



Inland Counties Emergency Medical Agency

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Serving San Bernardino, Inyo, and Mono Counties
Tom Lynch, EMS Administrator
Reza Vaezazizi, MD, Medical Director

DATE: January 22, 2019

TO: Dispatch Supervisors, Barstow Police Department
Dispatch Supervisors, CAL FIRE
Dispatch Supervisors, CONFIRE
Dispatch Supervisors, Ontario Fire Department

FROM: Reza Vaezazizi, MD
Medical Director

SUBJECT: LOCAL MEDICAL CONTROL CRITERIA FOR MEDICAL PRIORITY DISPATCH

The below listed Medical Priority Dispatch Systems (MPDS) card sets require “local medical control” to define the criteria. Therefore, Reza Vaezazizi, MD, ICEMA Medical Director, approved the following criteria for implementation of MPDS protocols:

Card 9 - Cardiac or Respiratory Arrest/Death

B - Obvious Death:

- a - Cold and stiff in a warm environment
- b - Decapitation
- c - Decomposition
- d - Incineration
- e - NON-RECENT death
- f - Severe injuries obviously incompatible with life

Ω - Expected Death:

- x - Terminal illness
- y - DNR (Do Not Resuscitate) Order

Cardiac Arrest Pathway:

- C only - **Continuous Compression** until responder arrives

Card 10 - Chest Pain/Chest Discomfort (Non-Traumatic)

- Aspirin Administration approval

Card 14 - Drowning/Near Drowning/Diving/Scuba Accident

- Submersion ≥ 6 hours

Card 18 - Headache

STROKE Treatment Time Window:

24 hours (T= onset of Symptoms = 24 hours)

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Card 24 - Pregnancy/Childbirth/Miscarriage

HIGH-RISK Complications:

- Premature Birth (24 - 36 weeks)
- Multiple birth (\geq 24 weeks)
- Bleeding Disorder
- Blood thinners
- Cervical cerclage (stitch)
- Placenta abruption
- Placenta previa

OMEGA Referral:

NA - Refer to Alpha response

Card 28 - STROKE (CVA)/Transient Ischemic Attack (TIA)

STROKE Treatment Time Window:

24 hours (T = onset of Symptoms = 24 hours)

Card 33 - Transfer/Interfacility/Palliative Care *(The use of this protocol will be authorized based on confirmation by EMD centers that the information received by a medical facility has been the result of evaluation by either Registered Nurse or Medical Doctor.)*

Acuity I: General Weakness or dizziness w/o a decreased level of consciousness

Acuity I: Abnormal lab values

Acuity I: Dehydration

Acuity I: Non-traumatic body pain (not severe and no chest pain)

Acuity I: G-tube/feeding tube displacement

Acuity I: Catheter displacement

Acuity I: Nausea/vomiting w/o blood

Acuity I: Irregular heart beat/rate w/o the presence of shock symptoms

Acuity I: Low oxygen levels w/o abnormal or difficulty breathing

Acuity II: Not defined

Acuity III: Not defined

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

RV/RH/jlm

c: Mike Bell, Director, CONFIRE
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