



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: 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
JANUARY 22, 2019**

The policies/protocols listed below are effective January 22, 2019.

ICEMA Reference Number and Name

3020	Continuing Education Provider Requirements
3030	EMT Continuing Education Requirements
3040	EMR Training Program Approval (DELETE)
3050	Public Safety First Aid and CPR Training Program Approval
3060	Public Safety Optional Skills Course Approval (NEW)
3070	Tactical Casualty Care Training Programs and Courses (NEW)
6030	AED Service Provider - Public Safety (DELETE)
6060	Specialty and Optional Scope Program Approval
6110	Tactical Medicine for Special Operations
16050	Optional Skills and Medications (Authorized Public Safety Personnel)
16060	AED Service Provider (Authorized Public Safety Personnel) (NEW)

Please insert and replace the attached policies/protocols 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 www.ICEMA.net under Emergency Medical Services Information and select the EMS Policy, Procedure and Protocol Manual section.

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.

TL/RV/RH/jlm

Enclosures

c: File Copy

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POLICIES/PROTOCOLS CHANGES EFFECTIVE JANUARY 22, 2019

Reference #	Name	Changes
DELETIONS		
3040	EMR Training Program Approval	Deleted; replaced by ICEMA Reference #3050 - Public Safety First Aid and CPR Training Program Approval.
6030	AED Service Provider - Public Safety	Deleted; replaced by ICEMA Reference #16060 - Public Safety AED Service Provider.
NEW		
3060	Public Safety Optional Skills Course Approval	New policy for the submission and approval of public safety optional skills courses.
3070	Tactical Casualty Care Training Programs and Courses	New policy for the submission and approval of tactical casualty care training programs and courses.
16060	Public Safety AED Service Provider	New policy for Public Safety AED Service Provider.
CHANGES		
1000 CERTIFICATION, ACCREDITATION AND AUTHORIZATION		
None		
2000 DATA COLLECTION		
None		
3000 EDUCATION		
3020	Continuing Education Provider Requirements	Policy update.
3030	EMT Continuing Education Requirements	Policy update.
3050	Public Safety First Aid and CPR Training Program Approval	Clarification for compliance with the California Code of Regulations, Title 22, Division 9, Chapter 1.5.
4000 QUALITY IMPROVEMENT		
None		
5000 MISCELLANEOUS SYSTEM POLICIES		
None		
6000 SPECIALTY PROGRAM/ PROVIDER POLICIES		
6060	Specialty and Optional Scope Program Approval	Policy update to include changes in Tactical Medicine for Special Operations and duration of local optional scope programs for consistency with State regulations.

POLICIES/PROTOCOLS CHANGES EFFECTIVE JANUARY 22, 2019

6110	Tactical Medicine for Special Operations	Update to clarify requirements for Tactical Medicine for Special Operations.
7000 STANDARD DRUG & EQUIPMENT LISTS		
None		
8000 TRANSPORT/TRANSFERS AND DESTINATION POLICIES		
None		
9000 GENERAL PATIENT CARE POLICIES		
None		
10000 SKILLS		
None		
11000 ADULT EMERGENCIES		
None		
12000 END OF LIFE CARE		
None		
13000 ENVIRONMENTAL EMERGENCIES		
None		
14000 PEDIATRIC EMERGENCIES		
None		
15000 TRAUMA		
None		
16000 PUBLIC SAFETY FIRST AID		
16050	Optional Skills and Medications (Authorized Public Safety Personnel)	Changes for clarity, moved section regarding course requirements to ICEMA Reference #3060 Public Safety Optional Skills Course Approval.

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1000	CERTIFICATION, ACCREDITATION and AUTHORIZATION	
1030	EMT Certification	08/15/17
1040	EMT-P Accreditation	09/01/15
1050	MICN Authorization - Base Hospital, Administrative, Flight Nurse, Critical Care Transport	04/01/16
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	04/01/16
1120	EMT-P Student Field Internship Requirements	08/08/17
2000	DATA COLLECTION	
2020	ICEMA Abbreviation List	03/15/12
2030	Minimum Documentation Requirements for Transfer of Patient Care	03/15/12
2040	Requirements for Patient Care Reports	03/15/17
2050	Requirements for Collection and Submission of EMS Data	12/01/16
3000	EDUCATION	
3020	Continuing Education Provider Requirements	REVISED 01/22/19
3030	EMT Continuing Education Requirements	REVISED 01/22/19
3040	EMR Training Program Approval	DELETE 01/22/19
3050	Public Safety First Aid Training Program Approval	REVISED 01/22/19
3060	Public Safety Optional Skills Course Approval	NEW 01/22/19
3070	Tactical Casualty Care Training Programs and Courses	NEW 01/22/19
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
5100	Triage Tag Tuesday	04/10/18
6000	SPECIALTY PROGRAM/PROVIDER POLICIES	
6010	Paramedic Vaccination Policy	04/01/13
6030	AED Service Provider - Public Safety	DELETE 01/22/19
6060	Specialty and Optional Scope Program Approval	REVISED 01/22/19
6070	Cardiovascular ST Elevation Myocardial Infarction Receiving Centers Designation Policy	02/01/16
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 (San Bernardino County Only)	02/01/16

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6110	Tactical Medicine for Special Operations	REVISED	01/22/19
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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
6170	ChemPack Deployment		04/15/18
7000	STANDARD DRUG & EQUIPMENT LISTS		
7010	BLS/LALS/ALS Standard Drug and Equipment List		11/01/18
7020	EMS Aircraft Standard Drug and Equipment List		11/01/18
7030	Controlled Substance Policy		06/01/15
7040	Medication - Standard Orders		11/01/18
8000	TRANSPORT/TRANSFERS AND DESTINATION POLICIES		
8010	Interfacility Transfer Guidelines		10/15/16
8020	Specialty Care Transport		04/01/16
8050	Transport of Patients (BLS)		04/15/18
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 Care		10/15/16
8120	Continuation of Care (<i>San Bernardino County Only</i>)		10/15/16
8130	Destination Policy		02/01/16
8140	Transport Policy (<i>Inyo County Only</i>)		12/15/15
8150	Ambulance Patient Offload Delay		12/15/16
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9000	GENERAL PATIENT CARE POLICIES		
9010	General Patient Care Guidelines		11/01/18
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		11/01/18
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 and Transport Recommendations		09/15/11
9120	Nausea and Vomiting		12/01/14
10000	SKILLS		
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11020	Airway Obstruction - Adult		08/15/14
11040	Bradycardias - Adult		08/01/18
11050	Tachycardias - Adult		10/15/16
11060	Suspected Acute Myocardial Infarction (AMI)		06/01/15
11070	Cardiac Arrest - Adult		08/01/18
11080	Altered Level of Consciousness/Seizures - Adult		04/15/18
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12000	END OF LIFE CARE	
12010	Determination Of Death on Scene	08/15/14
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12020	End of Life Care and Decisions	10/15/16
13000	ENVIRONMENTAL EMERGENCIES	
13010	Poisonings	04/15/18
13020	Heat Related Emergencies	08/15/14
13030	Cold Related Emergencies	06/01/15
13040	Nerve Agent Antidote Kit (Training, Storage and Administration)	04/15/18
14000	PEDIATRIC EMERGENCIES (LESS THAN 15 YEARS OF AGE)	
14010	Respiratory Emergencies - Pediatric	04/15/18
14020	Airway Obstruction - Pediatric	04/15/18
14030	Allergic Reactions - Pediatric	04/15/18
14040	Cardiac Arrest - Pediatric	08/01/18
14050	Altered Level of Consciousness - Pediatric	04/15/18
14060	Seizure - Pediatric	04/15/18
14070	Burns - Pediatric	04/15/18
14080	Obstetrical Emergencies	08/01/18
14090	Newborn Care	04/15/18
15000	TRAUMA	
15010	Trauma - Adult (15 years of age and older)	11/01/18
15020	Trauma - Pediatric (Less than 15 years of age)	11/01/18
15030	Trauma Triage Criteria	02/01/16
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15000	TRAUMA (CONTINUED)	
15040	Glasgow Coma Scale Operational Definitions	04/01/13
15050	Hospital Emergency Response Team (HERT) Policy	10/15/13
SERIES	PUBLIC SAFETY FIRST AID POLICIES	EFFECTIVE DATE
16000	PUBLIC SAFETY FIRST AID	
16010	Allergic Reaction and Anaphylaxis (Authorized Public Safety Personnel)	04/15/18
16020	Nerve Agent Exposure (Authorized Public Safety Personnel)	04/15/18
16030	Opioid Overdose (Authorized Public Safety Personnel)	04/15/18
16040	Respiratory Distress (Authorized Public Safety Personnel)	04/15/18
16050	Optional Skills and Medications (Authorized Public Safety Personnel)	REVISED 01/22/19
16060	AED Service Provider (Authorized Public Safety Personnel)	NEW 01/22/19



CONTINUING EDUCATION PROVIDER REQUIREMENTS

I. PURPOSE

To define the requirements for approval of continuing education (CE) providers within the ICEMA region, as specified in the California Code of Regulations, Title 22, Division 9, Chapter 11, EMS Continuing Education.

II. POLICY

1. When two (2) or more CE providers cosponsor a course, only one (1) approved provider number may be used for that course, class or activity.
2. The State EMS Authority (EMSA) shall be the agency responsible for approving CE providers for statewide public safety agencies and CE providers whose headquarters are located out-of-state if not approved by the Continuing Education Coordinating Board for Emergency Medical Services (CECBEMS) or approved by the EMS offices of other states or courses in physical, social or behavioral sciences offered by accredited colleges and universities.
3. An approved CE provider may sponsor an organization or individual located within California that wants to provide a single activity or course. The CE provider shall be responsible for ensuring the course meets all requirements and shall serve as the CE provider of record. The CE provider shall review the request to ensure that the course/activity complies with the minimum requirements.

III. PROCEDURE

1. To become an approved CE provider, an organization or individual shall submit an application packet at least 60 days prior to the date of the first educational activity. The application packet shall include:
 - a. Name and address of the applicant.
 - b. Name of the program director, program clinical director, and contact person, if other than the program director or clinical director;
 - c. Type of organization requesting approval.

- d. Program director and clinical director resumes, including copies of all licenses/certifications and evidence of 40 hours in teaching methodology for the program director.
 - e. Established ICEMA fee. ICEMA fees are published on the ICEMA website at ICEMA.net.
2. The applicant will be notified in writing within 14 working days that their request was received and informed if any information is missing.
 3. Notice of approval or disapproval of the application will be made in writing to the applicant within 60 calendar days of receipt of the completed application.
 4. If the application is approved, an EMS CE provider number will be issued and valid for four (4) years.
 5. If an application is disapproved and the organization or individual elects to submit a new application, the application packet must include all items listed in Section I, Item 1 above.

