



# 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:** December 10, 2020

**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 EFFECTIVE DECEMBER 10, 2020**

The policies listed below are effective December 10, 2020.

ICEMA Reference Number and Name

8120R1 Assess and Refer (San Bernardino County Only) (DELETE)  
8130R2 Assess and Refer: Emergency Response Plan (San Bernardino County Only)

Please insert and replace the enclosed policies and the Table of Contents in the Policy and Protocol Manual with the updated documents. The ICEMA policies and protocols can also be found on ICEMA's website at [www.ICEMA.net](http://www.ICEMA.net) under the Policy and Protocol Manual (2020) section.

If you have any questions, please contact Loreen Gutierrez, RN, Specialty Care Coordinator, at (909) 388-5803 or via e-mail at [loreen.gutierrez@cao.sbcounty.gov](mailto:loreen.gutierrez@cao.sbcounty.gov).

TL/RV/jlm

Enclosures

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## BOARD OF DIRECTORS

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**POLICIES/PROTOCOLS CHANGES EFFECTIVE DECEMBER 10, 2020**

Reference #	Name	Changes
<b>DELETIONS</b>		
8120R1	Assess and Refer (San Bernardino County Only)	Deleted and combined with ICEMA Reference #8130R2.
<b>NEW</b>		
None		
<b>CHANGES</b>		
8130R2	Assess and Refer: Emergency Response Plan (San Bernardino County Only)	Name changed and updated for clarification.

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<b>SERIES</b>	<b>OLD #</b>	<b>ADMINISTRATIVE POLICIES</b>
<b>1000</b>		<b>CREDENTIALING (EMT, AEMT, EMT-P, MICN)</b>
1010	1100	AEMT Certification
1020	1030	EMT Certification
1030	1040	EMT-P Accreditation
1040	1050	MICN Authorization - Base Hospital, Administrative, Flight Nurse, Critical Care Transport
1050	1110	RCP Authorization
1060	1070	EMT/AEMT Incident Investigation, Determination of Action, Notification, and Administrative Hearing Process
1070	1090	Criminal History Background Checks (Live Scan)
1080	1120	EMT-P Student Field Internship Requirements
<b>2000</b>		<b>EDUCATION</b>
2010	3020	Continuing Education Provider Requirements
2020	3030	EMT Continuing Education Requirements
2030	3050	Public Safety First Aid Training Program Approval
2040	3060	Public Safety Optional Skills Course Approval
2050	3070	Tactical Casualty Care Training Programs and Courses
<b>3000</b>		<b>GENERAL POLICIES</b>
3010	5010	Licensure Changes - 911 Receiving Hospitals
3020	5020	Base Hospital Designation
3030	5030	Adoption of Policies and Protocols
3040	5040	Radio Communication
3050	7030	Controlled Substance
3060	5080	Ground Based Ambulance Rate Setting (San Bernardino County)
<b>4000</b>		<b>SPECIALTY CARE PROGRAMS AND SPECIALTY SERVICE PROVIDER POLICIES</b>
4010	6010	Paramedic Vaccination
4020	6170	ChemPack Deployment
4030	6060	Specialty and Optional Scope Program Approval
4040	6070	ST Elevation Myocardial Infarction Critical Care System Designation (San Bernardino County Only)
4050R1	6080	EMT-P Blood Draw for Chemical Testing at the Request of a Peace Officer
4060R1	6090	Fireline EMT-P
4070	6100	Stroke Critical Care System Designation (San Bernardino County Only)
4080R1	6110	Tactical Medicine for Special Operations
4090	6120	Emergency Medical Dispatch Center Requirements (San Bernardino County Only)
4100	6130	Medical Priority Dispatch Minimum Response Assignments for Emergency Medical Dispatch (EMD) Categories

