



Inland Counties Emergency Medical Agency

Serving San Bernardino, Inyo, and Mono Counties

Tom Lynch, EMS Administrator

Reza Vaezazizi, MD, Medical Director

DATE: March 15, 2016

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

FROM: Tom Lynch
EMS Administrator

Reza Vaezazizi, MD
Medical Director

SUBJECT: IMPLEMENTATION OF POLICIES/PROTOCOLS EFFECTIVE APRIL 1, 2016

The policies/protocols listed below are effective April 1, 2016.

ICEMA Reference Number and Name

1050 - MICN Authorization - Base Hospital, Administrative, Flight Nurse, Critical Care Transport
1110 - RCP Authorization (NEW)
8020 - Specialty Care Transport
8120 - Continuation of Care (*San Bernardino County Only*)

Please insert and replace the attached protocols/policies and the Table of Contents in the EMS Policy, Procedure and Protocol Manual with the updated documents and ensure every station or facility has a reference copy. The ICEMA policies and protocols can also be found on ICEMA's website at ICEMA.net under the Policy, Procedure and Protocol Manual section.

If you have any questions related to documents in the manual, please contact Ron Holk, RN, EMS Coordinator, at (909) 388-5808 or via e-mail at ron.holk@cao.sbcounty.gov.

TL/RV/jlm

Attachments

c: File Copy

POLICIES/PROTOCOLS CHANGES EFFECTIVE APRIL 1, 2016

Reference #	Name	Changes
NEW		
1110	RCP Authorization	Adds requirements for authorization/reauthorization of Respiratory Care Practitioners working for approved Specialty Care Transport providers.
1000 ACCREDITATION AND CERTIFICATION		
1050	MICN Authorization - Base Hospital, Administrative, Flight Nurse, Critical Care Transport	Removed ICEMA written test requirements for all classes of MICNs.
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		
None		
8000 TRANSPORT/TRANSFERS AND DESTINATION POLICIES		
8020	Specialty Care Transport	Name change to Specialty Care Transport (SCT) to reflect current regulatory terminology. Adds Respiratory Care Practitioners to list of approved providers. Adds requirements for electronic documentation. Clarified procedure and documents necessary when submitting application to ICEMA.
8120	Continuation of Care (San Bernardino Only)	Changes in verbiage to Specialty Care Transport.
9000 GENERAL PATIENT CARE POLICIES		
None		
10000 SKILLS		
None		
11000 ADULT EMERGENCIES		

POLICIES/PROTOCOLS CHANGES EFFECTIVE APRIL 1, 2016

Reference #	Name	Changes
None		
12000 END OF LIFE CARE		
None		
13000 ENVIRONMENTAL EMERGENCIES		
None		
14000 PEDIATRIC EMERGENCIES		
None		
15000 TRAUMA		
None		
DELETIONS		
None		
Below are some of the policies/protocols designated for review in the next few months. If there are specific policies/protocols recommended for review, please contact ICEMA.		
None		

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SERIES	SYSTEM POLICIES AND PROCEDURES	EFFECTIVE DATE
1000	CERTIFICATION, ACCREDITATION and AUTHORIZATION	
1020	EMR Certification	07/01/15
1030	EMT Certification	07/01/15
1040	EMT-P Accreditation	09/01/15
1050	MICN Authorization - Base Hospital, Administrative, Flight Nurse, Critical Care Transport REVISED	04/01/16
1060	Certification/Accreditation Review Policy	12/01/14
1070	EMT/AEMT Incident Investigation, Determination of Action, Notification, and Administrative Hearing Process	08/15/14
1090	Criminal History Background Checks (Live Scan)	08/15/14
1100	AEMT Certification	07/01/15
1110	RCP Authorization NEW	04/01/16
2000	DATA COLLECTION	
2010	Requirements for Patient Care Records	05/01/06
2020	ICEMA Abbreviation List	03/15/12
2030	Minimum Documentation Requirements for Transfer of Patient Care	03/15/12
2120	Instructions for the 01A/F1612 Forms	04/01/09
3000	EDUCATION	
3020	Continuing Education Provider Requirements	07/01/15
3030	EMT Continuing Education Requirements	03/15/11
4000	QUALITY IMPROVEMENT	
4010	Continuous Quality Improvement Plan	02/28/11
5000	MISCELLANEOUS SYSTEM POLICIES	
5010	Licensure Changes 911 Receiving Hospitals	01/01/10
5020	Base Hospital Selection Criteria	07/15/00
5030	Review of Policies and Protocols	02/01/16
5040	Radio Communication Policy	02/01/16
5050	Medical Response to a Multi-Casualty Incident	04/01/13
5050 I/Mono Annex	Inyo and Mono Counties Medical Response to a Multi-Casualty Incident	05/01/11
5060	MCI Definitions/Key ICS Positions	01/01/10
5070	Medical Response to Hazardous Materials/Terrorism Incident	04/01/13
5080	ICEMA Ground Based Ambulance Rate Setting Policy-San Bernardino County	05/08/12
6000	SPECIALTY PROGRAM/ PROVIDER POLICIES	
6010	Paramedic Vaccination Policy	04/01/13
6030	AED Service Provider Policy - Public Safety	07/01/15
6040	AED Service Provider - Lay Rescuer	07/01/15
6060	Specialty and Optional Scope Program Approval Policy	07/01/15
6070	Cardiovascular ST Elevation Myocardial Infarction Receiving Centers Designation Policy	02/01/16

