~~Monterey~~ County ~~of Monterey~~ EMS System Policy

Policy Number: 1020
Effective Date: ~~10/20/2023~~
Review Date: ~~6/30/2026~~

EMS ADVISORY COMMITTEES

I. PURPOSE

To define the structure and roles of the EMS committees that advise the Board of Supervisors, EMS Director. and EMS Medical Director.

II. POLICY

A. Advisory committees, composed of EMS system constituents, shall convene to review EMS system matters relevant to their scope of responsibility and recommend actions to the EMS Director and EMS Medical Director concerning matters of policy, procedure, and protocol.

B. The EMS Agency Medical Director, as mandated by California Health and Safety Code, Section 1797.220, provides medical control and assures medical accountability throughout the planning, implementation and evaluation of the EMS System. The EMS Agency Medical Director retains the final decision through his/her medical authority for the EMS system.

C. The EMS Director, as mandated by the Monterey County Code of Ordinances, Section 15.40.030, shall be responsible for overseeing the EMS Agency~~,~~ as it serves as the lead agency for the EMS system in the County and shall be responsible for coordinating all system participants in the EMS area. The EMS Agency shall plan, coordinate, monitor and evaluate the implementation of the EMS system.

III. EMERGENCY MEDICAL CARE COMMITTEE

A. The ~~Monterey~~ County of Monterey Board of Supervisors establishes bylaws for the Emergency Medical Care Committee (EMCC). The bylaws formally establish the purpose, membership, structure, and rules for the EMCC. These bylaws, as amended from time to time, are incorporated here by reference.

IV. ADDITIONAL COMMITTEES, TASK FORCES, AND WORKING GROUPS

A. The EMS Director may appoint ad hoc task forces, quality assurance committees, or working groups as needed.

B. The EMS Director shall determine the membership and terms of these task forces, committees, and working groups.

V. OPERATIONS WORKING GROUP

A. Purpose: The Operations Working Group (OPS) shall serve as an advisory group to the EMS Agency's Director on operational issues involving prehospital and emergency medical services.

B. Appointment Process: Appointed by the EMS Director.

C. Term of Office: Two years, commencing on the first of July, unless the member is replaced. The terms of the first six members listed below shall expire on odd-numbered years, the terms of the balance of the members listed below shall expire on even-numbered years. With the members' assent, the EMS Director may automatically reappoint members to a subsequent term.

D. Alternates: Members wishing to have an alternate may do so by submitting a written request to the Chair, giving the name of the proposed alternate member. The proposed alternate must belong to and represent the same group, agency, or entity represented by the member. The EMS Director may appoint the proposed alternate member as appropriate.

E. Officers: The Chair and Vice-Chair are elected annually by the members. The term of the Chair and Vice-Chair is for one year.

F. Meeting Frequency: OPS generally meets every other month or by request of the Chair or the EMS Director.

G. Location: As set by agenda.

H. Membership:

1. One fire chief representative from an incorporated city within Monterey County.
2. One fire chief representative from a fire protection district within Monterey County.
3. One representative from a law enforcement agency within Monterey County.
4. One Monterey County Base Hospital Coordinator.
5. One representative from the County's primary ambulance contractor.
6. One representative from a fire-based ambulance provider.
7. One representative from the ~~Monterey~~ County of Monterey Emergency Communications Department.
8. One representative from an EMS aircraft provider.
9. One field (EMT or paramedic) representative from the contracted ~~911~~ ambulance provider.
10. One field (EMT or paramedic) representative from a fire-based ambulance provider.
11. EMS Agency Medical Director (ex-officio, non-voting member).

VI. CLINICAL CARE COMMITTEE

A. Purpose: The Clinical Care Committee (CCC) shall serve as an advisory group to the EMS Agency's Director and Medical Director on medical control and other medical issues.

B. Appointment Process: Appointed by the EMS Director.

C. Term of Office: Two years, commencing on the first of July, unless the member is replaced. The terms of the first seven members listed below shall expire on odd-numbered years, the terms of the balance of the members listed below shall expire on even-numbered years. With the members' assent, the EMS Director may automatically reappoint members to a subsequent term.

D. Alternates: Members wishing to have an alternate may do so by submitting a written request to the Chair, giving the name of the proposed alternate member. The proposed alternate must belong to and represent the same group, agency, or entity represented by the member. The EMS Director may appoint the proposed alternate member as appropriate.

E. Officers: The Chair of the CCC is the EMS Agency Medical Director.

F. Meeting Frequency: The CCC generally meets every other month or by request of the Chair or the EMS Director.

G. Location: As set by agenda.

H. Membership:

1. One emergency-department physician from Community Hospital of the Monterey Peninsula.
2. One emergency-department physician from Mee Memorial Hospital.
3. One emergency-department physician from Natividad ~~Medical Center~~.
4. One emergency-department physician from Salinas Valley Health.
5. The Registered Nurse who is designated as the Base Hospital Coordinator from Community Hospital of the Monterey Peninsula.
6. The Registered Nurse who is designated as the Receiving Hospital Coordinator from Mee Memorial Hospital.
7. The Registered Nurse who is designated as the Base Hospital Coordinator from Natividad.
8. The Registered Nurse who is designated as the Base Hospital Coordinator from Salinas Valley Health.
9. One paramedic representing field staff of the contracted ambulance provider.
10. One paramedic representing field staff of paramedic service providers other than the contracted ambulance provider.
11. One Monterey County-certified Emergency Medical Technician, representing the first-responder agencies.
12. One representative from the County's primary ambulance contractor.

13. One representative from the authorized air ambulance providers.
14. One representative from a law-enforcement agency that provides prehospital emergency medical services, nominated by the Monterey County Chief Law Enforcement Officers' Association.

VII. CLINICAL QUALITY IMPROVEMENT COMMITTEES

A. Division 9 (Prehospital Emergency Medical Services) of Title 22 (Social Security) of the California Code of Regulations authorizes and requires the local EMS agency to develop clinical standards and quality improvement processes for the EMS system including specialty care systems related to trauma, stroke, and ST-elevation myocardial infarction (STEMI). In furtherance of this, the EMS Director has established the following Clinical Quality Improvement Committees. Meeting attendance is only open to committee members, appointed by the EMS Director, who must sign a confidentiality agreement and guests, approved by the EMS Director, who must sign a confidentiality agreement. Clinical Quality Improvement Committee meetings are not open to the public. Persons who violate the provisions of the confidentiality agreement may be removed from the respective Clinical Quality Improvement Committee by the EMS Director.

1. Continuous Quality Improvement Technical Advisory Group (CQI TAG).
2. ST-Elevation Myocardial Infarction (STEMI) Quality Improvement Committee.
3. Stroke Quality Improvement Committee.
4. Trauma Evaluation and Quality Improvement Committee (TEQIC).

B. The EMS Director appointed the standing Clinical Quality Improvement Committees to advise the EMS Director, the EMS Agency Medical Director, and/or the other advisory committees on subjects related to specialty care programs and prehospital clinical care. With the concurrence of the EMS Director, the Chair of a Clinical Quality Improvement Committee may appoint ad hoc working groups. Such working groups shall address topics within the scope of that committee.

C. Continuous Quality Improvement Technical Advisory Group (CQI TAG)

1. Purpose: The CQI TAG conducts reviews of cases and assesses the operations and quality of clinical care provided in the prehospital setting, emphasizing the period between the reception of the call at the primary public safety answering point (PSAP), through the first responder and ambulance provider to the emergency department. Additionally, the CQI TAG receives reports from the TEQIC, Stroke, and STEMI QI Committees and reports these to the Clinical Care Committee (CCC).
2. Members Appointed by: EMS Director, in consultation with the EMS Agency Medical Director and Staff.
3. Terms of Office: Two years, commencing on the first of July, unless the member is replaced.
4. Meeting Frequency: The Committee meets no less than quarterly or by request of the Chair, EMS Medical Director, or EMS Director.

5. Committee reports to: Clinical Care Committee.
6. Location: As set by agenda.
7. Quorum: No quorum requirement.
8. Membership:
    a. One (1) representative from the ~~Monterey~~ County of Monterey EOA ambulance services~~ALS~~ provider.
    b. One (1) representative from the Monterey County of Monterey EOA ambulance services~~ALS~~ provider's dispatch center.
    c. One (1) Representative from the ~~Monterey~~ County of Monterey Emergency Communications Center.
    d. One (1) Base Hospital Coordinator from Natividad.
    e. One (1) Base Hospital Coordinator from Salinas Valley Health.
    f. One (1) Base Hospital Coordinator from Community Hospital of the Monterey Peninsula.
    g. One (1) ED Physician/Nurse Manager from Mee Memorial Hospital.
    h. One (1) representative from each of the ALS ~~transport~~ Fire Departments operating in Monterey County.
    ~~i. One (1) representative from each of the ALS non-transport Fire Departments operating in Monterey County.~~
    ~~j.~~i. One (1) representative from each of the BLS ~~non-transport~~ Fire Departments operating in Monterey County.
    ~~k.~~j. One (1) representative from each of air ambulance provider operating in Monterey County.
    ~~l.~~k. One (1) representative from the California Highway Patrol Air Operations in Monterey County.
    ~~m.~~l. One (1) representative from a paramedic training program located in Monterey County.

D. ST-Elevation Myocardial Infarction (STEMI) Quality Improvement Committee

1. Purpose: The STEMI Quality Improvement Committee reviews STEMI system care and advises the Monterey County EMS Agency on STEMI system policy, organization, training, and equipment.
2. Members Appointed by: EMS Director, in consultation with the EMS Agency Medical Director and Staff.
3. Terms of Office: Two years, commencing on the first of July, unless the member is replaced.
4. Meeting Frequency: The Committee generally meets quarterly or by request of the Chair, EMS Medical Director, or EMS Director.

5. Committee reports to: The Continuous Quality Improvement Technical Advisory Group (CQI TAG).
6. Location: As set by agenda.
7. Quorum: No quorum requirement.
8. Membership:
    a. One (1) STEMI/ Chest Pain Coordinator from Salinas Valley Health.
    b. One (1) Interventional Cardiologist/Cardiac Cath Lab representative from Salinas Valley Health.
    c. One (1) STEMI/Chest Pain Coordinator from Community Hospital of the Monterey Peninsula.
    d. One (1) Interventional Cardiologist/Cardiac Cath Lab representative from Community Hospital of the Monterey Peninsula.
    e. One (1) representative from Natividad.
    f. One (1) representative from Mee Memorial Hospital.
    g. One (1) representative from the ~~Monterey~~ County of Monterey EOA ambulance services ~~ALS~~ provider.
    h. One (1) representative from each of the~~Monterey County~~ ALS ~~transport~~ Fire Departments operating in Monterey County.
    i. One (1) representative for all ~~Monterey County~~ BLS ~~non-transport~~ Fire Departments operating in Monterey County.
    ~~j. One (1) representative from each Monterey County ALS non-transport Fire Department.~~
    ~~k.~~j. One (1) representative from each Air Ambulance provider operating in Monterey County.
    ~~l.~~k. One (1) representative from a San Benito County EMS provider agency or hospital.

E. Stroke Quality Improvement Committee

1. Purpose: The Stroke Quality Improvement Committee reviews stroke system care and advises the Monterey County EMS Agency on stroke system policy, organization, training, and equipment.
2. Members Appointed by: EMS Director, in consultation with the EMS Agency Medical Director and Staff.
3. Terms of Office: Two years, commencing on the first of July, unless the member is replaced.
4. Meeting Frequency: The Committee generally meets quarterly or by request of the Chair, EMS Medical Director, or EMS Director.

5. Committee reports to: The Continuous Quality Improvement Technical Advisory Group (CQI TAG).
6. Location: As set by agenda.
7. Quorum: No quorum requirement.
8. Membership:
    a. One (1) Stroke Coordinator/ Designee from Salinas Valley Health.
    b. One (1) Stroke Coordinator/ Designee from Community Hospital of the Monterey Peninsula.
    c. One (1) base hospital coordinator from Salinas Valley Health.
    d. One (1) base hospital coordinator from Community Hospital of the Monterey Peninsula.
    e. One (1) representative from Hazel Hawkins Memorial Hospital.
    f. One (1) representative from Natividad.
    g. One (1) representative from Mee Memorial Hospital.
    h. One (1) representative from the ~~Monterey~~ County of Monterey EOA ambulance services~~ALS~~ provider.
    i. One (1) representative from each ~~Monterey County~~ ALS ~~transport~~ Fire Department operating in Monterey County.
    j. One (1) representative for all ~~Monterey County~~ BLS ~~non-transport~~ Fire Departments operating in Monterey County.
    ~~k. One (1) representative from Monterey County ALS non-transport Fire Departments.~~
    ~~l.~~k. One (1) representative from each air Ambulance provider operating in Monterey County.
    ~~m.~~l. One (1) Clinical and Education Specialist from Santa Cruz and San Benito County EOA ALS provider.

F. Trauma Evaluation and Quality Improvement Committee (TEQIC):

1. Purpose: The Trauma Evaluation and Quality Improvement Committee (TEQIC) reviews trauma system care and advises the ~~Monterey~~ County of Monterey EMS Agency on trauma system policy, organization, training, and equipment. Its goals are the evaluation and administration of the trauma system including system vulnerabilities, the development of policy and/or approaches to related issues such as major trauma and burn-related prehospital care, injury surveillance, trauma transfers, repatriation, and long-term outcomes.
2. Members Appointed by: EMS Director, in consultation with the EMS Agency Medical Director and Staff.
3. Terms of Office: Two years, commencing on the first of July.

4. Meeting Frequency: The Committee generally meets quarterly or by request of the Chair, the EMS Medical Director, or EMS Director.
5. Committee reports to: The Continuous Quality Improvement Technical Advisory Group (CQI TAG).
6. Location: As set by agenda.
7. Quorum: No quorum requirement.
8. Membership:
    a. One (1) representative from the ~~Monterey~~ County of Monterey EOA ~~ALS~~ ambulance services provider's dispatch center.
    b. One (1) representative from the ~~Monterey~~ County of Monterey EOA ~~ALS~~ ambulance services provider field operations/quality improvement.
    c. One (1) representative from each ~~Monterey County~~ ALS ~~transport~~ Fire ~~d~~Department operating in Monterey County.
    ~~d. One (1) representative from each Monterey County ALS non-transport Fire Department.~~
    ~~e.~~d. One (1) representative for all BLS Fire Departments operating in Monterey County~~First Responder agencies~~.
    ~~f.~~e. One (1) representative from the ~~Monterey~~ County of Monterey Coroner's Office.
    ~~g.~~f. One (1) representative from Monterey County Law Enforcement.
    ~~h.~~g. One (1) representative from CALSTAR.
    ~~i.~~h. One (1) representative from Mercy Air.
    ~~j.~~i. One (1) representative from the Natividad Transfer Center.
    ~~k.~~j. One (1) surgeon or ED physician representing Salinas Valley Health.
    ~~l.~~k. One (1) Surgeon or ED physician representing Community Hospital of the Monterey Peninsula.
    ~~m.~~l. One ED Physician or nurse representative from George L. Mee Memorial Hospital.
    ~~n.~~m. Trauma Program Manager from Natividad.
    ~~o.~~n. Trauma Program Medical Director from Natividad.
    ~~p.~~o. One (1) Emergency Department physician from Natividad.
    ~~q.~~p. Base hospital coordinator from Natividad.
    ~~r.~~q. One (1) representative from the San Benito County EMS Agency.
    ~~s.~~r. One (1) representative from Hazel Hawkins Memorial Hospital.
    ~~t.~~s. One (1) Clinical and Education Specialist from the EOA provider in Santa Cruz and San Benito Counties.

~~u.~~t. One (1) medical director for the Santa Cruz and San Benito County EMS Agencies.

~~END OF POLICY~~

John Beuerle, M.D.
EMS Medical Director

Teresa Rios
EMS Bureau Chief

Policy Number: 1030
Effective Date: ~~7/1/2026~~3
Review Date: ~~6/30/2029~~6

TRAUMA SYSTEM

I. PURPOSE

A. To identify the role and responsibilities of the ~~Monterey County~~County of Monterey EMS Agency as they relate to the trauma care system.

B. To ensure that trauma patients are treated at an appropriate facility, regardless of geopolitical boundaries, and to facilitate trauma care coordination with neighboring systems.

C. To establish limitations on direct-to-consumer advertising by trauma centers that is intended to influence patient flow.

D. To promote patient flow in a manner that meets patients' clinical needs while considering the economic impact of patient flow decisions.

E. To mitigate the expense to the ~~Monterey County~~County of Monterey EMS Agency for the implementation and management of the trauma system.

F. To establish the service areas for trauma patients in ~~Monterey County~~the County of Monterey.

II. TRAUMA CARE SYSTEM ORGANIZATION AND MANAGEMENT

A. ~~Monterey County~~**County of Monterey EMS Agency Role and Responsibilities** - As the lead agency for the ~~Monterey County~~County of Monterey Emergency Medical Services (EMS) system, the ~~Monterey County~~ County of Monterey EMS Agency is responsible for planning, implementing, and managing the trauma care system. These responsibilities include:

1. Assessing needs and resource requirements;
2. Developing the system design, including the number of Trauma Center(s), and determining patient flow patterns;
3. Assigning roles to system participants, including designation of the Trauma Center(s);
4. Working with the designated Trauma Center(s) and other system participants, and with neighboring EMS systems, on outreach and mutual aid services;
5. Development of a trauma data system, including a trauma registry at the Trauma Center, trauma data collection from non-Trauma Centers, and prehospital data collection;

6. Monitoring the system to determine compliance with appropriate state statutes and regulations, LEMSA policies, procedures, and contracts, and taking corrective action as needed;
7. Public information and education;
8. Overseeing quality assurance processes;
9. Reviewing clinical cases and unusual occurrences involving the EMS trauma system; and
10. Evaluating the impact of the system and revising the system design as needed.

B. **Designated Trauma Center(s) Requirements**

1. To obtain and maintain designation as a Level II Trauma Center, a hospital must comply with all standards in the California Code of Regulations Title 22, Division 9, Chapter 6.1~~7~~, Article 3. Trauma Center Requirements §100137.01~~259~~. Level I and Level II Trauma Centers, the standards contained within the current version of the American College of Surgeons' Resources for Optimal Care of the Injured Patient, and meet the requirements specified in ~~Monterey County~~the County of Monterey EMS System Policy 5060~~:~~ (Trauma Center Standards).

III. Trauma Service Area

A. The Trauma Service Area is the entirety of ~~Monterey County~~the County of Monterey.

IV. Trauma Marketing and Advertising

A. The following shall guide the approval of the inclusion of the terms "trauma" and "Trauma Center" in marketing and advertising for Trauma Centers within ~~Monterey County~~the County of Monterey:

1. Shall provide accurate information;
2. Shall not include false claims;
3. Shall not be critical of other providers; and
4. Shall not include financial inducements to any provider or third parties.

B. Titles may include the word "trauma' in staff position titles.

C. The request to advertise and/or incorporate the term "Trauma Center" in promotional materials shall be made in writing to the ~~Monterey County~~County of Monterey EMS Agency. The ~~Monterey County~~County of MOnterey EMS Agency shall respond in writing within thirty (30) days of receipt of the written request. No use of the term "trauma", "Trauma Center", or similar terminology may be used without authorization by the EMS Agency.

V. Trauma Center Coordination with Health Systems

A. The ~~Monterey County~~County of Monterey EMS Agency field triage policy does not consider the patient's insurance status in determining the destination of patients who meet trauma triage criteria. Since patients who require trauma center services may not require this level of service once they have been stabilized, the Trauma Center should consider the need to return patients who are insured by HMOs and other managed health care organizations to their payer's network at a medically-appropriate time.

B. The Trauma Center shall make a good faith effort to negotiate agreements with HMOs and other managed health care organizations regarding payment, repatriation of patients, and other related factors.

C. The Trauma Center shall cooperate with HMOs and other managed health care organizations in their efforts to identify the appropriate level of care for their members, including non-emergency treatment and the location of services provided.

D. Nothing in this policy is intended to suggest that the Trauma Center should limit the treatment provided to members of HMOs and other managed health care organizations in violation of the Emergency Medical Treatment and Active Labor Act (EMTALA), any other state or federal law, or good medical practice.

VI. Trauma System Fees

A. Trauma Center Application Fee: A Trauma Center application fee will be established to cover the costs associated with the designation process. These costs may include contract costs for plan development, Requests for Proposal (RFP) development, review of proposals, out-of-area site team costs, and legal reviews and agency costs in excess of the costs associated with the day-to-day trauma system regulation. The Trauma Center application fee will be assessed for hospitals applying for Trauma Center designation. Fees paid that are in excess of actual costs will be returned to applicants.

B. Trauma Center Designation Fee:

1. The ~~Monterey County~~County of Monterey Board of Supervisors will establish a Trauma Center designation fee. This fee covers the cost of monitoring the operation of the trauma care system in compliance with state trauma care systems, regulations, and regional policies. The fee will be based on the time requirements of the trauma medical director, trauma coordinator, and other staff activity dedicated to trauma issues as well as associated overhead and program support costs.

2. The ~~Monterey County~~County of Monterey EMS Agency will provide the designated Trauma Center written notice of any increase in the designated fee at least 180 days (6 months) prior to the effective date of the increase with an explanation for the increase and the basis on which it was calculated.

3. If the amount is not agreeable to the designated Trauma Center and resolution of the amount cannot be reached prior to the effective date of the change, or any later date as mutually agreed upon in writing by the parties, then either party may terminate the Agreement without penalty. A written notice of 180 days must be made to the other party to terminate the Agreement. If the Agreement is

terminated, the designation fee in existence at the time notice is given will be pro-rated until termination.

VII. Mutual Aid Coordination with Neighboring Systems

A. ~~Monterey County~~The County of Monterey EMS Agency will coordinate its trauma care system with those in neighboring systems to ensure that patients are transported to the most accessible trauma facility equipped, staffed, and prepared to administer care appropriate to the needs of the patient. Written mutual aid agreements will be executed as necessary to ensure coordination with neighboring systems.

1. The Monterey County EMS Agency will coordinate with neighboring LEMSAs to develop and maintain appropriate trauma services to address the comprehensive needs of trauma patients in the region.

B. When patients from ~~Monterey County~~the County of Monterey are transported to a Trauma Center in another EMS system, the ~~Monterey County~~County of Monterey EMS Agency will request injury/outcome data from the LEMSA or destination hospital, as needed for database management and EMS system quality assurance review.