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5010	2020	ICEMA Abbreviation List
5020	2030	Minimum Documentation Requirements for Transfer of Patient Care
5030	2040	Requirements for Patient Care Reports
5040	2050	Requirements for Collection and Submission of EMS Data
<b>6000</b>		<b>GENERAL OPERATIONAL POLICIES</b>
6010	9020	Physician on Scene
6020	9030	Responsibility for Patient Management
6030	9040	Reporting Incidents of Suspected Abuse
6040	9050	Organ Donor Information
6050	9060	Local Medical Emergency
6060	9070	Patient Restraints
6070	9080	Care of Minors in the Field
6080	9090	Patient Refusal of Care - Adult
6090R1	9110	Treatment and Transportation Recommendations of Patients with Emerging Infectious Diseases
<b>7000</b>		<b>DRUG AND EQUIPMENT LISTS</b>
7010R1	No Change	Standard Drug and Equipment List - BLS/LALS/ALS
7020R1	No Change	Standard Drug and Equipment List - EMS Aircraft
<b>8000</b>		<b>RESPONSE, TRANSPORT, TRANSFER AND DIVERSION POLICIES</b>
8010	No Change	Interfacility Transfer Guidelines
8020	No Change	Specialty Care Transport
8030	8050	Transport of Patients (BLS)
8040	8140	Transport of Patients (Inyo County Only)
8050	8060	Requests for Ambulance Redirection and Hospital Diversion (San Bernardino County Only)
8060	15050	Hospital Emergency Response Team (HERT)
8070	5070	Medical Response to Hazardous Materials/Terrorism Incident
8080	5050	Medical Response to a Multiple Casualty Incident
8090	5050I	Medical Response to a Multiple Casualty Incident (Inyo and Mono Counties)
8100	8150	Ambulance Patient Offload Delay (APOD)
8110	New	EMS Aircraft Utilization (San Bernardino County Only)
8120R1	New	Assess and Refer (San Bernardino County Only) <b>(DELETE)</b>
8130R2	New	Assess and Refer: Emergency Response Plan (San Bernardino County Only)
<b>9000</b>		<b>CONTINUATION OF CARE AND DESTINATION POLICIES</b>
9010	8120	Continuation of Care (San Bernardino County Only)
9020	8090	Continuation of Trauma Care (Fort Irwin)
9030	8130	Destination
9040R1	15030	Trauma Triage Criteria

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<b>10000</b>		<b>PILOT PROJECTS AND TRIAL STUDIES</b>
10010	8160	Emergency Medical Transport of Police Dogs Pilot Project (San Bernardino County Only)
10020	6150	Trial Study Participation
<b>11000</b>		<b>STANDARD ORDERS</b>
11010	7040	Medication - Standard Orders
11020R2	10190	Procedure - Standard Orders

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12010R1	9010	Patient Care Guidelines
12020	15040	Glasgow Coma Scale
<b>13000</b>		<b>ENVIRONMENTAL EMERGENCIES</b>
13010	No Change	Poisonings
13020	No Change	Heat Related Emergencies
13030	No Change	Cold Related Emergencies
13040	No Change	Nerve Agent Antidote Kit (Training, Storage and Administration)
13050	11150	Smoke Inhalation/CO Exposure/Suspected Cyanide Toxicity
<b>14000</b>		<b>TREATMENT PROTOCOLS</b>
14010	11010	Respiratory Emergencies - Adult
14020R1	11020	Airway Obstruction - Adult
14030	11040	Bradycardias - Adult
14040	11050	Tachycardias - Adult
14050	11070	Cardiac Arrest - Adult
14060R1	11080	Altered Level of Consciousness/Seizures - Adult
14070R1	11100	Burns - Adult (15 years of age and older)
14080	11110	Stroke Treatment - Adult
14090R2	15010	Trauma - Adult (15 years of age and older)
14100	11140	Pain Management - Adult
14110	11130	Psychiatric/Behavioral Emergencies - Adult
14120	14010	Respiratory Emergencies - Pediatric (Less than 15 years of age)
14130	14020	Airway Obstruction - Pediatric (Less than 15 years of age)
14140	14030	Allergic Reactions - Pediatric (Less than 15 years of age)
14150	14040	Cardiac Arrest - Pediatric (Less than 15 years of age)
14160R1	14050	Altered Level of Consciousness - Pediatric (Less than 15 years of age)
14170	14060	Seizure - Pediatric (Less than 15 years of age)
14180R2	15020	Trauma - Pediatric (Less than 15 years of age)
14190	14070	Burns - Pediatric (Less than 15 years of age)
14200	14090	Newborn Care
14210	14080	Obstetrical Emergencies
14220	9120	Nausea and Vomiting
14230	9130	Shock (Non-Traumatic)
14240	11060	Suspected Acute Myocardial Infarction (AMI)
14250	12010	Determination of Death on Scene
14260	12020	End of Care and Decisions
14270	11120	Ventricular Assist Device (VAD)
<b>15000</b>		<b>PUBLIC SAFETY FIRST AID</b>
15010	16010	Allergic Reaction and Anaphylaxis (Authorized Public Safety Personnel)
15020	16020	Nerve Agent Exposure (Authorized Public Safety Personnel)
15030	16030	Opioid Overdose (Authorized Public Safety Personnel)
15040	16040	Respiratory Distress (Authorized Public Safety Personnel)
15050	16050	Optional Skills and Medications (Authorized Public Safety Personnel)
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SERIES	OLD #	APPENDIX
16000		MISCELLANEOUS
16010	New	Definitions