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SERIES	SYSTEM POLICIES AND PROCEDURES	EFFECTIVE DATE
6000	SPECIALTY PROGRAM/ PROVIDER POLICIES (CONTINUED)	
6080	Paramedic Blood Draw for Chemical Test at the Request of a Peace Officer	04/01/13
6090	Fireline Paramedic	02/01/16
6100	Neurovascular Stroke Receiving Centers Designation Policy <i>(San Bernardino County Only)</i>	02/01/16
6110	Tactical Medicine Program	07/01/15
6120	Emergency Medical Dispatch Center Requirements <i>(San Bernardino County Only)</i>	08/15/13
6130	Medical Priority Dispatch Minimum Response Assignments for Emergency Medical Dispatch (EMD) Categories	08/15/13
6140	Smoke Inhalation/CO Exposure/Suspected Cyanide Toxicity	06/01/14
6150	Trial Study Participation	03/01/15
7000	STANDARD DRUG & EQUIPMENT LISTS	
7010	BLS/LALS/ALS Standard Drug & Equipment List	02/01/16
7020	EMS Aircraft Standard Drug & Equipment List	02/01/16
7030	Controlled Substance Policy	06/01/15
7040	Medication - Standard Orders	02/01/16
8000	TRANSPORT/TRANSFERS AND DESTINATION POLICIES	
8010	Interfacility Transfer Guidelines	09/15/13
8020	Specialty Care Transport REVISED	04/01/16
8050	Transport of Patients (BLS)	02/01/92
8060	Requests for Hospital Diversion Policy <i>(San Bernardino County Only)</i>	04/01/13
8070	Aircraft Rotation Policy <i>(San Bernardino County Only)</i>	04/01/13
8090	Fort Irwin Continuation of Trauma Care	06/25/10
8110	EMS Aircraft Permit Policy	10/01/13
8120	Continuation of Care <i>(San Bernardino County Only)</i> REVISED	04/01/16
8130	Destination Policy	02/01/16
8140	Transport Policy <i>(Inyo County Only)</i>	12/15/15
	PATIENT CARE POLICIES	
9000	GENERAL PATIENT CARE POLICIES	
9010	General Patient Care Guidelines	04/01/13
9020	Physician on Scene	04/01/13
9030	Responsibility for Patient Management Policy	04/01/13
9040	Reporting Incidents of Suspected Abuse Policy	04/01/13
9050	Organ Donor Information	04/01/13
9060	Local Medical Emergency Policy	02/01/14
9070	Applying Patient Restraints Guidelines	05/01/06
9080	Care of Minors in the Field	02/01/16
9090	Patient Refusal of Care - Adult	06/01/14
9110	Treatment of Patients with Airborne Infections & Transport Recommendations	09/15/11
9120	Nausea and Vomiting	12/01/14

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10190	ICEMA Approved Skills	02/01/16
11000	ADULT EMERGENCIES (15 YEARS OF AGE AND OLDER)	
11010	Respiratory Emergencies - Adult	07/01/15
11020	Airway Obstruction - Adult	08/15/14
11040	Bradycardias - Adult	08/15/14
11050	Tachycardias - Adult	08/15/14
11060	Suspected Acute Myocardial Infarction (AMI)	06/01/15
11070	Cardiac Arrest - Adult	02/01/16
11080	Altered Level of Consciousness/Seizures - Adult	08/15/14
11090	Shock (Non-Traumatic)	08/15/14
11100	Burns - Adult	07/01/15
11110	Stroke Treatment - Adult	02/01/16
12000	END OF LIFE CARE	
12010	Determination Of Death on Scene	08/15/14
	Coroners Worksheet of Death - EMS Report of Death Form	09/15/12
12020	Withholding Resuscitative Measures	10/01/14
13000	ENVIRONMENTAL EMERGENCIES	
13010	Poisonings	08/15/14
13020	Heat Related Emergencies	08/15/14
13030	Cold Related Emergencies	06/01/15
14000	PEDIATRIC EMERGENCIES (LESS THAN 15 YEARS OF AGE)	
14010	Respiratory Emergencies - Pediatric	07/01/15
14020	Airway Obstruction - Pediatric	08/15/14
14030	Allergic Reactions - Pediatric	08/15/14
14040	Cardiac Arrest - Pediatric	08/15/14
14050	Altered Level of Consciousness - Pediatric	08/15/14
14060	Seizure - Pediatric	08/15/14
14070	Burns - Pediatric	06/01/15
14080	Obstetrical Emergencies	08/15/14
14090	Newborn Care	08/15/14
15000	TRAUMA	
15010	Trauma - Adult (15 years of age and older)	06/01/15
15020	Trauma - Pediatric (Less than 15 years of age)	06/01/15
15030	Trauma Triage Criteria	02/01/16
15040	Glasgow Coma Scale Operational Definitions	04/01/13
15050	Hospital Emergency Response Team (HERT) Policy	10/15/13



MICN AUTHORIZATION - Base Hospital, Administrative, Flight Nurse, Critical Care Transport

I. PURPOSE

To define the requirements required for a Registered Nurse (RN) to obtain a Mobile Intensive Care Nurse (MICN) authorization within the ICEMA region.

II. DEFINITIONS

Advanced Life Support (ALS): Special services designed to provide definitive prehospital emergency medical care, including, but not limited to, cardiopulmonary resuscitation, cardiac monitoring, cardiac defibrillation, advanced airway management, intravenous therapy, administration of specified drugs and other medicinal preparations, and other specified techniques and procedures administered by authorized personnel under the direct supervision of a base hospital as part of a local EMS system at the scene of an emergency, during transport to an acute care hospital, during interfacility transfer, and while in the emergency department of an acute care hospital until responsibility is assumed by the emergency or other medical staff of that hospital.

Mobile Intensive Care Nurse (MICN): A Registered Nurse (RN) who has been deemed qualified and authorized by the ICEMA Medical Director to provide ALS services or to issue physician directed instructions to EMS field personnel within an Emergency Medical Services (EMS) system according to ICEMA developed standardized procedures and consistent with statewide guidelines.

Mobile Intensive Care Nurse - Base Hospital (MICN-BH): An ICEMA authorized MICN who is authorized as a MICN-BH to issue physician directed instructions to EMS field personnel while working for a recognized base hospital within the ICEMA region.

Mobile Intensive Care Nurse - Administrative (MICN-A): An ICEMA authorized MICN who works in an administrative/supervisory capacity for an approved ALS provider within the ICEMA.

Mobile Intensive Care Nurse - Flight (MICN-F): An ICEMA authorized MICN who has received additional training related to flight operations and is authorized to provide ALS services during flight operations aboard air ambulances and/or air rescue aircraft within the ICEMA region.

Mobile Intensive Care Nurse - Critical Care Transport (MICN-C): An ICEMA authorized MICN who has received additional training related to critical care transport and is authorized to provide ALS services during critical care ground transports by approved EMS providers.

III. POLICY

1. All RNs working in a capacity that will require them to provide ALS services or to issue physician directed instructions to prehospital emergency medical care personnel within the ICEMA region shall submit a completed application and meet criteria established by the ICEMA Medical Director.
2. All MICNs shall notify ICEMA of any and all changes in name, email and/or mailing address within thirty (30) calendar days of change. This notification/change may be made through the ICEMA EMS Credentialing portal found on the ICEMA website at ICEMA.net.
3. All MICNs shall notify ICEMA immediately of termination of their employment with an approved entity and/or employment by another ICEMA approved base hospital and/or non-base hospital employer. If employment with an approved EMS provider is terminated, the MICN authorization will be rescinded unless proof of other qualifying employment is received by ICEMA within thirty (30) days.
4. MICNs may hold authorization in multiple categories but must apply and submit all required documentation. MICN authorization may be added to or converted to another MICN category by meeting all requirements for authorization in that category.

