport	ALS Transport
Mask - Infant Simple Mask	1	1	1	1
Nasal cannulas - pediatric and adult	2 each	2 each	2 each	2 each
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	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	1 each
Small volume nebulizer with universal cuff adaptor		2	2	2
Suction Canister	1		1	1
Suction catheters - 6fr, 8fr or 10fr, 12fr or 14fr	1 each		1 each	1 each
Ventilation Bags - Infant 250 ml Pediatric 500 ml (or equivalent) Adult	1 1 1	1 1 1	1 1 1	1 1 1
Water soluble lubricating jelly		1	1	1
Yankauers tonsil tip	1		1	1

Non-Exchange Airway/Suction Equipment	BLS	LALS	ALS Non-Transport	ALS Transport
Ambulance oxygen source -10 L /min for 20 minutes	1			1
Flashlight/penlight	1	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
Manual powered suction device		1		
Portable oxygen with regulator - 10 L /min for 20 minutes	1	1	1	1
Portable suction device (battery operated)	1		1	1
Pulse Oximetry device	(SEE OPTIONAL EQUIPMENT SECTION, PG. 5)	1	1	1
Stethoscope	1	1	1	1
Wall mount suction device	1			1

IV/NEEDLES/SYRINGES/MONITORING EQUIPMENT

Exchanged IV/Needles/Syringes/Monitor Equipment	BLS	LALS	ALS Non- Transport	ALS Transport
Conductive medium or Pacer/Defibrillation pads			2 each	2 each
Disposable Tourniquets		2	2	2
ECG electrodes			20	20
EZ-IO Needles and Driver 15 mm, 25 mm, and 45 mm			2 each 1 each	2 each 1 each
Glucose monitoring device with compatible strips and OSHA approved single use lancets		1	1	1
3-way stopcock with extension tubing			2	2
IV Catheters - sizes 14, 16, 18, 20, 22, 24		2 each	2 each	2 each
Macro drip Administration Set (10 drops /cc)		3	3	3
Micro drip Administration Set (60 drops /cc)		1	1	2
Mucosal Atomizer Device (MAD) for nasal administration of medication		2	2	4
Pressure Infusion Bag (disposable)		1	1	1
Razors		1	2	2
Safety Needles - 20 or 21 gauge and 23 or 25 gauge		2 each	2 each	2 each
Saline Lock Large Bore Tubing Needleless		2	2	2
Sterile IV dressing		2	2	2
Syringes w/wo safety needles - 1 cc, 3 cc, 10 cc catheter tip		2 each		
Syringes w/wo safety needles - 1 cc, 3 cc, 10 cc, 20 cc, 60 cc catheter tip			2 each	2 each

Non-Exchange IV/Needles/Syringes/Monitor Equipment	BLS	LALS	ALS Non- Transport	ALS Transport
12-lead ECG Monitor and Defibrillator with TCP and printout			1	1
Blood pressure cuff - large adult or thigh cuff, adult, child and infant	1	1	1	1
Capnography monitor and supplies, may be integrated in the cardiac monitor			1	1
Needle disposal system (OSHA approved)		1	1	1
Thermometer - Mercury Free with covers	1	1	1	1

OPTIONAL EQUIPMENT/MEDICATIONS

Non-Exchange Optional Equipment/Medications	BLS	LALS	ALS Non- Transport	ALS Transport
AED/defib pads	2	2		
Ammonia Inhalants			2	2

Non-Exchange Optional Equipment/Medications	BLS	LALS	ALS Non-Transport	ALS Transport
Automatic CPR device (FDA approved)	1	1	1	1
Automatic ventilator (ICEMA approved)			1	1
Backboard padding	1	1	1	1
Buretrol			1	1
Chemistry profile tubes			3	3
CyanoKit (Specialty Program Only)			1	1
EMS Tourniquet	1		1	1
Endotracheal Tubes, cuffed - 2.5, 3.0, 3.5 with stylet			Specialty programs only	Specialty programs only
Endotracheal Tubes, cuffed - 4.0 or 4.5, 5.0 or 5.5 with stylet			Specialty programs only	Specialty programs only
Gum Elastic intubation stylet			2	2
Hemostatic Dressings *	1	1	1	1
IO Needles - Manual, Adult and Pediatric, Optional		Pediatric sizes only or EZ-IO needles and drivers	1 each	1 each
IV infusion pump			1	1
IV warming device		1	1	1
Manual IV Flow Rate Control Device			1	1
Manual powered suction device	1	1	1	1
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

* Hemostatic Dressings

- Quick Clot®, Z-Medica®
Quick Clot®, Combat Gauze® LE
Quick Clot®, EMS Rolled Gauze, 4x4 Dressing, TraumaPad®
- Celox®
Celox® Gauze, Z-Fold Hemostatic Gauze
Celox® Rapid, Hemostatic Z-Fold Gauze

Note:

- The above products are “packaged” in various forms (i.e., Z-fold, rolled gauze, trauma pads, 4”x4”pads) and are authorized provided they are comprised of the approved product.
- Hemostatic Celox Granules, or granules delivered in an applicator, are not authorized.