C. When trauma patients from another EMS system are transported to a ~~Monterey County~~County of Monterey EMS receiving hospital, the receiving hospital will provide injury/outcome data to the LEMSA from which the patient originated.

D. ~~Monterey County~~County of Monterey-based EMS providers are expected to cooperate with EMS agencies in other counties in data collection and evaluation efforts regarding patients who are served by the ~~Monterey County~~County of Monterey EMS System.

~~**END OF POLICY**~~

John Beuerle, M.D.
EMS Medical Director

Teresa Rios
EMS Bureau Chief

County of Monterey ~~County~~ EMS System Policy

Policy Number: 1500
Effective Date: ~~7/1/2025~~
Review Date: ~~6/30/2027~~

POLICY DEFINITIONS

I. PURPOSE

To establish standard terminology and definitions throughout Monterey County EMS Agency policies.

II. POLICY

A. The following terminology and definitions shall apply to all Monterey County EMS Agency Policies.:

1. "12-Lead ECG" means a 12-Lead electrocardiogram.
2. "Accessible Emergency Department" means a facility with the shortest transport time and is usually the closest emergency department. Factors such as traffic congestion, weather, the ability to get around a traffic collision scene, and other conditions could make a geographically further emergency department the more accessible emergency department.
3. "Accreditation" means a Paramedic, EMT, or Emergency Medical Dispatcher who has been oriented to the local EMS System and has been deemed competent by the Local EMS Agency in the use of those additional skills and/or medications in accordance with California Health and Safety Code.
4. "Accusation" means a written statement of charges set forth in ordinary and concise language the acts or omissions with which the respondent is charged.
5. "Acute Coronary Syndrome (ACS)" means a group of clinical symptoms compatible with acute myocardial ischemia.
6. "Adult" means a person who is at least 18 years of age or an emancipated minor as per California law.
7. "Advance Healthcare Directive" means a document indicating an individual's wishes regarding medical care should that individual become incapacitated.
8. "Advanced Life Support" or "ALS" means special services designed to provide definitive prehospital emergency medical care, including, but not limited to, cardiopulmonary resuscitation, cardiac monitoring, cardiac defibrillation, advanced airway management, intravenous therapy, administration of specified drugs and other medicinal preparations, and other specified techniques and procedures administered by authorized personnel under the direct supervision of a base hospital as part of a local EMS system.

9. "Advanced Life Support (ALS) First Responder Agency" means a First Responder Agency that provides Paramedic personnel and ALS equipment to respond to medical emergencies with the capabilities to provide immediate Advanced Life Support medical care but does not provide ambulance services or other transport services.
10. "Advanced Life Support (ALS) Rescue Aircraft" means a rescue aircraft whose medical flight crew has at a minimum one attendant certified or licensed in advanced life support.
11. "Advanced Life Support (ALS) Transport Agency means a public or private corporation, institution, or agency that has demonstrated the capability to meet all criteria for approval and has a written agreement signed by the EMS Director to provide ALS ambulance services to a designated geographic area.
12. "Agency" means the Monterey County EMS Agency.
13. "ALS ambulance" means a Monterey County designated emergency vehicle staffed by and equipped to provide ALS at the scene of an emergency and/or during transport of (a) patient(s) experiencing a medical emergency to a hospital.
14. "Applicant" or "Applicant Agency" means the First Responder Agency that has applied to provide ALS services.
15. "Authorized Stock" means the lowest level of supply for each described item that should be found on an EMS unit when it is available for service.
16. "Ambulance Provider" means an entity permitted and contracted to provide BLS or ALS ambulances in Monterey County.
17. "ALS Service Provider" means an organization that has an agreement with the Monterey County EMS Agency to provide paramedic-level services within their service area.
18. "Ambulance" means any vehicle that is specially designed, constructed, modified, or equipped for transporting sick, injured, infirm, or otherwise incapacitated persons, capable of supporting BLS or a higher level of care.
19. "Air Ambulance" means any aircraft specially constructed, modified or equipped, and used for the primary purposes of responding to emergency calls and transporting critically ill or injured patients whose medical flight crew has at a minimum two (2) attendants certified or licensed in advanced life support.
20. "Airway adjuncts" means nasopharyngeal airways (NPA) or oral pharyngeal airways (OPA).
21. "Authorized person" means a person who is legally authorized to give consent for another person. Examples include:
    a. A parent with legal custody of a minor child.
    b. The legal guardian of a minor.

c. An adult relative, with whom a minor lives, and who presents a signed Caregiver's Authorization

d. Affidavit.

e. An adult who has been authorized in writing by a custodial parent, legal guardian, or qualified adult relative (as above) to consent to medical treatment for a minor.

f. The patient's designated agent under a Power of Attorney for Healthcare Decisions.

g. The conservator of a person who has been found by a court to lack capacity.

22. "Automated External Defibrillator (AED)" means an external defibrillator capable of cardiac rhythm analysis that will charge and deliver a defibrillation shock either automatically or by user interaction after electronically detecting and assessing ventricular fibrillation or rapid ventricular tachycardia.

23. "Auxiliary Rescue Aircraft" means a rescue aircraft which does not have a medical flight crew, or whose medical flight crew does not meet the minimum requirements established in Section 100284."Basic Life Support (BLS) Rescue Aircraft" - A rescue aircraft whose medical flight crew has, at a minimum, one attendant certified as an EMT with at least eight (8) hours of hospital clinical training and whose field/clinical experience specified in Section 100074 of Title 22, California Code of Regulations, is in the aero-medical transport of patients.

24. "Base Hospital" means a hospital designated by the Monterey County EMS Agency to provide online medical control of the prehospital EMS system, to cooperate in the Quality Improvement process, and to provide EMS continuing education opportunities for prehospital personnel.

25. "Base Hospital Physician" means a currently licensed physician in California who is assigned to the emergency department of a base hospital and has been trained to issue advice and instructions to EMS personnel consistent with Monterey County policy and protocol.

26. "Basic Life Support" (BLS) means emergency first aid and cardiopulmonary resuscitation procedures to maintain life without invasive techniques until the patient may be transported or until advanced life support is available.

27. "BEFAST Stroke Scale" means A patient assessment tool to identify stroke patients by assessing for the presence of Balance, Eye vision problems, Facial droop, Arm drift, Speech slurred, and Time.

28. "BLS Airway" means Bag valve mask (BVM) ventilation with or without airway adjuncts.

29. "Cardio-Pulmonary Resuscitation (CPR) training" means a course of instruction in CPR equivalent to the Healthcare Provider level or BLS Provider level as established by the American Heart Association and includes both cognitive and skill testing.

30. "Certificate" means one of the following:
    a. A valid EMT certificate issued pursuant to California Health and Safety Code, Division 2.5.
    b. A valid Paramedic license issued pursuant to Health and Safety Code, Division 2.5.
31. "Certificate holder" means one of the following:
    a. An individual that has been issued a valid EMT certificate pursuant to California Health and Safety Code, Division 2.5.
    b. An individual that has been issued a valid Paramedic license accreditation issued pursuant to Health and Safety Code, Division 2.5.
32. "Certified Flight Paramedic" or FP-C means a paramedic educated and trained in critical care transport and flight medicine, holds a current certification as an FP-C by the Board for Critical Care Transport and Flight Medicine, has a current California paramedic license, has Monterey County paramedic accreditation, and is employed by an EMS Aircraft Provider.
33. "Certifying entity" means the medical director of the Monterey County EMS Agency or a public safety provider, if that provider has a training program approved pursuant to California Health and Safety Code, Section 1797.109.
34. "Code 2" means a non-emergent response with no lights and siren.
35. "Code 3" means an emergent response with lights and siren.
36. "Consent" means to give permission for medical treatment or transportation. Consent can be expressed or implied.
    a. Expressed Consent. Verbal, nonverbal, or written communication by a patient that they wish to receive medical care.
37. "Continuous Positive Airway Pressure (CPAP)" means a device that transmits an increased airway pressure to patients during oxygen delivery.
38. "Controlled Substance" is a medication declared by federal or state law to be illegal for sale or use but may be dispensed under a physician's prescription. These laws aim to control the danger of addiction, abuse, physical and mental harm, trafficking by illegal means, and the dangers from the actions of those who have used the substances. These medications are grouped by "schedules" and are tightly regulated by the Drug Enforcement Administration (DEA).
39. "Controlled Substances Management Plan" is the plan established by an ALS service provider agency to comply with this policy, and state and federal law and regulations pertaining to these substances.
40. "Convalescent Transport" means transport by a Monterey County authorized vehicle which is specially designed, constructed, modified, or equipped for transporting patients who require wheelchairs or who cannot travel in an upright, sitting position, and who in addition do not require medical care, assistance, or monitoring during the transport.

41. "Critical Care Transport (CCT)" means any transport of a patient by ambulance when the ambulance staff on board includes a physician a registered nurse, or other medical personnel authorized to provide a level of care that exceeds the paramedic scope of practice.
42. "CQI" means Continuous Quality Improvement.
43. "Critical Care Paramedic" or CCP-C means a paramedic educated and trained in critical care transport in accordance with California Code of Regulations, Title 22, Division 9, Chapter 4, Section 100155(c).
44. "Date of Service" means Date that the call was received at the County 911 Communications Center.
45. "Determination of Death" means the process by which EMS providers, using predetermined criteria, conclude that resuscitative measures would be futile due to patient condition.
46. "Disciplinary Cause or Reason" means only an action that is substantially related to the qualifications, functions, and duties of a paramedic and is considered evidence of a threat to the public health and safety as identified in the California Health and Safety Code, Section 1798.200 (c).
47. "Department Operations Center (DOC)" means Monterey Health Department Operations Center established by the Health Officer to support an incident.
48. "Do Not Resuscitate Order (DNR)" means an order to withhold resuscitative measures. This may include written documentation such as the EMS Prehospital DNR form, POLST form, a Durable Power of Attorney for Health Care Decisions (DPAHCD) form, a physician order written in the patient's medical record, or a DNR medallion.
49. "Durable Power of Attorney for Health Care Decisions (DPAHCD)" means this document allows individuals to designate an "Attorney-In-Fact" who is authorized to make decisions regarding health care when the individual is incapacitated.
50. "EMD" means a certified Emergency Medical Dispatcher.
51. "Emergency Department" or "Emergency Room" means the area of a licensed general acute care hospital that customarily receives patients in need of emergency medical evaluation and/or care.
52. "Emergency Medical Responder" (EMR) means a person who has successfully completed a Monterey County EMS Agency-approved First Responder course and is trained in BLS.
53. "Emergency Medical Technician" (EMT) means a person who has successfully completed an EMT course which meets the requirements of California Code of Regulations, Title 22, Division 9, Chapter 2, has passed all required tests, and who has been certified by an EMT certifying entity.
54. Emergency Medical Technician-Expanded Scope- An EMT who has completed additional training specified by the Monterey County EMS Agency and works for

an EMS service provider who has been accredited to provide EMT-Expanded Scope level of service.

55. "Emergency Trauma Re-Triage" means the rapid identification and movement of patients meeting specific high-acuity criteria to a trauma center for specialized trauma care. Timeliness of evaluation and intervention at the trauma center is critical.
56. "EMS Agency" means the Monterey County Emergency Medical Services Agency.
57. "EMS Aircraft" means any aircraft utilized for the purpose of pre-hospital emergency patient response and transport. EMS Aircraft include Air Ambulances, ALS Rescue Aircraft, BLS Rescue Aircraft and Auxiliary Rescue Aircraft.
58. "EMS Authority" means California EMS Authority.
59. "EMS Communications Center" means the Monterey County EMS Communications Center as designated by Monterey County EMS Agency.
60. "EMS Communications System" means the EMS Communications System which encompasses all of the components and infrastructure used by EMS providers to communicate with each other. That includes radios, phones – including satellite, ReddiNet~~EMResource~~, and paging and alerting systems.
61. "EMS Duty Officer" means the EMS Agency representative who is on call 24 hours/day, available through the Monterey County EMS Communications Center.
62. "EMS Service Provider" means an organization employing certified EMT-I, certified EMT-II, or licensed paramedic personnel for the delivery of emergency medical care to the sick and injured at the scene of an emergency, during transport, or during interfacility transfer.
63. "EMS System" or "System" means the Monterey County EMS System.
64. "EMS-System Ambulance" means ambulance operating under Monterey County contract and authorized by Monterey County contract and authorized by Monterey County to respond to 9-1-1 emergency calls.
65. "EMT-P employer" or "paramedic employer" means an entity or organization approved by the Monterey County EMS Agency to provide advanced life support (ALS) services.
66. "Emergency Operations Center (EOC)" means the Monterey County Emergency Operations Center established to provide management and support in a disaster.
67. "ePCR" means electronic Patient Care Report or Patent Care Report.
68. "ETCO2" means end tidal co2 or capnography.
69. "Event of Concern" means events that do not necessarily breach any policies or procedures but are felt by the individuals involved to be potentially detrimental, should be reported.

70. "Field Training Officer" or "FTO" is an individual designated by a provider agency to conduct pre-accreditation field evaluations for new paramedics to the system, to conduct evaluations for new basic life support (EMT) personnel in the system, to provide both provider-based and county-based training in the field environment, and to conduct quality improvement activities as determined by their employer.
71. "Health maintenance organization" (HMO) means an organization authorized under the Knox-Keene Health Care Service Plan Act of 1975.
72. "Hemothorax" means an accumulation of blood in the chest cavity.
73. "IAED" means International Academies of Emergency Dispatch.
74. "Immediately" or "immediately available" means:
    a. Unencumbered by conflicting duties or responsibilities;
    b. Responding without delay when notified; and
    c. Being physically available to the specified area of the hospital within the timeframe designated by the STEMI Receiving Center.
75. "Imminent Death" means a condition wherein illness or injuries are of such severity that in the professional opinion of EMS personnel, death will probably occur before the patient arrives at the receiving hospital. This definition does not include any conscious patient regardless of the severity of illness or injury.
76. "Implied Consent" means consent for treatment that is presumed for a patient who is mentally, physically, or emotionally unable to grant consent.
77. "Incident Commander" means the individual that is jurisdictionally responsible for the command of all functions at the field response level.
78. "In-extremis" means the inability to secure the airway.
79. "Intranasal naloxone" means a commercially prepared device containing naloxone hydrochloride intended to deliver the naloxone hydrochloride intranasally.
80. "Intraosseous Infusion" means establishing vascular access through bone marrow.
81. "Intubation attempt" means any time the endotracheal tube (ETT) is placed past the patient's teeth.
82. "Landing Zone" means a place at or as near as practical to a medical emergency; a transfer point, or a site at or near a medical facility pre-selected and approved by an officer authorized by a public safety agency.
83. "Law enforcement personnel" means peace officers required to complete the CPR and first aid training described in California Code of Regulations, Title 22, Division 9, Section 100017.
84. "Local EMS Agency" means the agency, department, or office having primary responsibility for administration of emergency medical services in a county and which is designated pursuant to the California Health and Safety Code.

85. "Major Trauma Victim (MTV)" means a patient who meets the criteria for transport to a designated Trauma Center in the Field Triage Decision Algorithm (meets CDC Step 1, 2, or 3 criteria).
86. "Mechanical Circulatory Support (MCS) device" means a collective term denoting both the TAH and VADs.
87. "Medical Care, assistance, or monitoring" means care, assistance, or monitoring that requires any medical knowledge or skill.
88. "Medical Director" means the Monterey County EMS Agency Medical Director.
89. "Medical Health Operational Area Coordinator (MHOAC)" means the person designated by the Board of Supervisors to fill the role of MHOAC in a disaster.
90. "MPDS" means Medical Priority Dispatch Systems, an authorized, systematic caller interrogation system that provides coding, medical triage, and post-dispatch and pre-arrival life support instructions.
91. "M.T.P." means Major Trauma Patient as defined in the Field Triage Criteria policy.
92. "Non-contract ambulance" means an EMT-I ambulance, an EMT-P ambulance, or a Critical Care Transport unit operating under Monterey County license but not authorized by Monterey County to respond to 9-1-1 emergency calls.
93. "On-call" means agreeing to be available to respond to the trauma center in order to provide a defined service, as defined by Monterey County EMS Agency Policy #5090 (Trauma Team Availability and Activation).
94. "Operational Area (OA)" means the County of Monterey or subdivision of the County of Monterey.
95. "Operational Area Lead Agency" means Agency having primary jurisdictional or statutory responsibility.
96. "Operational Support Agency" means Agency having secondary jurisdictional or statutory responsibility.
97. "Organ Donor" means an individual whose body or part is the subject of an anatomical gift.
98. "P1" means a Priority 1 emergency response requiring emergency lights and siren.
99. "P2" means a Priority 2 emergency response requiring emergency lights and siren.
100. "P3" means a Priority 3 urgent response that does not require lights and siren.
101. "Palliative Measures" means measures intended to make the patient comfortable, or to provide care that is not resuscitative in nature. Examples include: treating airway obstruction, pain management, bleeding control, and other care appropriate to the patient's condition and in accordance with Monterey County EMS Policy and Protocol.

102. "Paramedic" or "EMT-P" means an individual licensed by the EMS Authority to provide advanced life support in accordance with the standards prescribed by California Code of Regulations, Title 22, Division 9, Chapter 4.

103. "Paramedic Intern" or "Intern" means a paramedic student that has completed didactic and clinical portions of paramedic training and is eligible for, and who is in the process of completing, the field internship portion of paramedic training.

104. "Paramedic Preceptor" or "Preceptor" means a licensed and accredited paramedic that is authorized by the Monterey County EMS Agency to supervise and instruct paramedic students during their field internship.

~~104.~~105. "Paramedic Service Provider" means an~~the~~ organization authorized by the County of Monterey EMS Agency to provide advanced life support services utilizing paramedics.

~~105.~~106. "Partial Spinal Motion Restriction" means the use of a cervical collar only.

~~106.~~107. "Patient" means any person that:

a. Has experienced an event that could cause illness or injury; or

b. Is in a circumstance or situation that creates a suspicion of illness or injury; or

c. Makes a request for assistance, examination, or treatment; or

d. Has a chief complaint; or

e. Has signs or symptoms of illness or injury; or

f. Has spoken of or acted toward suicide; or

g. Is dead.

~~107.~~108. "Pediatric Patient" means a patient with and estimated weight < 40 kg or age < 9 years.

~~108.~~109. "Pediatric Trauma Patient" means a person less than 15 years of age who meets the criteria for transport to a designated trauma center in the Field Triage Decision Algorithm (Meets step 1, 2, or 3 criteria).

~~109.~~110. "Physician Orders for Life-Sustaining Treatment (POLST)" means a request regarding resuscitative measures that directs a healthcare provider regarding resuscitative measures. This form takes an individual's wishes regarding life-sustaining treatment and converts them into a medical order. It addresses a range of life-sustaining interventions as well as the individual's preferred intensity of treatment for each intervention.

~~110.~~111. "Pneumothorax" means accumulation of air in the pleural space.

~~111.~~112. "POST" means Commission on Peace Officer Standards and Training.

~~112.~~113. "Prehospital Emergency Medical Care Certificate" means any valid certificate to provide prehospital emergency medical care issued pursuant to California Health and Safety Code, Division 2.5.

~~113.~~114. "Promptly" or "Promptly Available" means responding without delay when notified and requested to respond to the hospital; and being physically available to the specified area of the trauma center within a period of time that is medically prudent and in accordance with Monterey County EMS Agency Policy #5090.

~~114.~~115. "Public Access AED" means an AED which is accessible to the public and designed to be operated by individuals who do not have any specific medical training or expertise and intended for the purpose of assessing the need for and delivering, if necessary, a defibrillation in an unconscious person who has no signs of circulation. This definition does not apply to individuals who have been prescribed an AED by a physician for use on a specifically identified individual.

~~115.~~116. "Public Safety AED Service Provider (includes EMT AED Service Providers)" means an EMS Service Provider agency or organization that is responsible for, and is approved to operate, an AED.

~~116.~~117. "PSAP" means Public Safety Answering Point.

~~117.~~118. "Public Safety First Aid (PSFA)" means the recognition of and immediate care for injury or sudden illness, including medical emergencies, by public safety personnel prior to the availability of medical care by licensed or certified health care professionals.

~~118.~~119. "Public Safety Personnel" means a member of a fire department or district, or law enforcement officer whose primary duties are not primarily clerical or administrative.

~~119.~~120. "Qualified Flight Paramedic" is a paramedic with a current California paramedic license and Monterey County accreditation, have at least three (3) years of critical care experience, is employed by a Qualified Flight Program, has completed the Qualified Flight Program's initial training and orientation, and is either an FP-C or FP in training, or a CCP-C or CC in training with additional education in flight and altitude physiology.

~~120.~~121. "Qualified Flight Program" means an aeromedical transport program that has met the requirements to participate in the Paramedic Scope of Practice-EMS Aircraft Based by meeting CAMTS Emergency Critical Care Accreditation or equivalent and is approved by the Monterey County EMS Agency.

~~121.~~122. "Qualified Specialist" or "Qualified Surgical Specialist" or "Qualified Non-Surgical Specialist" means a physician licensed in California who is board certified in a specialty by the American Board of Medical Specialties, the Advisory Board for Osteopathic Specialties, a Canadian board or other appropriate foreign specialty board as determined by the American Board of Medical Specialties for that specialty. Upon request of the Chief of Trauma of a trauma center, a non-board-certified physician may be recognized as a "qualified specialist" by the Monterey County EMS Agency Medical Director upon substantiation of need by a trauma center if:

a. The physician can demonstrate to the appropriate hospital body and the hospital is able to document that he/she has met requirements which are

equivalent to those of the Accreditation Council for Graduate Medical Education (ACGME) or the Royal College of Physician and Surgeons of Canada;

b. The physician can clearly demonstrate to the appropriate hospital body that he/she has substantial education, training, and experience in treating and managing trauma patients which shall be tracked by the trauma quality improvement program; and

c. The physician has successfully completed a residency program.

~~122.~~123. "Quality Improvement" means a method of evaluation of services provided, which includes defined standards, evaluation methodologies and utilization of evaluation results for continued system improvement. Such methods may include, but not be limited to, a written plan describing the program objectives, organizations, scope and mechanisms for overseeing the effectiveness of the program objectives, organizations, scope and mechanisms for overseeing the effectiveness of the program, as well as metrics for measuring and identifying areas in need of improvement and recognition of excellence.

~~123.~~124. "Reasonable Search" means a brief attempt by EMS 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, or to locate a driver's license or other ID card with donor status information.