IV. PROCEDURE

General Procedures for MICN Authorization/Reauthorization

1. Submit a completed online application using the ICEMA EMS Credentialing portal found on the ICEMA website at ICEMA.net for each MICN category applied for that includes:
 - a. Copy of a valid government issued photo identification.
 - b. Copy of a valid California RN license.
 - c. Proof of completion of an ICEMA approved MICN course with a passing score of at least eighty percent (80%). (MICN-BH Initial Authorization Only)
 - d. Copy (front and back) of a valid American Heart Association BLS Healthcare Provider, American Red Cross Professional Rescuer CPR card or equivalent. Online course is acceptable with written documentation of skills portion.

- e. Copy (front and back) of a valid American Heart Association Advanced Cardiac Life Support (ACLS) card. ACLS cards that are obtained online must have hands on skills evaluation with an approved American Heart Association instructor.
2. Submit the established ICEMA fee. Additional categories may be applied for without additional fee. Authorization cards issued within six (6) months of nursing license expiration is exempt from reauthorization fee. Fees paid for authorization are not refundable or transferable. ICEMA fees are published on the ICEMA website at ICEMA.net.

MICN-BH Authorization by Challenge

1. Meet one (1) of the following eligibility requirements:
 - a. MICN in another county if approved by the ICEMA Medical Director.
 - b. An eligible RN who has been a MICN in ICEMA region who has let authorization lapse longer than six (6) months.

ICEMA authorization will be effective from the date all requirements are verified and expire on the same date as the California RN license, provided all requirements continue to be met.



RCP AUTHORIZATION

I. PURPOSE

To define requirements for authorization/reauthorization of an eligible applicant as a Respiratory Care Practitioner (RCP) while working for an approved specialty care transport provider in San Bernardino, Inyo or Mono Counties.

II. ELIGIBILITY

1. Possess a current California RCP license.
2. Current employment as an RCP by an ICEMA approved Advanced Life Support (ALS) or Basic Life Support (BLS) service provider.
3. RCPs shall have a minimum of two (2) years critical care respiratory care experience in an acute care hospital within 18 months prior to initial application.

III. PROCEDURE

Authorization/Reauthorization

1. Submit a completed online application using the ICEMA EMS Credentialing portal found on the ICEMA website at ICEMA.net that includes:
 - a. Copy of a valid government issued photo identification.
 - b. Copy of a valid California RCP license.
 - c. Copy (front and back) of a valid American Heart Association BLS Healthcare Provider, American Red Cross Professional Rescuer CPR card or equivalent.
 - d. Copy (front and back) of a valid American Heart Association Advanced Cardiac Life Support (ACLS) card. ACLS cards that are obtained online must have hands on skills evaluation with an approved American Heart Association instructor.
2. Submit any established ICEMA fees. Fees paid for authorization are not refundable or transferable. ICEMA fees are published on the ICEMA website at ICEMA.net.

3. The RCP shall be responsible for notifying ICEMA of any and all changes in name, employer, email and/or mailing address within thirty (30) calendar days of change. This notification change may be made through the ICEMA EMS Credentialing portal found on the ICEMA website at ICEMA.net.
4. ICEMA authorization will be effective from the date all requirements are verified and expire on the same date as the California RCP license, provided all requirements continue to be met.



SPECIALTY CARE TRANSPORT

I. PURPOSE

To establish the criteria for the approval of Specialty Care Transport (SCT) providers and personnel operating within San Bernardino, Inyo or Mono Counties.

II. PROGRAM APPROVAL

1. Requests for approval must be made in writing 60 days prior to the anticipated starting date of service. The request must include:
 - a. Proposed identification, location of the SCT unit, and geographic coverage area.
 - b. Proposed SCT staffing, including Registered Nurse (RN) or Respiratory Care Practitioner (RCP) and a Paramedic (EMT-P) or Emergency Medical Technician (EMT).
 - c. A description of the procedures to be followed for changes in destination due to unforeseen changes in the patient's condition or other unexpected circumstances.
 - d. A copy of all policies, protocols and procedures that are approved by the SCT provider's Medical Director.
 - e. A description of the orientation program and process utilized to verify skill competency for SCT personnel.
 - f. Documentation identifying and listing the qualifications for the SCT provider's Medical Director, including current license, certifications and resume/curriculum vitae.
 - g. Documentation identifying and listing the qualifications for the SCT Nurse Coordinator, including current license, certifications, and resume/curriculum vitae.
 - h. A quality improvement (QI) plan, or an amendment to the EMS provider's QI Plan, that describes the QI process for interfacility SCT. The plan must comply with all provisions of the ICEMA QI Plan and include 100% review of all patient care reports in which SCT is utilized.

- i. Agreement to comply with all ICEMA policies and protocols for transport of critical injured or ill patients and quality improvement.
2. ICEMA will notify the applicant in a timely manner, if any further documentation is needed.
3. The applicant will be notified in writing of approval or denial of the program within 60 days.

III. POLICY

1. A private ambulance company must be ICEMA approved to operate in San Bernardino, Inyo, or Mono Counties as a Basic Life Support (BLS) or Advanced Life Support (ALS) provider.
2. A private ambulance provider must be ICEMA approved to employ RNs and/or RCPs to staff and provide SCT.
3. All EMS providers interested in providing SCT utilizing any combination of RNs and/or RCPs and EMT-Ps or EMTs shall provide the information required for program approval for review to determine eligibility.
4. This policy does not apply when RNs or RCPs, employed by a healthcare facility, are occasionally utilized by an EMS transport provider to provide interfacility patient transport as part of emergent situations.

IV. DOCUMENTATION FOR SCT

- An ICEMA approved electronic patient care report (ePCR) is required for all transported patients.
- If a paper downtime form is utilized, EMS providers are required to submit an ICEMA approved ePCR by the end of shift or within 24 hours of the transport (whichever is less).
- The EMS provider shall conduct a 100% review of all patient care reports as part of their QI program.

V. EQUIPMENT

The EMS provider shall provide the following equipment:

1. BLS equipment per ICEMA Reference #7010 - BLS/LALS/ALS Standard Drug & Equipment List.
2. ALS equipment per ICEMA Reference #7010 - BLS/LALS/ALS Standard Drug and Equipment List when utilizing a RN or EMT-P.

3. Additional equipment as needed to provide required specialized treatment and care.

VI. SCT MEDICAL DIRECTOR

1. 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, in emergency or acute critical care medicine. The ICEMA Medical Director must approve the candidate for medical director.
2. The duties of the SCT medical director shall include but not be limited to:
 - Sign and approve, in advance, all medical protocols to be followed by the RN and/or RCP.
 - Ensure the ongoing training of SCT personnel in SCT provider's policies and treatment protocols relative to their level of care and scope of practice.
 - Be familiar with the Emergency Medical Treatment and Active Labor Act (EMTALA) and the Health Insurance Portability and Accountability Act (HIPAA) of 1996 requirements.
 - Ensure the ongoing training of staff in EMTALA and HIPAA requirements.
 - Participate in the development, implementation, and ongoing evaluation of the QI program to ensure the quality of patient care and safe transport of patients.

