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: June 18, 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 JUNE 18, 2019

The revised policies/protocols listed below are effective June 18, 2019.

ICEMA Reference Number and Name

1040	EMT-P Accreditation
9020	Physician On Scene
9030	Responsibility for Patient Management Policy
9050	Organ Donor Information
9110	Treatment of Patients with Airborne Infections and Transport Recommendations

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 the EMS Policy, Procedure and Protocol Manual section.

If you have any questions, please contact Suzee Kolodzik, EMS Specialist, at (909) 388-5820 or via e-mail at susan.kolodzik@cao.sbcounty.gov.

TL/RV/SK/jlm

Enclosures

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POLICIES/PROTOCOLS CHANGES EFFECTIVE JUNE 18, 2019

Reference #	Name	Changes
DELETIONS		
None		
NEW		
None		
1000 ACCREDITATION AND CERTIFICATION		
1040	EMT-P Accreditation	Addition of American Red Cross ALS provider card for military based fire/EMS field personnel.
2000 DATA COLLECTION		
None		
3000 EDUCATION		
None		
4000 QUALITY IMPROVEMENT		
None		
5000 MISCELLANEOUS SYSTEM POLICIES		
None		
6000 SPECIALTY PROGRAM/ PROVIDER POLICIES		
None		
7000 STANDARD DRUG & EQUIPMENT LISTS		
None		
8000 TRANSPORT/TRANSFERS AND DESTINATION POLICIES		
None		
9000 GENERAL PATIENT CARE POLICIES		
9020	Physician On Scene	Formatting and verbiage changes for clarification and consistency.
9030	Responsibility for Patient Management Policy	Formatting and verbiage changes for clarification and consistency.
9050	Organ Donor Information	Formatting and verbiage changes for clarification and consistency.
9110	Treatment of Patients with Airborne Infections and Transport Recommendations	Formatting and verbiage changes for clarification and consistency.
10000 SKILLS		
None		
11000 ADULT EMERGENCIES		
None		

POLICIES/PROTOCOLS CHANGES EFFECTIVE JUNE 18, 2019

Reference #	Name	Changes
12000 END OF LIFE CARE		
None		
13000 ENVIRONMENTAL EMERGENCIES		
None		
14000 PEDIATRIC EMERGENCIES		
None		
15000 TRAUMA		
None		

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EMT-P ACCREDITATION

I. PURPOSE

To define the accreditation and reverification requirements for an eligible applicant to practice as an Emergency Medical Technician - Paramedic (EMT-P) within the ICEMA region.

II. ELIGIBILITY

- Possess a current California EMT-P license.
- Current employment as an EMT-P by an authorized Advanced Life Support (ALS) service provider or by an EMS provider that has formally requested ALS authorization in the ICEMA region.

III. PROCEDURE

Accreditation/Reverification

- Submit a completed online application using the ICEMA EMS Credentialing portal found on the ICEMA website at ICEMA.net that includes:
  - Copy of a valid government issued photo identification.
  - Copy of a valid California EMT-P license.
  - Copy (front and back) of a valid American Heart Association BLS Healthcare Provider, American Red Cross Professional Rescuer CPR card or equivalent. Online course is acceptable with written documentation of skills portion.
  - Copy (front and back) of a valid American Heart Association Advanced Cardiac Life Support (ACLS) card. ACLS cards that are obtained online must have hands on skills evaluation with an approved American Heart Association instructor.
  - For military based fire/EMS field personnel only, American Red Cross Advanced Life Support (ALS) provider card will be recognized and online course is acceptable with written documentation of skills portion.

- Submit the established ICEMA fee. Fees paid for accreditation are not refundable or transferable. ICEMA fees are published on the ICEMA website at ICEMA.net.

- The EMT-P shall be responsible for notifying ICEMA of any and all changes in name, employer, e-mail and/or mailing address within thirty (30) calendar days of change. This notification/change may be made through the ICEMA EMS Credentialing portal found on the ICEMA website at ICEMA.net.

NOTE: *If ICEMA accreditation has lapsed for more than one (1) year, the applicant must comply with the initial accreditation procedure.*

Initial Accreditation

- Pass the ICEMA EMT-P accreditation written examination with a minimum score of eighty percent (80%).

  - A candidate who fails to pass the ICEMA written examination on the first attempt will have to pay the ICEMA approved fee and re-take the exam with a minimum passing score of eighty-five (85%).