~~124.~~125. "Receiving Hospital" means a hospital designated by the Monterey County EMS Agency, which has a written agreement with Monterey County to receive patients from the EMS System.

~~125.~~126. "Regional Disaster Medical Health Coordinator/Specialist" means the person appointed by the EMS Authority and Department of Health Services and their assistant who are responsible for supporting mutual aid requests from the MHOAC for disaster response within the region and mutual aid support to other areas of the State.

~~126.~~127. "Relevant employer(s)" means those ambulance service providers permitted by the Department of the California Highway Patrol or a public safety agency (i.e. fire department or law enforcement agency) that the certificate holder works for or was working for at the time of the incident under review as an EMT whether as a paid employee or a volunteer.

~~127.~~128. "Respondent" means the EMT or applicant on whom the EMS Agency submits an accusation charging violation(s) of Health and Safety Code section 1798.200 or other good cause for taking action against an EMT certificate or for denial of EMT certification.

~~128.~~129. "Resuscitation" means resuscitative measures to include chest compressions, defibrillation, endotracheal intubation, assisting ventilations, and other treatments such as medication administration.

~~129.~~130. "Reportable Event" means any event that falls outside the norms for patient treatment or system operation, but does not result in death, or serious physical or psychological injury to the patient, or risk thereof but does require investigation for the purpose of quality improvement.

~~130.~~131. "Rescue Aircraft" means an aircraft whose usual function is not pre-hospital emergency patient transport but which may be utilized, in compliance with local EMS policy, for prehospital emergency patient transport when the use of an air or ground ambulance is inappropriate or unavailable. Rescue Aircraft includes ALS Rescue Aircraft, BLS Rescue Aircraft, and Auxiliary Rescue Aircraft.

~~131.~~132. "Senior Resident" or "Senior Level Resident" means a physician licensed in the State of California who has completed at least three (3) years of the residency or is in their last year of residency training and has the capability of initiating treatment and who is in training as a member of the residency program as defined in §100244 of CCR, at the designated trauma center.

~~132.~~133. "Sentinel Event" means an unexpected occurrence involving death or serious physical or psychological injury, or risk thereof.

~~133.~~134. "Service area" means that geographic area defined by the local EMS agency in its trauma care system plan as the area served by a designated Trauma Center. §100246, CCR, Title 22, Div. 9.

~~134.~~135. "Situation Report" means Medical and Health Situational Report.

~~135.~~136. "Special Event" means any planned and organized event where an EMS service provider utilizes its personnel and resources to *provide* stand-by dedicated EMS services to participants and attendees of the event.

~~136.~~137. "Special weapons and tactics (SWAT) team" means a special group of law enforcement officers trained to deal with unusually dangerous or violent situations.

~~137.~~138. "Spinal Motion Restriction" means the process of providing restriction in movement of the patient's spine.

~~138.~~139. "Stand-by EMS Services" means the utilization of personnel and resources to provide EMS services above regular staffing levels which are dedicated to the event and not expected to be available to respond to incidents unrelated to the event.

~~139.~~140. "STEMI Activation" means direction by the ED physician and/or interventional cardiologist to assemble the STEMI team and prepare the cath lab upon receipt of a STEMI Alert.

~~140.~~141. "STEMI Alert" means the report from prehospital personnel that notifies a STEMI Receiving Hospital that a patient has a 12-Lead EKG indicating a STEMI. This alert should be made as soon as possible to allow the STEMI Receiving Hospital the greatest opportunity to prepare for the patient.

~~141.~~142. STEMI Receiving Center (SRC). A facility designated by the Monterey County EMS Agency to receive STEMI patients by ambulance and capable of providing percutaneous coronary intervention (PCI).

~~142.~~143. "ST Elevation Myocardial Infarction (STEMI)" means a specific finding on the 12-Lead EKG showing ST segment elevation of greater than 1 mm in anatomically contiguous leads, indicating this specific type of myocardial infarction.

~~143.~~144. "Stroke Center" means a facility designated by the Monterey County EMS Agency for the purpose of receiving EMS patients who have positive findings on the BEFAST Stroke Scale.

~~144.~~145. "Tactical Medicine" means the delivery of medical services for law enforcement special operations.

~~145.~~146. "Tension pneumothorax" means an accumulation of air under pressure in the pleural space.

~~146.~~147. "Total Artificial Heart (TAH)" means a device that replaces the two ventricles of the heart. It may be used as a bridge to transplant or as a permanent replacement heart for patients dying from end-stage biventricular failure.

~~147.~~148. "Trauma Care System" or "Trauma System" means a system that is designed to meet the needs of all injured patients. The system shall be defined by the Local EMS Agency in its trauma system care plan in accordance with Trauma Regulations. §100248.

~~148.~~149. "Trauma Center" or "designated Trauma Center" means a licensed hospital, accredited by the Joint Commission, which has been designated as a Level I, II, III, or IV Trauma Center and/or Level I or II pediatric Trauma Center by the local EMS agency, in accordance with Trauma Care System regulations and statutes.

~~149.~~150. "Trauma Transfer" means the movement of other less seriously injured patients with traumatic injuries to the trauma center (those not meeting Emergency Re-Triage criteria) whose needs may be addressed in a prompt fashion but are less likely to require immediate intervention.

~~150.~~151. "Trauma Evaluation Quality Improvement Committee (TEQIC)" means a multi-disciplinary advisory committee to the EMS Medical Director whose purpose is to review the trauma system on a regular basis. It is comprised of designated representatives from the acute care hospitals within Monterey County. This is a closed committee.

~~151.~~152. "Trauma Registry" - a repository of data on the incidence, diagnosis, treatment, and outcome of acute trauma victims treated by emergency service personnel.

~~152.~~153. "Trauma Receiving Area" means a designated area within the trauma center that routinely receives and manages the care of trauma patients.

~~153.~~154. "Trauma Team" means the multi-disciplinary group of personnel who have been designated to collectively render care for trauma patients at the trauma center.

~~154.~~155. "Trauma System Participants" means all hospitals within Monterey County that receive trauma patients, and all prehospital care providers who treat and/or transport trauma patients.

~~155.~~156. "Time of Arrival at the Scene" means the time the responding resource arrives fully stopped at the location where the resource was dispatched. Arrival at a staging location will also be considered the time of arrival at the scene.

~~156.~~157. "Time of Arrival at the Receiving Facility" means the time that the resource comes to a stop at the destination when transporting a patient. Ambulance only.

~~157.~~158. "Time of Call Receipt" means the time that the call is received by the agency dispatch position either electronically or by phone.

~~158.~~159. "Time of Dispatch" means the time that a resource was first notified/alerted by dispatch to respond to an incident.

~~159.~~160. "Time of Dispatch" as referenced in Policy #4140 (ALS Service Provider Response and Scene Time Reporting) means the time recorded in the CAD system by the dispatcher to denote the time that the responding unit was requested to respond to the request for service.

~~160.~~161. "Time of Departure From the Scene" means the time when a resource leaves a scene to transport a patient to another location.

~~161.~~162. "Time of Departure from the Scene or Cancellation" as referenced in Policy # 4140 (ALS Service Provider Response and Scene Time Reporting) means the time recorded in the CAD system when the unit notified their dispatch center that they are leaving the scene due to patient transport, becoming available, responding to another call, to pick up a staff member, or cancellation.

~~162.~~163. "Time of Transport Complete" means the time that the ambulance comes to a stop at the receiving facility or landing zone when transporting a patient. Ambulance only.

~~163.~~164. "Unusual Occurrence" means any event deemed to have an impact or potential impact on patient care, and/ or any practice felt to be outside the norm of acceptable patient care, as defined by MCEMS policies and protocols.

~~164.~~165. "Validated" means to determine by preliminary evaluation that an act specified in California Health and Safety Code, Section 1798.200 may have occurred.

~~165.~~166. "Ventricular Assist Device (VAD)" means a mechanical pump that is used to support heart function and blood flow in people who have weakened hearts.

END OF POLICY

Policy Number: 2020
Effective Date: ~~7/1/2023~~
Review Date: ~~6/30/2026~~

SCOPE OF PRACTICE FOR EMERGENCY MEDICAL RESPONDERS

I. PURPOSE

To define the scope of practice for an Emergency Medical Responder (EMR) in the ~~Monterey~~ County of Monterey.

II. POLICY

A. EMR personnel shall adhere to the ~~Monterey~~ County of Monterey EMR scope of practice while working in a BLS assignment with a ~~Monterey~~ County of Monterey EMS service provider. This includes volunteer and paid staff.

B. The scope of practice of EMR personnel shall not exceed those activities authorized in California Code of Regulations, Title 22, and by ~~Monterey~~ County of Monterey EMS System policy.

~~C. Only those individuals with EMR training, who are currently accredited as an EMR in Monterey County, and whose certificate of training remains current may function under this policy as part of the Monterey County EMS system.~~

III. SCOPE OF PRACTICE

A. The Emergency Medical Responder is authorized to perform any of the following:

1. Render ~~Basic Life Support~~BLS care, rescue, and first aid to patients according to ~~Monterey~~ County of Monterey EMS System policies and protocols.
2. Obtain vital signs~~, including blood pressure, heart rate, and respiratory rate.~~
3. Evaluate the ill and injured.
4. Perform CPR.
5. Provide basic treatment for shock.
6. Use manual airway opening methods, including head-tilt-chin-lift and/or jaw thrust to support breathing.
7. Use ~~oral pharyngeal airways~~OPAs.
8. Perform manual methods to remove an airway obstruction in adults, children, and infants, and use hand-powered and mechanical suction devices.
9. Administer oxygen.
10. Use a ~~bag valve mask~~BVM ventilation device.
11. Place patients into the recovery position.

12. Perform spinal motion restriction.
13. Splint injured extremities.
14. Perform emergency eye irrigation using water or normal saline.
15. Assist with the administration of oral glucose.
16. Assist patients with administration of physician-prescribed epinephrine devices and naloxone.
17. Assist in emergency childbirth.
18. Control hemorrhage using direct pressure, pressure bandages, dressings, pressure points, and tourniquets.~~. Hemostatic dressings may be used from the list approved by the EMS Authority.~~
19. Apply chest seals and dressings.
20. Perform simple decontamination techniques and use decontamination equipment.
21. Package and transport amputated body parts
22. Provide basic wound care.
23. Use intranasal naloxone when trained according to County of Monterey EMS System Policy and performing duties for a ~~according to Monterey County policy and employed by a Monterey~~ County of Monterey EMS service provider.
24. Use an AED when performing duties for a County of Monterey EMS service provider ~~when employed by an approved public safety AED service provider.~~.
25. Use various types of stretchers.
26. Extricate entrapped persons.
27. Perform field triage in accordance with ~~Monterey~~ County of Monterey protocol.
28. ~~Self-administ~~Self-administrationer or ~~administ~~administrationer to other Fire, Law Enforcement, and/or EMS ~~personnel of~~Administer 2-PAM and atropine by auto-injector (Mark 1 kit) to self or ~~for ther first responder~~ public safety (Fire, Law Enforcement, and/or EMS) personnel when trained according to ~~Monterey~~ County of Monterey EMS System policy ~~and employed~~and performing duties ~~by~~ for a ~~Monterey~~ County of Monterey EMS service provider.
29. Administer epinephrine by auto-injector for suspected anaphylaxis when ~~employed by a Monterey~~ performing duties for a County of Monterey EMS service provider.

END OF POLICY

John Beuerle, M.D.
EMS Medical Director

Teresa Rios
EMS Bureau Chief

Monterey County EMS System Policy

Policy Number: 2040
Effective Date: ~~7/1/2025~~
Review Date: ~~6/30/2026~~

PARAMEDIC ACCREDITATION-INITIAL

I. PURPOSE

Accreditation provides a California licensed paramedic with authorization to function as a paramedic in the County of Monterey ~~Monterey County~~ and to utilize the County of Monterey~~Monterey County~~ paramedic scope of practice established by the EMS Medical Director while functioning as part of the County of Monterey ~~Monterey County~~ EMS system.

II. POLICY

A. Accreditation is authorization by the County of Monterey ~~Monterey County~~ EMS Medical Director to practice as a paramedic within the jurisdiction of the employing Paramedic Service Provider.

B. Employment with an approved Monterey County ~~EMS~~ Paramedic Service Provider is required for accreditation.

C. Accreditation remains active only when~~if~~ the paramedic continues to meet the qualifications for accreditation.

D. Accreditation will be effective on the date the application and supporting documentation is processed by the EMS Agency and it is determined that all requirements have been met.

E. Accreditation will expire on the expiration date of the California paramedic license~~.~~ ~~Accreditation will end~~ or upon termination of employment with an approved County of Monterey~~Monterey County EMS~~ Paramedic Service Provider.

F. The County of Monterey~~Monterey County EMS~~ Paramedic Service Provider must notify the EMS Agency, in writing, within five (5) business days of the separation in service by an accredited paramedic or when the paramedic is no longer functioning in a paramedic capacity. The notification must include a description of the cause for separation.

III. PROCEDURE

A. Initial Accreditation - to be eligible for accreditation in Monterey County an individual must:

1. Possess a valid and current California paramedic license.
2. Submit the County of Monterey ~~Monterey County~~ EMS Paramedic Accreditation application to the County of Monterey ~~Monterey County~~ EMS Agency along with copies of the following items, all of which must be current:
    a. Current and valid paramedic license.

b. CPR course completion card. The CPR course must meet the standards for course completion of the AHA ~~h~~Healthcare ~~p~~Provider or BLS course.

c. ACLS course completion card.

d. PALS, PEPP, or equivalent course completion card.

e. PHTLS, ITLS, or equivalent course completion card.

f. California driver's license or other acceptable government issued photo ID.

3. Pay the established fee.

~~3.~~4. Successfully complete an orientation to the County of Monterey ~~Monterey County~~ EMS system.

a. The orientation shall be provided by the paramedic's employer and include:

1) County of Monterey~~Monterey County~~ EMS policies and protocols with a County of Monterey ~~County~~ EMS Agency approved test

2) Communications systems

3) County of Monterey ~~County~~ geography, highways and roads, hospital locations and preferred routes of travel

4) Equipment and supplies in use by the employer.

~~4.~~5. Successfully complete training in any basic and/or local optional scope of practice for which the paramedic has not been trained and tested.

~~5.~~6. Pay the accreditation fee if applicable.

~~6.~~7. Successfully complete a supervised pre-accreditation field evaluation to consist of no more than ten (10) ALS patient contacts to verify competence in local policies, procedures and expanded scope of practice within 30 days of applying for initial accreditation. Failure to successfully complete the field evaluation will result in denial of accreditation.

a. A licensed paramedic who has completed their paramedic internship in Monterey County within the preceding six (6) months or is returning to paramedic employment with a Monterey County EMS Paramedic Service Provider after a break of six (6) months or less is not required to complete the field evaluation process. All other requirements, including orientation, must be met.

b. A licensed paramedic with greater than two (2) years of full-time experience as a paramedic providing direct patient care through their County of Monterey employer may request a waiver of this requirement. The paramedic must submit the following to be considered for waiver of this requirement:

1) Documentation from their paramedic employer attesting to the full-time status of the paramedic in a direct patient care capacity.

2) Documentation from the employer that the paramedic has had no disciplinary actions or clinical issues resulting in a plan for improvement, and that the paramedic is not currently under an investigation that could potentially result in discipline or a clinical improvement plan.

~~7.~~8. The relevant employer shall provide documentation of training and competency in the Monterey County EMS Agency's policies, protocols, and expanded scope of practice within 30 days of applying for accreditation. This shall include documentation of:

a. Successful completion of a supervised field evaluation.

b. Completion of training and orientation in the Monterey County EMS policies, protocols, and expanded scope of practice.

c. Demonstration of competence in and knowledge and ability to utilize the Monterey County EMS policies, protocols, and optional scope of practice to established standards approved by the Monterey County EMS Agency.

d. Appointment to a paramedic position with the approved Paramedic Service Provider.

e. The date on which the paramedic completed the requirements for accreditation.

B. Failure to complete the accreditation process

1. Failure to successfully complete the field evaluation process shall be reported to the Monterey County EMS Agency within five (5) business days of completion or termination of the field evaluation process by the employer.

a. The employer will provide all relevant documentation to allow the Monterey County EMS Medical Director to evaluate the paramedic.

b. The EMS Medical Director may recommend further evaluation or training to ensure the paramedic is competent. If the EMS Medical Director has reason to believe that the paramedic's competency to practice is questionable, then the EMS Medical Director shall notify the California EMS Authority.

C. Termination of accreditation

1. Accreditation to practice under the County of Monterey paramedic scope of practice shall end when the paramedic:

a. Ends employment with a County of Monterey paramedic service provider.

b. Does not fulfill the requirements for paramedic accreditation in the County of Monterey policies.

~~a.~~c. Does not maintain current licensure in the State of California.

END OF POLICY

County of Monterey ~~County~~ EMS System Policy

Policy Number: 2050
Effective Date: ~~7/1/2023~~
Review Date: ~~6/30/2026~~

PARAMEDIC ACCREDITATION RENEWAL

I. PURPOSE

Accreditation provides a California licensed paramedic with authorization to function as a paramedic in the County of Monterey ~~County~~ and to utilize the County of Monterey ~~County~~ paramedic scope of practice established by the EMS Medical Director while functioning as part of the County of Monterey ~~County~~ EMS system.

II. POLICY

A. Accreditation is the authorization by the County of Monterey ~~County~~ EMS Medical Director to practice as a paramedic within the jurisdiction of the employing Paramedic Service Provider.

B. Accreditation remains active only while ~~n~~ ~~if~~ the paramedic continues to meet the qualifications for accreditation and is employed by an approved County of Monterey ~~County EMS~~ Paramedic Service Provider.

C. The paramedic must receive training and demonstrate competency in new and revised policies and protocols through an approved County of Monterey ~~County EMS~~ Paramedic Service Provider within the three (3) months prior to the policy and protocol effective date.

D. The paramedic seeking to maintain accreditation shall submit a renewal application to the EMS Agency verifying that they meet the requirements to renew their accreditation. This application and supporting documents must be submitted to the EMS Agency following renewal of their paramedic license. The application and supporting documents must be received by the ~~Monterey County~~ EMS Agency prior to the expiration date of their current Monterey County paramedic accreditation.

E. Lapse in paramedic licensure or in any of the required courses, and/or the skills maintenance requirements outlined in County of Monterey EMS System Policy 6090 (Annual ALS Skills Maintenance Verification and Policy Review) may result in loss of accreditation or accreditation action.

F. Accreditation renewal will be for the same period as the paramedic license submitted with the application for renewal. Accreditation will end upon termination of employment with an approved County of Monterey ~~County EMS~~ Paramedic Service Provider.

G. The County of Monterey ~~County EMS~~ Paramedic Service Provider must notify the EMS Agency, in writing, within five (5) business days of the separation in service by an accredited paramedic or when the paramedic is no longer functioning in a paramedic capacity. The notification must include a description of the cause for separation.

III. PROCEDURE

A. Continuous Accreditation - to be eligible for continuous accreditation in Monterey County, an individual must submit the following to the EMS Agency before the expiration date of their current paramedic accreditation:

1. Proof of maintained California State paramedic licensure.
2. A complete Monterey County EMS Agency accreditation renewal application.
3. Accreditation fee if applicable.
4. Proof of continued affiliation with an approved Monterey County EMS Paramedic Service Provider.
5. Documentation of training and competency in those skills and medications added by the Monterey County EMS Agency since the paramedic's initial accreditation.
6. Documentation of current successful course completion of ACLS, BCLS, PALS or equivalent pediatric course, and PHTLS or equivalent trauma course.
7. Verification of paramedic skills maintenance as required by County of Monterey ~~County~~ EMS System Policy 6090.

B. Termination of accreditation

1. Accreditation to practice under the County of Monterey paramedic scope of practice shall end when the paramedic:
   a. Ends employment with a County of Monterey paramedic service provider.
   b. Does not fulfill the requirements for paramedic accreditation in the County of Monterey policies.
   c. Does not maintain current licensure in the State of California.

~~**REFERENCES**~~

~~A. California Health and Safety Code, Division 2.5, Sections 1797.7(b)(c)(d), 1797.177, 1797.178, 1797.194(f)(g), 1797.206, 1797.214, 1797.215,1798.200, and 1799.112.~~

~~B. California Code of Regulations, Title 22, Sections 100142, 100145, 100146 100166, 100167, 100168, 100170, 100171 and 100172.~~

END OF POLICY

John Beuerle, M.D.
EMS Medical Director

Teresa Rios
EMS Bureau Chief

Policy Number: 2060
Effective Date: ~~7/1/2023~~
Review Date: ~~6/30/2026~~

EMT CERTIFICATION (INITIAL)

I. PURPOSE

To specify the requirements and procedure for initial Emergency Medical Technician (EMT) certification in the County of Monterey ~~County~~.

II. POLICY

A. To initially certify as an EMT, an applicant must satisfy all relevant State regulations and County of Monterey ~~County~~ EMS requirements. If this policy should be superseded by changes in State regulations, then the EMS Agency practice will be adjusted accordingly, until this policy can be revised and disseminated.

B. The application for EMT certification is considered "received" by the EMS Agency once EMS Agency staff have reviewed the application and supporting documents and determined the application packet is complete.

C. To perform EMT procedures under the basic EMT scope of practice requires the individual to obtain an EMT certificate from a Local EMS Agency (LEMSA) or other approved certifying entity. Completion of the National Registry exam and receiving a National Registry EMT card does not, by itself, provide certification to function as an EMT.

D. EMT accreditation and affiliation with a County of Monterey ~~County~~ EMS service provider organization is required to perform procedures authorized by the County of Monterey ~~County~~ EMT Scope of Practice while functioning as an EMT for the County of Monterey ~~County~~ EMS service provider organization as part of the County of Monterey ~~County~~ EMS system.

III. PROCEDURE

A. Applicants for EMT certification in Monterey County shall submit all of the following documents to the Monterey County EMS Agency through the method posted on the EMS Agency website:

1. Completed application for EMT certification

~~1.~~2. Government issued photo ID to confirm applicant identity, and that the applicant is 18 years of age or older.

~~2.~~3. Copy of a current CPR/AED card that is ~~AHA~~ equivalent to the American Heart Association (AHA) Healthcare Provider or BLS level of training and includes skills demonstration.