VII. SCT NURSE COORDINATOR

1. A full or part-time RN, licensed in the State of California that is 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 SCT Nurse Coordinator shall include but not be limited to:
 - Maintain documentation indicating that all SCT personnel have been properly oriented to the SCT program.
 - Maintain documentation for all applicable licensure, certification and/or accreditation requirements of all SCT personnel.
 - Provide ongoing training to all SCT personnel.

- Be familiar with EMTALA and HIPAA requirements.
- Provide ongoing training of staff in EMTALA and HIPAA requirements.
- Ensure the development, implementation and ongoing evaluation of the SCT provider's QI program in collaboration with the SCT Medical Director.

VIII. SCT PERSONNEL

1. SCT personnel shall:

- Be utilized to perform duties within their respective scope of practice but must be accompanied by other medical personnel, when required, based on patient acuity and/or anticipated patient care requirements.
- Be currently licensed or certified for unrestricted practice in California.
- Currently possess a valid American Heart Association BLS Healthcare Provider, American Red Cross Professional Rescuer CPR card or equivalent.
- Currently possess a valid American Heart Association Advanced Cardiac Life Support (ACLS) card (except EMTs). ACLS cards that are obtained online must have hands on skills evaluation with an approved American Heart Association instructor.

2. SCT personnel shall be credentialed per the following ICEMA policies:

- RNs shall be authorized as a Mobile Intensive Care Nurse (MICN) per ICEMA Reference #1050 - MICN Authorization - Base Hospital, Administrative, Flight Nurse and Critical Care Transport.
- RCPs shall be authorized by ICEMA per ICEMA Reference #1110 - RCP Authorization.
- EMT-Ps utilized as part of a SCT shall be accredited per ICEMA Reference #1040 - EMT-P Accreditation.
- EMTs utilized as part of a SCT shall be certified per ICEMA Reference #1030 - EMT Certification.

IX. PROCEDURES

1. Each SCT provider shall develop and maintain procedures for the hiring and training of SCT personnel.
2. Each SCTs provider must develop a manual to include the following:
 - Malpractice insurance coverage.
 - Identity and accessibility of the SCT Medical Director and SCT Nurse Coordinator.
 - Vehicle inventory lists including minimum equipment listed in equipment above.
 - Copies of all related interfacility transfer paperwork and instruction for completing the ePCR.
 - Guidelines for change in patient destination due to patient condition and procedures for base hospital contact when necessary.
 - Any protocols (standing orders) to be followed by the RN and/or RCP based on ACLS, PALS and/or NALS guidelines and approved by the SCT Medical Director.
 - Any medical protocols to be followed by the RN and/or RCP and approved by the SCT Medical Director
3. All policies and protocols are subject to review by ICEMA.

X. REFERENCES

<u>Number</u>	<u>Name</u>
1030	EMT Certification
1040	EMT-P Accreditation
1050	MICN Authorization - Base Hospital, Administrative, Flight Nurse and Critical Care Transport
1110	RCP Authorization
7010	BLS/LALS/ALS Standard Drug & Equipment List



CONTINUATION OF CARE (San Bernardino County Only)

I. PURPOSE

To develop a system that ensures the rapid transport of patients at the time of symptom onset or injury, to receiving the most appropriate definitive care. This system of care consists of public safety answering point (PSAP) providers, EMS providers, referral hospitals (RH), Specialty Care Centers (Trauma, Cardiovascular ST Elevation Myocardial Infarction (STEMI) or Stroke), ICEMA and EMS leaders combining their efforts to achieve this goal.

This policy shall only be used for:

- Rapid transport of trauma, STEMI and stroke patients from RH to Specialty Care Center.
- Specialty Care Center to Specialty Care Center when higher level of care is required.
- EMS providers transporting unstable patients requiring transport to a Specialty Care Center to stop at any closest receiving hospital for airway stabilization, and continue on to a Specialty Care Center.

It is not to be used for any other form of interfacility transfer of patients.

II. DEFINITIONS

Neurovascular Stroke Receiving Centers (NSRC): A licensed general acute care hospital designated by ICEMA's Governing Board as a NSRC.

Referral Hospital (RH): Any licensed general acute care hospital that is not an ICEMA designated TC, SRC or NSRC.

Specialty Care Center: An ICEMA designated Trauma, STEMI or Stroke Center.

STEMI Receiving Centers (SRC): A licensed general acute care hospital designated by ICEMA's Governing Board as STEMI Receiving Center with emergency interventional cardiac catheterization capabilities.

Trauma Center (TC): A licensed general acute care hospital designated by ICEMA's Governing Board as a trauma hospital in accordance with State laws, regulations and ICEMA policies.

III. INCLUSION CRITERIA

- Any patient meeting ICEMA Trauma Triage Criteria, (refer to ICEMA Reference #15030 - Trauma Triage Criteria and Destination Policy) arriving at a non-trauma hospital by EMS or non-EMS transport.
- Any patient with a positive STEMI requiring EMS transport to a SRC (refer to ICEMA Reference #6070 - Cardiovascular ST Elevation Myocardial Infarction Receiving Centers Criteria and Destination Policy).
- Any patient with a positive mLAPSS or stroke scale requiring EMS transport to a NSRC (refer to ICEMA Reference #6100 - Neurovascular Stroke Receiving Centers Criteria and Destination Policy).

IV. INITIAL TREATMENT GOALS AT RH

- Initiate resuscitative measures within the capabilities of the facility.
- Ensure patient stabilization is adequate for subsequent transport.
- Do not delay transport by initiating any diagnostic procedures that do not have direct impact on immediate resuscitative measures.

➤ GUIDELINES

- < 30 minutes at RH (door-in/door-out).
 - < 30 minutes to complete ALS continuation of care transport.
 - < 30 minutes door-to-intervention at Specialty Care Center.
- RH shall contact the appropriate Specialty Care Center ED physician directly without calling for an inpatient bed assignment. Refer to Section IV - SRH-SRC Buddy System Table.
- EMS providers shall make Specialty Care Center base hospital contact.
- The Specialty Care Centers shall accept all referred trauma, stroke and STEMI patients unless they are on Internal Disaster as defined in ICEMA Reference #8060 - Requests for Hospital Diversion Policy (San Bernardino County Only).
- The Specialty Care Center ED physician is the accepting physician at the Specialty Care Center and will activate the internal Trauma, STEMI, or Stroke Team according to internal TC, SRC or NSRC policies or protocols.