IV. MAINTAINING RECORDS

1. All records will be maintained by the CE provider for four (4) years, and shall include:
 - a. Complete outlines for each course given including a brief overview, instructional objectives, comprehensive topical outline, method of evaluation and a record of participant performance.
 - b. Record of time, place, date and CE hours granted for each course.
 - c. A resume and copies of licenses/certifications for all instructors.
 - d. Originals of class rosters (hard copies).
2. Submit an ICEMA approved CE roster:
 - a. Signed by course participants, including the name and license/certification/accreditation number of each participant. Signing for another individual is strictly prohibited and subject to actions against certification or licensure.
 - b. A line should be drawn through any empty lines after the last attendee has signed the roster.

- c. Copies of class rosters shall be sent to ICEMA within 15 days of class completion. These rosters shall be considered final and revisions will not be accepted.
 - d. A record of all CE certificates issued.
- 3. CE providers will notify ICEMA within 30 calendar days of any changes in name, address, and telephone number of the program director, clinical director or contact person.
- 4. All records shall be made available to ICEMA upon request.
- 5. The Clinical Director shall submit a complete list of courses with the number of individuals attending each course on a monthly basis to ICEMA on the ICEMA approved form. The form shall be submitted to ICEMA by the 10th of every month for the previous month. If no classes were taught, submit form with "No Classes This Month"
- 6. It is the responsibility of the CE provider to submit an application for renewal with the established ICEMA fee at least 60 calendar days prior to the expiration date in order to maintain continuous approval.
- 7. All CE provider requirements required by State legislation must be met and maintained.



EMT CONTINUING EDUCATION REQUIREMENTS

I. PURPOSE

To define requirements for continuing education for certified Emergency Medical Technicians (EMTs) in the ICEMA region, per California Code of Regulations, Title 22, Division 9, Chapter 11, EMS Continuing Education.

II. POLICY

To maintain certification, an EMT shall:

1. Obtain at least 24 hours continuing education hours (CEHs) from an approved continuing education provider, or
2. Complete a 24-hour refresher course meeting National Standard Curriculum from an approved EMT training program.
3. Complete a verification of skills competency, EMSA Form SCV.

III. PROCEDURE

1. CEHs may be earned by any of the following methods:
 - a. Each hour of structured clinical or field experience when monitored by a preceptor assigned by an EMS training program, EMS provider, hospital or alternate base station approved according to this section.
 - b. Each hour of media based/serial production CE ,e.g., films, videos, audiotape programs, magazine articles offered for CE credit, home study, computer simulations or interactive computer modules. A maximum of 12 CEHs may be obtained in a 24-hour period.
 - c. Classroom, didactic and/or skills laboratory experience with direct instructor interaction.
 - d. Organized field care audits of patient care records.
 - e. Advanced topics in subject matter outside the scope of practice of the certified or licensed EMS field personnel but directly relevant to emergency medical care.
 - f. Courses offered by accredited universities and colleges, including junior and community colleges. Acceptable courses include physical,

social or behavioral sciences ,e.g., anatomy, physiology, sociology, psychology). Credit shall be given on the following basis:

- 1) One academic quarter unit shall equal 10 CEHs.
 - 2) One academic semester unit shall equal 15 CEHs.
- g. Structured clinical experience, with instructional objectives, to review or expand the clinical expertise of the individual.
- h. Sixteen (16) hours of required CEHs must come from courses involving medical management of patients. Non-medical EMS system courses (e.g., ICS, HazMat FRO, Vehicle Extrication, Rope Rescue, etc.) will be limited to eight (8) hours maximum per certification cycle.
- i. Precepting EMS students or EMS field personnel as a hospital clinical preceptor, as assigned by the EMS training program, EMS provider, hospital or base hospital. In order to receive CEHs for precepting, all the requirements for a course including objectives and student evaluations of the preceptors must be met. CEHs for precepting are limited to a maximum of fifty percent (50%) of required CEHs per licensure/certification cycle for all EMS field personnel.
- j. At least fifty percent (50%) of the required CEHs must be in an instructor-based format, where an instructor is readily available to the student to answer questions, provide feedback, (e.g., on-line CE course where an instructor is available to the student). ICEMA shall determine whether a CE course, class or activity is instructor based.
- k. An instructor for a CE course, class or activity will earn credit equal to the same number of CEHs applied to the course, class or activity. This shall be documented on a separate roster, clearly labeled "Instructor", and include the course name. Credit will be given, one (1) time only, for each specific course during an EMT certification period.
- l. Credit may be given for taking the same CE course, class or activity no more than two (2) times during a single EMT certification period.
- m. At the time of the educational event, the student must sign and provide certification/licensure number on the Continuing Education Course Roster. Failure to do so will result in loss of CE credit.
- n. An individual shall provide proof of approved CEHs obtained to ICEMA upon request and at the time of application.

- o. An individual who is currently licensed in California as a paramedic (EMT-P), or certified as an EMT-II, or who has been certified within six (6) months of the date of application, may be given credit for CEHs earned as an EMT-P or AEMT to satisfy the CE requirement for EMT recertification.
- p. CE credit may be obtained at any time throughout the current EMT certification period.



EMR TRAINING PROGRAM APPROVAL

I. PURPOSE

To define the requirements for Emergency Medical Responder (EMR) training program approval within the ICEMA region, per California Code of Regulations, Title 22, Division 9, Chapter 1.5, First Aid and CPR Standards and Training for Public Safety Personnel.

II. PROCEDURE

1. For EMR courses requiring approval, the following shall be submitted to ICEMA:
 - a. A letter requesting approval as an EMR Training Program including the name of the sponsoring institution, organization, or agency;
 - b. Detailed course outline;
 - c. Final written examination with pre-established scoring standards;
 - d. Skills competency testing criteria, with pre-established scoring standards; and
 - e. Name and qualifications of instructor(s).
 - f. Established ICEMA fee. ICEMA fees are published on the ICEMA website at ICEMA.net.
2. The applicant will be notified in writing within twenty-one (21) working days that their request was received and informed if any information is missing.
3. Notice of approval or disapproval of the application will be made in writing to the applicant.
4. If the application is approved, the training program will be valid for four (4) years.



PUBLIC SAFETY FIRST AID AND CPR TRAINING PROGRAM APPROVAL

I. PURPOSE

To define the requirements for Public Safety First Aid and CPR training program approval within the ICEMA region, as specified in the California Code of Regulations, Title 22, Division 9, Chapter 1.5, First Aid and CPR Standards and Training for Public Safety Personnel.

II. POLICY

- A program in public safety first aid, including CPR and AED, shall comply with either:
 - A course of at least 21 hours in first aid equivalent to the standards of the American Red Cross and Healthcare provider level CPR and AED equivalent to the standards of the American Heart Association in accordance with the course content contained in Section 10017 of the above code, **or**
 - U.S. Department of Transportation's emergency medical responder (EMR) course which includes first aid practices, CPR and AED.

III. PROCEDURE

- For those programs requiring approval by ICEMA the following shall be submitted to ICEMA (form available on the ICEMA website at ICEMA.net):
 - Name of the sponsoring institution, organization, or agency.
 - Detailed program outline.
 - Final written examination with pre-established scoring standards.
 - Skills competency testing criteria, with pre-established scoring standards.
 - Name and qualifications of instructor(s).
- The applicant will be notified in writing within 21 working days that their request was received and informed if any information is missing.
- Notice of approval or disapproval of the application will be made in writing to the applicant.

- If the application is approved, the training program will be valid for four (4) years.
- ICEMA must be notified of any program changes within 30 calendar days.



PUBLIC SAFETY OPTIONAL SKILLS COURSE APPROVAL

I. PURPOSE

To define the requirements for Public Safety Optional Skills Course approval within the ICEMA region, per the California Code of Regulations, Title 22, Division 9, Chapter 1.5, First Aid and CPR Standards and Training for Public Safety Personnel.

II. PROCEDURE

- Submit an original application indicating the type of optional skills course. The Public Safety Optional Skills Approval Application is available on the ICEMA website at ICEMA.net.
- For those courses requiring approval by ICEMA, the following shall be submitted:
 - Name of the sponsoring institution, organization, or agency.
 - Detailed course outline.
 - Final written examination with pre-established scoring standards.
 - Skills competency testing criteria, with pre-established scoring standards.
 - Name and qualifications of instructor(s).
- The applicant will be notified in writing within 21 working days that the request was received and informed if any information is missing.
- Notice of approval or disapproval of the application will be made in writing to the applicant.
- If the application is approved, the course will be valid for four (4) years.
- ICEMA must be notified of any course changes within 30 calendar days.

III. TRAINING/RETRAINING

Training in each optional skill shall consist of a minimum of one (1) hour presentation and shall result in the public safety personnel being competent in the performance of the optional skill and administration of the associated medication. The training shall include but not be limited to:

- Common causative agents.
- Associated signs and symptoms.
- Assessment findings.
- Need for appropriate personal protective equipment and scene safety awareness.
- Profile of medication administered to include:
 - Drug classification.
 - Mechanisms of drug action.
 - Indications and contraindications.
 - Dosage and route of administration.
 - Side/adverse effects.
- Administration of the medication to include:
 - Site selection and administration.
 - Medical asepsis.
 - Disposal of contaminated items and sharps.

At the completion of this training, the student shall complete a competency based written and skills examination for administration of the medication that includes:

- Assessment of when to administer medication.
- Managing a patient before and after administering the medication.
- Using universal precautions and body substance isolation procedures during medication administration.
- Demonstrating aseptic technique during medication administration.
- Demonstrating preparation and administration of parenteral medications by a route other than intravenous.
- Proper disposal of contaminated items and sharps.



TACTICAL CASUALTY CARE COURSE APPROVAL

I. PURPOSE

To define the requirements for Tactical Casualty Care (TCC) course approval within the ICEMA region.

II. POLICY

- Only ICEMA approved training programs or Continuing Education (CE) providers may apply for TCC course approval.
- Training/CE program provider shall be responsible for validating instructor qualifications. Each TCC course must have a principal instructor that is knowledgeable and proficient in the skills taught and have either education or experience in teaching adult learners.
- ICEMA may request additional materials or documentation related to course curriculum or staff qualifications.
- Notice of approval or disapproval of the application will be made in writing to the applicant.
- Training course approval is valid for four (4) years from the date of approval.
- Course renewal must be initiated at least 60 days prior to expiration for continued approval.
- ICEMA must be notified of any changes within 30 calendar days.
- Noncompliance with any criterion, unapproved change in course, use of unqualified teaching personnel or noncompliance with the *California Tactical Casualty Care Training Guidelines* (EMSA #370, June 2017) or this policy may result in denial, probation, suspension or revocation of the course approval.
- Continuing Education (CE) credits may be awarded by approved training program providers that meet the following:
 - ICEMA approved CE training program provider per California Code of Regulations, Title 22, Division 9, Chapter 11, EMS Continuing Education, and

III. PROCEDURE

- Submit an original application for those programs and courses requiring approval, as specified in the *California Tactical Casualty Care Training Guidelines: Tactical First Aid/Tactical Emergency Medical Support (TEMS) First Responder Operations (FRO) Tactical Lifesaver/Tactical Emergency7 Medical Support (TEMS) Technician* (EMSA #370, June 2017). The Tactical Casualty Care Training Program and Courses Application is available on the ICEMA website at ICEMA.net.
- For those courses requiring approval by ICEMA, the following shall be submitted:
 - Name of the sponsoring institution, organization, or agency and type of training program and courses.
 - Course schedule with hourly distribution.
 - Detailed course outline that meets or exceeds the applicable course content identified in the following sections of the *California Tactical Casualty Care Training Guidelines* (EMSA #370, June 2017):
 - Tactical First Aid/TEMS FRO (4 hours) - Section 3
 - Tactical Lifesaver/TEMS Technician Course (40 hours) - Section 4
 - Detailed course curriculum.
 - Skill competency testing criteria, with pre-established scoring standards (list of psychomotor skills).
 - List of tactical medical scenarios.
 - Final written examination and pre-established scoring standard for those programs with courses approved for CE credits.
 - Name and qualifications of instructors/resumes (if CEs are provided, refer to ICEMA Reference #3020 - Continuing Education Provider Requirements).