DRESSING MATERIALS/OTHER EQUIPMENT/SUPPLIES

Exchanged Dressing Materials/Other Equipment/Supplies	BLS	LALS	ALS Non-Transport	ALS Transport
Adhesive tape - 1 inch	2	2	2	2
Air occlusive dressing	1	1	1	1
Ankle & wrist restraints, soft ties acceptable	1		0	1
Antiseptic swabs/wipes		10	10	10
Bedpan or fracture pan	1			1
Urinal	1			1
Cervical Collars - Rigid Pediatric & Adult all sizes or Cervical Collars - Adjustable Adult & Pediatric	2 each 2 each	2 each 2 each	2 each 2 each	2 each 2 each
Cold Packs	2	2	2	2
Emesis basin or disposable bags & covered waste container	1	1	1	1
Head immobilization device	2	2	2	2
OB Kit	1	1	1	1
Pneumatic or rigid splints capable of splinting all extremities	4	2	2	4
Provodine/Iodine swabs/wipes or antiseptic equivalent		4	10	10
Roller bandages - 4 inch	6	3	3	6
Sterile bandage compress or equivalent	6	2	2	6
Sterile gauze pads - 4x4 inch	4	4	4	4
Sterile Sheet for Burns	2	2	2	2
Universal Dressing 10x30 inches	2	2	2	2

Non-Exchange Dressing Materials/Other Equipment/Supplies	BLS	LALS	ALS Non-Transport	ALS Transport
800 MHz Radio		1	1	1
Ambulance gurney	1			1
Bandage Shears	1	1	1	1
Blood Borne Pathogen Protective Equipment - (nonporous gloves, goggles face masks & gowns meeting OSHA Standards)	2	1	2	2
Drinkable water in secured plastic container or equivalent	1 gallon			1 gallon
Long board with restraint straps	1	1	1	1
Pediatric immobilization board	1	1	1	1
Pillow, pillow case, sheets & blanket	1 set			1 set
Short extrication device	1	1	1	1
Straps to secure patient to gurney	1 set			1 set
Traction splint	1	1	1	1
Triage Tags - CAL Chiefs or ICEMA approved	20	20	20	20



EMS AIRCRAFT STANDARD DRUG & EQUIPMENT LIST

Each Aircraft shall 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	AMOUNT
Adenosine (Adenocard) 6 mg	<u>1</u> 30 mg
Adenosine (Adenocard) 12 mg Adrenaline (Epinephrine) 1:1,000	<u>2</u> 2 mg
Adrenaline (Epinephrine) 1:10,000	3 mg
Albuterol Aerosolized Solution (Proventil) - unit dose 2.5 mg	4 doses
Aspirin, chewable - 81 mg tablet	1 bottle
Atropine 1 mg preload	<u>2</u> 3 mg
Calcium Chloride <u>1 gm preload</u>	<u>1</u> 1 gm
<u>Dextrose 10% in 250ml NS</u>	<u>2</u>
Dextrose 25% <u>2.5 gm preload</u>	<u>2</u> 5 gm
Dextrose 50% <u>25 gm preload</u>	<u>2</u> 50 gm
Diphenhydramine (Benadryl) 50 mg	<u>1</u> 50 mg
Dopamine 400 mg	<u>1</u>
Glucagon <u>1 mg</u>	<u>1</u> 1 mg
Glucopaste	1 tube
Intropin (Dopamine)	<u>2</u> 00 mg
Ipratropium Bromide Inhalation Solution (Atrovent) unit dose 0.5 mg	4
Lidocaine <u>100 mg</u>	<u>3</u> 300 mg
Lidocaine 1 gm or 1 bag pre-mixed 1 gm/250 cc D5W	1 gm
Lidocaine 2% (Viscous) <u>bottle</u>	<u>1</u> 2
Magnesium Sulfate 10 gms	<u>1</u> 10 gms
Naloxone (Narcan) <u>2 mg preload (needleless)</u>	<u>2</u> 4 mg
Nitroglycerin - Spray 0.4 mg metered dose and/or tablets (tablets to be discarded 90 days after opening.)	1
Normal Saline for Injection (10 cc)	2
Normal Saline 250 ml	1
Normal Saline 500 ml and/or 1000 ml	4000 ml
Ondansetron (Zofran) 4 mg Oral Disintegrating Tablets (ODT)	4
Ondansetron (Zofran) 4 mg IM/ IV	4
Phenylephrine HCL - 0.5 mg per metered dose	1 bottle
Procainamide <u>1 gm</u>	<u>1</u> 1 gm
Sodium Bicarbonate <u>50 mEq preload</u>	<u>2</u> 100 mEq
Verapamil <u>5 mg (Isoptin)</u>	<u>3</u> 15 mg

CONTROLLED SUBSTANCE MEDICATIONS-MUST BE DOUBLE LOCKED	AMOUNT
<u>Fentanyl</u>	<u>200-400 mcg</u>
Midazolam	20-40 mg
Morphine Sulfate - vials 10 mg	20-60 mg

AIRWAY/SUCTION EQUIPMENT	AMOUNT
Aircraft Oxygen source -10 L /min for 20 minutes	1
BAAM Device	1
C-PAP circuits - all manufacture's available sizes	1 each
End-tittle CO2 device - pediatric and adult (may be integrated into bag)	1 each
Endotracheal tubes, uncuffed - 2.5, 3.0, 3.5 with stylet	2 each
Endotracheal Tubes, uncuffed - 4.0 or 4.5, 5.0 or 5.5 with stylet	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
ET Tube holders - pediatric and adult	1 each
Flashlight/penlight	1
King LTS-D Adult: Size 3 (yellow) Size 4 (red) Size 5 (purple)	1 each
King Ped: 12-25 kg: Size 2 (green) 25-35 kg: Size 2.5 (orange)	1 each
Laryngoscope handle with batteries - or 2 disposable handles	1
Laryngeal blades - #0, #1, #2, #3, #4 curved and/or straight	1 each
Magill Forceps - 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, Infant Simple Mask	2 each
One way flutter valve with adapter or equivalent	1
Oropharyngeal Airways - infant, child, and adult	1 each
Portable Oxygen with regulator - 10 L /min for 20 minutes	1
Portable suction device (battery operated) <i>and/or</i> Wall mount suction device	1 each
Pulse Oximetry device	1
Small volume nebulizer with universal cuff adaptor	2
Stethoscope	1
Suction catheters - 6fr, 8fr or 10fr, 12fr or 14fr	1 each
Ventilation Bags - Infant 250 ml, Pediatric 500 ml and Adult 1 L	1 each
Water soluble lubricating jelly	1
Yankauers tonsil tip	1