- RH ED physician will determine the appropriate mode of transportation for the patient.
- Simultaneously call 9-1-1 and utilize the following script to dispatch:

“This is a Continuation of Care run from ____ hospital to ____ Trauma, STEMI or Stroke Center”

Dispatchers will only dispatch transporting paramedic units without any fire apparatus.
- RH ED physician will provide a verbal report to the ED physician at the Specialty Care Center.
- RH must send all medical records, test results, radiologic evaluations to the Specialty Care Center. **DO NOT DELAY TRANSPORT** - these documents may be FAXED to the Specialty Care Center.

V. SPECIAL CONSIDERATIONS

- If the patient has arrived at the RH via EMS field personnel, the RH ED physician may request that the transporting team remain and immediately transport the patient once minimal stabilization is done at the RH.
- If a suspected stroke patient is outside of the tPA administration window (greater than 4.5 hours from “last seen normal”), contact nearest stroke center to determine the best destination. Then follow the 9-1-1 script.
- EMT-Ps may only transport patients on Dopamine, Lidocaine and Procainamide drips. Heparin and Integrillin drips are not within the EMT-P scope of practice and require a critical care transport nurse to be in attendance. Unless medically necessary, avoid using medication drips that are outside of the EMT-P scope of practice to avoid any delays in transferring of patients.
- The RH may consider sending one of its nurses or physician with the transporting ALS unit if deemed necessary due to the patient’s condition or scope of practice.
- Requests for Specialty Care Transport (SCT) (ground or air ambulance) must be made directly with the EMS provider’s dispatch center. The request for SCT should be made as early as possible or simultaneously upon patient’s arrival so availability of resource can be determined.

- Specialty Care Center diversion is not permitted except for Internal Disaster. However, Specialty Care Center base hospitals are allowed to facilitate redirecting of EMS patients to nearby SRCs, NSRCs or TCs when the closest Specialty Care Center is over capacity to avoid prolonged door-to-intervention times. Specialty Care Center base hospitals shall ensure physician to physician contact when redirecting patients.

VI. SPECIALTY CARE CENTER - REFERRAL HOSPITAL BUDDY SYSTEM TABLE

NEUROVASCULAR STROKE RECEIVING CENTERS (NSRC)	NEUROVASCULAR STROKE REFERRAL HOSPITALS (NSRH)
Arrowhead Regional Medical Center	<ul style="list-style-type: none"> • Barstow Community Hospital • Colorado River Medical Center • Community Hospital of San Bernardino • Hi Desert Medical Center • St. Bernardine Medical Center • St. Mary Medical Center
Desert Regional Medical Center	<ul style="list-style-type: none"> • Colorado River Medical Center • Hi-Desert Medical Center
Kaiser Hospital Foundation - Fontana	<ul style="list-style-type: none"> • Barstow Community Hospital • Victor Valley Global Medical Center • Desert Valley Hospital
Kaiser Hospital Foundation - Ontario	<ul style="list-style-type: none"> • Chino Valley Medical Center • Montclair Community Hospital
Loma Linda University Medical Center	<ul style="list-style-type: none"> • Bear Valley Community Hospital • Community Hospital of San Bernardino • J.L. Pettis VA Hospital (Loma Linda VA) • Mountains Community Hospital • St. Bernardine Medical Center • Weed Army Community Hospital at Fort Irwin
Pomona Valley Hospital Medical Center	<ul style="list-style-type: none"> • Chino Valley Medical Center • Montclair Hospital Medical Center
Redlands Community Hospital	<ul style="list-style-type: none"> • Bear Valley Community Hospital • J. L. Pettis VA Hospital (Loma Linda VA) • Mountains Community Hospital
San Antonio Regional Hospital	<ul style="list-style-type: none"> • Chino Valley Medical Center • Desert Valley Hospital • Montclair Hospital Medical Center • St. Mary Medical Center • Victor Valley Global Medical Center

STEMI RECEIVING CENTER (SRC)	STEMI REFERRAL HOSPITAL (SRH)
Desert Valley Hospital	<ul style="list-style-type: none"> • Barstow Community Hospital • Victor Valley Global Medical Center • Weed Army Community Hospital at Fort Irwin
Loma Linda University Medical Center	<ul style="list-style-type: none"> • Arrowhead Regional Medical Center • Bear Valley Community Hospital • J. L. Pettis VA Hospital (Loma Linda VA) • Redlands Community Hospital
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St. Mary Medical Center	<ul style="list-style-type: none"> • Barstow Community Hospital • Bear Valley Community Hospital • Hi-Desert Medical Center • Robert E. Bush Naval Hospital-29 Palms • Victor Valley Global Medical Center

TRAUMA CENTER (TC)	REFERRAL HOSPITAL (SRH)
Arrowhead Regional Medical Center	<ul style="list-style-type: none"> • Barstow Community Hospital • Chino Valley Medical Center • Desert Valley Medical Center • Kaiser Fontana • Kaiser Ontario • Mammoth Hospital • Montclair Hospital Medical Center • Northern Inyo Hospital • San Antonio Regional Hospital • Southern Inyo Hospital • St. Bernardine Medical Center
Loma Linda University Medical Center	<ul style="list-style-type: none"> • Bear Valley Community Hospital • Colorado River Medical Center • Hi Desert Medical Center • Mountains Community Hospital • Redlands Community Hospital • J. L. Pettis VA Hospital (Loma Linda VA) • Robert E. Bush Naval Hospital-29 Palms • St. Mary Medical Center • Victor Valley Global Medical Center • Weed Army Hospital
Loma Linda University Children's Hospital	<ul style="list-style-type: none"> • Regional Pediatric Trauma Center

VII. REFERENCES

<u>Number</u>	<u>Name</u>
6070	Cardiovascular ST Elevation Myocardial Infarction Receiving Centers Destination Policy
6100	Neurovascular Stroke Receiving Centers Destination Policy (San Bernardino County Only)
8060	Requests for Hospital Diversion Policy (San Bernardino County Only)
15030	Trauma Triage Criteria



MICN AUTHORIZATION - Base Hospital, Administrative, Flight Nurse, Critical Care Transport

I. PURPOSE

To define the requirements required for a Registered Nurse (RN) to obtain a Mobile Intensive Care Nurse (MICN) authorization within the ICEMA region.

II. DEFINITIONS

Advanced Life Support (ALS): Special services designed to provide definitive prehospital emergency medical care, including, but not limited to, cardiopulmonary resuscitation, cardiac monitoring, cardiac defibrillation, advanced airway management, intravenous therapy, administration of specified drugs and other medicinal preparations, and other specified techniques and procedures administered by authorized personnel under the direct supervision of a base hospital as part of a local EMS system at the scene of an emergency, during transport to an acute care hospital, during interfacility transfer, and while in the emergency department of an acute care hospital until responsibility is assumed by the emergency or other medical staff of that hospital.