  - A candidate who fails to pass the ICEMA written examination on the second attempt will have to pay the established ICEMA fee, and provide documentation of eight (8) hours of remedial training in ICEMA protocols, policies/procedures given by their EMS/QI Coordinator and pass the ICEMA exam with a minimum passing score of eighty-five percent (85%).

  - If the candidate fails to pass the ICEMA written examination on the third attempt, the candidate will be ineligible for accreditation for a period of six (6) months, at which time candidate must reapply and successfully complete all initial accreditation requirements.

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

PHYSICIAN ON SCENE

I. PURPOSE

To establish criteria for an advanced emergency medical technician (AEMT), and paramedic (EMT-P) during situations in which a physician is physically present at the scene of a 9-1-1 response.

II. POLICY

Medical responsibility for patient care is the responsibility of the Base Station physician. Within the ICEMA region, an AEMT or EMT-P may only follow medical orders given by the Base Station physician or MICN.

III. PROCEDURE

In the event that an AEMT or EMT-P arrives at the scene of a medical or a trauma emergency and a physician on scene wishes to direct the care of the patient and assume medical responsibility for the patient, the following conditions apply:

- The physician must be informed that base hospital contact must be made, and the final decision regarding the assumption of medical responsibility for patient care will be made by the base hospital physician.
- The physician must show proper identification and a current California physician's license.
- The physician must agree to sign the patient care report agreeing to take full responsibility for the care and treatment of the patient(s) involved in the incident and accompanies the patient(s) in the ambulance to the most appropriate receiving facility. This statement is available on the ICEMA e-PCR. EMS providers using software not totally integrated with ICEMA software must provide a form stating the above and obtaining physician signature.
- Care of the patient must be transferred to a physician at the receiving facility.

AEMT and EMT-P RESPONSIBILITIES

The AEMT or EMT-P has the following responsibilities in the event that the physician on scene assumes responsibility for patient care:

- Notify base hospital that a physician has requested to take over patient.

- Maintain control of drugs and equipment from the LALS or ALS unit. Inform the physician of drugs and equipment available.

- Offer assistance to the physician on scene. The AEMT or EMT-P may only perform procedures that are within the ICEMA scope of practice.

- Document on patient care report all necessary information and obtain physician signature.

RESPONSIBILITY FOR PATIENT MANAGEMENT POLICY

I. PURPOSE

To define the responsibility for patient care management in the prehospital setting. Within the ICEMA region, in the event both public and private emergency medical services (EMS) field personnel arrive on the scene with the same qualifications, patient care management responsibility will rest with the first to arrive.

II. PROCEDURE

- An AEMT or EMT-P may transfer patient management responsibility to an EMT for transportation, **without base hospital direction**, only under the following conditions:
  - When the patient does not meet criteria for base hospital contact and has not received ALS care.
  - When operating under policy, ICEMA Reference #5050 - Medical Response to a Multi-Casualty Incident.
  - When operating under ICEMA Reference #9060 - Local Medical Emergency Policy.
- The base hospital should be contacted if at any time transfer of patient management responsibility is in question or for any patient not meeting the above criteria.
- In the event of radio communication failure, an LALS or ALS unit may not transfer patient management responsibility to an EMT for transportation.

III. REFERENCES

Number	Name
5050	Medical Response to a Multi-Casualty Incident
9060	Local Medical Emergency Policy

ORGAN DONOR INFORMATION

I. PURPOSE

To comply with State legislation requiring emergency medical services (EMS) field personnel to search for organ donor information on adult patients for whom death appears imminent.

II. DEFINITIONS

Reasonable Search: A brief attempt by EMS field personnel to locate documentation that may identify a patient as a potential organ donor, or one who has refused to make an anatomical gift. This search shall be limited to a wallet or purse that is on or near the individual to locate a driver's license or other identification card with this information. A reasonable search shall not take precedence over patient care/treatment.

Imminent Death: A condition wherein illness or injuries are of such severity that in the opinion of EMS field personnel, death is likely to occur before the patient arrives at the receiving hospital.

III. POLICY

Existing law provides that any individual who is at least eighteen (18) years of age may make an anatomical gift and sets forth procedures for making that anatomical gift, including the presence of a pink dot on their driver's license indicating enrollment in the California Organ and Tissue Donor Registry.

- When EMS field personnel encounter an unconscious adult patient for whom it appears death is imminent, a reasonable search of the patient's belonging should be made to determine if the individual carries information indicating status as an organ donor. This search shall not interfere with patient care or transport. Any inventory of victim's personal effects should be on the patient care record and signed by the person who receives the patient.