~~3. Completed Monterey County EMS Application for EMT Certification.~~

4. Copy of a current National Registry Emergency Medical Technician (NREMT) Certificate Card.
5. Copy of the National Registry certificate with date of issue.
6. Completed Department of Justice Live Scan application.
    a. All DOJ Live Scan issues need to be adjudicated and resolved prior to certification.
    b. The application will not be processed until the Live Scan results have been received by the EMS Agency.
7. Copy of an EMT Basic Course Completion Certificate from an approved EMT Basic Course provider. To apply for EMT certification, the EMT Basic Course Completion Certificate is valid for two (2) years from the course completion date.
8. Written disclosure of any prior and/or current certification, licensure, or accreditation actions, including actions:
    a. Against an EMT or Advanced EMT certificate, or any denial of certification by a LEMSA, including active investigations.
    b. Against a Paramedic license, or any denial of licensure by the State EMS Authority, including any active investigations.
    c. Against any EMS-related certification or license fromof another state or other issuing entity, including denials and any active investigations.
    d. Against any medical or healthcare-related license.
    e. A written explanation (with appropriate documentation) of any affirmative affidavit response is required and shall accompany the application.
9. Written disclosure of any pending or current criminal investigation, pending criminal charges, or any prior felony and/or misdemeanor convictions.
10. Written disclosure of each certifying entity or LEMSA to which the applicant has applied for certification in the previous twelve (12) months.
11. Payment of the established fee.~~A money order or cashier's check for $75 issued to the California EMS Authority.~~
12. A current and valid out-of-state EMT certificate and documentation of passing the cognitive and psychomotor exam within the previous two (2) years as required in Title 22 if the EMT wishes to transfer from another state.

B. All of the necessary documents must be received by the EMS Agency within the relevant time limits specified above. An application will not be processed until all of the necessary documents are received and accepted. Illegible documents~~photocopies~~ will not be accepted. ~~The EMS Agency may return an incomplete or abandoned application by U.S. Postal Service to the applicant's last known address.~~

~~B.~~C. The EMS Agency will perform a medical license or certification check through the National Practitioner Data Bank on all applicants. EMT certification will not be

provided until this records check has been completed and any actions reported through the NPDB have been reviewed and addressed.

~~C.~~D. The EMS Agency will electronically issue a forty-five (45) day temporary wallet-sized certificate to eligible applicants. The certificate will contain the following information:

1. The name of the individual certified.
2. The assigned EMT California Central Registry certification number.
3. The date the certification is effective
4. The date certification expires.
5. The status of the EMT certification (i.e., active, probation, denied, suspended, expire, etc.).
6. The name and location of the EMT certifying authority (County of Monterey ~~County~~ EMS Agency).
7. The name and signature of the individual (EMS Medical Director) authorized to certify, or facsimile of same.
8. A statement that the individual named on the card has fulfilled the requirements for certification as an EMT in California.

~~D.~~E. The EMS Agency will print the regular EMT certificate (card), which will be sent to the applicant's mailing address by USPS.

~~E. Under normal circumstances, the certificate will be issued within thirty (30) days after the applicant has satisfied the certification requirements, has no issues reported through the National Practitioner Data Bank, and has resolved any outstanding Live Scan issues.~~

F. The effective date of EMT certification shall be the date the EMS Agency verifies that the applicant has satisfactorily completed all certification requirements.

H. Certification as an EMT shall be no more than two (2) years from the effective date of issuance. The certification expiration date will be the last day of the month two (2) years from the effective date of initial certification.

END OF POLICY

John Beuerle, M.D.
EMS Medical Director

Teresa Rios
EMS Bureau Chief

County of Monterey ~~County~~ EMS System Policy

Policy Number: 2070
Effective Date: ~~7/1/2023~~
Review Date: ~~6/30/2026~~

EMT CERTIFICATION (RENEWAL)

I. PURPOSE

To specify the requirements and procedure for renewing an Emergency Medical Technician (EMT) certification in the County of Monterey ~~County~~.

II. POLICY

A. To maintain EMT certification, an applicant must satisfy all relevant state regulations and County of Monterey ~~County~~ EMS policy requirements. If this policy should be superseded by changes in state regulations, then the EMS Agency practice will be adjusted accordingly, until a revised policy can be developed and disseminated.

B. The application for EMT certification is considered "received" by the EMS Agency once EMS Agency staff have reviewed the application and supporting documents and determined the application packet is complete.

C. EMT accreditation and affiliation with a County of Monterey ~~County~~ EMS service provider organization is required to perform procedures authorized under the County of Monterey ~~County~~ EMT Scope of Practice while functioning as an EMT for a County of Monterey ~~County~~ EMS service provider organization as part of the County of Monterey ~~County~~ EMS system.

III. PROCEDURE

A. Applicants for EMT certification renewal shall submit the following documents to the County of Monterey ~~County~~ EMS Agency through the method posted on the EMS Agency website:

1. County of Monterey ~~County~~ EMS Application for EMT (completed, signed, and dated). A written explanation (with appropriate documentation) of any affirmative affidavit response is required and needs to accompany the application for any affirmative response not previously disclosed to the EMS Agency
2. Course-completion records documenting ~~of~~ successful completion of either:
    a. At least twenty-four (24) hours of continuing education (CE) hours from an approved continuing education provider in accordance with Title 22 CCR Division 9, Chapter 3.5 ~~Chapter 11~~ (*EMS Continuing Education*); or
    b. A twenty-four (24) hour refresher course from an approved EMT training program.

c. ~~Continuing education (~~CE~~)~~ hours may be used to renew both a paramedic license and an EMT certificate. The CE hours must be earned during the certification cycle being renewed.

~~3. Completed Department of Justice (DOJ) and Federal Bureau of Investigation (FBI) Live Scan Background Investigation application.~~

~~a. Results of the Live Scan report must be received before the application will be processed.~~

~~b. Live Scan is only required to be submitted when changing certifying entities (*i.e.*, for an applicant who already has an EMT certificate and is coming to Monterey County to renew). See below for the reinstatement procedure if an EMT certification has been expired for greater than one (1) year.~~

~~4.~~3. Copy of applicant's California EMT certification card.

4. Copy of a current CPR card that is equivalent to the American Heart Association (AHA) ~~-~~Healthcare Provider or BLS card and must include skills evaluation.

5. Government issued photo ID to confirm applicant identity, and that the applicant is 18 years of age or older.

6. Payment of the established fee.~~A money order or cashier's check for $37 issued to the EMS Authority. The cashier's check or money order shall be for $75 when the application involves a change in certifying entity to Monterey County EMS Agency.~~

7. A completed skills competency verification form. Skills competency shall be verified by direct observation of an actual or simulated patient contact. Skills competency shall be verified by an individual who is currently certified or licensed as an EMT, AEMT, Paramedic, RN, PA, or physician and who shall be designated by an EMS-approved training program (EMT training program, paramedic training program, or continuing-education provider) or an EMS service provider. EMS service providers include, but are not limited to, public safety agencies, private ambulance providers, and other EMS providers.

8. Completed Department of Justice (DOJ) and Federal Bureau of Investigation (FBI) Live Scan Background Investigation application.

a. Results of the Live Scan report must be received before the application will be processed.

~~c.~~b. Live Scan is only required to be submitted when changing certifying entities (*i.e.*, for an applicant who already has an EMT certificate and is coming to Monterey County to renew). See below for the reinstatement procedure if an EMT certification has been expired for greater than one (1) year.

~~7.~~9. An EMT renewing their certification for the first time after July 1, 2019, shall submit documentation of successful completion of the following training by an approved EMT training program or approved EMS CE provider:

a. The use and administration of naloxone that meets the standards and requirements of California Code of Regulations, Title 22, Division 9, Chapter 3.2 ~~Chapter 2, Section 100075(c)~~.

b. The use and administration of epinephrine by auto-injector that meets the standards and requirements of California Code of Regulations, Title 22, Division 9, Chapter 3.2~~2, Section 100075(d)~~.

c. The use of a glucometer that meets the standards and requirements of California Code of Regulations, Title 22, Division 9, Chapter 3.2~~2, Section 100075(e)~~.

d. The requirement for training in the use of naloxone, epinephrine, and glucometer does not apply to a person who has an active California-issued paramedic license.

B. The application and supporting documentation must be received by the EMS Agency ~~prior to the expiration date~~ and with sufficient time to allow for review and processing by the EMS Agency prior to the expiration date. An application will not be processed until all necessary documents are received and accepted. Illegible documents~~photocopies~~ will not be accepted. ~~The EMS Agency may return any incomplete or abandoned application by U.S. Postal Service to the applicant's last known address.~~

~~Paper applications will be accepted. An additional fee for handling and entry into the electronic application system by EMS Agency staff due to submission of a paper application may be charged.~~

C. The EMS Agency will perform a medical license or certification check through the National Practitioner Data Bank on all applicants. EMT certification will not be provided until this records check has been completed and any actions reported through the NPDB have been reviewed and addressed.

D. The EMS Agency will electronically issue a forty-five (45) day temporary wallet-sized certificate to eligible applicants. The certificate will contain the following information:

1. The name of the individual certified.
2. The assigned EMT California Central Registry certification number.
3. The date the certification is effective
4. The date certification expires.
5. The status of the EMT certification (i.e., active, probation, denied, suspended, expire, etc.).
6. The name and location of the EMT certifying authority (County of Monterey ~~County~~ EMS Agency).
7. The name and signature of the individual (EMS Medical Director) authorized to certify, or facsimile of same.
8. A statement that the individual named on the card has fulfilled the requirements for certification as an EMT in California.

E. The EMS Agency will issue the regular EMT certificate (card), which will be sent to the applicant's mailing address by USPS.

~~Under normal circumstances, the certificate will be issued within thirty (30) days after the applicant has satisfied all of the certification requirements, has no issues reported through the National Practitioner Data Bank, and has resolved any outstanding Live Scan issues.~~

F. The effective date of EMT certification shall be the date following expiration of the current EMT certificate if the completed application for renewal is received before the expiration date.

G. The EMT renewal certification period is for two (2) years from the effective date and expires on the last day of the month. When the completed application is received greater than six (6) months prior to the expiration date of the current EMT certificate, the expiration date will be the last day of the month two (2) years from the month the completed application was received.

IV. CONTINUING EDUCATION (CE) REQUIREMENTS

A. CE certificates submitted for EMT certification renewal shall be for courses completed during the current period of certification.

B. CE certificates submitted for recertification of a lapsed EMT certificate shall only be accepted for courses completed within the two (2) years prior to the date of application for recertification.

C. The EMT shall maintain their CE course records as specified in California Code of Regulations, Title 22, Division 9, Chapter 3.5~~11~~.

D. An individual may receive credit for taking the same CE course, class, or activity no more than two (2) times during a single certification cycle. The second CE course will not be accepted for EMT certification renewal if it is taken within six (6) months of the first course.

V. REINSTATEMENT OF A LAPSED EMT CERTIFICATE

A. Upon lapse of an EMT certificate, the individual is not authorized to perform EMT level services until the EMT certificate has been reinstated.

B. For a lapse of less than six (6) months, the individual shall comply with the requirements above for EMT recertification. The effective date for reinstatement will be the date when the application is received and determined to be complete.

C. For a lapse of six (6) months or more but less than twelve (12) months, the individual shall comply with the requirements above for EMT renewal and complete an additional twelve (12) hours of continuing education for a total of thirty-six (36) hours of training.

D. For a lapse of twelve months or more, the individual shall comply with the requirements above for EMT renewal, complete an additional twenty-four (24) hours of continuing education for a total of forty-eight (48) hours of training, pass the written and skills NREMT exam or have a current and valid NREMT registration, and complete (resubmit)

a Department of Justice (DOJ) and Federal Bureau of Investigation (FBI) Live Scan Background Investigation.

END OF POLICY

John Beuerle, M.D.
EMS Medical Director

Teresa Rios
EMS Bureau Chief

Monterey County EMS System Policy

Policy Number: 2110
Effective Date: ~~7/1/2023~~
Review Date: ~~6/30/2026~~

DENIAL OR REVOCATION OF AN EMT CERTIFICATE

I. PURPOSE

A. To specify causes for the denial or revocation of a prehospital emergency medical care certificate.

II. POLICY

A. The EMS Medical Director may deny or revoke an EMT certificate for disciplinary cause that has been investigated and verified pursuant to the requirements of California Health and Safety Code, Division 2.5.

B. The EMS Medical Director shall deny or revoke any EMT certificate if any of the following apply to the applicant or certificate holder:

1. Has committed any sexually related offense specified under Section 290 of the Penal Code.
2. Has been convicted of murder, or attempted murder, or murder for hire.
3. Has been convicted of two (2) or more felonies.
4. Is on parole or probation for any felony.
5. Has been convicted and released from incarceration for said offense during the preceding fifteen (15) years for the crime of manslaughter or involuntary manslaughter.
6. Has been convicted and released from incarceration for said offense during the preceding ten (10) years for any offense punishable as a felony.
7. Has been convicted of two (2) or more misdemeanors within the preceding five (5) years for any offense relating to the use, sale, possession, or transportation of narcotics or addictive or dangerous drugs.
8. Has been convicted of two (2) or more misdemeanors within the preceding five (5) years for any offence relating to force, or threat, or violence, or intimidation.
9. Has been convicted within the preceding five (5) years of any theft related misdemeanor.

C. The EMS Medical Director may deny or revoke any prehospital certificate if any of the following apply to the applicant:

1. Has committed any act involving fraud or intentional dishonesty for personal gain within the preceding seven (7) years.

2. Is required to register pursuant to the California Health and Safety Code, Section 11590.

D. This policy shall not apply to convictions that have been pardoned by the Governor~~,~~ and shall only apply to convictions where the applicant/certificate holder was prosecuted as an adult. Equivalent convictions from other states shall apply to the type of offenses listed in B or C. As used in this policy, "felony" or "offense punishable as a felony" refers to an offense for which the law prescribes imprisonment in the state prison as either an alternative or the sole penalty, regardless of the sentence the particular defendant received.

E. This policy shall not apply to an EMT who obtained an EMT certificate prior to July 1, 2010; unless:

1. The certificate holder is convicted of any misdemeanor or felony after July 1, 2010.
2. The certificate holder committed any sexually related offense specified under California Penal Code, Section 290.
3. The certificate holder failed to disclose any prior convictions when completing his/her application for initial EMT certification or recertification.

F. Nothing in this policy shall negate an individual's right to appeal a denial or revocation of a prehospital certificate.

G. Negative certification action by the EMS Medical Director shall be valid statewide and honored by all certifying entities for a period of at least twelve (12) months from the effective date of the certification action. An EMT whose application was denied or an EMT whose certification was revoked by the EMS Medical Director shall not be eligible for certification by any other certifying entity for a period of at least twelve (12) months from the effective date of the certification action.

END OF POLICY

John Beuerle, M.D.
EMS Medical Director

Teresa Rios
EMS Bureau Chief

~~Monterey County~~County of Monterey EMS
System Policy

Policy Number: 2230
Effective Date: ~~7/1/2026~~3
Review Date: ~~6/30/2029~~36

EMERGENCY MEDICAL DISPATCHER EDUCATION AND QUALITY IMPROVEMENT (QI) PROGRAM

I. PURPOSE

To establish the minimum requirements and standards for initial orientation, Continuinged Dispatch Education (CDE), and the Quality Improvement (QI) Program of a designated EMS Communications Center. Such a program will be designed to promote and ensure the high- quality performance of the Medical Priority Dispatch System (MPDS) and promote a culture of excellence in performance.

II. POLICY

A designated EMS Communications Center shall:

A. Implement and maintain an active initial orientation, Continuinged Dispatch Education (CDE), and a Quality Improvement (QI) Program.

B. Actively participate in ~~Monterey County~~County of Monterey EMS system-wide QI activities and drills.

C. Have all initial orientation, CDE, and QI Programs approved by the EMS Agency.

III. PROCEDURE

A. A designated EMS Communications Center shall submit a written initial orientation, CDE, and QI Plan including course curriculum and final exams to the EMS Agency for approval.

B. Each initial orientation, CDE, and QI Plan shall be consistent with International Academies of Emergency Dispatch (IAED) recommendations and standards and shall contain the following:

1. Name and credentials of the CDE and QI Program Coordinator, who shall be qualified by education and experience in methods, materials, and evaluation of instruction. The Program Coordinator shall be responsible for the following:
    a. Administration of all training and education including CDE and QI Programs.
    b. Signing all training and course completion records.
    c. ~~As~~Ensuring that all training, CDE, and QI activities are compliant with EMS Agency policie~~e~~s.
2. CDE and QI program overview, goals, and objectives to include the structure and function of the following:

a. Dispatch Review Committee (DRC).

b. Dispatch Steering Committee (DSC).

c. Quality Improvement Unit (QIU).

3. Description of how QI is integrated into the day-to-day operations.
4. Description of the collection, reporting, and analysis~~zation~~ of data and feedback processes.
5. Description of internal QI committee participation, responsibilities, and structure.
6. Description of Medical Director responsibilities and involvement.

C. EMD/MPDS QI shall also be represented and integrated into ~~equivalent~~ County Prehospital QI committees.

D. The EMS Agency shall review all plans submitted and notify the ~~applicant~~ EMS Communications Center within 14 (fourteen) days of receipt of any required missing information.

E. The EMS Agency shall notify the EMS Communications Center ~~applicant~~ in writing within thirty (30) days of receipt of a complete plan of~~n~~ an approval or rejection decision.

IV. REFERENCES

A. California State EMS System Guidelines

B. Division 2.5, California Health and Safety Code.

~~END OF POLICY~~

John Beuerle, M.D.
EMS Medical Director

Teresa Rios
EMS Bureau Chief

~~Monterey County~~County of Monterey EMS System Policy

Policy Number: 2260
Effective Date: ~~7/1/2026~~3
Review Date: ~~6/30/2029~~6

EMERGENCY MEDICAL DISPATCHER (EMD) CERTIFICATION

I. PURPOSE

To establish criteria for certification of Emergency Medical Dispatchers in ~~Monterey County~~the County of Monterey.

II. POLICY

Any individual providing Medical Priority Dispatch System (MPDS) services to the public as a part of the ~~Monterey County~~County of Monterey 9-1-1 system shall be certified as an Emergency Medical Dispatcher (EMD) as per standards maintained by the International Academies of Emergency Dispatch (IAED) and all applicable state regulations and guidance as referenced below.

~~This includes~~Individuals shall comply with all applicable standards for testing, initial certification, recertification, continuing education, and continuous cardiopulmonary resuscitation (CPR) certification at either the American Heart Association Healthcare Provider or American Red Cross CPR for the Professional Rescuer level. An equivalent CPR certification ~~training which is equivalent to either of those two curricula~~ may be substituted with EMS Agency approval.

III. PROCEDURE

A. Dispatch Centers that~~which~~ provide EMD services~~, by virtue of contractual obligations and/or EMS system design~~ are responsible for maintaining up to date documentation of all personnel records pertaining to ~~dealing with~~ Emergency Medical Dispatcher testing, certification, recertification, continuing education, and CPR certification.

B. ~~Dispatch Centers will maintain up to date documentation of EMD personnel records which~~ Documentation will be made available to the EMS Agency for auditing upon request.

IV. REFERENCES

A. California State EMS System Guidelines

B. Division 2.5, California Health and Safety Code.

~~**END OF POLICY**~~

John Beuerle, M.D.
EMS Medical Director

Teresa Rios
EMS Bureau Chief

~~Monterey County~~County of Monterey EMS
System Policy

Policy Number: 3000
Effective Date: ~~7/1/2026~~3
Review Date: ~~6/30/2029~~6

EMS COMMUNICATIONS SYSTEM

I. PURPOSE

To prescribe the methods participants in the ~~Monterey County~~County of Monterey EMS System use to communicate with each other during routine operations and medical disaster situations and to define required testing schedules for every component of the EMS Communications system.

II. POLICY

A. All vehicles utilized in the ~~Monterey County~~County of Monterey EMS system shall be equipped with the appropriate radio and telecommunications equipment necessary for dispatch and other related communications

B. To ensure that communication systems used by EMS System participants are operational during a disaster, those systems shall be regularly tested, as described in this policy.

C. To ensure personnel are always capable of using EMS communication systems, participants must practice using infrequently used methods of communication to ensure reasonable familiarity with those systems during times of disaster.

D. EMS system participants are responsible for acquiring and maintaining their EMS communications systems to ensure they are in good working order~~. always.~~

E. Any significant problems or outages of any component of the EMS communications system should result in the immediate notification of all appropriate personnel – including the EMS Duty Officer.

III. COMMUNICATION SYSTEMS AND USE

A. EMS System Participants shall use the EMS Communications systems identified below for routine and disaster communications. In the event a primary communication method fails, EMS providers shall immediately use a backup or redundant system.

1. 800 MHz Disaster Medical Radio System
2. Field to Hospital ~~MED~~ Mednet Frequencies (Med 2, 6 and 7)
3. EMS Communications to Field Mednet Frequencies (Med 1, 5, 9 and 10)

- **Med 1** – Used on the Peninsula, covering from the Carmel Highlands south to the County Line.
- **Med 5** – Used in the Valley, from Greenfield south to the County Line.

- **Med 9** – Used in the Valley, spanning from the North County Line south to just south of Greenfield.

~~2.~~• **Med 10** – Used on the Peninsula, covering the area from Marina to the Carmel Highlands.

~~3.~~4. ReddiNet

~~4.~~5. EMS Paging and Alerting System

B. ReddiNet Use

1. Hospitals should update their HAvBED and overall bed status in ReddiNet at least every 24 hours during routine operations.

~~1.~~2. Hospitals are responsible for updating change in their facility's status (e.g., specialty care diversion (Stroke, STEMI, Trauma), internal disasters, Incident Command System (ICS) activation).

~~2.~~3. The EMS Communications Center is responsible to enter actual MCI and disaster information in ReddiNet immediately upon declared MCI situations or other disasters.

IV. COMMUNICATION SYSTEM TESTING

A. EMS System participants shall participate in EMS System c~~C~~ommunication tests. The performance standard is a 95% response rate in each communication system.

B. Implementation of Communication System Testing

1. The EMS Communications Center will lead and coordinate the testing of each of the communication methods within the EMS Communication System.
2. EMS communication tests will occur daily for the following systems~~. until each user reaches, and sustains for one month, a 95% response rate on the following communication tests~~:
    a) 800 MHz. Disaster Medical Radio System
    b) ReddiNet
3. The EMS Communications Center will record and provide the EMS Agency with the results of EMS System communication tests.
~~3.~~4. If a facility does not respond to one or both daily communication tests for three (3) consecutive days, EMS Communications Center staff will follow up with the facility via phone to verify operational status and ensure that the communication system is functioning properly. If the facility is unable to rectify the issue or continues to fail to respond~~if unresponsiveness persists~~, the EMS Communications Center will notify the EMS Duty Officer for further evaluation and coordination.