III. REFERENCE

<u>Number</u>	<u>Name</u>
3020	Continuing Education Provider Requirements



AED SERVICE PROVIDER - PUBLIC SAFETY

I. PURPOSE

To establish a standard mechanism for approval of public safety automatic external defibrillator (AED) service providers in the ICEMA region.

II. DEFINITIONS

Public Safety AED Service Provider: An agency or organization which is responsible for and is approved to operate an AED, and employs public safety personnel (firefighter, lifeguard, or peace officer), and who obtain AEDs for the purpose of providing AED services to the general public.

Public Safety Personnel:

- **Firefighter:** Any regularly employed and paid officer, employee or member of a fire department or fire protection or firefighting agency of the State of California, or any city, county, city and county, district or other public or municipal corporation or political subdivision of California or any member of an emergency reserve unit of a volunteer fire department or fire protection district.
- **Lifeguard:** Any regularly employed and paid officer, employee, or member of a public aquatic safety department or marine safety agency of the State of California, or any city, county, city and county, district or other public or municipal corporation or political subdivision of California.
- **Peace Officer:** Any city police officer, sheriff, deputy sheriff, peace officer member of the California Highway Patrol, marshal or deputy marshal or police officer of a district authorized by statute to maintain a police department.

III. POLICY

- Public safety AED service providers, other than State or federal agencies, shall be approved by ICEMA prior to beginning service.
- A public safety AED service provider shall ensure compliance with the California Code of Regulations, Title 22, Division 9, Chapter 1.5.
- A public safety agency shall submit a Specialty and Optional Scope Program Approval application every two (2) years) for approval. An application is found on the ICEMA website at ICEMA.net.

- Courses requiring approval, as specified by California Code of Regulations, Title 22, Division 9, Chapter 1.5, shall be submitted to ICEMA per ICEMA Reference #3050 - Public Safety First Aid Training Program Approval.

IV. PUBLIC SAFETY AED SERVICE PROVIDER APPROVAL

- A public safety agency shall be approved if they:
 - Provide orientation of the AED to authorized personnel.
 - Ensure maintenance of AED equipment.
 - Ensure initial training and continued competency of AED authorized personnel at least every two (2) years.
 - Authorize and maintain a listing of all public safety AED service provider's authorized personnel and provide list upon request to ICEMA or the EMS Authority

V. RECORD KEEPING AND REPORTING REQUIREMENTS

- An AED Use Notification form, which is found on the ICEMA website at ICEMA.net, must be provided to the Public Safety AED service provider's Medical Director who is responsible for the provider's AED program within 24 hours of use.
- The following data shall be collected and reported to ICEMA annually by March 1st for the previous calendar year. An AED Annual Usage Report form is available on the ICEMA website at ICEMA.net.
 - The number of patients with sudden cardiac arrest receiving CPR prior to arrival of emergency medical care if known.
 - The total number of patients on whom defibrillatory shocks were administered, witnessed (seen or heard) arrest and not witnessed arrest.
 - The number of these persons who suffered a witnessed cardiac arrest whose initial monitored rhythm was ventricular tachycardia or ventricular fibrillation.

VI. REFERENCE

<u>Number</u>	<u>Name</u>
3050	Public Safety First Aid Training Program Approval



SPECIALTY AND OPTIONAL SCOPE PROGRAM APPROVAL

I. PURPOSE

To provide guidelines for the application and renewal of advanced life support (ALS) or basic life support (BLS) specialty or optional scope of practice programs.

II. DEFINITIONS

Public Safety AED Service Provider: A specialty program for public safety personnel. (See ICEMA Reference #16060 - Public Safety AED Service Provider.)

Emergency Medical Dispatch (EMD) Program: The reception, evaluation, processing and provision of dispatch life support; management of requests for emergency medical assistance; ongoing evaluation and improvement of the emergency medical dispatch process. (See ICEMA Reference #6120 - Emergency Medical Dispatch Center Requirements.)

Mobile Medic Specialty Program: A specialty program that utilizes boats, bicycles, motorcycles, golf carts and/or powered all-terrain vehicles or for ALS or BLS response designed to deliver EMT, AEMT, and/or EMT-P to the scene of injury and/or transport a patient from the scene of injury to other awaiting EMS units.

Optional Scope Program: Any EMT program that may require approval from the ICEMA Medical Director to function outside of the basic scope of practice that is not initiated region-wide.

Specialty Program: Any program that may require approval from the ICEMA Medical Director to function due to regulations or any variance from standard ICEMA policies or protocols either in equipment or procedures.

Tactical Medicine for Special Operations: A specialty program that meets all the prerequisites established by POST/EMSA for the delivery of emergency medical care during law enforcement special operations. (See ICEMA Reference #6110 - Tactical Medicine for Special Operations.)

III. POLICY

- All providers interested in providing ALS specialty or EMT optional scope programs shall submit an application that will undergo a review process to determine eligibility.
- All specialty programs must submit a new application and be approved every two (2) years.

- All local optional scope programs must submit a new application and be approved at least every three (3) years or concurrently with State approval of the ICEMA Local Optional Scope of Practice whichever is sooner.

IV. PROCEDURE FOR SPECIALTY AND OPTIONAL SCOPE PROGRAM APPROVAL

- Submit an original application indicating the type of program. The Specialty and Optional Scope Program Approval Application is available on the ICEMA website at ICEMA.net.
- Submit a copy of the proposed or renewal program which shall include:
 - A statement demonstrating a need for the program.
 - A description of the geographic area within which the specialty program will be utilized.
 - A detailed description of the operation of the program (i.e. special events, 24/7) and how the program will be implemented.
 - A description of how the program will interface with the EMS system and 9-1-1.
 - A detailed description of the training program. For optional scope programs, include provisions for written test and demonstration of skills competencies.
 - A detailed list of employees participating in this program. If there are changes in employees ICEMA must be notified within 10 days.
 - A detailed description of any deviations from the Standard Drug and Equipment List, how equipment and drugs will be stored and/or transported and a program for maintenance of the equipment.
 - A process for the reporting of any deviations or adverse events.
 - A quality improvement plan or an amendment to the EMS providers Quality Improvement Plan that describes the quality improvement process for the specialty program. The plan must comply with all provisions of the ICEMA Quality Management Plan and include provisions for 100% review of all patient care reports in which the specialty or optional scope program was attempted or utilized. ICEMA may require the collection and submission of additional criteria as necessary.

- Additional procedures for Mobile Medic Specialty Programs:
 - A statement indicating compliance with Department of Motor Vehicles rules for personal safety equipment and/or vehicle registration.
 - A list of type of vehicles utilized (bicycles, motorcycles, ATV).
 - Type of patient care report (PCR) utilized and process for transfer of patient care documents in the field.
 - Type of communication devices utilized and interface with ALS provider and transport.
- Additional procedures for EMT King Airway Optional Skills Program:
 - Authorization for EMTs to practice optional skills is limited to those whose certificate is active and who are employed within the ICEMA region by an authorized provider.
 - Training in the use of perilaryngeal airway adjuncts to include not less than five (5) hours with skills competency demonstration every one (1) year for accredited EMTs in continuing programs.
 - Comply with state regulations for EMT optional skills training and demonstration of competency.
- Additional procedures for Local Optional Scope programs:
 - Authorization for EMTs or EMT-Ps to practice optional skills is limited to those whose certificate or license is active and who are employed within the ICEMA region by an authorized provider.
 - Initial training to include not less than five (5) hours with skills competency demonstration once every one (1) year.
 - Comply with State regulations for optional skills training and demonstration of competency.

V. PROCEDURES FOR SPECIALTY PROGRAMS

- A patient care report must be initiated whenever contact is made with a patient. Patients refusing care or declining further care after treatment must sign a refusal of care and/or Against Medical Advice form.
- If paper forms are utilized, EMS providers are required to submit an approved electronic patient care report (ePCR) by the end of shift or within 24 hours of the close of the event (whichever is less).

- Radio communication failure protocols will not be used. Prior to base contact protocols will be followed. If further treatment is needed, radio contact with the base hospital should be established as soon as possible.
- All patient care reports utilizing a specialty program will be reviewed by the EMS provider as part of their Continuous Quality Improvement program. Review of additional criteria may be required.

VI. DRUG AND EQUIPMENT LISTS

- Equipment and supplies carried and utilized by specialty program personnel shall be consistent and compatible with the drugs and equipment normally carried by ALS units.
- Equipment and supplies shall be based on the appropriate level of personnel utilized for the particular event.

VII. REFERENCES

Number	Name
6110	Tactical Medicine for Special Operations
6120	Emergency Medical Dispatch Center Requirements
16060	Public Safety AED Service Provider



TACTICAL MEDICINE FOR SPECIAL OPERATIONS

I. PURPOSE

To provide medical oversight and continuous quality improvement and establish policies and procedures for Tactical Medicine for Special Operations first responders who respond as an integral part of a Special Weapons and Tactics (SWAT) operation.

II. POLICY

1. Tactical Medicine for Special Operations shall be developed and utilized in accordance with the “California POST/EMSA Tactical Medicine Operational Programs and Standardized Training Recommendations” document that can be located on the EMSA website at emsa.ca.gov.
2. Tactical Medicine for Special Operations and Tactical Medics/Tactical TEMS Specialists (Emergency Medical Technicians (EMTs), Advanced EMT (AEMTs), Paramedics (EMT-Ps), and Registered Nurses (RNs)) shall be integrated into the local EMS system, in coordination with ICEMA, the local Emergency Medical Services (EMS) Agency (POST, 2010).
3. Tactical Medicine for Special Operations shall be reviewed and approved by ICEMA.
4. Administration of this policy applies to EMTs, AEMTs, EMT-Ps, and RNs providing medical services within an established EMS Agency and as part of a recognized Tactical Medical Program.
 - a. The medical scope of practice for EMTs, AEMTs and EMT-Ps is consistent with Title 22, Division 9 and all ICEMA protocols.
5. Tactical Medicine for Special Operations should designate a Tactical Medicine Program Director as defined within POST and EMSA guidelines.
6. Tactical Medicine for Special Operations should designate a physician as a Tactical Medicine Medical Director “to provide medical direction, continuous quality improvement, medical oversight, and act as a resource for medical contingency planning” (POST, 2010).
7. Tactical Medicine for Special Operations should have components pertaining to planning, medical oversight, quality improvement and training as defined in *Tactical Medicine Operational Programs and Standardized Training*

Recommendations (POST, 2010; Section 2.2.1-7) and *California Tactical Casualty Care Training Guidelines* (EMSA #370, June 2017).