IV/NEEDLES/SYRINGES/MONITORING EQUIPMENT	AMOUNT
12-Lead ECG Monitor and Defibrillator with TCP and printout	1
800 MHz Radio	1
Blood pressure cuff - large adult or thigh cuff, adult, child and infant	1 set
Capnography monitor and supplies, may be integrated in the cardiac monitor	1
Conductive medium <i>or</i> Adult and Pediatric Pacer/Defibrillation pads	2 each
ECG - Pediatric and Adult	20 patches
EZ IO Needles and Driver 15 mm, 25 mm, and 45 mm	2 each 1 each
3-way stopcock with extension tubing	2
IO Needles - Manual, Adult and Pediatric, Optional	1 each
IV Catheters - sizes 14, 16, 18, 20, 22, 24	2 each
Glucose monitoring device	1
Macro drip Administration Set (10 drops/ml)	3
Micro drip Administration Set (60 drops/ml)	1
Mucosal Atomizer Device (MAD) for nasal administration of medication	4
Needle disposal system (OSHA approved)	1
Pressure infusion bag	1
Safety Needles - 20 or 21 gauge and 23 or 25 gauge	2 each
Saline Lock	2
Syringes w/wo safety needles - 1 ml, 3 ml, 10 ml, 20 ml, 60 ml catheter tip	2 each
Thermometer - Mercury free with covers	1

OPTIONAL EQUIPMENT/MEDICATIONS	Amount
Ammonia Inhalants	2
Automatic ventilator (Approved)	1
Backboard padding	1
BLS AED/defib pads	1
Chemistry profile tubes	3
CyanoKit (Specialty Program Only)	Specialty programs only
D5W in bag	1
Endotracheal tubes, cuffed - 2.5, 3.0, 3.5 with stylet	Specialty programs only
Endotracheal Tubes, cuffed - 4.0 or 4.5, 5.0 or 5.5 with stylet	Specialty programs only
Hemostatic Dressing *	1
IV infusion pump	1
IV warming device	1
Manual powered suction device	1
Medical Tourniquet	1
Needle Thoracostomy Kit (prepackaged)	2
Pitocin	2
Translaryngeal Jet Ventilation Device	1
Vacutainer	1

* Hemostatic Dressings

- Quick Clot®, Z-Medica®
Quick Clot®, Combat Gauze® LE
Quick Clot®, EMS Rolled Gauze, 4x4 Dressing, TraumaPad®
- Celox®
Celox® Gauze, Z-Fold Hemostatic Gauze
Celox® Rapid, Hemostatic Z-Fold Gauze

Note:

- The above products are “packaged” in various forms (i.e., Z-fold, rolled gauze, trauma pads, and 4”x4” pads) and are authorized provided they are comprised of the approved product.
- Hemostatic Celox Granules, or granules delivered in an applicator, are not authorized.

DRESSING MATERIALS/OTHER EQUIPMENT SUPPLIES	AMOUNT
Adhesive tape - 1 inch	2
Air occlusive dressing	1
Aircraft stretcher or litter system with approved FAA straps that allows for Axial Spinal Immobilization	1
Ankle & wrist restraints, soft ties acceptable	1
Antiseptic swabs/wipes	
Bandage Shears	1
Blanket or sheet	2
Blood Borne Pathogen Protective Equipment - (nonporous gloves, goggles face masks & gowns meeting OSHA Standards)	2
Cervical Collars - Rigid Pediatric & Adult all sizes <i>or</i> Cervical Collars - Adjustable Adult & Pediatric	2 each
Emesis basin or disposable bags & covered waste container	1
Head immobilization device	2
OB Kit	1
Pediatric immobilization board	1
Pneumatic or rigid splints capable of splinting all extremities	4
Providence/Iodine swabs/wipes or antiseptic equivalent	
Roller bandages - 4 inch	3
Short extrication device	1
Sterile bandage compress or equivalent	6
Sterile gauze pads - 4x4 inch	4
Sterile Sheet for Burns	2
Traction splint	1
Universal Dressing 10x30 inches	2



MEDICATION - STANDARD ORDERS

Adenosine (Adenocard) - Adult (ALS)

Stable narrow-complex SVT or Wide complex tachycardia:

Adenosine, 6 mg rapid IVP followed immediately by 20 cc NS bolus, and
Adenosine, 12 mg rapid IVP followed immediately by 20 cc NS bolus if patient
does not convert. May repeat one (1) time.

Reference #s 7010, 7020, 11050

Albuterol Aerosolized Solution (Proventil) - Adult (LALS, ALS)

Albuterol nebulized, 2.5 mg, may repeat two (2) times.

Reference #s 6090, 7010, 7020, 11010, 11100, 14030

Albuterol Metered-Dose Inhaler (MDI) (Proventil) - Specialty Programs Only Adult (LALS, ALS)

Albuterol MDI, four (4) puffs every ten (10) minutes for continued shortness of
breath and wheezing.

Reference #s 6090, 6110, Sheriff's Search and Rescue

Albuterol - Pediatric (LALS, ALS)

Albuterol nebulized, 2.5 mg, may repeat two (2) times.