- All EMS field personnel shall notify the receiving hospital if organ donor information is discovered.

- Any organ donor document discovered should be transported to the receiving hospital with the patient unless the investigating law enforcement

officer requests the document. In the event that no transport is made, any document should remain with the patient.

- EMS field personnel should briefly note the results of the search, notification of hospital and witness name(s) on the patient care report.

- No search is to be made by EMS field personnel after the patient has expired.

TREATMENT OF PATIENTS WITH AIRBORNE INFECTIONS AND TRANSPORT RECOMMENDATIONS

I. PURPOSE

To establish a policy for transportation of patients with suspected or known airborne infections within the ICEMA region.

II. FIELD ASSESSMENT/TREATMENT INDICATORS

Signs and Symptoms (may include)

- Fever more than 100°F (37.8 C).
- Runny nose, cough, sore throat (or any combination).
- May or may not have gastrointestinal symptoms.

III. PROCEDURE

Patient Care

- Treatment for a symptomatic individual who is a confirmed case or a suspected case of infectious disease is supportive based upon assessment findings.
- IV fluids and appropriate medications are to be initiated per established protocols.
- Exacerbation of underlying medical conditions in patients should be considered, thoroughly assessed and treated per established protocols.

Infection Control of Ill Persons During Treatment and Transport

- EMS field personnel should incorporate rapid assessment of potential infectious environment into their scene survey/safety and maintain an index of suspicion for infectious disease when a patient with signs/symptoms consistent with the case definition(s) is encountered.
- Personal Protective Equipment (PPE) must be immediately accessible and employed by all EMS providers who come into close contact with ill and/or infectious patients as outlined in the California ATD Standard. This would include the driver in vehicles with open driving compartments particularly when the patient is receiving aerosolized treatment.

- All required care should be provided to the patient(s) as indicated by protocol(s).

- Patients with suspected or confirmed case-status should be transported as warranted by assessment findings. All patients in acute respiratory distress will be transported. If transport is initiated, symptomatic patients should not be transported with non-symptomatic patients. The patient should be accompanied by a single attendant during transport to limit exposure unless patient treatment needs dictate otherwise.

- After thorough assessment and attention to the patient's respiratory status, the patient should be encouraged to wear a surgical mask if it can be tolerated or oxygen mask if indicated. Close monitoring of the patient's respiratory status is required at all times during treatment and transport.

Specific EMS Personal Protective Equipment Standards and Transport Recommendations

- For EMS field personnel treating and/or transporting a patient that meets the case definition of infectious respiratory disease, protection must include wearing a fit-tested N95 respirator (or higher), disposable gloves and eye protection (face shield or goggles).

- The ambulance ventilation system should be operated in the nonrecirculating mode, and the maximum amount of outdoor air should be provided to facilitate dilution. If the vehicle has a rear exhaust fan, use this fan during transport. If the vehicle is equipped with a supplemental recirculating ventilation unit that passes air through HEPA filters before returning it to the vehicle, use this unit to increase the number of Air Changes per Hour (ACH). Air should flow from the cab (front of vehicle), over the patient, and out the rear exhaust fan. If an ambulance is not used, the ventilation system for the vehicle should bring in as much outdoor air as possible, and the system should be set to nonrecirculating. If possible, physically isolate the cab from the rest of the vehicle, and place the patient in the rear seat. [1]

- Clean hands thoroughly with soap and water or an alcohol-based hand gel before and after all patient contacts.

- All equipment and surface areas should be thoroughly decontaminated with an anti-bacterial cleaner following each patient contact.

[1] Centers for Disease Control, *MMWR* December 30, 2005 / 54(RR17);1-141

EMT-P ACCREDITATION

I. PURPOSE

To define the accreditation and reverification requirements for an eligible applicant to practice as an Emergency Medical Technician - Paramedic (EMT-P) within the ICEMA region.

II. ELIGIBILITY

●~~1.~~ Possess a current California EMT-P license.

●~~2.~~ Current employment as an EMT-P by an authorized Advanced Life Support (ALS) service provider or by an EMS provider that has formally requested ALS authorization in the ICEMA region.

III. PROCEDURE

Accreditation/Reverification

●~~1.~~ Submit a completed online application using the ICEMA EMS Credentialing portal found on the ICEMA website at ICEMA.net that includes:

➢~~a.~~ Copy of a valid government issued photo identification.

➢~~b.~~ Copy of a valid California EMT-P license.