8. Tactical Medicine for Special Operations should include tactical medical personnel in mission planning and risk assessment to ensure appropriate assets are available for the identified mission as defined in *Tactical Medicine Operational Programs and Standardized Training Recommendations* (POST, 2010; Section 2.2.2).

III. PROCEDURE

1. All agencies that intend to provide a Tactical Medicine for Special Operations that include RNs, EMTs, and EMT-Ps will:
 - a. Submit an original application indicating the type of program. The Specialty and Optional Scope Program Application is available on the ICEMA website at ICEMA.net.
 - b. Submit a copy of the proposed program to include all information as listed on the application.
 - c. Provide a list of all RNs, EMTs and EMT-Ps assigned to the Tactical Medicine for Special Operations.
 - d. Tactical medical personnel must be:
 - 1) EMT-Ps must be California licensed and accredited by ICEMA.
 - 2) EMTs and AEMTs must be California certified.
 - 3) RNs must be licensed as a Registered Nurse in California and an approved Flight Nurse, MICN, or EMT-P within the ICEMA region.
 - e. Participate in ICEMA approved Continuous Quality Improvement process.

IV. TRAINING

Designated Tactical Emergency Medical Support (TEMS) personnel shall successfully complete all initial and ongoing recommended training provided by an approved tactical medicine training program as listed in the California POST/EMSA *Tactical Medicine Operational Programs and Standardized Training Recommendations* - (March 2010) or *California Tactical Casualty Care Training Guidelines* (EMSA #370, June 2017).

V. DRUG AND EQUIPMENT LISTS

Equipment and supplies carried and utilized by Tactical Emergency Medical Support (TEMS) personnel shall be consistent with the items listed in the California POST/EMSA *Tactical Medicine Operational Programs and Standardized Training Recommendations* document. Equipment and supplies shall be based on the appropriate level of personnel utilized for the particular Tactical Medicine for Special Operations (TEMS BLS or TEMS ALS).

The Tactical Medicine for Special Operations standard list of drugs and equipment carried by TEMS BLS or TEMS ALS medical personnel must be reviewed and approved by ICEMA prior to issue or use by EMT or EMT-P personnel.

TACTICAL MEDICINE OPERATIONAL EQUIPMENT RECOMMENDATIONS

Medications	BLS	ALS
Albuterol 2.5 mg with Atrovent 0.5 mg MDI		1
Aspirin 81 mg		1 bottle
Atropine Sulfate 1 mg preload		1
Dextrose 50% 25 gm preload		1
Diphenhydramine 50 mg		2
Epinephrine (1:1000) 1 mg		2
Epinephrine (1:10,000) 1 mg preload		2
Glucagon 1 mg		1
Naloxone 2 mg preload		2
Nerve Agent Antidote (DuoDote)		1
Nitroglycerine 0.4 metered dose or tablets (tablets to be discarded 90 days after opening)		1
Normal Saline 500 ml		2
Ondansetron 4 mg IV/IM/oral tabs		4

CONTROLLED SUBSTANCE MEDICATIONS

Controlled Substance Medications MUST BE DOUBLED LOCKED	BLS	ALS
Midazolam		20 mgs
Fentanyl		200 - 400 mcg

AIRWAY EQUIPMENT

Airway Equipment	BLS	ALS
Chest seal and Flutter Valve		1
End Tidal CO ₂ (device may be integrated into bag)		1
Endotracheal Tubes - 6.0 and/or 6.5, 7.0 and/or 7.5, and 8.0 and/or 8.5 with stylet		1 each
ET Tube holder		1

Airway Equipment	BLS	ALS
King LTS-D Size 4 and 5	1 each if approved	1 each
Laryngoscope Kit		1
Nasopharyngeal Airways Adult	1 set	1 set
Needle Cricothyrotomy Device		1
Needle Thoracostomy Kit		1
Suction (hand held)	1	1
Ventilation Bag collapsible (BVM)	1	1

IV/MONITORING EQUIPMENT

IV/Needle/Syringes	BLS	ALS
AED (with waveform monitoring preferred)	1	1
AED Pads	1	1
Blood Pressure Cuff	1	1
IO Device and Needles		1
IV Needles 14-20 Gauge		1 of each
IV Start Kit		1
IV Tubing		1
Pulse Oximeter (optional)		1
Saline Flush		2
Saline Lock		2
Stethoscope	1	1
Syringes 3 cc, 5 cc, 10 cc		1 each

DRESSING AND SPLINTING

Dressing/Splints	BLS	ALS
CoTCCC - Recommended tourniquet system	1	1
Elastic compression dressing	1	1
Latex free gloves	1	1
N95 Mask	1	1
Occlusive dressing	1	1
Roller bandage	1	1
Splint - semi-ridged moldable	1	1
Sterile gauze pads	1	1
Tape	1	1
Trauma dressing	1	1
Trauma shears	1	1
Triangle bandage	1	1
Hemostatic impregnated gauze non-exothermic, i.e., Combat Gauze (optional)	2	2

MISCELLANEOUS EQUIPMENT

Miscellaneous Equipment	BLS	ALS
Litter	1	1
Patient care record	1	1
Personal protection equipment (PPE)	1	1
Triage tags	10	10
Tactical light	1	1
Eyewear	1	1
Rescue blanket	1	1
Self-heating blanket	1	1



OPTIONAL SKILLS AND MEDICATIONS (Authorized Public Safety Personnel)

I. PURPOSE

To define the requirements for authorized public safety personnel to provide certain optional skills and administer selected medications within the ICEMA region, as specified in California Code of Regulations, Title 22, Division 9, Chapter 1.5, First Aid and CPR Standards Training for Public Safety Personnel.

II. POLICY

Upon approval of a public safety agency or department, public safety personnel may administer the following medications when performing authorized optional skills:

- Epinephrine by auto-injector for suspected anaphylaxis.
- Oxygen using nasal cannula, non-rebreather mask, or bag-valve-mask.
- Atropine and Pralidoxime Chloride by auto-injector for nerve agent exposure for self or peer care.
- Naloxone intranasal spray for suspected narcotic overdose.

Public Safety Agencies

- Public safety agencies must submit a request for course approval for each optional skill, per ICEMA Reference #3060 - Public Safety Optional Skills Course Approval.
- Public safety agencies approved for optional skills will be identified by ICEMA.
- Public safety agencies approved by ICEMA will determine deployment of the selected medications within their jurisdiction and notify ICEMA of those public safety personnel that carry any of the selected medications for emergency administration.

Public Safety Personnel

- Public safety personnel working for ICEMA approved public safety agencies or departments who have completed ICEMA approved optional skill training may administer the associated medications by authority of the ICEMA Medical Director.

- Retraining in each approved optional skill is required every two (2) years.
- Current certification in Basic Life Support (AHA, American Red Cross, or ICEMA approved equivalent) and training in Public Safety First Aid and CPR is required of public safety personnel approved for any optional skill and medication.

III. PROCEDURE

Public safety personnel working for authorized public safety agencies and who have completed the appropriate training/retraining may administer the following medications when performing authorized optional skills:

- Epinephrine using EpiPen or Epinephrine auto-injector, per ICEMA Reference #16010 - Allergic Reaction and Anaphylaxis (Authorized Public Safety Personnel).
- Atropine and Pralidoxime Chloride using Mark I or DuoDote auto-injector (Nerve Agent Antidote Kit - NAAK), per ICEMA Reference #16020 - Nerve Agent Exposure (Authorized Public Safety Personnel).
- Naloxone intranasal spray, per ICEMA Reference #16030 - Opioid Overdose (Authorized Public Safety Personnel).
- Oxygen using nasal cannula, non-rebreather mask or bag-valve-mask, per ICEMA Reference #16040 - Respiratory Distress (Authorized Public Safety Personnel).

IV. DATA COLLECTION

- Authorized public safety personnel shall report all uses of optional skills and medication to responding EMS field personnel.
- EMS field personnel shall document the “prior to arrival” administration of medication by public safety personnel.
- Public safety personnel shall complete report per the public safety agency’s policy.

V. SAFETY AND MONITORING

- Optional skills and medication administration for public safety personnel will be evaluated and monitored per the ICEMA Quality Improvement Plan.
- Authorized public safety agencies and public safety personnel shall ensure that the storage and rotation of medications are consistent with the manufacturer’s policies.

VI. REFERENCES

<u>Number</u>	<u>Name</u>
3060	Public Safety Optional Skills Course Approval
16010	Allergic Reaction and Anaphylaxis (Authorized Public Safety Personnel)
16020	Nerve Agent Exposure (Authorized Public Safety Personnel)
16030	Opioid Overdose (Authorized Public Safety Personnel)
16040	Respiratory Distress (Authorized Public Safety Personnel)



PUBLIC SAFETY AED SERVICE PROVIDER

I. PURPOSE

To define the requirements for approval of public safety automatic external defibrillator (AED) service providers in the ICEMA region, as specified in the California Code of Regulations, Title 22, Division 9, Chapter 1.5, First Aid and CPR Standards Training for Public Safety Personnel.

II. DEFINITIONS

Public Safety AED Service Provider: An agency or organization which is responsible for and is approved to operate an AED, and employs public safety personnel (firefighter, lifeguard, or peace officer), and who obtain AEDs for the purpose of providing AED services to the general public.

III. POLICY

- Public safety AED service providers, other than State or federal agencies, in San Bernardino, Inyo or Mono Counties shall be approved by ICEMA prior to beginning service.
- A public safety AED service provider shall ensure compliance with the California Code of Regulations, Title 22, Division 9, Chapter 1.5.
- A public safety agency shall submit a Public Safety AED Service Provider Application every two (2) years) for approval. An application is available on the ICEMA website at ICEMA.net.
- Courses requiring approval, as specified by California Code of Regulations, Title 22, Division 9, Chapter 1.5, shall be submitted to ICEMA per ICEMA Reference #3050 - Public Safety First Aid and CPR Training Program Approval.

IV. PUBLIC SAFETY AED SERVICE PROVIDER APPROVAL

- A public safety agency shall be approved if they:
 - Provide orientation of the AED to authorized personnel.
 - Ensure maintenance of AED equipment.
 - Ensure initial training and continued competency of AED authorized personnel at least every two (2) years.