Reference #s 7010, 7020, 14010, 14030, and 14070

Aspirin, chewable (LALS, ALS)

Aspirin, 325 mg PO chewed (one (1) adult non-enteric coated aspirin) or four (4)
chewable 81 mg aspirin.

Reference #s 2020, 6090, 6110, 7010, 7020, 11060

Atropine (ALS)

Atropine, 0.5 mg IVP. May repeat every five (5) minutes up to a maximum of 3 mg
or 0.04 mg/kg.

Organophosphate poisoning:

Atropine, 2 mg IVP, repeat at 2 mg increments if patient remains symptomatic.

Reference #s 6090, 6110, 7010, 7020, 11040, 12020, 13010

Calcium Chloride (ALS)*Calcium Channel Blocker Poisonings:*

Calcium Chloride, 1 gm (10 cc of a 10% solution), base hospital order only.

Reference #s 2020, 7010, 7020, 13010

Dextrose - Adult (LALS)

~~Dextrose 50% 25 gm IV of 50%~~
~~Dextrose 10%/250 cc NS IV Bolus~~

Reference #s 2020, 6090, 6110, 7010, 7020, 8010, 11050, 11070, 11080, 13020, 13030

Dextrose - Adult (ALS)

~~Dextrose 50% 25 gm IV/IO of 50%~~
~~Dextrose 10%/250 cc NS IV Bolus~~

Reference #s 2020, 6090, 6110, 7010, 7020, 8010, 11050, 11070, 11080, 13020, 13030

Dextrose - Pediatric (LALS, ALS)

~~For neonates (0–4 weeks), if blood glucose < 35 mg/dL:
Dextrose 25% (0.25 gm/ml) Diluted 1:1, give 0.5 gm/kg (4 ml/kg) IV/IO~~

~~For patient < 10 kg and > 4 weeks, if blood glucose < 60 mg/dL:
Dextrose 25% (0.25 gm/ml), give 0.5 gm/kg (2 ml/kg) IV/IO~~

~~For patient > 10 kg and < 25kg, if glucose less than 60 mg/dL:
Dextrose 50% (0.5 gm/mL) Diluted 1:1, give 0.5 gm/kg (2 ml/kg) IV/IO~~

~~For patient > 25 kg, if glucose less than 80 mg/dL:
Dextrose 50% (0.5 gm/mL) Diluted 1:1, give 0.5 gm/kg (2 ml/kg) IV/IO
Dextrose 10%/250 cc (25 g) 0.5 g/kg IV/IO~~

Reference #s 2020, 7010, 7020, 13020, 13030, 14040, 14050, 14060

Diphenhydramine - Adult (ALS)

Diphenhydramine, 25 mg IV/IO

Diphenhydramine, 50 mg IM

Reference #s 6090, 6110, 7010, 7020, 11010, 13010

Diphenhydramine - Pediatric (ALS)

Diphenhydramine, 1 mg/kg slow IV/IO, not to exceed adult dose of 25 mg, or

Diphenhydramine, 2 mg/kg IM not to exceed adult dose of 50 mg IM

Reference #s 7010, 7020, 14030

Dopamine - Adult (ALS)

Dopamine, infusion of 400 mg in 250 ml of NS, titrated between 5 - 20 mcg/kg/min to sustain a systolic blood pressure greater than 90 mmHG for signs of inadequate tissue perfusion/shock.

Reference #s 7010, 7020, 8010, 8040, 10140, 11070, 11090, 14080

Dopamine - Pediatric (ALS)

Post resuscitation continued signs of inadequate tissue perfusion:

9 to 14 years

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

Reference #s 7010, 7020, 14040

Epinephrine (1:1000) - Adult (LALS, ALS)

Acute Asthma, Bronchospasm, Allergic reaction, Anaphylaxis:

Epinephrine, 0.3 mg IM

Epinephrine (1:10,000) - Adult (ALS)

For Persistent severe anaphylactic shock:

Epinephrine (1:10,000), 0.1 mg slow IVP. May repeat as needed to total dosage of 0.5 mg.

Cardiac Arrest, Asystole, PEA:

Epinephrine, 1 mg IV/IO

Reference #s 2020, 6090, 6110, 7010, 7020, 11010, 11070, 12020

Epinephrine (1:1000) - Pediatric (LALS, ALS)*Allergic Reactions:*

Epinephrine, 0.01 mg/kg IM not to exceed adult dosage of 0.3 mg.

Reference #s 2020, 6090, 7010, 7020, 11010, 14010, 14030

Epinephrine (1:10,000) - Pediatric (ALS)*Anaphylactic Shock (no palpable radial pulse and depressed level of consciousness):*

Epinephrine (1:10,000), 0.01 mg/kg IV/IO, no more than 0.1 mg per dose. May repeat to a maximum of 0.5 mg.

Cardiac Arrest:

1 day to 8 years Epinephrine (1:10,000), 0.01 mg/kg IV/IO (do not exceed adult dosage)

9 to 14 years Epinephrine (1:10,000), 1.0 mg IV/IO

Newborn Care:

Epinephrine (1: 10,000), 0.01mg/kg IV/IO if heart rate is less than 60 after one (1) minute after evaluating airway for hypoxia and assessing body temperature for hypothermia.

Epinephrine (1:10,000), 0.005 mg/kg IV/IO every ten (10) minutes for persistent hypotension as a base hospital order or in radio communication failure.

Post resuscitation continued signs of inadequate tissue perfusion:

1 day to 8 years Epinephrine (1:10,000), 0.5 mcg/kg/min IV drip

Reference #s 2020, 7010, 7020, 14030, 14040, 14090

Fentanyl - Adult (ALS) May be used in place of Morphine

Fentanyl, 50 mcg slow IVP over one (1) minute. May repeat every five (5) minutes until a maximum dose of 200 mcg is administered.