➢~~c.~~ Copy (front and back) of a valid American Heart Association BLS Healthcare Provider, American Red Cross Professional Rescuer CPR card or equivalent. Online course is acceptable with written documentation of skills portion.

➢~~d.~~ Copy (front and back) of a valid American Heart Association Advanced Cardiac Life Support (ACLS) card. ACLS cards that are obtained online must have hands on skills evaluation with an approved American Heart Association instructor.

➢ For military based fire/EMS field personnel only, American Red Cross Advanced Life Support (ALS) provider card will be recognized and online course is acceptable with written documentation of skills portion.

- ~~2.~~ Submit the established ICEMA fee. Fees paid for accreditation are not refundable or transferable. ICEMA fees are published on the ICEMA website at ICEMA.net.

- ~~3.~~ The EMT-P shall be responsible for notifying ICEMA of any and all changes in name, employer, e-mail and/or mailing address within thirty (30) calendar days of change. This notification/change may be made through the ICEMA EMS Credentialing portal found on the ICEMA website at ICEMA.net.

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Initial Accreditation

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  - ~~a.~~ A candidate who fails to pass the ICEMA written examination on the first attempt will have to pay the ICEMA approved fee and re-take the exam with a minimum passing score of eighty-five (85%).

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  - ~~c.~~ If the candidate fails to pass the ICEMA written examination on the third attempt, the candidate will be ineligible for accreditation for a period of six (6) months, at which time candidate must reapply and successfully complete all initial accreditation requirements.

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PHYSICIAN ON SCENE

I. PURPOSE

To establish criteria for an advanced emergency medical technician (AEMT), and paramedic (EMT-P) during situations in which a physician is physically present at the scene of a 9-1-1 response.

~~AUTHORITY~~

~~California Code of Regulations, Division 9, Chapter 4, Article 2, Section 100147 and Article 8, Section 100175.~~

II. POLICY

Medical responsibility for patient care is the responsibility of the Base Station physician. Within the ICEMA region, an AEMT or EMT-P may only follow medical orders given by the Base Station physician or MICN.

III. PROCEDURE

In the event that an AEMT or EMT-P arrives at the scene of a medical or a trauma emergency and a physician on scene wishes to direct the care of the patient and assume medical responsibility for the patient, the following conditions apply:

- ~~1.~~ The physician must be informed that ~~B~~base hospital~~Station~~ contact must be made, and the final decision regarding the assumption of medical responsibility for patient care will be made by the ~~B~~base hospital~~Station~~ physician.

- ~~2.~~ The physician must show proper identification and a current California physician's license.

- ~~3.~~ The physician must agree to sign the patient care report agreeing to take full responsibility for the care and treatment of the patient(s) involved in the incident and accompanies the patient(s) in the ambulance to the most appropriate receiving facility. This statement is available on the ICEMA e-PCR~~. and on the back of the first (white) copy of the ICEMA Standard Run Report Form (01A). Prehospital~~ EMS providers~~agencies~~ using software not totally integrated with ICEMA software must provide a form stating the above and obtaining physician signature.

- ~~4.~~ Care of the patient must be transferred to a physician at the receiving facility.

AEMT and EMT-P RESPONSIBILITIES

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~~AUTHORITY~~

~~California Health and Safety Code, Division 2.5, Chapter 5, Section 1798.6 (a and c).~~

II. PROCEDURE

- ~~1.~~ An AEMT or EMT-P may transfer patient management responsibility to an EMT for transportation, **without ~~B~~base hospital~~Station~~ direction**, only under the following conditions:

  - ~~a.~~ When the patient does not meet criteria for ~~B~~base hospital~~Station~~ contact and has not received ALS care.

  - ~~b.~~ When operating under policy, ICEMA Reference #5050 - Medical Response to a Multi-Casualty Incident.

  - ~~c.~~ When operating under ICEMA Reference #9060 - Local Medical Emergency Policy.

- ~~2.~~ The ~~B~~base hospital~~Station~~ should be contacted if at any time transfer of patient management responsibility is in question or for any patient not meeting the above criteria.

- ~~3.~~ In the event of radio communication failure, an LALS or ALS unit may not transfer patient management responsibility to an EMT for transportation.

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ORGAN DONOR INFORMATION

I. PURPOSE

To comply with State legislation requiring emergency medical services (EMS) field personnel to search for organ donor information on adult patients for whom death appears imminent.