Mobile Intensive Care Nurse (MICN): A Registered Nurse (RN) who has been deemed qualified and authorized by the ICEMA Medical Director to provide ALS services or to issue physician directed instructions to EMS field personnel within an Emergency Medical Services (EMS) system according to ICEMA developed standardized procedures and consistent with statewide guidelines.

Mobile Intensive Care Nurse - Base Hospital (MICN-BH): An ICEMA authorized MICN who is authorized as a MICN-BH to issue physician directed instructions to EMS field personnel while working for a recognized base hospital within the ICEMA region.

Mobile Intensive Care Nurse - Administrative (MICN-A): An ICEMA authorized MICN who works in an administrative/supervisory capacity for an approved ALS provider within the ICEMA.

Mobile Intensive Care Nurse - Flight (MICN-F): An ICEMA authorized MICN who has received additional training related to flight operations and is authorized to provide ALS services during flight operations aboard air ambulances and/or air rescue aircraft within the ICEMA region.

Mobile Intensive Care Nurse - Critical Care Transport (MICN-C): An ICEMA authorized MICN who has received additional training related to critical care transport and is authorized to provide ALS services during critical care ground transports by approved EMS providers.

III. POLICY

1. All RNs working in a capacity that will require them to provide ALS services or to issue physician directed instructions to prehospital emergency medical care personnel within the ICEMA region shall submit a completed application and meet criteria established by the ICEMA Medical Director.
2. All MICNs shall notify ICEMA of any and all changes in name, email and/or mailing address within thirty (30) calendar days of change. This notification/change may be made through the ICEMA EMS Credentialing portal found on the ICEMA website at ICEMA.net.
3. All MICNs shall notify ICEMA immediately of termination of their employment with an approved entity and/or employment by another ICEMA approved base hospital and/or non-base hospital employer. If employment with an approved EMS provider is terminated, the MICN authorization will be rescinded unless proof of other qualifying employment is received by ICEMA within thirty (30) days.
4. MICNs may hold authorization in multiple categories but must apply and submit all required documentation. MICN authorization may be added to or converted to another MICN category by meeting all requirements for authorization in that category.

IV. PROCEDURE

General Procedures for MICN Authorization/Reauthorization

1. Submit a completed online application using the ICEMA EMS Credentialing portal found on the ICEMA website at ICEMA.net for each MICN category applied for that includes:
 - a. Copy of a valid government issued photo identification.
 - b. Copy of a valid California RN license.
 - c. Proof of completion of an ICEMA approved MICN course with a passing score of at least eighty percent (80%). (MICN-BH Initial Authorization Only)
 - d. Copy (front and back) of a valid American Heart Association BLS Healthcare Provider, American Red Cross Professional Rescuer CPR card or equivalent. Online course is acceptable with written documentation of skills portion.

- e. Copy (front and back) of a valid American Heart Association Advanced Cardiac Life Support (ACLS) card. ACLS cards that are obtained online must have hands on skills evaluation with an approved American Heart Association instructor.
2. Submit the established ICEMA fee. Additional categories may be applied for without additional fee. Authorization cards issued within six (6) months of nursing license expiration is exempt from reauthorization fee. Fees paid for authorization are not refundable or transferable. ICEMA fees are published on the ICEMA website at ICEMA.net.

~~Additional Requirement for Initial Authorization (All Categories)~~

- ~~1. Pass the ICEMA MICN authorization written examination with a minimum score of eighty percent (80%).~~
 - ~~a. An applicant who fails to pass the ICEMA written examination on the first attempt with a minimum score of 80% must pay the established ICEMA fee, re-take the examination and pass with a score of at least 85%.~~
 - ~~b. An applicant who fails to pass the ICEMA written examination on the second attempt must pay the established ICEMA fee, provide documentation of eight (8) hours of remedial training given by their Paramedic Liaison Nurse (PLN) or Medical Director relating to ICEMA protocols, policies or procedures and pass the ICEMA written examination with a minimum score of 85%.~~
 - ~~c. An applicant who fails to pass the ICEMA written examination on the third attempt may be allowed to retest at the discretion of the ICEMA Medical Director.~~

MICN-BH Authorization by Challenge Examination

1. Meet one (1) of the following eligibility requirements:
 - a. MICN in another county if approved by the ICEMA Medical Director.
 - b. An eligible RN who has been a MICN in ICEMA region who has let authorization lapse longer than six (6) months.

ICEMA authorization will be effective from the date all requirements are verified and expire on the same date as the California RN license, provided all requirements continue to be met.



SPECIALTY CRITICAL CARE INTERFACILITY TRANSPORT

I. PURPOSE

To establish the criteria for the approval of Specialty Care Transport (SCT) Critical Care Transport (CCT) providers and personnel including nurse-staffed Advanced Life Support (ALS) Interfacility Transport units operating within San Bernardino, Inyo or Mono Counties.

II. PROGRAM APPROVAL

1. Requests for approval must be made in writing 60 days prior to the anticipated starting date of service. The request must include:
 - a. Proposed identification, ~~and~~ location of the ~~nurse-staffed unit~~ SCT unit, and geographic coverage area.
 - b. Proposed SCT staffing, including Registered Nurse (RN) or Respiratory Care Practitioner (RCP) and a Paramedic (EMT-P) or Emergency Medical Technician (EMT).
 - a.c. A description of the procedures to be followed for changes in destination due to unforeseen changes in the patient's condition or other unexpected circumstances.
 - d. ~~All~~ A copy of all policies, protocols and procedures that are approved by the SCT provider's Medical Director.:-
 - b.e. A description of the orientation program and process utilized to verify skill competency for SCT personnel.
 - e.f. Documentation ~~of~~ identifying and listing the qualifications for the SCT provider's Medical Director, including current license, certifications and resume/curriculum vitae.
 - d.g. Documentation ~~of~~ identifying and listing the qualifications for the SCT Nurse Coordinator, including current license, certifications, and resume/curriculum vitae.:-
 - h. Continuous Quality Improvement Plan. A quality improvement (QI) plan, or an amendment to the EMS provider's QI Plan, that describes the QI process for interfacility SCT. The plan must comply with all provisions of the ICEMA QI Plan and include 100% review of all patient care reports in which SCT is utilized.

- i. Agreement to comply with all ICEMA policies and protocols/procedures for transport of critical injured or ill patients and quality improvement.
2. ICEMA will notify the applicant in a timely manner, if any further documentation is needed.
3. The applicant ~~shall~~ will be notified in writing of approval or denial of the program within 60 days.