Fentanyl, 100 mcg IM/IN. May repeat 50 mcg every ten (10) minutes until a maximum dose of 200 mcg is administered.

Isolated Extremity Trauma, Burns:

Fentanyl, 50 mcg slow IV push over one (1) minute. May repeat in five (5) minutes, not to exceed 200 mcg IV, or

Fentanyl, 100 mcg IM/IN. May repeat 50 mcg every ten (10) minutes, not to exceed 200 mcg.

Pacing, synchronized cardioversion:

Fentanyl, 50 mcg slow IVP over one (1) minute. May repeat in five (5) minutes titrated to pain, not to exceed 200 mcg.

Fentanyl, 100 mcg IN. May repeat 50 mcg every ten (10) minutes titrated to pain, not to exceed 200 mcg.

Fentanyl - Pediatric (ALS) May be used in place of Morphine

Fentanyl, 0.5 mcg/kg slow IVP over one (1) minute. May repeat in five minutes titrated to in, not to exceed 100 mcg.

Fentanyl, 1,mcg/kg IM/IN, may repeat every ten minutes titrated to pain not to exceed 200 mcg.

Reference #s 2020, 6090, 6110, 7010, 7020, 7030, 9120, 10110 10120, 11060, 11100, 13030, 15010

Glucose - Oral - Adult (BLS, LALS, ALS)

Glucose - Oral, one (1) tube for patients with an intact gag reflex and hypoglycemia.

Reference #s 7010, 7020, 11080, 11090, 11110, 13020

Glucose - Oral - Pediatric (BLS, LALS, ALS)

Glucose - Oral, one (1) tube for patients with an intact gag reflex and hypoglycemia.

Reference #s 7010, 7020, 14050, 14060

Glucagon - Adult (LALS, ALS)

Glucagon, 1 mg IM/SC/IN, if unable to establish IV. May ~~administer give~~ one (1) time only.

Betablocker Poisoning:

Glucagon, 1 mg IVP (base hospital order only)

Reference #s 6090, 6110, 7010, 7020, 11080, 13010, 13030

Glucagon - Pediatric (LALS, ALS)

Glucagon, 0.025 mg/kg IM/IN, if unable to start an IV. May be repeated one (1) time after twenty (20) minutes for a combined maximum dose of 1 mg.

Reference #s 7010, 7020, 13030, 14050, 14060

Ipratropium Bromide Inhalation Solution (Atrovent) - Adult (ALS) use with Albuterol

Atrovent, 0.5 mg

Reference #s 7010, 7020, 11010, 11100

Ipratropium Bromide Metered-Dose Inhaler (MDI) (Atrovent) - Specialty Programs Only Adult (ALS) use with Albuterol

Atrovent MDI, four (4) puffs every ten (10) minutes for continued shortness of breath and wheezing.

Reference #s 6090, 6110, 7010, 7020

Ipratropium Bromide Inhalation Solution (Atrovent) - Pediatric (ALS) use with Albuterol

1 day to 12 months Atrovent, 0.25 mg
1 year to 14 years Atrovent, 0.5 mg

Reference #s 7010, 7020, 14010, 14030, 14070

Lidocaine - Adult (ALS)

Intubation, King Airway, NG/OG, for suspected brain injury:

Lidocaine, 1.5 mg/kg IV

VT/VF:

Lidocaine, 1.5 mg/kg

Repeat 0.75 mg/kg every five (5) to ten (10) minutes; maximum total dose of 3 mg/kg.

Refractory VF:

Lidocaine, 0.75 mg/kg IV, repeat in five (5) to ten (10) minutes; maximum three (3) doses or total of 3 mg/kg.

VT/VF Infusion:

Lidocaine, 1 - 4 mg/min (30 - 50 mcg/kg/min)

V-Tach, Wide Complex Tachycardias:

Lidocaine, 1 mg/kg slow IV, repeat at 0.5 mg/kg every ten (10) minutes until maximum dose of 3 mg/kg ~~administered~~ given.

Initiate infusion of Lidocaine 2 mg/min.

Reference #s 2020, 6090, 7010, 7020, 8010, 8040, 10030, 10080, 11050, 11070, 15010

Lidocaine - Pediatric (ALS)

Intubation, King Airway, NG/OG, for suspected brain injury:

Lidocaine, 1.5 mg/kg IV

Cardiac Arrest:

1 day to 8 years Lidocaine, 1.0 mg/kg IV/IO

9 to 14 years Lidocaine, 1.0 mg/kg IV/IO

May repeat Lidocaine at 0.5 mg/kg after five (5) minutes up to total of 3.0 mg/kg.

Reference #s 2020, 7010, 7020, 14040

Lidocaine 2%

Pain associated with IO insertion:

Lidocaine 2%, 0.5 mg/kg slow IO push not to exceed 50 mg total.

Reference #s 2020, 7010, 7020, 10140

Magnesium Sulfate (ALS)

Polymorphic Ventricular Tachycardia:

Magnesium Sulfate, 2 gm in 100 ml of NS over five (5) minutes for polymorphic VT if prolonged QT is observed during sinus rhythm post-cardioversion.

Eclampsia (Seizure/Tonic/Clonic Activity):

Magnesium Sulfate, 4 gm diluted with 20 ml NS, IV/IO slow IV push over three (3) to four (4) minutes.

Magnesium Sulfate, 2 gm in 100 cc of NS at 30 cc per hour IV/IO to prevent continued seizures.