## INLAND COUNTIES EMERGENCY MEDICAL AGENCY POLICY AND PROTOCOL MANUAL

Reference No. 8120R1 **(DELETE)**

Effective Date: ~~04/01/2012/10/20~~

Supersedes: ~~03/30/2004/01/20~~

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### ASSESS AND REFER (San Bernardino County Only)

#### I. PURPOSE

To establish standards for the identification of patients whose condition does not require transport by 9-1-1 emergency ambulance to an emergency department. All 9-1-1 calls for EMS will receive an appropriate response, timely assessment, and appropriate patient care. If it is determined that the patient is stable, but is a suspected novel corona virus (COVID-19) person under investigation (PUI) EMS field personnel will assess patient and provide an appropriate referral recommendation.

#### II. POLICY

If the patient's condition is stable, and the patient is not over 65 years of age and does not have underlying medical history, but presents with concern for suspicion of COVID-19 the patient will be appropriately assessed for referral to stay home, self-isolate, and seek follow-up treatment with their physician, or they will be provided with an alternate destination.

Destination decisions will be based on patient's condition or patient, guardian, family or law enforcement requests.

#### III. GENERAL CONSIDERATIONS

- Transport all patients requiring immediate medical attention to the closest most appropriate hospital.
- Assess and referral criteria in this policy applies to patients with suspected COVID-19 (PUI).
- EMS should not require patients that are being released from the scene to sign AMA on the Patient Care Record.
- Advise patient that their current condition does not require transport to the Emergency Department.
- Provide instructions that if symptoms worsen, they should go to the emergency department, contact their healthcare provider, or re-contact 9-1-1.
- Honor patients requests, if possible and when appropriate. If the patient refuses the referral, the patient will be transported to the closest most appropriate hospital.

#### IV. PARAMEDIC ASSESS AND REFER DECISION MAKING PRINCIPLES

- Is the patient greater than 2 years of age and less than 65 years of age?
- Does the patient have a history of comorbid disease?
- Does the patient, guardian, or parent have Decision Making Capacity?
- Is EMS field personnel concerned with the patient's current medical condition?
- How likely is the patient to successfully navigate the provided referral?



**V. ASSESS AND REFER CRITERIA**

- The patient, guardian, or parent should meet all of the following criteria:
  - Is an adult (18 years of age or over), or legally emancipated if under 18 years of age?
  - Has a Glasgow Coma Scale (GCS) of 15 or GCS is at patient's baseline?
  - Exhibits no clinical evidence of:
    - Altered level of consciousness
    - Alcohol or drug ingestion that impairs decision making capacity
    - Abnormal or labored breathing or shortness of breath
    - Chest pain/discomfort of any kind
    - Hypoxia as indicated by low oxygen saturation
    - Significant tachycardia
    - Serious hemorrhage
  - Exhibits evidence of Decision-Making Capacity sufficient to understand the nature of the medical condition as well as the risks and potential consequences of not seeking additional medical care from the provided recommendation.
  - The patient would benefit from the provided recommendation.
  - The patient is likely to successfully navigate the provided recommendation.