III. POLICY

1. A private ambulance company must be ICEMA approved to operate in San Bernardino, Inyo, or Mono Counties as a Basic Life Support (BLS) or Advanced Life Support (ALS) provider.
2. A private ambulance provider must be ICEMA approved to employ RNs and/or RCPs to staff and provide SCT.
3. All EMS providers interested in providing SCT utilizing any combination of RNs and/or RCPs and EMT-Ps or EMTs shall provide the information required for program approval for review to determine eligibility.
4. This policy does not apply when RNs or RCPs, employed by a healthcare facility, are occasionally utilized by an EMS transport provider to provide interfacility patient transport as part of emergent situations.

IV. DOCUMENTATION FOR SCT

- An ICEMA approved electronic patient care report (ePCR) is required for all transported patients.
- If a paper downtime form is utilized, EMS providers are required to submit an ICEMA approved ePCR by the end of shift or within 24 hours of the transport (whichever is less).
- The EMS provider shall conduct a 100% review of all patient care reports as part of their QI program.

V. EQUIPMENT

The EMS provider shall provide ~~, at a minimum,~~ the following equipment:

1. ALS-BLS equipment per ICEMA Reference #7010 - BLS/LALS/ALS Standard Drug & Equipment List.

2. ALS equipment per ICEMA Reference #7010 - BLS/LALS/ALS Standard Drug and Equipment List when utilizing a RN or EMT-P.

~~1.3. Back-up power source. Additional equipment as needed to provide required specialized treatment and care.~~

IVVI. SCT 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, in emergency or acute critical care medicine. The ICEMA Medical Director must approve the candidate for medical director.

2. The duties of the SCT medical director shall include but not be limited to:

- Sign and approve, in advance, all medical protocols to be followed by the RN and/or RCP. registered nurses (RN) at the ALS level.
- Ensure the ongoing training of all nurse staff involved. SCT personnel in SCT provider's policies and treatment protocols relative to their level of care and scope of practice.

~~• Ensure the quality of patient transfers being conducted by the provider, including familiarity with SB612 and COBRA laws.~~

~~Ensure that continuous quality improvement/assurance outcome audits are conducted.~~

- Be familiar with the Emergency Medical Treatment and Active Labor Act (EMTALA) and the Health Insurance Portability and Accountability Act (HIPAA) of 1996 requirements.
- Ensure the ongoing training of staff in EMTALA and HIPAA requirements.
- Participate in the development, implementation, and ongoing evaluation of the QI program to ensure the quality of patient care and safe transport of patients.

VII. SCT NURSE COORDINATOR

1. ~~Nurse Coordinator:—~~A full or part-time RN, licensed in the State of California that is employed as a Nurse 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 SCT Nurse Coordinator shall include but not be limited to:

- Maintain documentation indicating that all SCT personnel have been properly oriented to the SCT program.
- Maintain documentation for all applicable licensure, certification and/or accreditation requirements of all SCT personnel.
- a. ~~Sign and approve, in advance, all nursing procedures to be followed by the RN at the ALS level.~~
- Provide ongoing training to all ~~SCT CCT~~ personnel.

- ~~Ensure quality of patient transfers through continuous quality improvement/assurance outcome audits.~~ Be familiar with EMTALA and HIPAA requirements.
- Provide ongoing training of staff in EMTALA and HIPAA requirements.
- Ensure the development, implementation and ongoing evaluation of the SCT provider's QI program in collaboration with the SCT Medical Director.

VIII. SCT PERSONNEL

1. SCT personnel shall:

- Be utilized to perform duties within their respective scope of practice but must be accompanied by other medical personnel, when required, based on patient acuity and/or anticipated patient care requirements.
- Be currently licensed or certified for unrestricted practice in California.
- Currently possess a valid American Heart Association BLS Healthcare Provider, American Red Cross Professional Rescuer CPR card or equivalent.
- Currently possess a valid American Heart Association Advanced Cardiac Life Support (ACLS) card (except EMTs). ACLS cards that are obtained online must have hands on skills evaluation with an approved American Heart Association instructor.

2. SCT personnel shall be credentialed per the following ICEMA policies:

- RNs shall be authorized as a Mobile Intensive Care Nurse (MICN) per ICEMA Reference #1050 - MICN Authorization - Base Hospital, Administrative, Flight Nurse and Critical Care Transport.
- RCPs shall be authorized by ICEMA per ICEMA Reference #1110 - RCP Authorization.
- EMT-Ps utilized as part of a SCT shall be accredited per ICEMA Reference #1040 - EMT-P Accreditation.
- EMTs utilized as part of a SCT shall be certified per ICEMA Reference #1030 - EMT Certification.

VII. PROCEDURES/PROTOCOLS

1. Each CCT-SCT provider utilizing nurse staffed ALS units shall develop and maintain procedures for the hiring and training of SCT nursing personnel.

2. Each SCTs provider must develop a manual to include the following:

- Malpractice insurance coverage.
- Identity and accessibility of the SCT Medical Director and SCT Nurse Coordinator.
- Vehicle inventory lists including minimum equipment listed in equipment above.
- Copies of all related interfacility transfer paperwork and instruction for completing the ePCR.
- ~~Statement of responsibility of the sending physician for the patient during transfer and in accordance with COBRA and SB612 laws.~~ Guidelines for change in patient destination due to patient condition and procedures for base hospital contact when necessary.
- ~~Protocols~~ Any protocols (standing orders) to be followed by the RN and/or RCP based on ACLS, PALS and/or NALS guidelines and approved by the SCT Medical Director.
- Any medical protocols to be followed by the RN and/or RCP and approved by the SCT Medical Director

~~4.3. All policies~~ Procedures and protocols ~~shall be~~ are subject to review by ICEMA.

~~VII. CONTINUOUS QUALITY IMPROVEMENT~~

- ~~1. Submit to ICEMA a continuous quality improvement (CQI) plan, quarterly and annual 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.~~

X. REFERENCES

<u>Number</u>	<u>Name</u>
1030	<u>EMT Certification</u>
1040	<u>EMT-P Accreditation</u>
1050	<u>MICN Authorization - Base Hospital, Administrative, Flight Nurse and Critical Care Transport</u>
1110	<u>RCP Authorization</u>
7010	<u>BLS/LALS/ALS Standard Drug & Equipment List</u>



CONTINUATION OF CARE (San Bernardino County Only)

I. PURPOSE

To develop a system that ensures the rapid transport of patients at the time of symptom onset or injury, to receiving the most appropriate definitive care. This system of care consists of public safety answering point (PSAP) providers, EMS providers, referral hospitals (RH), Specialty Care Centers (Trauma, Cardiovascular ST Elevation Myocardial Infarction (STEMI) or Stroke), ICEMA and EMS leaders combining their efforts to achieve this goal.