Reference #s 2020, 7010, 7020, 8010, 14080

Midazolam - Adult (ALS)

Seizure:

Midazolam, 2.5 mg IN/IV/IO. May repeat in five (5) minutes for continued seizure activity, or

Midazolam, 5 mg IM. May repeat in ten (10) minutes for continued seizure activity.

Assess patient for medication related reduced respiratory rate or hypotension.

Maximum of three (3) doses using any combination of IM/IN/IV/IO may be ~~administered~~~~given~~ for continued seizure activity. Contact base hospital for additional orders and to discuss further treatment options.

Pacing, synchronized cardioversion:

Midazolam, 2 mg slow IV push IV/IN

Reference #s 6090, 6110, 7010, 7020, 10110, 10120, 11080, 13020, 14080

Midazolam - Pediatric (ALS)

Seizures:

Midazolam, 0.1 mg/kg IV/IO with maximum dose 2.5 mg. May repeat Midazolam in five (5) minutes. Do not to exceed adult dosage, or

Midazolam, 0.2 mg/kg IM/IN with maximum dose of 5 mg. May repeat Midazolam in ten (10) minutes for continued seizure. Do not to exceed adult dosage. IN dosage of Midazolam is doubled due to decreased surface area of nasal mucosa resulting in decreased absorption of medication.

Assess patient for medication related reduced respiratory rate or hypotension.

Maximum of three (3) doses using any combination of IM/IN/IV/IO may be ~~administered~~~~given~~ for continued seizure activity. Contact base hospital for additional orders and to discuss further treatment options.

Reference #s 7010, 7020, 14060

Morphine ~~Sulfate~~ - Adult (ALS) May be used in place of Fentanyl

Morphine ~~Sulfate~~, 2 mg IV. May repeat in 2 mg increments every three (3) minutes, not to exceed 10 mg IV.

Isolated Extremity Trauma, Burns:

Morphine ~~Sulfate~~, 5 mg IV. May repeat every five (5) minutes to a maximum of 20 mg for adequate tissue perfusion, or

Morphine ~~Sulfate~~, 10 mg IM.

Pacing, synchronized cardioversion:

Morphine ~~Sulfate~~, 2 mg IV. May repeat in 2 mg increments every three (3) minutes, titrated to pain, not to exceed 10 mg IV.

Reference #s 2020, 6090, 6110, 7010, 7020, 7030, 9120, 10110 10120, 11060, 11100, 13030, 15010

Morphine-Sulfate - Pediatric (ALS)

Morphine-Sulfate, 0.1 mg/kg IV not to exceed 2 mg increments, for a total of 5 mg,
or

Morphine-Sulfate, 0.2 mg/kg IM for a total of 10 mg IM, titrated for pain relief

Burns:

Morphine-Sulfate, 0.1 mg/kg IV not to exceed 5 mg increments, for a total of 20 mg, or

Morphine-Sulfate, 0.2 mg/kg IM for a total of 10 mg IM, titrated for pain relief

Reference #s 2020, 7010, 7020, 7030, 14070, 15020

Naloxone (Narcan) - Adult (LALS, ALS)*Resolution of respiratory depression related to suspected narcotic overdose:*

Naloxone, 0.5 mg IV/IM/IN may repeat Naloxone 0.5 mg IV/IM/IN every two (2) to three (3) minutes if needed.

Do not exceed 10 mg of Naloxone total regardless of route administered/given.

Reference #s 6110, 7010, 7020, 11070, 11080

Naloxone (Narcan) - Pediatric (LALS)*Resolution of respiratory depression related to suspected narcotic overdose:*

1 day to 8 years Naloxone, 0.1 mg/kg IV/IO

9 to 14 years Naloxone, 0.5 mg IV

Do not exceed the adult dosage of 10 mg IV/IM/IN.

Reference #s 7010, 7020, 14040, 14050

Naloxone (Narcan) - Pediatric (ALS)*Resolution of respiratory depression related to suspected narcotic overdose:*

1 day to 8 years Naloxone, 0.1 mg/kg IV/IO

9 to 14 years Naloxone, 0.5 mg IV/IO

Do not exceed the adult dosage of 10 mg IV/IM/IN.

Reference #s 7010, 7020, 14040, 14050

Nitroglycerin (LALS, ALS)

Nitroglycerin, 0.4 mg sublingual/transmucosal

One (1) every three (3) minutes as needed. May be repeated as long as patient continues to have signs of adequate tissue perfusion. **If a Right Ventricular Infarction is suspected, the use of nitrates requires base hospital contact.**

Nitroglycerin is contraindicated if there are signs of inadequate tissue perfusion or if sexual enhancement medications have been utilized within the past forty-eight (48) hours.

Reference #s 6090, 6110, 7010, 7020, 11010, 11060

Ondansetron (Zofran) - Patients four (4) years old to Adult (ALS)

Nausea/Vomiting:

Ondansetron, 4 mg slow IV/ODT

All patients four (4) to eight (8) years old: may administergive a total of 4 mgs of Ondansetron prior to base hospital contact.

All patients nine (9) and older: may administergive Ondansetron 4 mg and may repeat twice, at ten (10) minute intervals, for a total of 12 mgs prior to base hospital contact.

May be used as prophylactic treatment of nausea and vomiting associated with narcotic administration.

Reference #s 6110, 7010, 7020, 9120, 10100, 15010, 15020

Phenylephrine HCL (ALS)

Phenylephrine, 0.5 mg metered dose may be repeated once prior to additional attempt

Reference #s 7010, 7020, 10050

Procainamide (ALS)

SVT, V-Tach or Wide Complex Tachycardias:

Procainamide, 20 mg/min IV; may repeat until arrhythmia suppressed, symptomatic hypotension, QRS widens by more than 50% or maximum dose of 17 mg/kg administergiven. If arrhythmia suppressed, begin infusion of 2 mg/min.