~~C. Continued Communication System Testing~~

~~1. After each hospital and communications center achieves and sustains for one month, a 95% response rate, EMS System communication tests will occur no less than weekly, if the 95% response rate is maintained.~~

~~2. The EMS Communication Center will lead and coordinate the testing of each of the communication methods within the EMS Communication System.~~

~~a) 800 MHz. Hospital Disaster Radio System~~

~~b) ReddiNet~~

~~D.~~C. Each organization's ~~performance~~ responsiveness will be tracked, trended, and reported by the EMS Agency.

~~E.~~D. Training needs will be addressed as identified by system stakeholders and the EMS Agency.

V. COMMUNICATION SYSTEM TRAINING, EXERCISING, AND REVIEW

A. Employing organizations shall train each employee to competently use each component of the EMS System communication equipment applicable to their position. Recurring training will be done on those systems used less frequently.

B. Following any critical incident or medical disaster, any post-incident after action review shall include a section on EMS communications, including reporting on components that worked well and components that either failed or did not perform as expected.

C. The EMS Communications Center~~s~~ will work collaboratively with other EMS system stakeholders in quality improvement, policy and procedure development, and clinical and operational changes to the system and will provide the data needed for monitoring and evaluation of the EMS system.

~~END OF POLICY~~

John Beuerle, M.D.
EMS Medical Director

Teresa Rios
EMS Bureau Chief

County of Monterey ~~Monterey County~~ EMS System Policy

Policy Number: 3010
Effective Date: ~~7/1/2026~~3
Review Date: ~~6/30/2029~~6

EMS/EMD COMMUNICATION CENTER DESIGNATION AND REQUIREMENTS

I. PURPOSE

To establish criteria and minimum requirements for designation of an Emergency Medical Services (EMS) /Emergency Medical Dispatch (EMD) Communications Center in the ~~Monterey County~~County of Monterey EMS System to ensure that highly coordinated EMS/EMD services are delivered to the people in ~~Monterey County~~the County of Monterey.

II. POLICY

A. The EMS/EMD Communications Center(s) shall be designated by the EMS Agency to provide contracted ambulance provider dispatch and/or Emergency Medical Dispatch (EMD) services for any portion of the ~~Monterey County~~County of Monterey EMS System.

B. Designated EMS/EMD Communications Center(s) shall meet the standards outlined in American Society for Testing and Materials (ASTM) F-1258 (Standard Practice for Emergency Medical Dispatch), F-1552 (Standard Practice for Training Instructor Qualification and Certification Eligibility of Emergency Medical Dispatchers), and ASTM F-1560 (Standard Practice for Emergency Medical Dispatch Management).

C. Designated EMS/EMD Communications Center(s) shall have a written agreement with the EMS Agency for such services. (3010 ATTACHMENT A)

III. EMS AGENCY DESIGNATED EMS/EMD COMMUNICATIONS REQUIREMENTS

A. Designated EMS/EMD Communications Center(s) shall meet the following minimum requirements:

~~1.~~ Submit an application to the EMS Agency for EMS/EMD designation and meet all criteria herein (3010 ATTACHMENT B).

~~2.~~1. The EMS Agency shall return the application for further information, approve the application, or deny the application request in writing within sixty (60) days of receipt.

~~3.~~2. Indicate the full scope of EMS/EMD related services provided.

~~4.~~3. Comply with all applicable State and Federal statues, codes and regulations, and EMS System Policies and Procedures.

~~5.~~4. Utilize the current version (within 1 year of release) of the Medical Priority Dispatch System™ (MPDS) on all possible medical calls within the ~~Monterey~~

~~County~~ County of Monterey EMS System pursuant to EMS ~~Agency~~ System Policies and Procedures.

~~6.~~5. Provide EMD/MPDS services for all appropriate medical calls within its jurisdiction, consistent with EMS ~~Agency policy~~System Policy 3030 "EMS Call Routing & Processing".

~~7.~~6. Submit for approval and maintain internal written EMD policies and procedures approved by the EMS Agency, including, but not limited to:

a. Emergency call surge (multiple callers for single event) and "Urgent Disconnect".

b. EMD orientation, Continued Dispatch Education (CDE) program, and EMD Quality Improvement (QI) program.

c. Third party caller interrogation.

d. Language translation.

e. Continuity of Operations Plan (COOP).

~~8.~~7. Obtain and maintain continuous EMD certifications, issued by the International Academies of Emergency Dispatch (IAED), for all employees providing EMD/MPDS or supervising EMS/EMD related activities, and shall maintain all records related to EMD certification, re- certification, training, testing, performance improvement plans, and CDE for a period of no less than four (4) years.

~~9.~~8. Have on site direct dispatch supervision by at least an EMS/EMD Communications Manager, EMS/EMD Communications Supervisor, or EMS/EMD Shift Lead Dispatcher, or equivalent, 24 hours a day.

~~10.~~9. At the request of the EMS Agency, shall serve as the Operational Area Patient Distribution Center (OAPDC) and/or local Disaster Control Facility (DCF), manage ReddiNet, and operate on behalf of the Medical Health Operational Area Coordinator (MHOAC) for ~~Monterey County~~the County of Monterey pursuant to EMS Agency policy.

~~11.~~10. Designate a representative(s) to attend, participate in any relevant EMS Agency or other committee meetings, such as Dedicated Fire Dispatch, EMS System QI, or other appropriate technical advisory committees and/or working groups.

~~12.~~11. Actively participate in medical advisory oversight related to MPDS determinate response planning, QI, and protocols related to MPDS.

~~13.~~12. Provide accurate data and reports to the EMS Agency in a timely manner as requested.

IV REFERENCES

California Code of Regulations, Title 22, Division 9

California Health and Safety Code § 1797.220

END OF POLICY

John Beuerle, M.D.
EMS Medical Director

Teresa Rios
EMS Bureau Chief

~~Monterey County~~County of Monterey EMS
System Policy

Policy Number: 3030
Effective Date: ~~7/1/2026~~3
Review Date: ~~6/30/2029~~6

EMS CALL ROUTING AND PROCESSING

I. PURPOSE

To define the requirements and procedures for Public Safety Answering Points (PSAPs) and Public Safety Agencies to identify and route all appropriate Medical Calls to a designated EMS Communications Center in ~~Monterey County~~the County of Monterey, so that certified Emergency Medical Dispatchers can provide Medical Priority Dispatch System (MPDS) services. These procedures include both concurrence or non-concurrence of Public Safety Agencies with jurisdiction to continue delegation of EMS call processing or to maintain EMS call processing within a Public Safety jurisdiction.

II. POLICY

A. Concurrence: All appropriate Medical Calls in ~~Monterey County~~the County of Monterey, once identified, shall be immediately routed to a designated ~~Monterey County~~ County of Monterey EMS Communications Center for proper MPDS assessment, Post-Dispatch Instructions, and Pre-Arrival Instructions. This includes all first, second, and appropriate third-party callers.

B. Non-Concurrence: All appropriate Medical Calls in ~~Monterey County~~the County of Monterey, once identified, shall immediately receive proper MPDS assessment, Post-Dispatch Instructions, and Pre-Arrival Instructions by Public Safety communications personnel in compliance with EMS System Policies.

III. PROCEDURE

A. Concurrence Public Safety/PSAP Medical Call Routing:

1. All Medical Call phone transfers shall ensure ANI/ALI information, if available, is sent with the caller to the designated EMS Communications Center.
2. The designated EMS Communications Center shall work with local PSAPs to develop and implement policies that address special call handling procedures, including but not limited to~~:~~ multiple callers for a single incident, language barrier calls, and rescue events.
3. All ~~Monterey County~~County of Monterey PSAPs shall ensure that call intake procedures only obtain essential information on Medical Calls prior to transfer of the caller to the designated EMS Communications Center and shall not conduct any medical screening or other redundant questioning contained within a MPDS interrogation.

a. An exception to the routing of the caller in this policy is when a PSAP determines it is not safe to transfer the caller to the designated EMS Communications Center. In those cases, such as Law Enforcement calls, scene safety concerns, and some specialized rescue, the PSAP shall ensure the address, chief compliant, and safety instructions are immediately included in the comments of the call notes and shall not delay EMS call creation or response to the address of the emergency. For the Exclusive Operating Area (EOA) contracted ambulance provider, all such calls that cannot be immediately processed through MPDS shall be assigned a Priority 2 response unless otherwise requested by first responders on scene, law enforcement, or subsequent MPDS determinant.

4. Once a PSAP has completed their interrogation, if appropriate, they should transfer the caller to a designated EMS Communications Center for MPDS processing.
5. All initial, subsequent, or modified Public Safety/PSAP policies and procedures related to this EMS System policy shall be made available to the EMS Agency before implementation.

B. Non-Concurrence Public Safety/PSAP Medical Call Routing:

1. Public Safety/PSAPs shall develop and implement policies that ensure all Medical Calls are properly identified and processed through MPDS procedures consistent with EMS System policies.
2. Public Safety/PSAPs shall ensure all appropriate responders (Police, Fire, EMS) receive the call simultaneously for proper assignment by their respective dispatchers.
3. All initial, subsequent, or modified Public Safety/PSAP policies and procedures related to this EMS System policy shall be made available to the EMS Agency before implementation.

C. Concurrence and Non-Concurrence Public Safety/PSAPs and/or designated EMS Communications Center Medical Call entry and MPDS:

1. The Public Safety/PSAPs and/or designated EMS Communications Center shall ensure that all Medical Calls include a problem nature protocol description selected in CAD that corresponds exactly with the MPDS protocol numbers 1-33 descriptions.
2. The Public Safety/PSAPs and/or designated EMS Communications Center shall ensure that MPDS is used on all Medical Calls, including requests from medical facilities to transport a patient to the emergency department (ED) (Card 33 – Transfer/Inter-facility/Palliative Care).
3. The Public Safety/PSAPs and/or designated EMS Communications Center shall ensure all available comments; including scene safety, and patient condition, are documented in the call by the call taker or Emergency Medical Dispatcher and are available, real time, for responders to view.

4. The Emergency Medical Dispatcher shall remain on the phone on all ECHO level, and appropriate DELTA level calls, to provide post-dispatch instructions, pre-arrival instructions, or to maintain and monitor, until first responders are with the patient.

D. Concurrence Public Safety/PSAP and/or designated EMS Communications Center Medical Call Dispatch Process:

1. Once Public Safety/PSAPs and/or designated EMS Communications Center identifies a call as a Medical Call, and an accurate location is identified, Public Safety/PSAPs and/or designated EMS Communications Center shall ensure the call is created/generated in the CAD assignment queue simultaneously for Fire first response and ambulance response.
2. All Medical Calls shall initially be created as a Priority 2 response for the EOA contracted ambulance provider.
3. Once the Emergency Medical Dispatcher has assigned a MPDS determinant, the EOA contracted ambulance provider response priority shall be modified by the appropriate dispatcher, if necessary, based on the criteria in EMS System Policy and Procedure 3050: MPDS Response Priorities and Assignments to EMS Calls.
4. Once an Emergency Medical Dispatcher has assigned a MPDS determinant, the Emergency Medical Dispatcher shall immediately provide the updated determinant to the first responder.
5. Any reduction or increase of an ambulance response priority to a Medical Call, for any reason, shall be recorded so that upon request it is available to the EMS Agency for accurate data analysis and response time calculations.

~~IV REFERENCES~~

~~California Code of Regulations, Title 22, Division 9~~

~~California Health and Safety Code § 1797.220~~

~~END OF POLICY~~

John Beuerle, M.D.
EMS Medical Director

Teresa Rios
EMS Bureau Chief

~~Monterey~~ County of Monterey EMS System Policy

Policy Number: 4000
Effective Date: 7/1/2023
Review Date: 6/20/2026

EMERGENCY MEDICAL SCENE MANAGEMENT

I. PURPOSE

To establish guidelines for the management of an emergency medical scene.

II. POLICY

A. Authority for Scene Management

1. ~~As stated in~~ California Health and Safety Code~~s~~ Section 1798.6, "~~a~~Authority for the management of the scene of an emergency shall be vested in the appropriate public safety agency that has investigative authority~~" (Law Enforcement, Fire Department, and/or the Monterey County Health Officer)~~. ~~"~~The scene of an emergency shall be managed in a manner to minimize the risk of death or health impairment to the patient and to other persons who may be exposed to the risks as a result of the emergency condition, and priority shall be placed upon the interests of those persons exposed to the more serious and immediate risks of life and health. Public Safety officials shall consult emergency medical services personnel or other authoritative health care professionals at the scene in the determination of relevant risks."

B. Authority for Patient Health Care Management

1. ~~As stated in~~ California Health and Safety Code Section 1798.6, "Authority for patient health care management in an emergency shall be vested in that licensed or certified health care professional, that may include any ~~Paramedic~~ paramedic or other prehospital emergency personnel, at the scene of the emergency who is most medically qualified specific to the rendering of emergency medical care. If no licensed or certified health care professional is available. The authority shall be vested in the most appropriate medically qualified representative of public safety agencies who may have responded to the scene of the emergency."

III. PROCEDURE

A. Scene management or incident organization should be based on the Incident Command System (ICS) and established ICS procedures.

1. The first arriving unit on-scene shall assume the role of Incident Commander (IC).
    a. The IC shall immediately assess the scene and situation. The IC shall inform County Communications of the following:
        1) Traffic and/or other hazards
        2) Approximate number of victims

3) Necessity of ~~A~~aadditional ~~needed~~ resources

4) Any extrication difficulties

5) Known/suspected presence of hazardous materials

b. All requests for additional resources shall be directed to the ~~Monterey~~ County of Monterey Communications Center.

2. Disagreements pertaining to triage or patient care arising at the scene of an emergency ~~should be resolved by the IC in consultation with the highest medical authority on-scene. Discussion of the disagreement shall be conducted in a professional manner. The discussion shall not be conducted in the presence of the patient or general public.~~shall be resolved in one of two manners:

- During an MCI, triage disputes shall be addressed by the Treatment Group Supervisor.
- During normal medical incidents, treatment disputes shall be resolved by base consultation. These discussions should not be conducted in the presence of either the patient or the general public.

~~2.~~3. Rescue and extrication will be performed by appropriate agencies, as necessary. Trapped patients shall be treated to the extent possible to prevent a deterioration in the patient's condition while extrication is being performed.

~~3.~~4. For incidents involving multiple patients, medical care and scene management shall be handled in accordance with guidelines established in the Monterey County Multi-Casualty Incident (MCI) Plan when applicable.

END OF POLICY

John Beuerle, M.D.
EMS Medical Director

Teresa Rios
EMS Bureau Chief

County of Monterey ~~County~~ EMS System Policy

Policy Number: 4012
Effective Date: ~~7/1/2023~~
Review Date: ~~6/30/2026~~

CONTROLLED SUBSTANCES

I. PURPOSE

To establish minimum requirements for compliance with the Controlled Substances Act and California statutes and regulations by County of Monterey ~~County~~ authorized ~~Advanced Life Support (ALS) provider~~ Paramedic Service Provider agencies.

II. POLICY

A. The following medications are considered "controlled substances" and are approved for use in the County of Monterey ~~County~~ EMS system:

1. Schedule II - Fentanyl; Morphine Sulfate
2. Schedule III - Ketamine; Buprenorphine
3. Schedule IV - Midazolam

B. All ~~p~~Paramedic S~~s~~ervice P~~p~~rovider organizations will have a formal agreement with a DEA registrant who is accountable for the agency or service's compliance with the Controlled Substances Act.

1. The DEA registrant will maintain a separate DEA registration number for each agency or service that they affiliate with; separate from the DEA registrant's own practice and separate from any other legal entity.
2. The DEA registrant will establish policies and procedures, which are compliant with this policy, for each agency or service they serve.

C. The ~~p~~Paramedic ~~s~~Service P~~p~~rovider organization will designate personnel authorized to manage controlled substances for the organization.

III. PROCEDURE

A. Security Mechanisms and Procedures

1. Ordering and Order Tracking

a. Each agency or service will order controlled substances from a DEA registered distributor or pharmacy.

b. Schedule II controlled substances require use of the DEA Form 222 or the Controlled Substance Ordering System (CSOS). These orders may only be delivered to the agency or service's facility found at the single physical location and address noted on the DEA license.

c. Each order must be tracked in a manner that documents the parties requesting, ordering, and receiving controlled substances.

2. Receipt and Accountability

a. Controlled substances must be received at the agency or service's facility found at the single physical location and address noted on the DEA license.

b. Personnel receiving controlled substances must be authorized by the DEA registrant and included on the agency or service's roster of personnel authorized to manage controlled substances.

c. A witness, also included on the roster of personnel authorized to manage controlled substances, must participate in the receipt and its documentation.

d. The receipt of controlled substances will be documented in the master supply log(s) including: the date and time, the name of the medication, the concentration, the quantity of vials, the expiration date, the manufacturer, the lot number, and the receiving party and the witness, including their signatures.

3. Master Supply Storage, Security and Documentation

a. The master supply storage of controlled substances will be at the agency or service's facility found at the single physical location and address noted on the DEA license.

b. Controlled substances must be stored in a "securely locked, substantially constructed cabinet" as required under the Controlled Substances Act.

c. Follow the manufacturer's guidelines regarding storage of each controlled substance:

1) Store within the required temperature range

2) Protect from light as required

d. Master supply security measures will include:

1) Tamper evident containers

2) Witnessed counting; no less than once each month

~~2)~~3) Tracking of access to the master supply by individual for each instance of access to the master supply.

e. Personnel handling and/or counting controlled substances at the master supply must be authorized by the DEA registrant and included on the agency or service's roster of personnel authorized to manage controlled substances. A witness, included on the roster of personnel authorized to count controlled substances, must also participate in each count and its documentation.

f. Master supply documentation will include:

1) The agency or service's roster(s) naming personnel authorized to:
    a) Manage controlled substances
    b) Count controlled substances
    c) Administer controlled substances
    d) Audit controlled substances
2) The original of each DEA Form 222, including voided forms; purchase records; a log(s) of all controlled substances ordered, received, stored, damaged during storage, placed into service, damaged while in service, administered, wasted, restocked, returned to master supply, reverse distributed; and an electronic patient care record (ePCR) or other appropriate report corresponding to each administration, waste, damage, or expiration
3) These records will be:
    a) Maintained at and/or electronically accessible from the master supply location
    b) Available for inspection within 24 hours by the EMS Agency
    c) Maintained for a period of no less than two years (older records should be shredded)

4. Controlled Substance Labeling and Tracking
    a. Controlled substances must remain in the original manufacturer's containers, Food and Drug Administration (FDA) compliant labels remaining intact and unaltered, until the time of administration.
    b. Tracking of Controlled substances will include documentation in the log(s) as described throughout this policy; including: the date and time of each transaction, the name of the medication, the concentration, the quantity of vials, the expiration date, the manufacturer, the lot number, and the party(ies) involved, including signature(s). Additional methods of tracking are encouraged.
5. Vehicle Storage and Security
    a. Make every reasonable attempt to follow the manufacturer's guidelines regarding vehicle storage of each controlled substance while in service:
        1) Avoid exposure to temperature extremes
        2) Protect from light as required
    b. Vehicle storage security measures will include:
        1) Tamper evident containers
        2) Witnessed counting with each change in personnel or change of shift; no less than once each day (24 hours)

6. In-Service Record Keeping
    a. Personnel handling and/or counting controlled substances while in service must be authorized by the DEA registrant and included on the agency or service's roster of personnel authorized to administer controlled substances.
    b. A witness, preferably included on that same roster, but, at minimum, included on the roster of personnel authorized to count controlled substances, must also participate in each transaction and its documentation.
    c. Documentation while in service will include:
        1) A log(s) of all controlled substances accepted into service, counted, damaged while in service, received as re-stock, and/or returned to master supply
        2) These records will be:
            a) Maintained with the medications until submitted to and/or electronically accessible from the master supply location
            b) Available for inspection within 24 hours by the EMS Agency
            c) Submitted to master supply at least monthly
            d) Maintained as master supply documentation for a period of no less than two years
7. Usage Procedures and Documentation
    a. Controlled substances will be administered by ALS personnel~~roviders~~ only as authorized per EMS policy and protocols currently in effect at the time of use. Personnel administering controlled substances must be authorized by the DEA registrant and included on the agency or service's roster of personnel so authorized.
    b. Usage documentation will include:
        1) A log(s) of all controlled substances administered
        2) An ePCR corresponding to each administration
        3) These records will be:
            a) Maintained with the medications until submitted to and/or electronically accessible from the master supply location
            b) Available for inspection within 24 hours by the EMS Agency
            c) The corresponding PCR must be accessible for matching with these records

d) Maintained as master supply documentation for a period of no less than two years

8. Reverse Distribution

   a. Each agency or service will send expired and/or damaged controlled substances to an authorized reverse distributor.

      1) Schedule II controlled substances must be transferred using the DEA's Form 222

      2) Schedule III – V controlled substances may be transferred by invoice.

      3) These reverse distributions will be sent to the reverse distributor's facility found at the single physical location and address noted on the reverse distributor's DEA registration.

      4) Each reverse distribution must be tracked in a manner that documents the parties sending and receiving the expired and/or unwanted controlled substances.

   b. Personnel sending controlled substances for reverse distribution must be authorized by the DEA registrant and included on the agency or service's roster of personnel authorized to manage controlled substances.

      1) A witness, also included on the roster of personnel authorized to manage controlled substances, must participate in the shipment and its documentation.

   c. All reverse distribution will be documented in the master supply log(s) including: the date and time, the name of the medication, the concentration, the quantity of vials, the expiration date, the manufacturer, the lot number, and the sending party and the witness, including their signatures.

9. Disposal

   a. Disposal of expired and/or unwanted controlled substances will be performed as described above under "Reverse Distribution."

   b. Disposal of controlled substances residual to patient administration, wasting, will be performed following the agency or service's internal policy.

      1) This policy must include a method of wasting which renders the remaining medication non-retrievable as defined by the DEA.

      2) Disposal in a sharps container and sewering of controlled substances are both methods which do not meet the DEA requirement.