- Authorize and maintain a listing of all public safety AED service provider’s authorized personnel and provide list upon request to ICEMA or the EMS Authority

V. RECORD KEEPING AND REPORTING REQUIREMENTS

- An AED Use Notification form, which is found on the ICEMA website at ICEMA.net, must be provided to the Public Safety AED service provider’s Medical Director who is responsible for the provider’s AED program within 24 hours of use.
- The following data shall be collected and reported to ICEMA annually by March 1st for the previous calendar year. An AED Annual Usage Report form is available on the ICEMA website at ICEMA.net.
 - The number of patients with sudden cardiac arrest receiving CPR prior to arrival of emergency medical care if known.
 - The total number of patients on whom defibrillatory shocks were administered, witnessed (seen or heard) arrest and not witnessed arrest.
 - The number of these persons who suffered a witnessed cardiac arrest whose initial monitored rhythm was ventricular tachycardia or ventricular fibrillation.

VI. REFERENCE

<u>Number</u>	<u>Name</u>
3050	Public Safety First Aid and CPR Training Program Approval



CONTINUING EDUCATION PROVIDER REQUIREMENTS

I. PURPOSE

To define the requirements for approval of continuing education (CE) providers within the ICEMA region, as specified in the California Code of Regulations, Title 22, Division 9, Chapter 11, EMS Continuing Education.

~~H. AUTHORITY~~

~~California Code of Regulations, Title 22, Division 9, Chapter 11 EMS Continuing Education~~

~~III. DEFINITIONS~~

~~**Emergency Medical Services (EMS) Continuing Education (CE) Provider:** An individual or organization approved by the requirements of Title 22, Division 9, Chapter 11, to conduct continuing education courses, classes activities or experiences and to issue earned continuing education hours to EMS personnel for the purpose of maintaining certification/licensure or re-establishing lapsed certification or licensure.~~

~~**Continuing Education:** A course, class, activity or experience designed to be educational in nature, with learning objectives and performance evaluations for the purpose of providing EMS personnel with reinforcement of basic EMS training as well as knowledge to enhance individual and system proficiency in the practice of prehospital emergency medical care.~~

~~**Clinical Director:** A person currently licensed as a physician, registered nurse, physician assistant or paramedic. The clinical director shall have had two (2) years of academic, administrative or clinical experience in Emergency Medicine or EMS care within the last five (5) years. The clinical director shall be responsible for monitoring all clinical and field activities approved for CE credit, approving instructors and monitoring the overall quality of the EMS content of the program.~~

~~**Program Director:** A person qualified by education and experience in methods, materials and evaluation of instruction, which shall be documented by at least forty (40) hours in teaching methodology. The program director will administer the CE program, ensure adherence to all state regulations, local policies, approve course content and assign course hours to any sponsored CE program per State regulations and ICEMA policy.~~

~~**Instructor:**—A person approved by the program director and clinical director as qualified to teach the topics assigned or have evidence of specialized training which may include, but is not limited to, a certificate of training or an advanced degree in a given subject area, or have at least one (1) year of experience within the last two (2) years in the specialized area in which they are teaching or be knowledgeable, skillful and current in the subject matter of the course, class or activity.~~

II. POLICY

1. When two (2) or more CE providers cosponsor a course, only one (1) approved provider number may be used for that course, class or activity.
2. The State EMS Authority (EMSA) shall be the agency responsible for approving CE providers for statewide public safety agencies and CE providers whose headquarters are located out-of-state if not approved by the Continuing Education Coordinating Board for Emergency Medical Services (CECBEMS) or approved by the EMS offices of other states or courses in physical, social or behavioral sciences offered by accredited colleges and universities.
3. An approved CE provider may sponsor an organization or individual located within California that wants to provide a single activity or course. The CE provider shall be responsible for ensuring the course meets all requirements and shall serve as the CE provider of record. The CE provider shall review the request to ensure that the course/activity complies with the minimum requirements.

III. PROCEDURE

1. To become an approved CE provider, an organization or individual shall submit an application packet at least ~~sixty (60)~~ days prior to the date of the first educational activity. The application packet shall include:
 - a. Name and address of the applicant;
 - b. Name of the program director, program clinical director, and contact person, if other than the program director or clinical director;
 - c. Type of organization requesting approval;
 - d. Program director and clinical director resumes, including copies of all licenses/certifications; and evidence of 40 hours in teaching methodology for the program director.
 - e. Established ICEMA fee. ICEMA fees are published on the ICEMA website at ICEMA.net.

2. The applicant will be notified in writing within ~~fourteen (14)~~ working days that their request was received and informed if any information is missing.
3. Notice of approval or disapproval of the application will be made in writing to the applicant within ~~sixty (60)~~ calendar days of receipt of the completed application.
4. If the application is approved, an EMS CE provider number will be issued and valid for four (4) years.
5. If an application is disapproved and the organization or individual elects to submit a new application, the application packet must include all items listed in Section I, Item¹² above.

IV. MAINTAINING RECORDS

1. All records will be maintained by the CE provider for four (4) years, and shall include:
 - a. Complete outlines for each course given including a brief overview, instructional objectives, comprehensive topical outline, method of evaluation and a record of participant performance.
 - b. Record of time, place, date and CE hours granted for each course.
 - c. A resume and copies of licenses/certifications for all instructors.
 - d. Originals of class rosters (hard copies).
2. Submit An ICEMA approved CE roster:
 - a. Signed by course participants, ~~to~~including the name and license/certification/accreditation number of each participant. Signing for another individual is strictly prohibited and subject to actions against certification or licensure.
 - b. A line should be drawn through any empty lines after the last attendee has signed the roster.
 - c. Copies of class rosters shall be sent to ICEMA within ~~fifteen (15)~~ days of class completion. These rosters shall be considered final and revisions will not be accepted.
 - d. A record of all CE certificates issued.

3. CE providers will notify ICEMA within ~~thirty (30)~~ calendar days of any changes in name, address, and telephone number of the program director, clinical director or contact person.
4. All records shall be made available to ICEMA upon request.
5. The Clinical Director shall submit a complete list of courses with the number of individuals attending each course on a monthly basis to ICEMA on the ICEMA approved form. The form shall be submitted to ICEMA by the 10th of every month for the previous month. If no classes were taught, submit form with “No Classes This Month”
6. It is the responsibility of the CE provider to submit an application for renewal with the established ICEMA fee at least ~~sixty (60)~~ calendar days prior to the expiration date in order to maintain continuous approval.
7. All CE provider requirements required by State legislation must be met and maintained.

~~V. POLICY~~

- ~~1. When two (2) or more CE providers cosponsor a course, only one (1) approved provider number may be used for that course, class or activity. The CE provider assumes the responsibility for all applicable provisions of Chapter 11 EMS Continuing Education.~~
- ~~2. The State EMS Authority shall be the agency responsible for approving CE providers for statewide public safety agencies and CE providers whose headquarters are located out of state if not approved by the Continuing Education Coordinating Board for Emergency Medical Services (CECBEMS) or approved by the EMS offices of other states or courses in physical, social or behavioral sciences offered by accredited colleges and universities.~~
- ~~3. An approved CE provider may sponsor an organization or individual located within California that wishes to provide a single activity or course. The CE provider shall be responsible for ensuring the course meets all requirements and shall serve as the CE provider of record. The CE provider shall review the request to ensure that the course/activity complies with the minimum requirements.~~



EMT CONTINUING EDUCATION REQUIREMENTS

I. PURPOSE

To define requirements for continuing education for certified Emergency Medical Technicians (EMTs) in the ICEMA region Counties of San Bernardino, Inyo and Mono, per California Code of Regulations, Title 22, Division 9, Chapter 11, EMS Continuing Education.

AUTHORITY

California Code of Regulations, Title 22, Division 9, Chapter 11 EMS Continuing Education

II. POLICY

To maintain certification, an EMT shall:

1. Obtain at least twenty-four24 hours (24) continuing education hours (CEHs) from an approved continuing education provider, or
2. Complete a twenty-four (24)-hour refresher course meeting National Standard Curriculum from an approved EMT training program.
3. Complete a verification of skills competency, (EMSA Form SCV).

DEFINITIONS

1. Continuing education (CE) is a course, class, activity or experience designed to be educational in nature, with learning objectives and performance evaluations for the purpose of providing EMS personnel with reinforcement of basic EMS training as well as the knowledge to enhance individual and system proficiency in the practice of prehospital emergency medical care.
2. A continuing education hour (CEH) consists of a minimum of fifty (50) minutes of approved classroom or skills laboratory activity. CE courses or activities shall not be approved for less than one (1) hour of credit. For courses greater than one CEH, credit may be granted in no less than half hour increments.

III. PROCEDURE CONTINUING EDUCATION

1. CEHs continuing education hours may be earned by any of in the following methods manner:

- ~~a.~~ ~~Any of the topics contained in the respective National Standard Curricula for training EMS personnel.~~
- ~~b.a.~~ Each hour of structured ~~ed~~ clinical or field experience when monitored by a preceptor assigned by an EMS training program, EMS ~~service~~ provider, hospital or alternate base station approved according to this ~~section~~ division.
- ~~e.b.~~ Each hour of media based/serial production CE ~~(e.g., films, videos, audiotape programs, magazine articles offered for CE credit, home study, computer simulations or interactive computer modules)~~. A maximum of ~~twelve (12) CEHs-hours~~ may be obtained in a ~~twenty-four (24)-hour~~ period.
- ~~d.c.~~ Classroom, didactic and/or skills laboratory experience with direct instructor interaction.
- ~~e.d.~~ Organized field care audits of patient care records.
- ~~f.e.~~ Advanced topics in subject matter outside the scope of practice of the certified or licensed EMS field personnel but directly relevant to emergency medical care.
- ~~g.f.~~ Courses offered by accredited universities and colleges, including junior and community colleges. Acceptable courses include physical, social or behavioral sciences ~~(i.e.g., anatomy, physiology, sociology, psychology)~~. Credit shall be given on the following basis:
- 1) One academic quarter unit shall equal ~~ten (10) CEHs-hours~~.
 - 2) One academic semester unit shall equal ~~fifteen (15) CEHs hours~~.
- ~~h.g.~~ Structured clinical experience, with instructional objectives, to review or expand the clinical expertise of the individual.
- ~~i.h.~~ Sixteen (16) hours of required CEHs must come from courses involving medical management of patients. Non-medical EMS system courses (e.g., ICS, HazMat FRO, Vehicle Extrication, Rope Rescue, etc.) will be limited to eight (8) hours maximum per certification cycle.
- ~~j.i.~~ Precepting EMS students or EMS field personnel as a hospital clinical preceptor, as assigned by the EMS training program, EMS ~~service~~ provider, hospital or base hospital. In order to receive CEHs for precepting, all the requirements for a course including objectives and student evaluations of the preceptors must be met. CEHs for precepting are limited to a maximum of fifty percent (50%) of

- required ~~CEHsecontinuing education hours~~ per licensure/certification cycle for all EMS field personnel.
- ~~k.~~j. At least fifty percent (50%) of the required ~~CEHs hours~~ must be in an instructor-based format, where an instructor is readily available to the student to answer questions, provide feedback, (e.g., on-line CE course where an instructor is available to the student). ~~ICEMA~~The CE provider approving authority shall determine whether a CE course, class or activity is instructor based.
- ~~l.~~k. An instructor for a CE course, class or activity will earn credit equal to the same number of CEHs applied to the course, class or activity. This shall be documented on a separate roster, clearly labeled "Instructor", and include the course name. Credit will be given, one (1) time only, for each specific course, during an EMT certification/~~licensure cycle period~~.
- ~~m.~~l. Credit may be given for taking the same CE course, class or activity no more than two (2) times during a single EMT certification ~~cycle~~period.
- ~~n.~~m. At the time of the educational event, the student must sign and provide certification/licensure number on the Continuing Education Course Roster. Failure to do so will result in loss of CE credit.
- ~~o.~~n. An individual shall provide proof of approved ~~CEHsecontinuing education hours~~ obtained to ICEMA upon request and at the time of application.
- ~~p.~~o. An individual who is currently licensed in California as a paramedic (EMT-P), or certified as an EMT-II, or who has been certified within six (6) months of the date of application, may be given credit for ~~CEHsecontinuing education hours~~ earned as an EMT-P paramedic or AEMT to satisfy the ~~CEcontinuing education~~ requirement for EMT recertification.
- ~~q.~~p. CE credit~~Continuing education~~ may be obtained at any time throughout the current EMT certification period.