Reference #s 7010, 7020, 8010, 8040, 11050

Sodium Bicarbonate (ALS)

Tricyclic Poisoning:

Sodium Bicarbonate, 1 mEq/kg IVP

Reference #s 2020, 7010, 7020, 13010

Verapamil (ALS)

SVT if adenosine is ineffective:

Verapamil, 5 mg slow IV over three (3) minutes, may repeat every fifteen (15) minutes to a total dose of 20 mg.

Reference #s 7010, 7020, 11050



NURSE-STAFFED UNITS CRITICAL CARE INTERFACILITY TRANSPORT GUIDELINES

I. PURPOSE

To establish criteria for the approval of Critical Care Transport (CCT) providers including nurse staffed Advanced Life Support (ALS) Interfacility Transport/CCT unit operation within San Bernardino, Inyo or Mono Counties. ~~To state the requirements for nurse staffed ALS Interfacility transport units meeting all local, county, ICEMA and State requirements.~~

AUTHORITY

~~Title 22, Division 2.5, Sections 1797.52, 1797.178, 1798.170, and 1798.172 of the California Health and Safety Code.~~

II. PROGRAM APPROVAL

1. Requests for approval must be made in writing sixty (60) days prior to the anticipated starting date of service ~~to the Executive Director of ICEMA and include:~~ The request must include:
 - a. Proposed identification and location of the nurse-staffed unit.
 - b. All procedures and protocols.
 - c. Documentation of qualifications for the Medical Director.
 - d. Documentation of qualifications for the Nurseing Coordinator.
 - e. Continuous Quality Improvement Plan. ~~Quality assurance plan.~~
 - f. Agreement to comply with all ICEMA policies and procedures for transport of critical patients.

2. ICEMA will notify the applicant in a timely manner, if any further documentation is needed. ICEMA will notify the applicant in writing within ten (10) working days following receipt of request for approval if any further documentation is needed.

3. The applicant shall be notified in writing of approval or denial of the program. The applicant shall be notified in writing within thirty (30) days of receipt of complete package of the approval or denial of the program.

REQUIREMENTS FOR REGISTERED NURSE PERSONNEL

- ~~1. RN currently licensed to practice in the State of California.~~
- ~~2. At the provider's option, an RN may be employed by the ambulance provider or be a contract employee.~~
- ~~3. Current BLS, ACLS and PALS certification from the American Heart Association or equivalent.~~
- ~~4. A minimum of two (2) years experience in an ICU or ED in the previous three (3) years, prior to employment with the ambulance provider~~
- ~~5. Successful completion of an in-house orientation program related to ICEMA protocols, procedures and Endotracheal Intubation training~~
- ~~6. Certification in any of the following is desirable but not required: Certified Emergency Nurse (CEN); Critical Care Registered Nurse (CCRN); Mobile Intensive Care Nurse (MICN).~~
- ~~7. Documentation of continuing education requirement:~~
 - ~~a. Minimum of ninety six (96) hours of ICU or ED experience per year.~~
 - ~~b. Minimum of two (2) successful Endotracheal Intubations every two (2) years.~~
 - ~~c. Maintain current California State RN license, BLS, ACLS and PALS certification.~~

III. EQUIPMENT

~~In addition to the items required by California Administrative Code, Title XIII, The EMS provider shall provide, at a minimum, the following equipment:~~

- ~~1. ALS eEquipment per ICEMA Protocol Reference #7010 - BLS/LALS/ALS & BLS Standard Drug & Equipment List. for ALS Transport.~~
- ~~2. Cardiac monitor **with external pacemaker.**~~
- ~~3. Infusion pump(s).~~
- ~~4.2. Back-up power source.~~

IV. MEDICAL DIRECTOR

1. Medical Director: A full or part-time physician licensed in the State of California and qualified by training and experience with practice, within the

~~last five (5) years, -experience~~ in emergency or acute critical care medicine; ~~within the last five (5) years,~~ The ICEMA Medical Director must approve the candidate for medical director. The duties of the medical director shall include but not be limited to:

- a. Sign and approve, in advance, all medical protocols to be followed by the registered nurses (RN) ~~RN~~ at the ALS level.
- b. Ensure the ongoing training of all nurse staff ~~medical personnel~~ involved.
- c. Ensure the quality of patient transfers being conducted by the provider, including familiarity with SB612 and COBRA laws.
- d. Ensure that continuous quality improvement/assurance outcome audits are ~~being~~ conducted.

V. ~~NURSE~~ING COORDINATOR

12. ~~Nursing Nurse~~ Coordinator: A full or part-time RN employed as a Nurse~~ing~~ Coordinator qualified by training and/or experience in emergency or acute critical care medicine, within the last five (5) years, in emergency or acute critical care nursing. The duties of the Nurse~~ing~~ Coordinator shall include but not be limited to:

- a. Sign and approve, in advance, all nursing procedures to be followed by the RN at the ALS level.
- b. Provide ongoing training to all CCT personnel~~of all medical personnel involved.~~
- c. Ensure quality of patient transfers through~~being conducted by the provider~~ continuous quality improvement/assurance outcome audits~~by conducting patient care audits.~~

VI. PROCEDURES/PROTOCOLS

1. Each ~~company CCT provider providing~~ utilizing nurse staffed ALS units shall develop and maintain procedures for the hiring and training of nursing personnel.
2. Each provider must develop a manual to include the following:
 - a. Malpractice insurance coverage.
 - b. Identity and accessibility of the Physician Medical Director and Nurse~~Nursing~~ Coordinator.