~~AUTHORITY~~

~~California Health and Safety Code, Section 7152.5 (b).~~

II. DEFINITIONS

Reasonable Search: A brief attempt by EMS field personnel to locate documentation that may identify a patient as a potential organ donor, or one who has refused to make an anatomical gift. This search shall be limited to a wallet or purse that is on or near the individual to locate a driver's license or other identification card with this information. A reasonable search shall not take precedence over patient care/treatment.

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- ~~2.~~ All EMS field personnel shall notify the receiving hospital if organ donor information is discovered.

- ~~3.~~ Any organ donor document discovered should be transported to the receiving hospital with the patient unless the investigating law enforcement officer requests the document. In the event that no transport is made, any document should remain with the patient.

- ~~4.~~ EMS field personnel should briefly note the results of the search, notification of hospital and witness name(s) on the patient care report.

- ~~5.~~ No search is to be made by EMS field personnel after the patient has expired.

TREATMENT OF PATIENTS WITH AIRBORNE INFECTIONS AND TRANSPORT RECOMMENDATIONS

I. PURPOSE

To establish a policy for transportation of patients with suspected or known airborne infections within the ICEMA region.

~~AUTHORITY~~

~~California Code of Regulations, Title 8, §5199. Aerosol Transmissable Diseases.~~

II. FIELD ASSESSMENT/TREATMENT INDICATORS

Signs and Symptoms (may include)

- ~~1.~~ Fever more than~~>~~ 100°F (37.8 C).
- ~~2.~~ Runny nose, cough, sore throat (or any combination).
- ~~3.~~ May or may not have gastrointestinal symptoms.

III. PROCEDURE

Patient Care

- ~~1.~~ Treatment for a symptomatic individual who is a confirmed case or a suspected case of infectious disease is supportive based upon assessment findings.
- ~~2.~~ IV fluids and appropriate medications are to be initiated per established protocols.
- ~~3.~~ Exacerbation of underlying medical conditions in patients should be considered, thoroughly assessed and treated per established protocols.

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- ~~1.~~ EMS field personnel should incorporate rapid assessment of potential infectious environment into their scene survey/safety and maintain an index of suspicion for infectious disease when a patient with signs/symptoms consistent with the case definition(s) is encountered.

- ~~2.~~ Personal Protective Equipment (PPE) must be immediately accessible and employed by all EMS providers who come into close contact with ill and/or infectious patients as outlined in the California ATD Standard. This would include the driver in vehicles with open driving compartments particularly when the patient is receiving aerosolized treatment.

- ~~3.~~ All required care should be provided to the patient(s) as indicated by protocol(s).

- ~~4.~~ Patients with suspected or confirmed case-status should be transported as warranted by assessment findings. All patients in acute respiratory distress will be transported. If transport is initiated, symptomatic patients should not be transported with non-symptomatic patients. The patient should be accompanied by a single attendant during transport to limit exposure unless patient treatment needs dictate otherwise.

- ~~5.~~ After thorough assessment and attention to the patient's respiratory status, the patient should be encouraged to wear a surgical mask if it can be tolerated or oxygen mask if indicated. Close monitoring of the patient's respiratory status is required at all times during treatment and transport.

Specific EMS Personal Protective Equipment Standards and Transport Recommendations

- ~~1.~~ For EMS field personnel treating and/or transporting a patient that meets the case definition of infectious respiratory disease, protection must include wearing a fit-tested N95 respirator (or higher), disposable gloves and eye protection (face shield or goggles).

- ~~2.~~ The ambulance ventilation system should be operated in the nonrecirculating mode, and the maximum amount of outdoor air should be provided to facilitate dilution. If the vehicle has a rear exhaust fan, use this fan during transport. If the vehicle is equipped with a supplemental recirculating ventilation unit that passes air through HEPA filters before returning it to the vehicle, use this unit to increase the number of Air Changes per Hour (ACH). Air should flow from the cab (front of vehicle), over the patient, and out the rear exhaust fan. If an ambulance is not used, the ventilation system for the vehicle should bring in as much outdoor air as possible, and the system should be set to nonrecirculating. If possible, physically isolate the cab from the rest of the vehicle, and place the patient in the rear seat. [1]

- ~~3.~~ Clean hands thoroughly with soap and water or an alcohol-based hand gel before and after all patient contacts.

4. All equipment and surface areas should be thoroughly decontaminated with an anti-bacterial cleaner following each patient contact.

[1] Centers for Disease Control, *MMWR* December 30, 2005 / 54(RR17);1-141