EMR TRAINING PROGRAM APPROVAL

I. PURPOSE

To define the requirements for Emergency Medical Responder (EMR) training program approval within the ICEMA region, per California Code of Regulations, Title 22, Division 9, Chapter 1.5, First Aid and CPR Standards and Training for Public Safety Personnel.

II. PROCEDURE

1. For EMR courses requiring approval, the following shall be submitted to ICEMA:
 - a. A letter requesting approval as an EMR Training Program including the name of the sponsoring institution, organization, or agency;
 - b. Detailed course outline;
 - c. Final written examination with pre-established scoring standards;
 - d. Skills competency testing criteria, with pre-established scoring standards; and
 - e. Name and qualifications of instructor(s).
 - f. Established ICEMA fee. ICEMA fees are published on the ICEMA website at ICEMA.net.
2. The applicant will be notified in writing within twenty-one (21) working days that their request was received and informed if any information is missing.
3. Notice of approval or disapproval of the application will be made in writing to the applicant.
4. If the application is approved, the training program will be valid for four (4) years.



PUBLIC SAFETY FIRST AID AND CPR TRAINING PROGRAM APPROVAL

I. PURPOSE

To define the requirements for Public Safety First Aid and CPR training program approval within the ICEMA region, peras specified in the California Code of Regulations, Title 22, Division 9, Chapter 1.5, First Aid and CPR Standards and Training for Public Safety Personnel.

II. POLICY

- A program in public safety first aid, including CPR and AED, shall comply with either:
 - A course of at least 21 hours in first aid equivalent to the standards of the American Red Cross and Healthcare provider level CPR and AED equivalent to the standards of the American Heart Association in accordance with the course content contained in Section 10017 of the above code, or
 - U.S. Department of Transportation's emergency medical responder (EMR) course which includes first aid practices, CPR and AED.

III. PROCEDURE

- 1. For those programscourses requiring approval by ICEMA specified in the California Code of Regulations, Chapter 1.5, the following shall be submitted to ICEMA (form available on the ICEMA website at ICEMA.net):
 - a. Name of the sponsoring institution, organization, or agency_;
 - b. Detailed programecourse outline_;
 - e. Final written examination with pre-established scoring standards_;
 - d. Skills competency testing criteria, with pre-established scoring standards_; and
 - e. Name and qualifications of instructor(s).
- 2. The applicant will be notified in writing within twenty-one (21) working days that their request was received and informed if any information is missing.
- 3. Notice of approval or disapproval of the application will be made in writing to the applicant.

- 4. If the application is approved, the training program will be valid for four (4) years.
- 5. ICEMA must be notified of any program changes within 30 calendar days.~~Programs are required to notify ICEMA within thirty (30) calendar days of any changes to the program.~~



PUBLIC SAFETY OPTIONAL SKILLS COURSE APPROVAL

I. PURPOSE

To define the requirements for Public Safety Optional Skills Course approval within the ICEMA region, per the California Code of Regulations, Title 22, Division 9, Chapter 1.5, First Aid and CPR Standards and Training for Public Safety Personnel.

II. PROCEDURE

- Submit an original application indicating the type of optional skills course. The Public Safety Optional Skills Approval Application is available on the ICEMA website at ICEMA.net.
- For those courses requiring approval by ICEMA, the following shall be submitted:
 - Name of the sponsoring institution, organization, or agency.
 - Detailed course outline.
 - Final written examination with pre-established scoring standards.
 - Skills competency testing criteria, with pre-established scoring standards.
 - Name and qualifications of instructor(s).
- The applicant will be notified in writing within 21 working days that the request was received and informed if any information is missing.
- Notice of approval or disapproval of the application will be made in writing to the applicant.
- If the application is approved, the course will be valid for four (4) years.
- ICEMA must be notified of any course changes within 30 calendar days.

III. TRAINING/RETRAINING

Training in each optional skill shall consist of a minimum of one (1) hour presentation and shall result in the public safety personnel being competent in the performance of the optional skill and administration of the associated medication. The training shall include but not be limited to:

- Common causative agents.
- Associated signs and symptoms.
- Assessment findings.
- Need for appropriate personal protective equipment and scene safety awareness.
- Profile of medication administered to include:
 - Drug classification.
 - Mechanisms of drug action.
 - Indications and contraindications.
 - Dosage and route of administration.
 - Side/adverse effects.
- Administration of the medication to include:
 - Site selection and administration.
 - Medical asepsis.
 - Disposal of contaminated items and sharps.

At the completion of this training, the student shall complete a competency based written and skills examination for administration of the medication that includes:

- Assessment of when to administer medication.
- Managing a patient before and after administering the medication.
- Using universal precautions and body substance isolation procedures during medication administration.
- Demonstrating aseptic technique during medication administration.
- Demonstrating preparation and administration of parenteral medications by a route other than intravenous.
- Proper disposal of contaminated items and sharps.



TACTICAL CASUALTY CARE COURSE APPROVAL

I. PURPOSE

To define the requirements for Tactical Casualty Care (TCC) course approval within the ICEMA region.

II. POLICY

- Only ICEMA approved training programs or Continuing Education (CE) providers may apply for TCC course approval.
- Training/CE program provider shall be responsible for validating instructor qualifications. Each TCC course must have a principal instructor that is knowledgeable and proficient in the skills taught and have either education or experience in teaching adult learners.
- ICEMA may request additional materials or documentation related to course curriculum or staff qualifications.
- Notice of approval or disapproval of the application will be made in writing to the applicant.
- Training course approval is valid for four (4) years from the date of approval.
- Course renewal must be initiated at least 60 days prior to expiration for continued approval.
- ICEMA must be notified of any changes within 30 calendar days.
- Noncompliance with any criterion, unapproved change in course, use of unqualified teaching personnel or noncompliance with the *California Tactical Casualty Care Training Guidelines* (EMSA #370, June 2017) or this policy may result in denial, probation, suspension or revocation of the course approval.
- Continuing Education (CE) credits may be awarded by approved training program providers that meet the following:
 - ICEMA approved CE training program provider per California Code of Regulations, Title 22, Division 9, Chapter 11, EMS Continuing Education, and

III. PROCEDURE

- Submit an original application for those programs and courses requiring approval, as specified in the *California Tactical Casualty Care Training Guidelines: Tactical First Aid/Tactical Emergency Medical Support (TEMS) First Responder Operations (FRO) Tactical Lifesaver/Tactical Emergency7 Medical Support (TEMS) Technician* (EMSA #370, June 2017). The Tactical Casualty Care Training Program and Courses Application is available on the ICEMA website at ICEMA.net.
- For those courses requiring approval by ICEMA, the following shall be submitted:
 - Name of the sponsoring institution, organization, or agency and type of training program and courses.
 - Course schedule with hourly distribution.
 - Detailed course outline that meets or exceeds the applicable course content identified in the following sections of the *California Tactical Casualty Care Training Guidelines* (EMSA #370, June 2017):
 - Tactical First Aid/TEMS FRO (4 hours) - Section 3
 - Tactical Lifesaver/TEMS Technician Course (40 hours) - Section 4
 - Detailed course curriculum.
 - Skill competency testing criteria, with pre-established scoring standards (list of psychomotor skills).
 - List of tactical medical scenarios.
 - Final written examination and pre-established scoring standard for those programs with courses approved for CE credits.
 - Name and qualifications of instructors/resumes (if CEs are provided, refer to ICEMA Reference #3020 - Continuing Education Provider Requirements).

III. REFERENCE

<u>Number</u>	<u>Name</u>
3020	Continuing Education Provider Requirements



AED SERVICE PROVIDER - PUBLIC SAFETY

I. PURPOSE

To establish a standard mechanism for approval of public safety automatic external defibrillator (AED) service providers in the ICEMA region.

II. DEFINITIONS

Public Safety AED Service Provider: An agency or organization which is responsible for and is approved to operate an AED, and employs public safety personnel (firefighter, lifeguard, or peace officer), and who obtain AEDs for the purpose of providing AED services to the general public.

Public Safety Personnel:

- **Firefighter:** Any regularly employed and paid officer, employee or member of a fire department or fire protection or firefighting agency of the State of California, or any city, county, city and county, district or other public or municipal corporation or political subdivision of California or any member of an emergency reserve unit of a volunteer fire department or fire protection district.
- **Lifeguard:** Any regularly employed and paid officer, employee, or member of a public aquatic safety department or marine safety agency of the State of California, or any city, county, city and county, district or other public or municipal corporation or political subdivision of California.
- **Peace Officer:** Any city police officer, sheriff, deputy sheriff, peace officer member of the California Highway Patrol, marshal or deputy marshal or police officer of a district authorized by statute to maintain a police department.

III. POLICY

- Public safety AED service providers, other than State or federal agencies, shall be approved by ICEMA prior to beginning service.
- A public safety AED service provider shall ensure compliance with the California Code of Regulations, Title 22, Division 9, Chapter 1.5.
- A public safety agency shall submit a Specialty and Optional Scope Program Approval application every two (2) years) for approval. An application is found on the ICEMA website at ICEMA.net.

- Courses requiring approval, as specified by California Code of Regulations, Title 22, Division 9, Chapter 1.5, shall be submitted to ICEMA per ICEMA Reference #3050 - Public Safety First Aid Training Program Approval.