      3) Process for disposition of the empty, or partially empty, narcotics container shall be described in the policy.

c. Personnel wasting controlled substances must be authorized by the DEA registrant and included on the agency or service's roster of personnel authorized to administer controlled substances.

1) A witness, preferably included on that same roster, but, at minimum, included on the roster of personnel authorized to count controlled substances, must also participate in each waste and its documentation.

2) The witness shall observe the wasting of the substance from its original container.

d. Wasting documentation will include:

1) A log(s) of all controlled substances wasted

2) An ePCR corresponding to each waste

3) These records will be:

a) Maintained with the medications until submitted to and/or electronically accessible from the master supply location

b) Available for inspection within 24 hours by the EMS Agency

c) Submitted to master supply at least monthly and maintained for a period of no less than two years

10. Re-Stocking Procedures

a. Re-stocking of controlled substances will be performed following the agency or service's internal policy that will include at minimum verification of administration, waste, damage, and/or expiration.

b. If an agency or service chooses to require the retention and transport of used and/or damaged containers and/or sharps for restock purposes, internal policies will include the use of appropriate sharps containers if a used sharp is retained following administration.

c. Personnel providing re-stock of controlled substances must be authorized by the DEA registrant and included on the agency/service's roster of personnel authorized to manage controlled substances.

d. Personnel receiving re-stocked controlled substances must be authorized by the DEA registrant and included on the agency/service's roster of personnel authorized to administer controlled substances.

1) Both parties must participate in and document the re-stocking.

e. Re-stocking documentation will include:

1) A log(s) of all controlled substances restocked

2) An ePCR or other appropriate report corresponding to each administration, waste, damage, or expiration

3) These records will be:

a) Maintained at and/or electronically accessible from the master supply location

b) Available for inspection within 24 hours by the EMS Agency

c) Maintained for a period of no less than two years

11. Transfer or Exchange Between Agencies and/or Services

a. The transfer or exchange of controlled substances between agencies and/or services is highly discouraged. There are additional federal requirements and documentation necessary for this process to take place; the process has proven problematic when done in other areas. If a provider experiences or expects to experience a shortage of a controlled substance, that provider should contact the EMS Agency as per County of Monterey EMS System ~~p~~Policy # 4011 ~~—~~(Medication/Solution Shortages).

B. Investigation and Mitigation of Suspected Tampering or Diversion

1. Drug inventories and all related records are subject to inspection by the EMS Agency, the California EMS Authority (EMSA), the California State Board of Pharmacy, the Federal Drug Enforcement Administration, and the Justice Department's Bureau of Narcotic Enforcement.

2. Controlled Substance Testing

a. Testing personnel for controlled substances may be performed following the agency or service's internal policy.

b. Such policies may provide for controlled substance testing that is random, routine, or in response to suspected tampering and/or diversion.

c. Any such policy should be developed in consultation with the DEA Registrant and legal counsel.

3. Discrepancy Reporting

a. Each agency or service will follow its internal policy for reporting discrepancies including tampering, theft, loss, or diversion of controlled substances.

b. This policy will be established by the DEA Registrant and must include immediate verbal reporting followed by written reports and investigation.

c. The DEA Registrant must notify the DEA of the discrepancy within one business day of discovery using DEA Form 106, "Report of Theft or Loss of Controlled Substances."

d. In addition, the EMS Agency must be notified within eight (8) hours utilizing the~~an~~ Unusual Occurrence reporting system~~form~~ as per County of Monterey EMS System ~~p~~Policy # 6020 (Unusual Occurrence Reporting).

4. Tampering, Theft and Diversion Prevention and Detection

a. Each agency or service's internal policy regarding controlled substances will comply with this policy; with the intent to prevent and detect the tampering, theft, loss, and/or diversion of controlled substances.

b. Areas to be addressed include: ordering and order tracking, receipt and accountability; master supply storage, security, and documentation; labeling and tracking, vehicle storage and security, usage procedures and documentation, reverse distribution, disposal, re-stocking procedures, transfer or exchange of controlled substances between agencies and/or services, controlled substance testing, discrepancy reporting; tampering, theft and diversion prevention and detection; and usage audits.

c. Reporting the suspected tampering, theft, and/or diversion of controlled substances to local law enforcement is required.

1) If the tampering, theft, and/or diversion of controlled substances is substantiated, written reports must be made within eight (8) hours to the EMS Agency and EMSA for action against the responsible party's certification, license, or accreditation.

5. Usage Audits

a. Each agency or service will follow its internal policy for usage audits. These audits will:

1) Be conducted by the DEA registrant/designee

a) Any such designee must be authorized by the DEA registrant and included on the agency or service's roster of personnel authorized to audit controlled substances

2) Account for the current disposition of all controlled substances

a) Include review of forms, purchase records, logs, and ePCRs

b) Identify and report discrepancies as required

3) Identify and investigate unusually high rates of administration

a) Establish a baseline for the rate of controlled substance administration among all individuals authorized to administer controlled substances during the time-period being audited

b) Identify high outliers, individuals with high rates of controlled substance administration

c) Review each administration of controlled substances performed by these high outliers for accountability and clinical appropriateness

4) Be performed at least quarterly

b. Records of these audits will be:

1) Maintained at and/or electronically accessible from the agency or service's quality assurance location
2) Available for inspection within 24 hours by the EMS Agency
3) Maintained for a period of no less than two years

6. Biennial On-Hand Inventory

   a. In addition to daily and other routine running inventories, the DEA requires a separate Biennial On-Hand Inventory. This inventory includes all controlled substances, including those in a central facility and those which have been deployed. It also includes those in the reverse distribution process. It is a "snapshot" count in time. These counts should be scheduled by every provider in such a way that they are not forgotten.

END OF POLICY

John Beuerle, M.D.
EMS Medical Director

Teresa Rios
EMS Bureau Chief

County of Monterey EMS System Policy

Policy Number: 4060
Effective Date: 7/1/2023
Review Date: 6/30/2026

PHYSICIAN ON SCENE

I. PURPOSE

This policy provides direction for prehospital personnel when, at the scene of an injury or illness, a bystander identifies themselves as a physician and ~~wants~~ attempts to be involved in the care of the patient.

II. PROCEDURE FOR PHYSICIAN INVOLVEMENT

A. If a bystander identifies themselves as a physician and wants to ~~be involved in the~~take over care of the patient, prehospital personnel should show the physician the card issued by the State of California entitled **"Note to Physician on Involvement with Prehospital Personnel~~aramedics~~"** (attached) and ask the physician to select one of the three options provided.

i. If the physician on scene selects **OPTION 1**, medical control remains with the protocols established by the Monterey County EMS Agency Medical Director and, as needed, the Base Hospital physician.

ii. If the physician on scene selects **OPTION 2** and requests to talk to the base station physician, prehospital personnel shall:

~~A.~~

~~B. If the physician on scene desires option one (1), medical control remains with the protocols established by the Monterey County EMS Agency Medical Director and, as needed, the Base Hospital physician.~~

~~C. If the physician on scene~~ ~~desires~~ ~~requests to talk to the base station physician and directly offer your medical advice and assistance~~option ~~two (2), prehospital personnel shall~~:

1. Ask for the physician's full name and ~~to see the physician's valid~~ California medical license number, and document this information on the PCR.~~, unless prehospital personnel already know the physician from prior professional interactions.~~

2. Immediately contact the Base Hospital and allow the physician on scene to speak with the Base Hospital physician. If there is disagreement between the physician on scene and the Base Hospital physician regarding the medical care required~~, EMS providers shall~~ , the ~~remain in control of patient care under the medical direction of the~~ Base Hospital physician will maintain authority.

~~3. If the physician on scene performs a procedure or continues to engage in direct patient care after the arrival of EMS, such involvement is~~

~~categorized as option three (3) and requires the elements listed under Section II (D) below.~~

~~D.~~iii. If the physician on scene selects **OPTION 3**, or if the physician on scene performs a procedure or ~~desires option three (3), to~~ performs ~~perform a procedure, or~~ continue~~s~~s to engage in direct patient care after the arrival of EMS,~~, in addition to the items in Section II (C) above,~~ prehospital~~,~~ personnel shall:

1. Ask for the physician's full name and California medical license number, and document this information on the PCR.

~~1.~~2. Make equipment and supplies available to the physician and ~~offer~~ assist~~ance~~ the physician as needed.

~~2.~~3. Ensure that the physician accompanies the patient in the ambulance to the receiving hospital.

4. Ensure that the physician signs the EMS Patient Care Report for all instructions and medical care given.

~~3.~~B. Once EMS personnel have arrived at the scene and assumed care of the patient, only California-licensed physicians may participate in the medical care of the patient. Physician Assistants (PAs), Nurse Practitioners (NPs), Registered Nurses (RNs), and other non-physician medical providers are not authorized to perform procedures, direct medical care, or assume responsibility for the care of a patient being attended by EMS personnel.

STATE OF CALIFORNIA

California Medical Association

NOTE TO PHYSICIAN ON INVOLVEMENT WITH PREHOSPITAL PERSONNEL

A life support team (PARAMEDIC) operates under standard policies and procedures developed by the local EMS agency and approved by their Medical Director under the Authority of Division 2.5 of the California Health and Safety Code. The drugs they carry and procedures they can do are restricted by law and local policy.

If you want to assist, this can only be done through one of the alternatives listed on the back of this card. CMA, State EMS Authority, CCLHO, and BMQA have endorsed these alternatives.

Assistance rendered in the endorsed fashion, without compensation, is covered by the protection of the "Good Samaritan Code" (see Business and Professions Code, Sections 2144, 2395-2398 and Health and Safety Code, Section 1799.104).

(over)

ENDORSED ALTERNATIVES FOR PHYSICIAN INVOLVEMENT

After identifying yourself by name as a physician licensed in the State of California, and, if requested, showing proof of identity, you may choose to do one of the following:

1. Offer your assistance with another pair of eyes, hands, or suggestions, but let the life support team remain under base hospital control; or,
2. Request to talk to the base station physician and directly offer your medical advice and assistance; or,
3. Take total responsibility for the care given by the life support team and physically accompany the patient until the patient arrives at a hospital and the receiving physician assumes responsibility. In addition, you must sign for all instructions given in accordance with local policy and procedures. (Whenever possible, remain in contact with the base station physician).

END OF POLICY

John Beuerle, M.D.
EMS Medical Director

Teresa Rios
EMS Bureau Chief

~~Monterey~~ County ~~of Monterey~~ EMS System Policy

Policy Number: 4061
Effective Date: 7/1/2023
Review Date: 6/30/2026

INTERFACILITY TRANSFER-PHYSICIAN ORDERS

I. PURPOSE

To establish guidelines for patient management ~~when the sending physician provides orders for patient care during interfacility transfer from an acute care hospital to another acute care hospital, skilled nursing facility, or patient residence~~during an interfacility transport, and how to carry out ~~the~~ physician~~'s~~ orders.

II. POLICY

A. All ~~P~~paramedics and EMTs function under the direction of the EMS Medical Director through established policies, protocols, and procedures, and through ~~on-line medical control~~medical direction provided by the Base Hospital physician.

B. Paramedics and EMTs ~~may~~ shall carry out written orders from a California-licensed physician for patient care during an interfacility transfer, with the following exceptions~~provided the orders do not~~:

i. Orders that e~~exceed~~ xceed the ~~Monterey~~ County of Monterey scope of practice for the paramedic or EMT ~~functioning as the primary medical provider during the interfacility transfer.~~.

ii. The patient's condition had changed, and continuation of the orders risks harming the patient.

~~B.~~

C. Physician orders and/or patient care needs that exceed the scope of practice for ~~Monterey County paramedics and EMTs~~the EMS providers shall be provided by a healthcare provider who is trained, authorized, and credentialed to provide such care during the interfacility transfer.

D. If needed, medical direction from a Base hospital physician shall be obtained ~~as described below.~~.

III. PROCEDURE

A. Upon arrival at the sending facility, ~~and before placing the patient on the ambulance gurney,~~ EMS personnel shall consult with the medical staff and shall review any physician orders pertaining to the interfacility transfer~~. EMS personnel shall confirm the presence or absence of medication to be administered or procedures to be provided during the interfacility transfer, including medication or procedures to be provided as needed.~~.

B. ~~EMS personnel shall not transport a~~If~~n the event~~ a ~~-~~patient ~~who~~ has written orders for care that ~~exceeds~~ exceed their scope of practice.~~. In such cases,~~ EMS personnel shall

promptly notify medical staff at the sending facility of the issue. The transfer may proceed if the orders are changed to be within the EMS provider's scope of practice, or if a clinical provider (nurse or physician) authorized to carry out the orders ~~. EMS personnel shall connect with the appropriate hospital staff to either notify them of the issue and work on a solution. Whether that be changing the orders, requesting a higher level of care transport service, or sending hospital~~ accompanies the patient during transport. If neither of these accomodations are feasible, the appropriate hospital staff shall discuss the situation with the EMS Supervisor, who will work toward a solution. If needed, the EMS Agency Duty Officer may also be contacted~~staff to manage the medication or treatment~~.

C. If the treatment ordered is within the ~~Monterey~~ County of Monterey scope of practice but requires Base Hospital physician authorization, ~~the paramedic or EMT~~EMS personnel shall contact the Base Hospital physician for authorization prior to initiation of the interfacility transfer.

END OF POLICY

John Beuerle, M.D.
EMS Medical Director

Teresa Rios
EMS Bureau Chief

~~Monterey~~ County of Monterey EMS System Policy

Policy Number: 4090
Effective Date: 7/1/2023
Review Date: 6/30/2026

TRANSFER OF PATIENT ~~RESPONSIBILITY~~CARE

I. PURPOSE

This policy establishes the guidelines for transferring~~transfer of~~ patient care ~~responsibility~~ in the prehospital setting.

II. POLICY

A. EMS personnel shall seek to ensure continuity of patient care through effective communication of patient history, physical exam and patient assessment findings, diagnostic signs, treatment provided, patient response, and any other relevant information to the healthcare providers taking over patient care responsibilities.

III. PROCEDURE

A. When ~~a patient is being treated by BLS level personnel~~initial care is under an Emergency Medical Responder (EMR) or EMT~~,~~:

i. The first ~~ALS~~ ALS~~-~~level provider~~personnel~~ arriving at the scene ~~are~~ shall be responsible for contacting the ~~BLS~~ EMR/EMT ~~personnel~~, ~~obtaining patient information,~~ and ensuring the coordination of care ~~with BLS personnel~~. The EMR/EMT shall give~~provide~~ the ALS provider a hand-off report describing the patient's condition and care rendered prior to the arrival of the ALS provider~~unit~~. ~~During this transfer of information,~~ If the patient requires ALS-level care, or if the ALS provider will be transporting the patient, the ALS provider ~~personnel~~ shall assume responsibility for patient care. ~~ALS personnel may directly approach the patient to initiate ALS level patient assessment and care as needed based on patient need.~~

~~A.~~

B. When initial care is under a paramedic:

~~B.~~i. ~~first responder paramedics arrive on scene first, t~~The initial paramedic provider~~y~~ may either transfer patient care ~~authority~~ to the transport paramedic or maintain primary patient care ~~responsibility until care is transferred to a flight crew or at the hospital. This decision shall be made immediately upon arrival of the transport paramedic.~~ The decision to transfer care shall be agreed upon by both providers and communicated verbally ~~by the first response paramedic and shall be verbally acknowledged by the transport paramedic~~. If the ~~first response~~initial paramedic

provider does not communicate the decision, the transport paramedic ~~should~~ shall confirm which paramedic will have primary patient care responsibility.

~~C.~~ii. The transport paramedic is to assist with patient care should the ~~first response~~initial paramedic provider ~~maintain~~maintain primary ~~patient~~ care ~~responsibilities~~.

iii. ~~In the event that~~If the transporting paramedic wants to transfer care to ~~the~~a transporting EMT, a full assessment shall be completed. For this transfer to occur, the following criteria must be met:

- The patient must not have any~~No~~ cardiac, respiratory, traumatic, or neurological complaints that may warrant an ALS intervention(s) on scene or during transport. No patient will be turned over once ALS interventions have been initiated.
- ~~The patient must be of their normal mental status and not impaired because of alcohol or substances, or on a 5150 psychiatric hold not medically cleared.~~
- The EMT must agree to take~~accept taking~~ over ~~-~~patient care.
- The p~~P~~atient must be ~~in~~clinically and hemodynamically ~~-~~stable ~~condition~~.

iv. If the patient is to be transported by air ambulance, the initial paramedic ~~provider~~ shall transfer ~~relinquish~~ care to the ALS flight crew.

v. If a conflict regarding patient care occurs that cannot be resolved amongst the personnel, contact the base hospital physician for direction.

~~D.~~

~~E.~~C. EMS System first responders shall locate, assess, and treat patients prior to the arrival of EMS transport providers. To maximize patient safety and to ensure adequate assistance for EMS transport providers, first responders shall remain on scene to assist EMS transport providers until verbally cleared by EMS transport providers to return to service. When responding to healthcare facilities such as physician offices and skilled nursing facilities, first responders shall remain at the scene to provide assistance until cleared by EMS transport providers, even if facility staff advise first responders that their services are not required.

~~F.~~D. Whenever one ~~paramedic~~ EMS provider assumes care from another, both individuals must complete ~~and file a~~an e~~-Patient Care Report (~~PCR as outlined in EMS Policy #6180~~)~~. The time of transfer of care should be documented on the ePCR.

~~G.~~E. Any paramedic unit taking over patient care from another paramedic unit should, whenever possible, resupply the first paramedic unit according to the ambulance ~~provider~~ provider's resupply offer.

END OF POLICY

John Beuerle, M.D.
EMS Medical Director

Teresa Rios
EMS Bureau Chief

~~Monterey County~~County of Monterey EMS System Policy

Policy Number: 4110
Effective Date: ~~7/1/2026~~3
Review Date: ~~6/30/2029~~6

ORGAN DONOR

I. PURPOSE

To establish guidelines for Emergency Medical Services (EMS) personnel to meet the requirements to search for organ donor information on patients for whom death appears imminent.

II. POLICY

A. Section 7150.55 of the Health and Safety Code, Division 7, Chapter 3.5 requires emergency medical personnel to make a reasonable search for a document of anatomical gift, or other information identifying the patient as a donor or an individual who has refused to make an anatomical gift. Sections 7150.10 and 7150.15 also apply to this policy.

B. Emergency medical treatment and transport of the patient is the highest priority and a search for organ donor authorization/refusal shall not interfere with patient care activities.

C. EMS personnel shall attempt, when practical, to locate documentation that indicates whether an individual desires to be an organ or tissue donor.

III. PROCEDURE

A. All patients require immediate medical evaluation. The search for organ donor information shall not interfere with patient care activities.

B. When EMS personnel encounter an unconscious adult patient for whom it appears death is imminent, they shall attempt a reasonable search of the patient's belongings to determine if the individual carries information indicating the patient's status as an organ donor. This search must be done in the presence of a witness, preferably a law enforcement officer.

C. If documentation is found to indicate that the patient desires to be an organ donor, this documentation shall be brought with the patient to the receiving hospital. If a law enforcement officer on the scene requests to take possession of the documentation, the documentation shall be provided to the officer and verbal notice made to the receiving hospital staff. If the patient is not transported to the hospital, the documentation shall remain with the patient.

~~END OF POLICY~~

John Beuerle, M.D.
EMS Medical Director

Teresa Rios
EMS Bureau Chief

~~Monterey County~~County of Monterey EMS System Policy

Policy Number: 4140
Effective Date: ~~7/1/2026~~3
Review Date: ~~6/30/2029~~6

ALS SERVICE PROVIDER RESPONSE AND SCENE TIME REPORTING

I. PURPOSE

To meet the requirements established in the statutes referenced below for EMS system planning, implementation, and evaluation.

II. POLICY

A. ALS service providers are required ~~are~~ to provide ~~a monthly~~ reports to the EMS Agency containing specified data elements for every patient response as requested by EMS Agency staff.

B. This report is to be provided to the designated EMS Agency staff person ~~by the 15th of the following month.~~within 15 days of request.

C. The following data elements may be ~~are~~ requested~~ired~~:

1. Date of service
2. Time of call receipt by the dispatch provider~~.~~
3. Time of dispatch to the scene~~.~~
4. Time of arrival at the scene~~.~~
5. Time of departure from the scene or c~~C~~ancellation
6. Time of Transport Complete if the ALS service provider transports the patient~~.~~
7. Unit identifier~~.~~
8. Incident location by address, intersection, or nearest location identifier ~~-~~entered into the CAD~~.~~

C. The ~~monthly~~ report shall be submitted to the EMS Agency in an Excel document format.

III. REFERENCES

Authority for this policy ~~are~~is found in Division 2.5, California Health and Safety Code, Section 1797.204, and California Code of Regulations Sections ~~100145(a),~~100091.01, ~~100148(b)(d)(2)(e)~~, ~~100170, 100171~~100097.01

~~**END OF POLICY**~~

John Beuerle, M.D.
EMS Medical Director

Teresa Rios
EMS Bureau Chief

Policy Number: 4501
Effective Date: ~~7/1/2023~~
Review Date: ~~6/30/2026~~

AED GUIDELINES

I. PURPOSE

To establish the procedures for accredited personnel to utilize an Automatic External Defibrillator (AED) in the pre-hospital management of a patient in cardiac arrest and to establish the process for AED Service Provider approval.

II. POLICY

A. A California-licensed Paramedic or currently-certified EMT or Emergency Medical Responder may utilize an AED as part of their scope of practice when employed by a Public Safety AED Service Provider.

B. A Public Safety AED Service Provider shall meet the requirements of this policy and all California State regulations regarding the use of an AED by their personnel.

C. Paramedics, EMTs, and other EMS responders may utilize a Public Access AED.

D. Public Safety AED Service Provider personnel shall follow the guidelines established by the American Heart Association for CPR and for use of an AED, as specified in ~~Monterey~~ County of Monterey EMS System policies and protocols.

III. AED SERVICE PROVIDER APPROVAL:

A. Public Safety AED Service Providers desiring to operate within Monterey County shall submit an application for approval to the ~~Monterey~~ County of Monterey EMS Agency, or in the case of state or federal agencies, to the EMS Authority, prior to beginning service. The EMS Agency shall review the application and render a decision within sixty (60) days of receiving a complete application packet. In order to receive and maintain AED service provider approval, a Public Safety AED Service Provider shall ensure compliance with the requirements of this policy and California regulations.

B. Public Safety AED Service Provider approval may be revoked or suspended for failure to maintain the requirements under California regulations and/or ~~Monterey~~ County of Monterey EMS System ~~p~~Policies~~y~~.