**VI. DOCUMENTATION REQUIREMENTS**

- Physical exam.
- Treatment provided.
- Patient, parent, or guardian is alert, oriented, and acting appropriately for their age.
- Indications that there were no signs of significant impairment due to drugs, alcohol, organic causes, or mental illness.
- Any other observations that indicate that the patient, guardian, or parent had unimpaired Decision-Making Capacity.
- Recommendation/referrals shall be documented utilizing the following four (4) step process:
  - That a recommendation/referral was offered.
  - What the recommendation/referral was that EMS field personnel provided.
  - The patient's understanding of the recommendation/referral.
  - The patient's plan based on the recommendation/referral of the EMS field personnel.
- The person(s), if any, who remained to look after the patient (the patient's "support system").

- The name of the interpreter utilized, if applicable.

**NOTE:** All assess and refer cases will undergo 100% CQI.

DELETED



## INLAND COUNTIES EMERGENCY MEDICAL AGENCY POLICY AND PROTOCOL MANUAL

**Reference No. 8130R2**  
Effective Date: 12/10/20  
Supersedes: 12/02/20  
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### ASSESS AND REFER: EMERGENCY RESPONSE PLAN (San Bernardino County Only)

#### I. PURPOSE

To establish standards for the identification of patients whose condition does not require transport by 9-1-1 emergency ambulance. All 9-1-1 calls for EMS will receive an appropriate response, timely assessment, and appropriate patient care. If it is determined that the patient is stable, and does not require emergency department services EMS field personnel will assess patient and provide an appropriate alternative recommendation.

#### II. POLICY

- This emergent policy is being implemented in accordance with the XBO COVID19 EMS Plan and will be used only in response to surge triggers defined in that plan in order to maintain continuity of EMS in San Bernardino County during a public health emergency.
- Destination decisions will be based on patient's condition or on patient, guardian, family or law enforcement requests. If the patient's condition is stable and meets assess and refer criteria EMS field personnel will provide the patient the following recommendation:
  - "It appears that you do not require immediate care in the emergency department. You should seek care with your regular healthcare provider, urgent care or clinic. If symptoms worsen seek medical help or re-contact 9-1-1."

#### III. GENERAL CONSIDERATIONS

- Transport all patients requiring immediate medical attention to the closest most appropriate hospital.
- EMS should not require patients that are being released from the scene to sign AMA on the Patient Care Record.
- Provide instructions that if symptoms worsen, patient should go to the emergency department, contact their healthcare provider, or re-contact 9-1-1.
- If the patient refuses the referral, the patient will be transported to the closest most appropriate hospital.

#### IV. PARAMEDIC ASSESS AND REFER DECISION MAKING PRINCIPLES

- Does the patient, parent, or guardian have Decision Making Capacity?
- Is EMS field personnel concerned with the patient's current medical condition?
- How likely is the patient to successfully navigate the provided referral?

#### V. ASSESS AND REFER CRITERIA

- The patient must meet all of the following criteria:
  - Parent or guardian is on scene if the patient is under 18 years of age (unless legally emancipated).

- Has a Glasgow Coma Scale (GSC) of 15 or GCS is at patient's baseline.
- Exhibits no clinical evidence of:
  - Altered level of consciousness
  - Alcohol or drug ingestion that impairs decision making capacity
  - Abnormal or labored breathing or shortness of breath
  - Chest pain/discomfort of any kind
  - Hypoxia as indicated by low oxygen saturation
  - Significant tachycardia
  - Serious hemorrhage
- Exhibits evidence of Decision-Making Capacity sufficient to understand the nature of the medical condition as well as the risks and potential consequences of not seeking additional medical care from the provided recommendation.
- The patient would benefit from the provided recommendation.
- The patient is likely to successfully navigate the provided recommendation.
- The COVID positive patient or person under investigation (PUI) must meet all of the following criteria:
  - Be stable.
  - Not under two (2) years of age, or over 65 years of age.
  - Does not have an underlying medical history.
- For the COVID positive patient or PUI, assess for a referral to stay home, self-isolate, and seek follow-up treatment with a physician.