IV. PUBLIC SAFETY AED SERVICE PROVIDER APPROVAL

- A public safety agency shall be approved if they:
 - Provide orientation of the AED to authorized personnel.
 - Ensure maintenance of AED equipment.
 - Ensure initial training and continued competency of AED authorized personnel at least every two (2) years.
 - Authorize and maintain a listing of all public safety AED service provider's authorized personnel and provide list upon request to ICEMA or the EMS Authority

V. RECORD KEEPING AND REPORTING REQUIREMENTS

- An AED Use Notification form, which is found on the ICEMA website at ICEMA.net, must be provided to the Public Safety AED service provider's Medical Director who is responsible for the provider's AED program within 24 hours of use.
- The following data shall be collected and reported to ICEMA annually by March 1st for the previous calendar year. An AED Annual Usage Report form is available on the ICEMA website at ICEMA.net.
 - The number of patients with sudden cardiac arrest receiving CPR prior to arrival of emergency medical care if known.
 - The total number of patients on whom defibrillatory shocks were administered, witnessed (seen or heard) arrest and not witnessed arrest.
 - The number of these persons who suffered a witnessed cardiac arrest whose initial monitored rhythm was ventricular tachycardia or ventricular fibrillation.

VI. REFERENCE

<u>Number</u>	<u>Name</u>
3050	Public Safety First Aid Training Program Approval



SPECIALTY AND OPTIONAL SCOPE PROGRAM APPROVAL ~~POLICY~~

I. PURPOSE

To provide guidelines for the application and renewal of advanced life support (ALS) or basic life support (BLS) specialty or optional scope of practice programs.

II. DEFINITIONS

Public Safety AED Service Provider—~~Public Service~~: A specialty program for public safety personnel. (See ICEMA Reference #~~160606040~~ - Public Safety AED Service Provider~~Public Safety~~.)

Emergency Medical Dispatch (EMD) Program: The reception, evaluation, processing and provision of dispatch life support; management of requests for emergency medical assistance; ongoing evaluation and improvement of the emergency medical dispatch process. (See ICEMA Reference #6120 - Emergency Medical Dispatch Center Requirements.)

Mobile Medic Specialty Program: A specialty program that utilizes boats, bicycles, motorcycles, golf carts and/or powered all-terrain vehicles or for ALS or BLS response designed to deliver EMT, AEMT, and/or EMT-P to the scene of injury and/or transport a patient from the scene of injury to other awaiting EMS units.

Optional Scope Program: Any EMT program that may require approval from the ICEMA Medical Director to function outside of the basic scope of practice that is not initiated region-wide.

Specialty Program: Any program that may require approval from the ICEMA Medical Director to function due to regulations or any variance from standard ICEMA policies or protocols either in equipment or procedures.

Tactical Medicine for Special Operations: A specialty program that meets all the prerequisites established by POST/EMSA for the delivery of emergency medical care during law enforcement special operations. (See ICEMA Reference #6110 - Tactical Medicine ~~Program~~for Special Operations.)

III. POLICY

- All providers interested in providing ALS specialty or EMT optional scope programs shall submit an ~~application which~~application that will undergo a review process to determine eligibility.

- ~~All specialty and optional scope programs must submit a new application and be approved every two (2) years.~~
- All local optional scope programs must submit a new application and be approved at least every three (3) years or concurrently with State approval of the ICEMA Local Optional Scope of Practice whichever is sooner.

IV. PROCEDURE FOR SPECIALTY AND OPTIONAL SCOPE PROGRAM APPROVAL

- Submit an original application indicating the type of program. The Specialty and Optional Scope Program Approval Application is available on the ICEMA website at ICEMA.net.
- Submit a copy of the proposed or renewal program which shall include:
 - A statement demonstrating a need for the program.
 - A description of the geographic area within which the specialty program will be utilized.
 - A detailed description of the operation of the program (i.e. special events, 24/7) and how the program will be implemented.
 - A description of how the program will interface with the EMS system and 9-1-1.
 - A detailed description of the training program. For optional scope programs, include provisions for written test and demonstration of skills competencies.
 - A detailed list of employees participating in this program. If there are changes in employees ICEMA must be notified within 10 days.
 - A detailed description of any deviations from the Standard Drug and Equipment List, how equipment and drugs will be stored and/or transported and a program for maintenance of the equipment.
 - A process for the reporting of any deviations or adverse events.
 - A quality improvement plan or an amendment to the EMS providers Quality Improvement Plan that describes the quality improvement process for the specialty program. The plan must comply with all provisions of the ICEMA Quality Management Plan and include provisions for 100% review of all patient care reports in which the specialty or optional scope program was attempted or utilized. ICEMA may require the collection and submission of additional criteria as necessary.

- Additional procedures for Mobile Medic Specialty Programs:
 - A statement indicating compliance with Department of Motor Vehicles rules for personal safety equipment and/or vehicle registration.
 - A list of type of vehicles utilized (bicycles, motorcycles, ATV).
 - Type of patient care report (PCR) utilized and process for transfer of patient care documents in the field.
 - Type of communication devices utilized and interface with ALS provider and transport.

- Additional procedures for EMT King Airway Optional Skills Program:
 - ~~Accreditation~~ Authorization for EMTs to practice optional skills is limited to those whose certificate is active and who are employed within the ICEMA region by an authorized provider.
 - Training in the use of perilaryngeal airway adjuncts to include not less than five (5) hours with skills competency demonstration every ~~2~~ one (1) years for accredited EMTs in continuing programs.
 - Comply with state regulations for EMT Optional Skills training and demonstration of competency.

- Additional procedures for Local Optional Scope programs:
 - Authorization for EMTs or EMT-Ps to practice optional skills is limited to those whose certificate or license is active and who are employed within the ICEMA region by an authorized provider.
 - Initial training to include not less than five (5) hours with skills competency demonstration once every one (1) year.
 - Comply with State regulations for Optional Skills training and demonstration of competency.

V. PROCEDURES FOR SPECIALTY PROGRAMS

- A patient care report ~~is required for all patient contacts by EMS personnel (BLS or ALS) that result in a patient assessment~~ must be initiated whenever contact is made with a patient. Patients refusing care or declining further care after treatment must sign a refusal of care and/or Against Medical Advise form.

- If paper forms are utilized, EMS providers are required to submit an approved electronic patient care report (ePCR) by the end of shift or within 24 hours of the close of the event (whichever is less).
- Radio communication failure protocols will not be used. Prior to base contact protocols will be followed. If further treatment is needed, radio contact with the base hospital should be established as soon as possible.
- All patient care reports utilizing a specialty program will be reviewed by the EMS provider as part of their Continuous Quality Improvement program. Review of additional criteria may be required.

VI. DRUG AND EQUIPMENT LISTS

- Equipment and supplies carried and utilized by specialty program personnel shall be consistent and compatible with the drugs and equipment normally carried by ALS units.
- Equipment and supplies shall be based on the appropriate level of personnel utilized for the particular event.

VII. REFERENCES

Number	Name
6030	AED Service Provider – Public Safety
6110	Tactical Medicine Program <u>for Special Operations</u>
6120	Emergency Medical Dispatch Center Requirements
<u>16060</u>	<u>Public Safety AED Service Provider</u>



TACTICAL MEDICINE ~~PROGRAMS~~ FOR SPECIAL OPERATIONS

I. PURPOSE

To provide medical oversight and continuous quality improvement and establish policies and procedures for ~~EMS personnel assigned to Tactical Medicine Programs within the ICEMA region.~~ Tactical Medicine for Special Operations first responders who respond as an integral part of a Special Weapons and Tactics (SWAT) operation.

II. POLICY

1. Tactical Medicine ~~Programs for Special Operations~~ shall be developed and utilized in accordance with the “California POST/EMSA Tactical Medicine Operational Programs and Standardized Training Recommendations” document that can be located on the EMSA website at emsa.ca.gov.
2. Tactical Medicine ~~for Special Operations Programs~~—and ~~Tactical Medics/Tactical TEMS Specialists their medical personnel~~ (Emergency Medical Technicians (EMTs), Advanced EMT (AEMTs), Paramedics (EMT-Ps), and Registered Nurses (RNs)) shall be integrated into the local EMS system, in coordination with ICEMA, the local Emergency Medical Services (EMS) Agency (POST, 2010).
3. Tactical ~~medicine~~ Medicine for Special Operations programs—shall be reviewed and approved by ICEMA.
4. Administration of this policy applies to EMTs, AEMTs, EMT-Ps, and RNs providing medical services within an established EMS Agency and as part of a recognized Tactical Medical Program.
 - a. The medical scope of practice for EMTs, AEMTs and EMT-Ps is consistent with Title 22, Division 9 and all ICEMA protocols.
5. Tactical Medicine ~~for Special Operations Programs~~—should designate a Tactical Medicine Program Director as defined within POST and EMSA guidelines.
6. Tactical Medicine ~~for Special Operations Programs~~—should designate a physician as a Tactical Medicine Medical Director “to provide medical direction, continuous quality improvement, medical oversight, and act as a resource for medical contingency planning” (POST, 2010).

7. Tactical Medicine ~~Operational Programs for Special Operations~~ should have components pertaining to planning, medical oversight, quality improvement and training as defined in *Tactical Medicine Operational Programs and Standardized Training Recommendations* (POST, 2010; Section 2.2.1-7) and California Tactical Casualty Care Training Guidelines (EMSA #370, June 2017).

7.8. Tactical Medicine for Special Operations Programs ~~Programs~~ should include tactical medical personnel in mission planning and risk assessment to ensure appropriate assets are available for the identified mission as defined in *Tactical Medicine Operational Programs and Standardized Training Recommendations* (POST, 2010; Section 2.2.2).

III. PROCEDURE

1. All agencies that intend to provide a Tactical Medicine ~~Program for Special Operations that include RNs, EMTs, and EMT-Ps~~ will:
 - a. Submit an original application indicating the type of program. The Specialty and Optional Scope Program Application is available on the ICEMA website at ICEMA.net.
 - b. Submit a copy of the proposed program to include all information as listed on the application.
 - c. Provide a list of all RNs, EMTs and EMT-Ps assigned to the Tactical Medicine ~~Program for Special Operations~~.
 - d. Tactical medical personnel must be:
 - 1) EMT-Ps must be California licensed and accredited by ICEMA.
 - 2) EMTs and AEMTs must be California certified.
 - 3) RNs must be licensed as a Registered Nurse in California and an approved Flight Nurse, MICN, or EMT-P within the ICEMA region.
 - e. Participate in ICEMA approved Continuous Quality Improvement process.

IV. TRAINING

Designated Tactical Emergency Medical Support (TEMS) personnel shall successfully complete all initial and ongoing recommended training provided by an approved tactical medicine training program as listed in the California POST/EMSA *Tactical Medicine Operational Programs and Standardized Training*

Recommendations -- (March 2010) or ~~document~~ California Tactical Casualty Care Training Guidelines (EMSA #370, June 2017)

V. DRUG AND EQUIPMENT LISTS

Equipment and supplies carried and utilized by Tactical Emergency Medical Support (TEMS) personnel shall be consistent with the items listed in the California POST/EMSA *Tactical Medicine Operational Programs and Standardized Training Recommendations* document. Equipment and supplies shall be based on the appropriate level of personnel utilized for the particular Tactical Medicine ~~Program~~ for Special Operations (TEMS BLS or TEMS ALS).