C. Conditions of approval for a Public Safety AED Service Provider to operate within Monterey County include the following:

1. Submission of a completed application packet to the EMS Agency that includes identification of the Public Safety AED Service Provider's AED instructors;
2. Written policies and procedures for orientation, training, and continued competency of AED-authorized personnel pertaining to the safe and proper use of the AED;

3. Written policies and procedures to ensure appropriate AED equipment maintenance in accordance to manufacturer recommendations;
4. Written policies and procedures for collection and reporting of data from each clinical encounter involving AED utilization. Data shall be submitted via the ~~Monterey~~ County ~~of Monterey~~ AED Utilization Reporting Form.
5. Maintenance of a current list of the Public Safety AED Service Provider's authorized personnel and AED instructors, to be provided to the EMS Agency and/or EMS Authority upon request.

END OF POLICY

John Beuerle, M.D.
EMS Medical Director

Teresa Rios
EMS Bureau Chief

Policy Number: 4505
Effective Date: ~~7/1/2023~~
Review Date: ~~6/30/2026~~

INTRAOSSEOUS INFUSION

I. PURPOSE

Intraosseous infusion is to provide an alternate means of vascular access when speed in vascular access is critical, the IV route is not available, or IV access attempts were unsuccessful and the patient would benefit from the timely administration of drugs or fluids.

II. POLICY

A. Intraosseous infusion may be performed by paramedics who have successfully completed Monterey County EMS Agency approved training within the previous 12 months. Documentation of this training shall be maintained by the paramedic's employer and provided to the Monterey County EMS Agency.

B. Intraosseous infusion is approved for adult and pediatric patients.

C. Approved sites for IO insertion:

1. Adult (9 years of age or older, or 40 kg or greater)
   a. Proximal tibia or proximal humerus
2. Pediatric (8 years of age and younger, or less than 40 kg)
   a. Proximal tibia only

D. Indications:

1. Cardiac arrest or impending cardiac arrest.
2. Decompensated shock when IV access cannot be rapidly achieved.
3. Shock state or patient condition indicates the need for rapid parenteral (routes other than oral or rectal) fluid or medication infusion and IV access is not available (e.g.: significant burns) or multiple IV attempts have failed.

E. Contraindications:

1. Recent fracture of the involved bone.
2. Infection at the site selected for insertion.
3. Inability to locate anatomical landmarks for insertion.
4. Those patients who have a patent IV or in whom an IV may be established in a timely manner.
5. Second attempt on the same bone.
6. Patients who are medically stable and whose condition does not require rapid parenteral fluid or medication administration.

III. PROCEDURE

A. Assure that indications for use have been met.

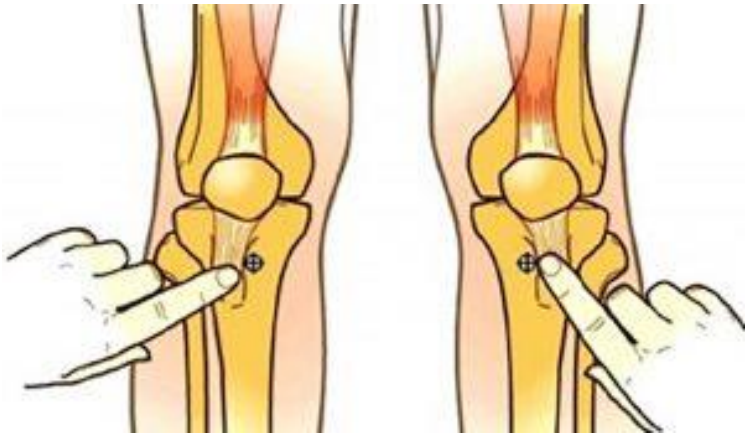
1. Determine patient age and weight to select the appropriate IO insertion device.
    a. For a patient who weighs 3 kg or less, use a manual IO device.
    b. For a patient who weighs more than 3 kg but is either less than 40 kg or less than 8 years of age, use the Pediatric EZ-IO or manual device.
    c. For a patient who weighs 40 kg or greater or is 8 years of age or older, use the Adult EZ-IO.
2. Locate approved insertion site
    a. Adult (8 years of age or older, or 40 kg or greater)
        i. ~~i.~~ Proximal tibia ~~or~~ (see Figure 1)
        ii. Proximal humerus (see Figure~~s 1 and~~ 2)
    b. Pediatric (less than 8 years of age, or less than 40 kg)
        i. Proximal tibia only (see Figure 1)

B. Process for insertion.

1. Use appropriate personal protective equipment (gloves, mask, eye protection).
2. Obtain age/weight appropriate supplies.
3. Rule out contraindications.
4. Locate appropriate insertion site.
5. Prepare insertion site using aseptic technique.
6. Prepare the intraosseous device.
7. Stabilize the site and insert the needle at a 90-degree angle to the bone (**see Figure 1**). For proximal humerus insertion (adults only), insert the needle at a 45-degree downward angle to the lateral plane of the shoulder (**see Figure 2**).
8. Remove the stylet from the catheter.
9. Confirm placement of the catheter by flushing the catheter with 10 cc normal saline.
10. Consider the administration of Lidocaine (2% solution) 20 mg IO for the adult or 0.5 mg/kg (up to 20 mg) IO for the pediatric patient who is conscious and complains of pain at the insertion site.
11. Attach IV tubing to the IO device.
12. Flush catheter with 10 cc normal saline. Check for signs of extravasation (soft tissue swelling or difficulty infusing fluids through the catheter). Begin normal saline infusion or medication administration. Consider use of pressure device to provide rapid infusion of fluids, if needed.

13. Dress insertion site, stabilize and secure the catheter.
14. Closely monitor insertion site for signs of extravasation. If there is progressive soft tissue swelling at the insertion site, or if there is significant resistance to infusion of fluids or administration of medication through the IO catheter, leave the IO catheter in place but discontinue use of the IO device.
15. Advise hospital staff of any difficulty administering fluids or medication through the IO catheter, any signs of extravasation, or any other complications associated with IO placement.

Figure 1: Proximal Tibia Insertion Site (Adult and Pediatric Patients)



(Insert needle at a 90-degree angle to the plane of the bone.)

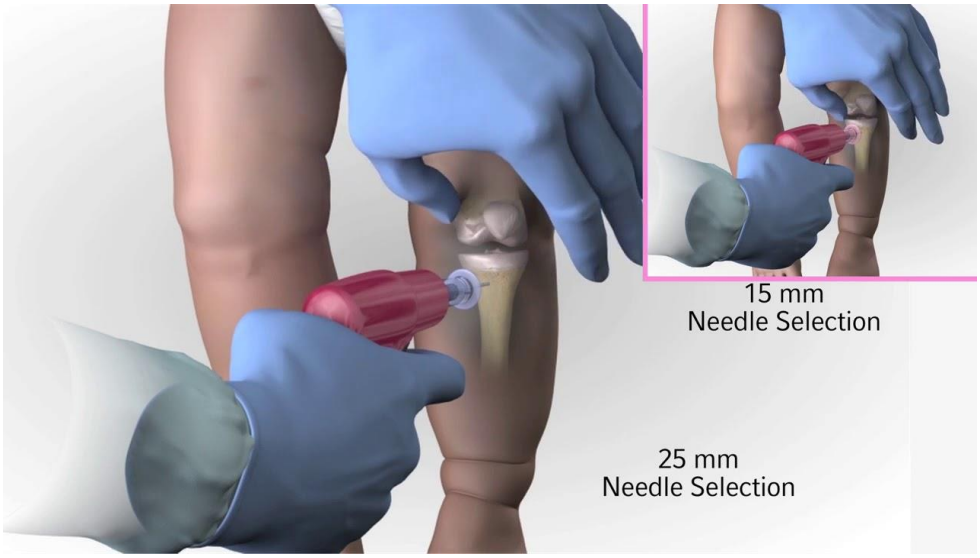
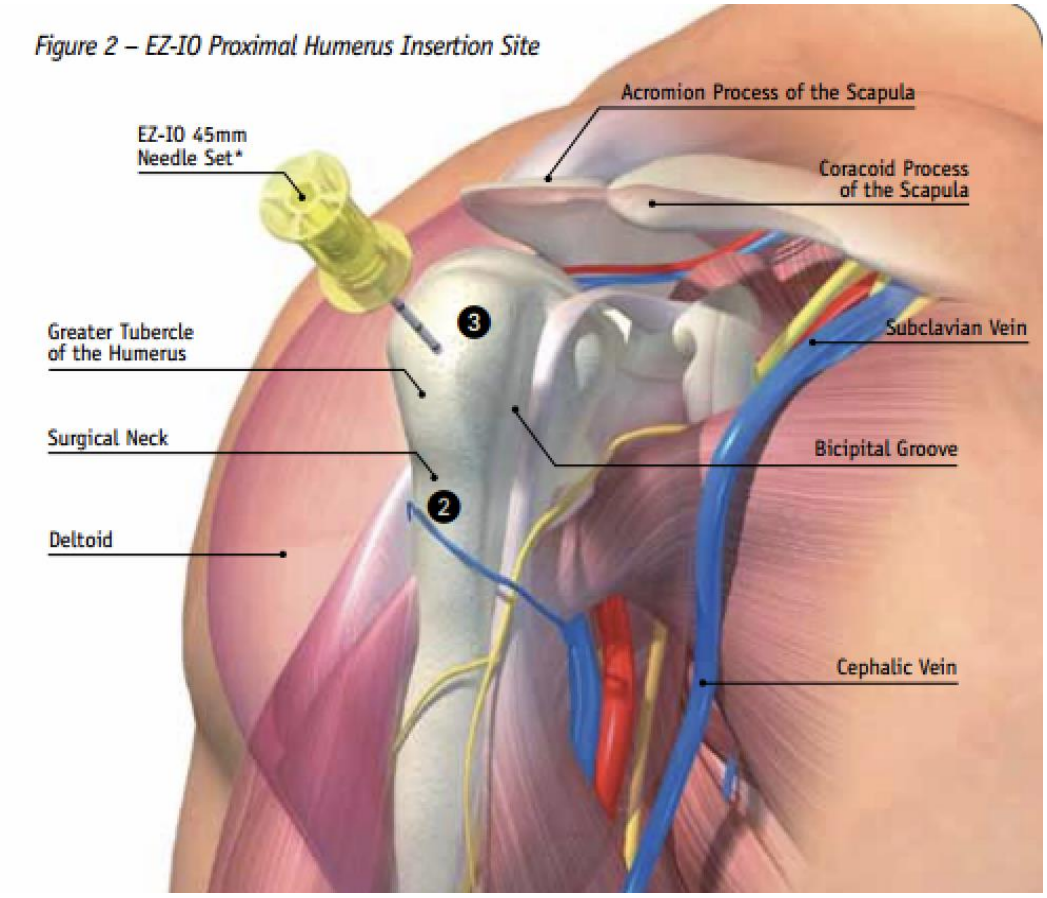
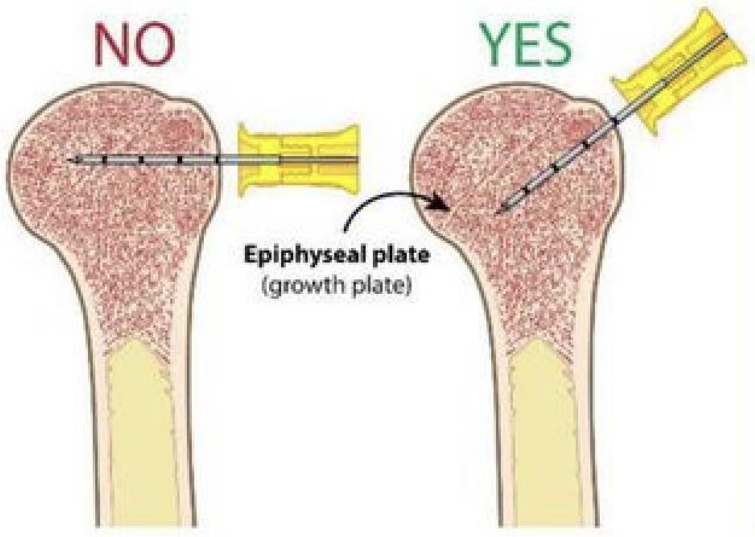


Figure 2: Proximal Humerus Insertion Site (Adult Patients Only)



(To avoid the epiphyseal growth plate, insert the needle at a 45-degree downward angle to the lateral plane of the shoulder.)



END OF POLICY

John Beuerle, M.D.
EMS Medical Director

Teresa Rios
EMS Bureau Chief

Monterey County EMS System Policy

Policy Number: 4508
Effective Date: ~~7/1/2025~~
Review Date: 6/30/2028

USE OF RESTRAINTS

I. PURPOSE:

To establish standards for the use of restraints.

II. POLICY:

The following principles shall be followed when utilizing patient restraints:

A. Restraints shall be humanely and professionally applied to protect the patient's safety and dignity.

B. The method of restraint should be the least restrictive necessary for the safety of the patient and others.

C. The use of restraints shall be thoroughly documented. Documentation shall include the reason(s) for use of restraints, type of restraints used, what limbs are placed in restraints, the use of sedation (if applicable), and regular assessments of the restrained patient.

D. Assessments of the restrained patient shall be conducted and documented at least every 15 minutes. Documentation shall include the patient's level of consciousness, respirations, and distal perfusion to any restrained extremities.

E. Patients SHALL NOT be restrained in a prone position.

III. PROCEDURE:

A. Physical restraints

1. Patients who meet one or more of the following criteria shall be restrained to the gurney utilizing a minimum of two-point restraints.
    - Patients who have been placed on an involuntary psychiatric hold (referred to herein as a "5150 hold").
    - Patients who present a potential danger to themselves or others as determined by EMS personnel, law enforcement, emergency department staff, or other prehospital personnel.
    - Patients who require medical attention and are in law enforcement custody.
2. Unless contraindicated by an upper extremity amputation or injury, acceptable two-point restraints include application of a restraint to both wrists. If an amputation or injury makes it not feasible to place both wrists in restraints, then at least one wrist and one ankle shall be placed in restraints.

B. When transporting a patient in restraints, EMS personnel shall ensure the following:

~~A.~~1. **NEVER RESTRAIN A PATIENT IN A PRONE POSITION.** Restrained patients shall be placed in a supine, semi-Fowler's, or Fowler's position. Patients shall never be transported in a prone or "hog-tied" position.

~~B.~~2. Only restrain patients in a manner that allows for rapid access to the airway, rapid initiation of CPR, and full expansion of the patient's chest during respirations.

~~C.~~3. In addition to restraints, all patients shall be secured to the gurney utilizing all appropriate standard safety belts.

~~D.~~4. The patient shall be securely restrained to the gurney PRIOR to placing the patient in the ambulance.

~~E.~~5. Patient safety buckles and restraints shall be clearly visible and continually monitored by the attending EMS provider at all times during the course of transport.

~~F.~~6. Patients shall remain in restraints for the duration of the transport.

~~G.~~7. Except for brief removal of restraints to enable a patient to utilize the bathroom during a long-distance transport, restraints shall not be removed until the patient is safely inside the receiving facility and patient care has been transferred to the receiving facility staff.

~~H.~~8. The use of chemical sedation DOES NOT satisfy the need for application of physical restraints. Patients who have been chemically sedated due to dangerous, aggressive, or unpredictable behavior shall also be placed in restraints for the duration of the transport.

~~1.~~9. Patient restraints shall never be imposed as a means of coercion, discipline, convenience, or retaliation.

C. Spit hoods

1. A spit hood shall not be applied to the patient if the patient is having any affect from pepper spray or other contaminants.
2. The use of pulse oximetry is required.
    a. If unable to obtain accurate O2 saturation readings, the spit hood should not be used.
    b. The pulse oximetry should be monitored every 5 minutes and documented on the patient care record (PCR).
3. The patient must not be placed prone or restrained in the prone position.
4. The spit hood shall be removed if any of the following are present:
    a. Patient complaint of shortness of breath.

b. The patient shows any signs of increased anxiety and attempts at calming the patient are ineffective.

c. Signs of hypoxia such as:

1) Drowsiness

2) Increasing agitation

3) Decreased responsiveness

~~1.~~4) O2 saturation less than 94%

IV. PATIENTS IN LAW ENFORCEMENT CUSTODY

A. Patients in law enforcement custody who require EMS transport shall either be transported in restraints or handcuffed by a law enforcement officer.

1. ~~A.~~ Patients who are handcuffed require a law enforcement officer to accompany the patient in the back of the ambulance during transport to the receiving facility. EMS personnel are not authorized to use handcuffs or manage the restraint of a patent placed in handcuffs.

B. Patients who are restrained with EMS restraints (not handcuffs) do not require the presence of a law enforcement officer in the back of the ambulance during transport to the receiving facility.

V. PATIENT ESCAPE:

Should a patient escape from restraints and exit the ambulance, the following steps should be initiated:

A. Do everything possible to minimize injury to EMS personnel and the patient.

B. Contact EMS Communications **immediately** and advise them of the situation, location, and status of the patient.

C. EMS Communications shall notify law enforcement and request their presence at the scene of the incident. EMS Communications shall also notify the Monterey County EMS Duty Officer.

D. EMS personnel shall attempt to maintain visual contact with the patient as long as possible and shall update EMS Communications as needed.

E. EMS shall remain at the scene until cleared by law enforcement or the On-Duty Supervisor.

F. In addition to the ePCR, each crew member of the EMS team transporting the patient at the time of the patient's escape shall complete a detailed incident report.

VI. DOCUMENTATION:

When a patient is transported in restraints, the following information must be documented:

A. Reason(s) for use of restraints (danger to self/others, risk/history of violence, etc.).

B. Type of restraints used and what limbs are in restraints.

C. Assessment of patient condition shall be conducted and documented at least every 15 minutes. Documentation shall include the patient's level of consciousness, respirations, and distal perfusion to any restrained extremities.

VII. NOTES

Please refer to Monterey County EMS Agency **Policy #4050- Psychiatric Evaluation- 5150 Transports** and **Protocol M-5 Agitated/Combative Patient** for further guidance.

END OF POLICY

~~Monterey~~ County of Monterey EMS System

Policy 4512-A

LAW ENFORCEMENT ADMINISTRATION OF INTRANASAL NALOXONE (NARCAN) REPORT

Reporting Law Agency	Date
Officer Name	Time
Call Number	Responding Fire Dept.
Call Address	Responding Ambulance
Patient Name	Patient Date of Birth
Initial Assessment	
Awake? ☐ Yes ☐ No	Speech clear? ☐ Yes ☐ No
Approximate Breaths per Minute	
Treatment Provided	
Reposition Airway ☐ Yes ☐ No	Rescue Breathing ☐ Yes ☐ No
CPR ☐ Yes ☐ No	Administer Naloxone ☐ Yes ☐ No
Other	
Assessment After Treatment	
Awake? ☐ Yes ☐ No	Speech clear? ☐ Yes ☐ No
Approximate Breaths per Minute	

After completing, email to County of Monterey ~~County~~ EMS Agency within 48 hours
Email: ~~EMSDutyOfficer@co.monterey.ca.us~~EMSDutyOfficer@countyofmonterey.gov

~~Monterey~~ County of Monterey
EMS Agency

Policy 4512 B

Law Enforcement Intranasal Naloxone Program Application

Applicant Information

Agency: _____ Date: _____

Address: _____
Street Address

_____
City *State* *ZIP Code*

Phone: _____ Email _____

Law Enforcement Agency Point of Contact

Name: _____ Title: _____

Email: _____ Phone: _____

Attachments to Submit

Please attach your agency's training course outline as outlined in County of **Monterey** ~~County~~ **EMS System Policy #4512**.

Email application and attachments to:

~~Kimberley Hernandez, EMS Analyst~~
~~Hernandezk4@co.monterey.ca.us~~
emsadmin@countyofmonterey.gov

County of Monterey ~~County~~ EMS System Policy

Policy Number: 4512
Effective Date: ~~7/1/2023~~
Review Date: ~~6/30/2026~~

LAW ENFORCEMENT ADMINISTRATION OF INTRANASAL NALOXONE (NARCAN)

I. PURPOSE

To establish the process for law enforcement agencies and personnel to obtain approval to administer intranasal naloxone.

To delineate the procedure for the use of intranasal naloxone by law enforcement agencies.

II. POLICY

A. Law enforcement personnel working for agencies in Monterey County that have received approval by the ~~Monterey~~ County of Monterey EMS Agency may administer 4 mg. intranasal naloxone following the procedure outlined in this policy.

B. To obtain EMS Agency approval, law enforcement agencies must complete the following before using intranasal naloxone.

1. Submit an application to the EMS Agency requesting approval of the intranasal naloxone program. **(The application is attached as Policy 4512 B.)**
2. Submit the training course outline to the EMS Agency as outlined below.
3. Designate a point of contact for the program and provide contact information for the individual to the EMS Agency.

C. Law enforcement personnel must have successfully completed CPR and First Aid training or retraining to the standards set in California Code of Regulations, Title 22, Chapter 2.3~~Section 100017.~~

D. The course of instruction in the administration of intranasal Naloxone must, at a minimum, include the topics and skills required by California Code of Regulations, Title 22, Division 9, Chapter 2.3 ~~Section 100019(f)~~. The course may not be held until the EMS Agency has granted course approval. Course approval may be granted for up to four (4) years.

E. Retraining in the use of intranasal Naloxone will be provided to the law enforcement personnel at least every two years. Retraining will include demonstration of the procedure for administering intranasal naloxone.

F. Law enforcement personnel shall follow the guidelines established by the American Heart Association for CPR.

G. The EMS Agency will review each use of intranasal naloxone.

III. PROCEDURE TO ADMINISTER INTRANASAL NALOXONE

A. Identify the victim of a possible opioid overdose.

B. Ensure EMS has been activated.

C. Maintain standard blood and body fluid precautions and use personal protective equipment.

D. Stimulate the patient. If unresponsive, use a sternal rub technique.

E. Ensure an open airway using Basic Life Support techniques.

F. Perform rescue breathing, if indicated, using bag-valve-mask or protective face shield.

G. If the patient is in cardiac arrest as demonstrated by the absence of breathing and a pulse, begin CPR.

H. Administer 4 mg intranasal naloxone, following the procedure learned in training.

I. Continue CPR, rescue breathing, or provide other first aid as indicated.

J. Prepare for possible narcotic reversal behavior or withdrawal symptoms such as vomiting, agitation, aggression, irritability, etc.