- c. Vehicle inventory lists.
 - d. Copies of all related interfacility transfer paperwork.
 - e. Statement of responsibility of the sending physician for the patient during transfer and in accordance with COBRA and SB612 laws.
 - f. Guidelines for change in patient destination due to patient condition.
 - g. Protocols (Standing Orders) based on ACLS, PALS and/or NALS guidelines.
3. Procedures and protocols shall be subject to review by ICEMA.

VII. CONTINUOUS QUALITY IMPROVEMENT~~QUALITY ASSURANCE~~

1. ~~Submit to ICEMA a continuous quality improvement (CQI) plan, quarterly and annual reports to ICEMA. Submit to ICEMA a quality improvement plan and submit quarterly reports to ICEMA.~~
2. All transports resulting in poor patient outcome shall be reviewed in a timely manner following the occurrence.
3. Periodic staff conferences on audits and outcomes are required in order to improve or revise protocols.
4. Records of all these activities shall be kept by the provider and be made available for inspection and audit by ICEMA.
5. ICEMA shall perform periodic on-site audits of records to ensure compliance with this policy.
6. ~~Non-compliance with ICEMA policies and/or protocols may lead to suspension or revocation of ICEMA approval of the EMS provider's CCT program. Non-compliance with this policy may cause ICEMA to suspend or revoke approval of a nurse-staffed ALS interfacility transport unit.~~

EMS AIR AMBULANCE STAFFING

~~Provider shall staff all responding critical care transports with at least (2) ICEMA ALS accredited//authorized personnel serving as the Medical Crew. Personnel shall receive designation from ICEMA after receiving training as specified and approved by ICEMA.~~

~~Training shall include, but not be limited to:~~

- a. ~~EMS system and communications procedures.~~

- ~~b. The prehospital care system(s) within which they operate including local medical and procedural protocols.~~
- ~~c. Use of onboard medical equipment.~~
- ~~d. Continuing education as required by their licensure or certification.~~

~~Registered nurses (RN) must be authorized by ICEMA as Mobil Intensive Care Nurse – Flight (MICN CCT) personnel per ICEMA Reference # *** Critical Care Transport Nurse Authorization, in addition to any additionally required training that an EMS aircraft CCT provider may require.~~

~~4. Paramedics must be accredited/accredited by ICEMA as an Emergency Medical Technician Paramedic (EMT P) per ICEMA Reference # 1040 Requirements/Requirements For EMT P Accreditation in addition to any additionally required training that the CCT provider may require.~~



PROCEDURES FOR EMS MONITORING OF MULTIPLE PATIENTS (*San Bernardino County Only*)

I. PURPOSE

Establish procedures that will allow the monitoring of multiple patients by EMS providers while waiting to offload patients in hospitals during extended ambulance offload delay intervals. To maintain sufficient resources to respond to additional emergency calls.

II. DEFINITIONS

Ambulance Transport: Transport of a patient from the prehospital EMS system by emergency ambulance to an approved EMS receiving hospital.

Advanced Life Support (ALS) Ambulance Transport Providers: Ambulance that transports ALS patients from the prehospital EMS system to an approved EMS receiving hospital.

Ambulance Patient Offload Time Interval Standard: In the ICEMA region, the established ambulance patient offload time interval standard is twenty-five (25) minutes.

Ambulance Arrival at the ED: The time the ambulance stops at the location outside the hospital emergency department (ED) where the patient is unloaded from the ambulance.

Ambulance Patient Offload Time: The actual time that the patient is physically removed from the ambulance gurney to the hospital equipment and the hospital representative signs the electronic patient care report (ePCR) receiving the patient.

Ambulance Patient Offload Delay Interval: The resulting period of time produced when the ambulance patient offload time interval exceeds the established ambulance patient offload time interval standard.

III. POLICY

All ALS ambulance transport providers are authorized to assign multiple patients to be monitored by a single EMS crew during periods of delayed ambulance patient offload time intervals that impact the ability of the EMS provider to respond to additional calls. These procedures may be activated only by the ALS transport provider and their designated supervisor in consultation with the EMS crews in the hospital.

IV. PROCEDURE

- One (1) EMS crew (paramedic and EMT) may monitor only the number of patients determined to be safe by the supervisor and the EMS crew.
- Patients must be stable and require no additional medications or procedures while being monitored by an EMS crew or until transferred to a hospital gurney under hospital care.
- Patients must be in the same vicinity of the hospital and within sight of the assigned EMS crew at all times and the EMS crew may not be split up.
- Patients may be on an ambulance or hospital gurney, surge bed, cot, or on chairs that allows appropriate monitoring and patient safety.
- Patient vital signs, condition and changes must be monitored and documented every thirty (30) minutes.
- An EMS crew may continue to monitor multiple patients until all patients have been transferred to hospital care. Additional patients may be assigned to an EMS crew at the discretion of the supervisor provided all of these procedures continue to be met.
- If patient's condition deteriorates, the EMS crew will notify ED staff immediately and transfer care to the hospital.
- ALS transport provider supervisors will check crews monitoring multiple patients regularly and assist with monitoring patients as required.
- The transport provider must notify the ICEMA EMS Duty Officer (EMSDO) by e-mail whenever this process occurs. The notification must include the name of the hospital, the number of units and the duration of the offload delay for each unit where an EMS crew will be caring for multiple patients.

V. REQUIRED DOCUMENTATION

- Documentation will be maintained on each patient via the ePCR.
- Patient care information will be transferred to the monitoring EMS crew via electronic transfer to maintain continuity of documentation.
- EMS providers using paper patient care reports (01As) will leave a completed green sheet with the EMS crew monitoring the patient.