The Tactical Medicine ~~Program~~ for Special Operations standard list of drugs and equipment carried by TEMS BLS or TEMS ALS medical personnel must be reviewed and approved by ICEMA prior to issue or use by EMT or EMT-P personnel.

TACTICAL MEDICINE OPERATIONAL EQUIPMENT RECOMMENDATIONS

Medications	BLS	ALS
Albuterol 2.5 mg with Atrovent 0.5 mg MDI		1
Aspirin 81 mg		1 bottle
Atropine Sulfate 1 mg preload		1
Dextrose 50% 25 gm preload		1
Diphenhydramine 50 mg		2
Epinephrine (1:1000) 1 mg		2
Epinephrine (1:10,000) 1 mg preload		2
Glucagon 1 mg		1
Naloxone 2 mg preload		2
Nerve Agent Antidote (DuoDote)		1
Nitroglycerine 0.4 metered dose or tablets (tablets to be discarded 90 days after opening)		1
Normal Saline 500 ml		2
Ondansetron 4 mg IV/IM/oral tabs		4

CONTROLLED SUBSTANCE MEDICATIONS

Controlled Substance Medications MUST BE DOUBLED LOCKED	BLS	ALS
Midazolam		20 mgs
Fentanyl		200 - 400 mcg

AIRWAY EQUIPMENT

Airway Equipment	BLS	ALS
Chest seal and Flutter Valve		1
End Tidal CO ₂ (device may be integrated into bag)		1

Airway Equipment	BLS	ALS
Endotracheal Tubes - 6.0 and/or 6.5, 7.0 and/or 7.5, and 8.0 and/or 8.5 with stylet		1 each
ET Tube holder		1
King LTS-D Size 4 and 5	1 each if approved	1 each
Laryngoscope Kit		1
Nasopharyngeal Airways Adult	1 set	1 set
Needle Cricothyrotomy Device		1
Needle Thoracostomy Kit		1
Suction (hand held)	1	1
Ventilation Bag collapsible (BVM)	1	1

IV/MONITORING EQUIPMENT

IV/Needle/Syringes	BLS	ALS
AED (with waveform monitoring preferred)	1	1
AED Pads	1	1
Blood Pressure Cuff	1	1
IO Device and Needles		1
IV Needles 14-20 Gauge		1 of each
IV Start Kit		1
IV Tubing		1
Pulse Oximeter (optional)		1
Saline Flush		2
Saline Lock		2
Stethoscope	1	1
Syringes 3 cc, 5 cc, 10 cc		1 each

DRESSING AND SPLINTING

Dressing/Splints	BLS	ALS
CoTCCC - Recommended tourniquet system	1	1
Elastic compression dressing	1	1
Latex free gloves	1	1
N95 Mask	1	1
Occlusive dressing	1	1
Roller bandage	1	1
Splint - semi-rigid moldable	1	1
Sterile gauze pads	1	1
Tape	1	1
Trauma dressing	1	1
Trauma shears	1	1
Triangle bandage	1	1
Hemostatic impregnated gauze non-exothermic, i.e., Combat Gauze (optional)	2	2

MISCELLANEOUS EQUIPMENT

Miscellaneous Equipment	BLS	ALS
Litter	1	1
Patient care record	1	1
Personal protection equipment (PPE)	1	1
Triage tags	10	10
Tactical light	1	1
Eyewear	1	1
Rescue blanket	1	1
Self-heating blanket	1	1



OPTIONAL SKILLS AND MEDICATIONS (Authorized Public Safety Personnel)

I. PURPOSE

To ~~describe criteria~~define the requirements for authorized public safety personnel to provide certain optional skills and administer selected medications within the ICEMA region, as specified in California Code of Regulations, Title 22, Division 9, Chapter 1.5-, First Aid and CPR Standards Training for Public Safety Personnel.

II. POLICY

Upon approval of a public safety agency or department, public safety personnel may administer the following medications when performing authorized optional skills:

- Epinephrine by auto-injector for suspected anaphylaxis.
- Oxygen using nasal cannula, non-rebreather mask, or bag-valve-mask.
- Atropine and Pralidoxime Chloride by auto-injector for nerve agent exposure for self or peer care.
- Naloxone intranasal spray for suspected narcotic overdose.

Public Safety Agencies

- Public safety agencies must submit a request for course approval for each optional skill, per ICEMA Reference #30503060 - Public Safety First Aid Training Program-Optional Skills Course Approval.
- Public safety agencies approved for optional skills will be identified by ICEMA.
- Public safety agencies approved by ICEMA will determine deployment of the selected medications within their jurisdiction and notify ICEMA of those public safety personnel that carry any of the selected medications for emergency administration.

Public Safety Personnel

- Public safety personnel working for ICEMA approved public safety agencies or departments who have completed ICEMA approved optional skill training may administer the associated medications by authority of the ICEMA Medical Director.

- Retraining in each approved optional skill is required every two (2) years.
- Current certification in Basic Life Support (AHA, American Red Cross, or ICEMA approved equivalent) and training in Public Safety First Aid and CPR is required of public safety personnel approved for any optional skill and medication.

~~III. TRAINING/RETRAINING~~

~~Training in each optional skill shall consist of a minimum of one (1) hour presentation and shall result in the public safety personnel being competent in the performance of the optional skill and administration of the associated medication. The training shall include but not be limited to:~~

- ~~• Common causative agents.~~
- ~~• Associated signs and symptoms.~~
- ~~• Assessment findings.~~
- ~~• Need for appropriate personal protective equipment and scene safety awareness.~~
- ~~• Profile of medication administered to include:
 - ~~➤ Drug classification.~~
 - ~~➤ Mechanisms of drug action.~~
 - ~~➤ Indications and contraindications.~~
 - ~~➤ Dosage and route of administration.~~
 - ~~➤ Side/adverse effects.~~~~
- ~~• Administration of the medication to include:
 - ~~➤ Site selection and administration.~~
 - ~~➤ Medical asepsis.~~
 - ~~➤ Disposal of contaminated items and sharps.~~~~

~~At the completion of this training, the student shall complete a competency based written and skills examination for administration of the medication that includes:~~

- ~~• Assessment of when to administer medication.~~
- ~~• Managing a patient before and after administering of the medication.~~
- ~~• Using universal precautions and body substance isolation procedures during medication administration.~~
- ~~• Demonstrating aseptic technique during medication administration.~~
- ~~• Demonstrating preparation and administration of parenteral medications by a route other than intravenous.~~
- ~~• Proper disposal of contaminated items and sharps.~~

III.V. PROCEDURE

Public safety personnel working for authorized public safety agencies and who have completed the appropriate training/retraining may administer the following medications when performing authorized optional skills:

- Epinephrine using EpiPen or Epinephrine auto-injector, per ICEMA Reference #16010 - Allergic Reaction and Anaphylaxis (Authorized Public Safety Personnel).
- Atropine and Pralidoxime Chloride using Mark I or DuoDote auto-injector (Nerve Agent Antidote Kit - NAAK), per ICEMA Reference #16020 - Nerve Agent Exposure (Authorized Public Safety Personnel).
- Naloxone intranasal spray, per ICEMA Reference #16030 - Opioid Overdose (Authorized Public Safety Personnel).
- Oxygen using nasal cannula, non-rebreather mask or bag-valve-mask, per ICEMA Reference #16040 - Respiratory Distress (Authorized Public Safety Personnel).

IV. DATA COLLECTION

- Authorized public safety personnel shall report all uses of optional skills and medication to responding EMS field personnel.

- EMS field personnel shall document the “prior to arrival” administration of medication by public safety personnel.
- Public safety personnel shall complete report per the public safety agency’s policy.

VI. SAFETY AND MONITORING

- Optional skills and medication administration for public safety personnel will be evaluated and monitored per the ICEMA Quality Improvement Plan.
- Authorized public safety agencies and public safety personnel shall ensure that the storage and rotation of medications are consistent with the manufacturer’s policies.

VII. REFERENCES

<u>Number</u>	<u>Name</u>
30560	Public Safety First Aid Training Program <u>Optional Skills Course</u> Approval
16010	Allergic Reaction and Anaphylaxis (Authorized Public Safety Personnel)
16020	Nerve Agent Exposure (Authorized Public Safety Personnel)
16030	Opioid Overdose (Authorized Public Safety Personnel)
16040	Respiratory Distress (Authorized Public Safety Personnel)



PUBLIC SAFETY AED SERVICE PROVIDER

I. PURPOSE

To define the requirements for approval of public safety automatic external defibrillator (AED) service providers in the ICEMA region, as specified in the California Code of Regulations, Title 22, Division 9, Chapter 1.5, First Aid and CPR Standards Training for Public Safety Personnel.

II. DEFINITIONS

Public Safety AED Service Provider: An agency or organization which is responsible for and is approved to operate an AED, and employs public safety personnel (firefighter, lifeguard, or peace officer), and who obtain AEDs for the purpose of providing AED services to the general public.

III. POLICY

- Public safety AED service providers, other than State or federal agencies, in San Bernardino, Inyo or Mono Counties shall be approved by ICEMA prior to beginning service.
- A public safety AED service provider shall ensure compliance with the California Code of Regulations, Title 22, Division 9, Chapter 1.5.
- A public safety agency shall submit a Public Safety AED Service Provider Application every two (2) years) for approval. An application is available on the ICEMA website at ICEMA.net.
- Courses requiring approval, as specified by California Code of Regulations, Title 22, Division 9, Chapter 1.5, shall be submitted to ICEMA per ICEMA Reference #3050 - Public Safety First Aid and CPR Training Program Approval.

IV. PUBLIC SAFETY AED SERVICE PROVIDER APPROVAL

- A public safety agency shall be approved if they:
 - Provide orientation of the AED to authorized personnel.
 - Ensure maintenance of AED equipment.
 - Ensure initial training and continued competency of AED authorized personnel at least every two (2) years.

- Authorize and maintain a listing of all public safety AED service provider’s authorized personnel and provide list upon request to ICEMA or the EMS Authority

V. RECORD KEEPING AND REPORTING REQUIREMENTS

- An AED Use Notification form, which is found on the ICEMA website at ICEMA.net, must be provided to the Public Safety AED service provider’s Medical Director who is responsible for the provider’s AED program within 24 hours of use.
- The following data shall be collected and reported to ICEMA annually by March 1st for the previous calendar year. An AED Annual Usage Report form is available on the ICEMA website at ICEMA.net.
 - The number of patients with sudden cardiac arrest receiving CPR prior to arrival of emergency medical care if known.
 - The total number of patients on whom defibrillatory shocks were administered, witnessed (seen or heard) arrest and not witnessed arrest.
 - The number of these persons who suffered a witnessed cardiac arrest whose initial monitored rhythm was ventricular tachycardia or ventricular fibrillation.

VI. REFERENCE

<u>Number</u>	<u>Name</u>
3050	Public Safety First Aid and CPR Training Program Approval