#### **VI. DOCUMENTATION REQUIREMENTS**

- Physical exam.
- Treatment provided.
- Patient, parent, or guardian is alert, oriented, and acting appropriately for their age.
- Indications that there were no signs of significant impairment due to drugs, alcohol, organic causes, or mental illness.
- Any other observations that indicate that the patient, parent, or guardian has impaired Decision-Making Capacity.
- Recommendation/referrals shall be documented utilizing the following four (4) step process:
  - That a recommendation/referral was offered.
  - What the recommendation/referral was that EMS field personnel provided.
  - The patient's understanding of the recommendation/referral.

- The patient's plan based on the recommendation/referral of the EMS field personnel.
- The person(s), if any, who remained to look after the patient (the patient's "support system").
- The name of the interpreter utilized, if applicable.
- EMS field personnel will leave a referral card containing relevant community referral information with the patient.

**NOTE:** All assess and refer cases will undergo 100% CQI.



## INLAND COUNTIES EMERGENCY MEDICAL AGENCY POLICY AND PROTOCOL MANUAL

Reference No. 8130R42

Effective Date: ~~12/02/2012/10/20~~

Supersedes: ~~04/01/2012/02/20~~

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ASSESS AND REFER: ~~COVID-19~~ EMERGENCY RESPONSE PLAN (San Bernardino County Only)

### I. PURPOSE

To establish standards for the identification of patients whose condition does not require transport by 9-1-1 emergency ambulance. All 9-1-1 calls for EMS will receive an appropriate response, timely assessment, and appropriate patient care. If it is determined that the patient is stable, and does not require emergency department services EMS field personnel will assess patient and provide an appropriate alternative recommendation.

### II. POLICY

- This emergent policy is being implemented in accordance with the XBO COVID19 EMS Plan and will be used only in response to surge triggers defined in that plan in order to maintain continuity of EMS in San Bernardino County during a the COVID-19 public health emergency.
- ~~If the patient's condition is stable, and the patient is not over 65 years of age and does not have underlying medical history, but presents with concerns for suspicion of COVID-19 the patient will be appropriately assessed for referral to stay home, self-isolate, and seek follow-up treatment with their physician, or patient will be provided with an alternate destination.~~
- Destination decisions will be based on patient's condition or on patient, guardian, family or law enforcement requests. If the patient's condition is stable and meets assess and refer criteria EMS field personnel will provide the patient the following recommendation:
  - "It appears that you do not require immediate care in the emergency department. You should seek care with your regular healthcare provider, urgent care or clinic. If symptoms worsen seek medical help or re-contact 9-1-1."

### III. GENERAL CONSIDERATIONS

- Transport all patients requiring immediate medical attention to the closest most appropriate hospital.
- EMS should not require patients that are being released from the scene to sign AMA on the Patient Care Record.
- Provide instructions that if symptoms worsen, patient should go to the emergency department, contact their healthcare provider, or re-contact 9-1-1.
- If the patient refuses the referral, the patient will be transported to the closest most appropriate hospital.

### IV. PARAMEDIC ASSESS AND REFER DECISION MAKING PRINCIPLES

- Does the patient, parent, or guardian, ~~or parent~~ have Decision Making Capacity?
- Is EMS field personnel concerned with the patient's current medical condition?
- How likely is the patient to successfully navigate the provided referral?

## V. ASSESS AND REFER CRITERIA

- The patient, ~~guardian, or parent should~~ must meet all of the following criteria:
  - ~~Parent or guardian is on scene if the patient is under 18 years of age (unless legally emancipated). Is an adult (18 years of age or over), or legally emancipated if under 18 years of age?~~
  - Has a Glasgow Coma Scale (GSC) of 15 or GCS is at patient's baseline~~2~~.
  - Exhibits no clinical evidence of:
    - Altered level of consciousness
    - Alcohol or drug ingestion that impairs decision making capacity
    - Abnormal or labored breathing or shortness of breath
    - Chest pain/discomfort of any kind
    - Hypoxia as indicated by low oxygen saturation
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