This policy shall only be used for:

- Rapid transport of trauma, STEMI and stroke patients from RH to Specialty Care Center.
- Specialty Care Center to Specialty Care Center when higher level of care is required.
- EMS providers transporting unstable patients requiring transport to a Specialty Care Center to stop at any closest receiving hospital for airway stabilization, and continue on to a Specialty Care Center.

It is not to be used for any other form of interfacility transfer of patients.

II. DEFINITIONS

Neurovascular Stroke Receiving Centers (NSRC): A licensed general acute care hospital designated by ICEMA's Governing Board as a NSRC.

Referral Hospital (RH): Any licensed general acute care hospital that is not an ICEMA designated TC, SRC or NSRC.

Specialty Care Center: An ICEMA designated Trauma, STEMI or Stroke Center.

STEMI Receiving Centers (SRC): A licensed general acute care hospital designated by ICEMA's Governing Board as STEMI Receiving Center with emergency interventional cardiac catheterization capabilities.

Trauma Center (TC): A licensed general acute care hospital designated by ICEMA's Governing Board as a trauma hospital in accordance with State laws, regulations and ICEMA policies.

III. INCLUSION CRITERIA

- Any patient meeting ICEMA Trauma Triage Criteria, (refer to ICEMA Reference #15030 - Trauma Triage Criteria and Destination Policy) arriving at a non-trauma hospital by EMS or non-EMS transport.
- Any patient with a positive STEMI requiring EMS transport to a SRC (refer to ICEMA Reference #6070 - Cardiovascular ST Elevation Myocardial Infarction Receiving Centers Criteria and Destination Policy).
- Any patient with a positive mLAPSS or stroke scale requiring EMS transport to a NSRC (refer to ICEMA Reference #6100 - Neurovascular Stroke Receiving Centers Criteria and Destination Policy).

IV. INITIAL TREATMENT GOALS AT RH

- Initiate resuscitative measures within the capabilities of the facility.
- Ensure patient stabilization is adequate for subsequent transport.
- Do not delay transport by initiating any diagnostic procedures that do not have direct impact on immediate resuscitative measures.

➤ GUIDELINES

- < 30 minutes at RH (door-in/door-out).
 - < 30 minutes to complete ALS continuation of care transport.
 - < 30 minutes door-to-intervention at Specialty Care Center.
- RH shall contact the appropriate Specialty Care Center ED physician directly without calling for an inpatient bed assignment. Refer to Section IV - SRH-SRC Buddy System Table.
- EMS providers shall make Specialty Care Center base hospital contact.
- The Specialty Care Centers shall accept all referred trauma, stroke and STEMI patients unless they are on Internal Disaster as defined in ICEMA Reference #8060 - Requests for Hospital Diversion Policy (San Bernardino County Only).
- The Specialty Care Center ED physician is the accepting physician at the Specialty Care Center and will activate the internal Trauma, STEMI, or Stroke Team according to internal TC, SRC or NSRC policies or protocols.

- RH ED physician will determine the appropriate mode of transportation for the patient.
- Simultaneously call 9-1-1 and utilize the following script to dispatch:

“This is a Continuation of Care run from ____ hospital to ____ Trauma, STEMI or Stroke Center”

Dispatchers will only dispatch transporting paramedic units without any fire apparatus.
- RH ED physician will provide a verbal report to the ED physician at the Specialty Care Center.
- RH must send all medical records, test results, radiologic evaluations to the Specialty Care Center. DO NOT DELAY TRANSPORT - these documents may be FAXED to the Specialty Care Center.

V. SPECIAL CONSIDERATIONS

- If the patient has arrived at the RH via EMS field personnel, the RH ED physician may request that the transporting team remain and immediately transport the patient once minimal stabilization is done at the RH.
- If a suspected stroke patient is outside of the tPA administration window (greater than 4.5 hours from “last seen normal”), contact nearest stroke center to determine the best destination. Then follow the 9-1-1 script.
- EMT-Ps may only transport patients on Dopamine, Lidocaine and Procainamide drips. Heparin and Integrillin drips are not within the EMT-P scope of practice and require a “critical care transport” nurse to be in attendance. Unless medically necessary, avoid using medication drips that are outside of the EMT-P scope of practice to avoid any delays in transferring of patients.
- The RH may consider sending one of its nurses or physician with the transporting ALS unit if deemed necessary due to the patient’s condition or scope of practice.
- Requests for ~~Specialty~~Critical Care Transport (~~CS~~CT) (ground or air ambulance) must be made directly with the EMS provider’s dispatch center. The request for ~~CS~~CT should be made as early as possible or simultaneously upon patient’s arrival so availability of resource can be determined.

- Specialty Care Center diversion is not permitted except for Internal Disaster. However, Specialty Care Center base hospitals are allowed to facilitate redirecting of EMS patients to nearby SRCs, NSRCs or TCs when the closest Specialty Care Center is over capacity to avoid prolonged door-to-intervention times. Specialty Care Center base hospitals shall ensure physician to physician contact when redirecting patients.

VI. SPECIALTY CARE CENTER - REFERRAL HOSPITAL BUDDY SYSTEM TABLE

NEUROVASCULAR STROKE RECEIVING CENTERS (NSRC)	NEUROVASCULAR STROKE REFERRAL HOSPITALS (NSRH)
Arrowhead Regional Medical Center	<ul style="list-style-type: none"> • Barstow Community Hospital • Colorado River Medical Center • Community Hospital of San Bernardino • Hi Desert Medical Center • St. Bernardine Medical Center • St. Mary Medical Center
Desert Regional Medical Center	<ul style="list-style-type: none"> • Colorado River Medical Center • Hi-Desert Medical Center
Kaiser Hospital Foundation - Fontana	<ul style="list-style-type: none"> • Barstow Community Hospital • Victor Valley Global Medical Center • Desert Valley Hospital
Kaiser Hospital Foundation - Ontario	<ul style="list-style-type: none"> • Chino Valley Medical Center • Montclair Community Hospital
Loma Linda University Medical Center	<ul style="list-style-type: none"> • Bear Valley Community Hospital • Community Hospital of San Bernardino • J.L. Pettis VA Hospital (Loma Linda VA) • Mountains Community Hospital • St. Bernardine Medical Center • Weed Army Community Hospital at Fort Irwin
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STEMI RECEIVING CENTER (SRC)	STEMI REFERRAL HOSPITAL (SRH)
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Loma Linda University Children's Hospital	<ul style="list-style-type: none"> • Regional Pediatric Trauma Center

VII. REFERENCES

<u>Number</u>	<u>Name</u>
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6100	Neurovascular Stroke Receiving Centers Destination Policy (San Bernardino County Only)
8060	Requests for Hospital Diversion Policy (San Bernardino County Only)
15030	Trauma Triage Criteria