K. Notify responding EMS personnel of administration of naloxone.

L. Report the use of naloxone to the EMS Agency on the designated report form.

IV. PROCEDURE FOR REPORTING ADMINISTRATION OF INTRANASAL NALOXONE

A. Following the use of naloxone, complete Law Enforcement Administration of Intranasal Naloxone (Narcan) Report. (**The form is attached as Policy 4512 A.)**

B. Forward Report through law enforcement agency's chain of command to the County of Monterey ~~County~~ EMS Agency within 48 hours of naloxone administration.

END OF POLICY

John Beuerle, M.D.
EMS Medical Director

Teresa Rios
EMS Bureau Chief

~~Monterey County~~County of Monterey EMS
System Policy

Policy Number: 5140
Effective Date: 7/1/202~~63~~6
Review Date: 6/30/202~~96~~9

EMERGENCY DEPARTMENT RE-TRIAGE AND RAPID TRANSFER OF TRAUMA PATIENTS TO TRAUMA CENTER

I. PURPOSE

To allow for the expedited transport and care of the Major Trauma Patient who arrives at a non-Trauma Center Emergency Department.

II. POLICY

A. Under the Field Trauma Triage Criteria (Policy #4040), Major Trauma Patients are to be triaged by EMS personnel directly to a Trauma Center. Trauma patients who present at ~~other facilities~~ non-Trauma Center Emergency Departments via EMS or another arrival mode should be considered for re-triage and transfer to a trauma center for definitive care. If patients are seriously injured, the re-triage and transfer process should be done as quickly as possible.

B. Transferring facilities should use the attached algorithm to assist with identification of those trauma patients who would benefit from care at a Trauma Center.

C. Transferring facilities should use the process outlined in the attached algorithm to facilitate transfer to the Trauma Center.

D. The re-triage and transfer of trauma patients will be monitored at Trauma Evaluation Quality Improvement Committee (TEQIC) meetings.

E. Local Base and Receiving Hospitals shall have:

1. Written transfer agreements (for both adult and pediatric patients) with an appropriate designated Level I or Level II Trauma Center.
2. Guidelines for identification of patients who should be considered for transfer to a Trauma Center that are consistent with ~~Monterey County~~the County of Monterey EMS Agency policies and protocols.
3. A procedure for arranging the transfer of appropriate patients (adults and pediatrics), including but not limited to:
    a. Notification of the receiving Trauma Center physician.
    b. Arranging for transport by either ground or air.

F. The Trauma Center shall have:

1. Written transfer agreements with:
    a. The nearest designated Level I Trauma Center.
    b. An appropriate specialty center providing tertiary-level care for burn injuries.

c. An appropriate facility for patients with spinal cord injuries.

d. The nearest designated Pediatric Trauma Center.

2. A procedure for arranging the transfer of appropriate patients (adult and pediatric), including but not limited to:
   a. Notification of the receiving center physician.
   b. Arranging for transport by either ground or air

Monterey County Emergency Trauma Re-Triage Procedure – Adult (age 15 and older)

Step 1	**Determine if patient meets Emergency Trauma Re-Triage Criteria**	See Criteria below – Adult patients are age 15 and older.
Step 2	**Contact Adult Trauma Center**	**Natividad ~~Medical Center~~** – contact the Natividad Transfer Center. Tell the transfer center you have a "Red Box Trauma Re-Triage". Transfer center will arrange report and transport. Phone 855-445-7872; Fax: 916-646-7100 **Santa Clara Valley Medical Center** Trauma Report: 408-947-4087 Burn Line: 408-885-6666 **Regional Medical Center** Trauma Line: 408-729-2841 **Stanford Medical Center** Trauma Line: 800-800-1551
Step 3	**If not transporting to Natividad~~MC~~: Determine appropriate level of transport and arrange transport. (Can be done simultaneously while contacting the Trauma Center)**	If level of transport is within paramedic scope of practice and timely transfer is needed, contact the EMS ~~dispatch~~ Communications Cente to request a **Code- 3 Emergency Interfacility Transfer**. Transport should generally arrive within 10-15 minutes. Phone 831-796-6444 If level of transport exceeds paramedic scope of practice, contact EMS ~~Dispatch~~ Communications Center for Critical Care Transport (CCT), or arrange transport by Air Ambulance, or arrange for nursing staff to accompany an ALS ~~paramedic~~ ambulance.
Step 4	**Prepare patient, diagnostic imaging disc(s), and paperwork for immediate transport.**	Fax additional paperwork that is not ready at time of transport departure. Do not delay transport.

~~LEVELS OF TRANSPORTATION – SCOPE OF PRACTICE – PROVIDER CONTACT NUMBERS~~

Level of Transportation	**ALS AMBULANCE**	**CCT-RN AMBULANCE**	**AIR AMBULANCE**
Provider(s)	Paramedic and EMT	Critical Care Transport – RN & EMT	RN and Paramedic
Scope of Care/Practice	Standard paramedic scope. No paralyzing agents or blood products. Can sedate intubated patients with midazolam. Can monitor chest tubes ~~not to suction~~not requiring suction.	Mechanical ventilation, most medications including paralyzing agents, blood products.	Mechanical ventilation, most medications including paralyzing agents, blood products.
Contact Number	AMR – 831-796-6444~~6~~ ~~831-796-6447~~	AMR – 831-796-6444~~6~~ ~~831-796-6447~~	CALSTAR/ REACH 800-252-5050 Mercy Air 800-222-3456

EMERGENCY TRAUMA RE-TRIAGE CRITERIA – ADULT

The following criteria are intended to serve as guidelines, based on County of Monterey Policy 4040 (Field Trauma Triage Decision Algorithm). The decision of whether to activate an emergency trauma re-triage is at the discretion of the emergency department physician.

Mental Status & Vital Signs:

- Unable to follow commands (Motor GCS < 6)
- Respiratory rate < 10 or > 29 breaths/min, or respiratory distress, or need for respiratory support
- Age 15-64 years: Systolic B~~b~~lood ~~p~~Pressure (SBP) < 90 mmHg, or HR > SBP
- Age > 64 years: SBP < 110 mmHg, or HR > SBP

Injury Pattern:

- ~~—~~
- ~~Glascow Coma Scale <13~~
- ~~Respiratory rate < 10 or > 29, or need for ventilatory support~~
- ~~All p~~Penetrating injuries to head, neck, torso, and extremities proximal to elbow and knee
- Chest wall instability, ~~or~~ deformity, or suspected ~~(e.g., flail chest)~~
- Fracture of ~~T~~two or more proximal long ~~-~~bones ~~fractures~~
- Crushed, degloved, mangled, or pulseless extremity
- Amputation proximal to wrist or ankle
- Pelvic fractures
- Skull deformity or ~~Open or depressed~~suspected skull fracture
- Suspected spinal injury with new motor and/or sensory loss~~Acute paralysis~~
- Active bleeding requiring a tourniquet or wound packing with continuous pressure

Mechanism of Injury:

- Falls from height > 10 feet
- High-risk auto crash
  - Ejection (partial or complete) from automobile
  - Need for extrication for entrapped/pinned patient with significant pain or injuries
  - MVC at > 45 mph with significant pain or injury
  - Death in same passenger compartment
- Rider separated from transport vehicle with significant impact (e.g., motorcycle, ATV, horse, etc.)
- Auto vs pedestrian/bicyclist thrown, run over, or with significant impact

Provider J~~j~~udgement: Patients who, in the judgment of the evaluating emergency physician, are anticipated to have a high likelihood of requiring emergency~~t~~ ~~life- or limb-saving~~ surgery or other emergency intervention (within 2 hours of arrival at the Trauma Center) requiring the specialized services of a Trauma Center.

- ~~**within 2 hours**~~

Step 1	**Determine if patient meets Emergency Trauma Re-Triage Criteria**	See criteria below – Pediatric patients are ~~younger than age 15~~**age 14 and younger**.
Step 2	**Contact Pediatric Trauma Center**	**Santa Clara Valley Medical Center** Trauma Line: 408-885-6666 Burn Line: 408-885-6666 **Stanford Medical Center:** 800-800-1551
Step 3	**Determine appropriate level of transport and arrange transport. (Can be done simultaneously while contacting the Trauma Center.)**	If level of transport is within paramedic scope of practice and timely transfer is needed, contact the EMS ~~dispatch~~ Communications Center to request a **Code-3 Emergency Interfacility Transfer**. Transport should generally arrive within 10-15 minutes. If level of transport exceeds paramedic scope of practice, contact the EMS ~~Dispatch~~ Communications Center for Critical Care Transport (CCT), ~~(45 minute ETA),~~ or arrange transport by Air Ambulance, or arrange for nursing staff to accompany an ALS ~~paramedic~~ ambulance.
Step 4	~~**Prepare patient and paperwork for immediate transport.**~~ **Prepare patient, diagnostic imaging disc(s), and paperwork for immediate transport.**	Fax additional paperwork that is not ready at time of transport departure. Do not delay transport.

Level of Transportation	**ALS AMBULANCE**	**CCT-RN AMBULANCE**	**AIR AMBULANCE**
Provider(s)	Paramedic and EMT	Critical Care Transport – RN & EMT	RN and Paramedic
Scope of Care/Practice	Standard paramedic scope. No paralyzing agents or blood products. Can sedate intubated patients with midazolam. Can monitor chest tubes not requiring suction.	Mechanical ventilation, most medications including paralyzing agents, blood products.	Mechanical ventilation, most medications including paralyzing agents, blood products.
Contact Number	AMR – 831-796-6444	AMR – 831-796-6444 8	CALSTAR/ REACH 800-252-5050 Mercy Air 800-222-3456

EMERGENCY TRAUMA RE-TRIAGE CRITERIA – PEDIATRIC

The following criteria are intended to serve as guidelines, based on County of Monterey Policy 4040 (Field Trauma Triage Decision Algorithm). The decision of whether to activate an emergency trauma re-triage is at the discretion of the emergency department physician.

Mental Status & Vital Signs:

- Unable to follow commands (Motor GCS < 6)
- Respiratory rate < 10 or > 29 breaths/min, or respiratory distress, or need for respiratory support
- Age 0-9 years: Systolic Blood Pressure (SBP) < 70 mmHg + (2 x age in years)
- Age 10-14 years: SBP < 90 mmHg

Injury Pattern:

- Penetrating injuries to head, neck, torso, and extremities proximal to elbow and knee
- Chest wall instability, deformity, or suspected flail chest
- Fracture of two or more proximal long bones
- Crushed, degloved, mangled, or pulseless extremity
- Amputation proximal to wrist or ankle
- Pelvic fractures
- Skull deformity or suspected skull fracture
- Suspected spinal injury with new motor and/or sensory loss
- Active bleeding requiring a tourniquet or wound packing with continuous pressure

Mechanism of Injury:

- ❖ Falls from height > 10 feet
- ❖ High-risk auto crash
  - Ejection (partial or complete) from automobile
  - Need for extrication for entrapped/pinned patient with significant pain or injuries
  - MVC at > 45 mph with significant pain or injury
  - Death in same passenger compartment
  - Child age 0-9 years unrestrained or in unsecured child safety seat
- ❖ Rider separated from transport vehicle with significant impact (e.g., motorcycle, ATV, horse, etc.)
- ❖ Auto vs pedestrian/bicyclist thrown, run over, or with significant impact

Provider Judgement: Patients who, in the judgment of the evaluating emergency physician, are anticipated to have a high likelihood of requiring emergency surgery or other emergency intervention (within 2 hours of arrival at the Pediatric Trauma Center) requiring the specialized services of a Pediatric Trauma Center.

~~EMERGENCY TRAUMA RE-TRIAGE CRITERIA – PEDIATRIC~~

~~Blood Pressure/ Perfusion:~~

- ~~❖ Hypotension or tachycardia (based on age-appropriate chart below) or clinical signs of poor perfusion (see below)~~
- ~~❖ Need for more than two crystalloid boluses (20 ml/kg each) or need for immediate blood replacement (10 ml/kg)~~

~~GCS/Neurologic~~

- ~~❖ GCS ≤ 13~~
- ~~❖ GCS deteriorating by 2 or more during observation~~
- ~~❖ Open or depressed skull fracture~~
- ~~❖ Cervical spine injury with neurologic deficit~~

~~Anatomic Criteria~~

- ~~❖ Penetrating injuries to head, neck, chest, or abdomen~~
- ~~❖ Flail chest~~
- ~~❖ Two or more proximal long-bone fractures~~
- ~~❖ Crushed, degloved, mangled, or amputated extremity proximal to wrist or ankle~~
- ~~❖ Burns with anatomic factors~~

~~Respiratory Criteria~~

- ~~❖ Respiratory failure or intubation required~~

~~Provider judgment~~

- ~~❖ Patients who, in the judgment of the evaluating emergency physician, are anticipated to have a high likelihood for emergent life- or limb-saving surgery or other intervention within 2 hours.~~

Pediatric Clinical Signs of Poor Perfusion	**Pediatric Glascow Coma Scale – Verbal Scale < 2 years of age**	
Cool, mottled, pale or cyanotic skin	**5**	Coos and Babbles
Low urine output	**4**	Irritable
Lethargic	**3**	Only cries to pain
Prolonged capillary refill	**2**	Only moans to pain
	1	None

Normal Vitals (Broselow)

AGE	WEIGHT	HEART RATE	SYSTOLIC BP	BROSELOW COLOR
Newborn	3-5 kg	80 – 190	65-104	Grey – Pink
1 Year	10 Kg	80-160	70-112	Purple
3 Years	15 Kg	80-140	75-116	White
5 Years	20 Kg	75-130	80-112	Blue
8 Years	25 Kg	70-120	80-112	Orange
10 Years	30 Kg	65-115	85-126	Green

Important Pediatric Emergency Trauma Re-Triage Exceptions:

1. **Pregnant patients of any age should be transferred to an adult trauma center.**

2. Patients with trauma and m~~M~~ajor burns should be preferentially transferred to a Pediatric Trauma Center with a ~~one of the b~~Burn ~~c~~Center~~s~~.
3. Contact hospital first for major extremity injuries with vascular compromise.

~~END OF POLICY~~

John Beuerle, M.D.
EMS Medical Director

Teresa Rios
EMS Bureau Chief

County of Monterey ~~County~~ EMS System Policy

Policy Number: 5150
Effective Date: ~~7/1/2023~~
Review Date: ~~6/30/2026~~

STEMI RECEIVING CENTERS

I. PURPOSE

To define requirements for designation as a Monterey County ST-Elevation Myocardial Infarction (STEMI) Receiving Center (SRC).

II. POLICY

A. The County of Monterey ~~County~~ EMS ~~Agency~~ Medical Director may designate a hospital as a SRC if all of the following requirements are met:

1. The hospital shall have established protocols for triage, diagnosis, and cardiac catheterization laboratory (Cath lab) activation following field notification.

2. Once a hospital is notified that a possible STEMI patient is en route to their facility and an ECG is received from the field and confirmed to be a STEMI by the STEMI Receiving Center, the SRC shall activate their internal STEMI response.

3. The hospital shall have a single call activation system to activate the Cardiac Catheterization Team directly.

4. Written protocols shall be in place for the identification of STEMI patients.

    a. At a minimum, these written protocols shall be applicable in the intensive care unit/coronary care unit, Cath lab, and the emergency department.

5. The hospital shall be available for treatment of STEMI patients twenty-four (24) hours per day, seven (7) days per week, three hundred and sixty-five (365) days per year.

6. The hospital shall have a process in place for the treatment and triage of simultaneously arriving STEMI patients.

7. The hospital shall maintain STEMI team and Cardiac Catheterization Team call rosters.

8. The Cardiac Catheterization Team shall be immediately available.

9. The hospital shall agree to accept all STEMI patients except in situations of internal disaster.

10. SRCs shall comply with the requirement for a minimum volume of procedures for designation required by the County of Monterey ~~County~~ EMS Agency

    a. Cardiac catheterization laboratory team and interventional cardiologists shall meet or exceed current ACC/AHA/SCAI standards for competence regarding the number of procedures performed annually.

11. The hospital shall have and maintain the following personnel:

a. SRC Medical Director

1) The STEMI Medical Director shall be a physician certified by the American Board of Internal Medicine (ABIM) with current ABIM sub-specialty certification in Cardiovascular Disease and Interventional Cardiology who will ensure compliance with these SRC standards and who is responsible for the STEMI program, performance improvement, and patient safety programs related to the STEMI critical care system.

b. SRC Program Manager

1) The SRC Program Manager shall have experience in Emergency Medicine or Cardiovascular Care, who shall assist the SRC Medical Director to ensure compliance with these SRC standards and who is responsible for monitoring, coordinating, and evaluating the STEMI program.

c. Intra-aortic balloon pump technician(s)

d. Appropriate Cardiac catheterization nursing and support personnel

e. Physician Consultants

1) Cardiology interventionalist

2) CV Surgeon

f. Clinical Capabilities

1) Performance (timeliness) and outcome measures will be assessed initially in the EMS survey process and will be monitored closely on an ongoing basis.

11. The hospital shall have job descriptions and organizational structure clarifying the relationship between the STEMI medical director, STEMI program manager, and the STEMI team.

12. A STEMI Receiving Center without cardiac surgery capability on-site shall have a written transfer plan and agreements for transfer to a facility with cardiovascular surgery capability.

III. QUALITY/PERFORMANCE IMPROVEMENT

A. The County of Monterey ~~County~~ EMS Agency shall be responsible for ongoing performance evaluation and quality improvement of the STEMI critical care system.

B. The SRC shall participate in the County of Monterey ~~County~~ EMS Agency quality improvement processes related to the STEMI critical care system.

1. Participation in the County of Monterey ~~County~~ EMS STEMI QI Committee as described in County of Monterey ~~County~~ EMS System Policy #1020, EMS Advisory Committees.

2. Meetings to be held on a quarterly basis initially.

3. Written internal quality improvement plan/ program description for STEMI patients shall include appropriate evidence of an internal review process that includes:
    a. Death rate (within 30 days, related to procedure regardless of mechanism)
    b. Emergency CABG rate (result of procedure failure or complication)
    c. Vascular complications (access site, transfusion, or operative intervention required)
    d. Cerebrovascular accident rate (peri-procedure)
    e. Post-procedure nephrotoxicity (increase in serum creatinine of >0.5)
    f. Sentinel event, system and organization issue review and resolution processes.
4. Participation in Prehospital STEMI related educational activities

IV. APPLICATION PROCESS

A. A hospital requesting designation as a SRC shall apply to the County of Monterey ~~County~~ EMS Agency following the application process outlined in this policy. The application (see attached) shall be submitted at least three (3) months prior to the desired date of implementation.

B. Submit applicable designation fees to cover initial and ongoing County of Monterey ~~County~~ EMS Agency costs to support the STEMI program.

1. STEMI Receiving Center Application Fee: Hospitals applying for STEMI Receiving Center designation will be assessed the STEMI Receiving Center Application Fee. This fee will cover the costs associated with the designation process. These costs may include contract costs for plan development, Requests for Proposal development, review of proposals, out of area site team costs, legal reviews, and agency costs in excess of the costs associated with the day-to-day STEMI system regulation. Fees paid that are in excess of actual costs will be returned to applicants.
2. STEMI Receiving Center Designation Fee: The County of Monterey ~~County~~ Board of Supervisors will establish an annual STEMI Receiving Center Designation Fee. This fee covers the cost of monitoring the operation of the STEMI System in compliance with State of California EMS Authority regulations and County of Monterey ~~County~~ EMS Agency policies and protocols. The fee will be based on the time requirements of the STEMI System Medical Director, STEMI System Coordinator, and other staff activity dedicated to STEMI issues as well as associated overhead and program support costs.
3. The County of Monterey ~~County~~ EMS Agency will provide the designated STEMI Receiving Center(s) written notice of any increase in the designated fee at least 180 days (6 months) prior to the effective date of the increase with an explanation for the increase and the basis on which it was calculated.

V. DESIGNATION CRITERIA

A. Hospitals wishing to be designated as a STEMI Receiving Center by the County of Monterey ~~County~~ EMS Agency shall meet the following requirements:

1. Current California licensure as an acute care facility providing Basic or Comprehensive Emergency Medical Services.
2. Obtain and maintain accreditation as a STEMI Receiving Center from the American Heart Association, Mission: Lifeline program or equivalent.
3. Establish transfer agreement(s) between the applicant SRC hospital and each STEMI Referral Hospital (SRH) in the County of Monterey ~~County~~ whereby applicant SRC agrees to immediately and rapidly accept the transfer of a STEMI patient from the transferring SRH upon notification of STEMI ALERT and request by the SRH-affiliated physician.
4. Submit the Application for STEMI Receiving Center Designation, the STEMI Center Designation Criteria Evaluation Tool, and all required supporting documentation to the EMS Agency.
5. Enter into and maintain a written STEMI Receiving Center agreement with the County of Monterey ~~County~~ EMS Agency that defines the roles and responsibilities of the STEMI Receiving Center and the EMS Agency relative to the care of STEMI patients.
6. Develop and maintain appropriate internal (hospital) policies addressing the following:
    a. Cardiac interventionalist activation with the on-call cardiologist immediately available.
    b. Cardiac catheterization team activation with team arrival within thirty minutes of activation.
    c. Activation of the cardiac interventionalist and catheterization team upon notice that a patient with STEMI is being transported to their facility.
    d. Contingency plans for personnel and equipment to include activation of a second cardiac interventionalist and catheterization lab team should this be needed.
    e. Coronary angiography.
    f. PCI and use of fibrinolytics.
    g. Interfacility transfer STEMI policies/protocols.
    h. Collection of data and a process for sharing requested data with the Monterey County EMS Agency and the STEMI QI Committee.
7. Initiate and maintain a hospital STEMI QI committee.
8. A needs assessment documenting the needs of the community for a designated STEMI Receiving Center.

B. The County of Monterey ~~County~~ EMS Agency will designate a hospital as a STEMI Receiving Center if all of the requirements of this policy are met ***and*** if a needs assessment demonstrates a need for an additional STEMI Receiving Center.

C. STEMI Receiving Center designation period will coincide with the period covered in the written agreement between the STEMI Receiving Center and the County of Monterey ~~County~~ EMS Agency.

VI. REDESIGNATION

A. A SRC may be redesignated following a satisfactory review in accordance with current standards and the terms of the written agreement.

B. Redesignation of a SRC shall require submission of an Application for STEMI Receiving Center Designation, the STEMI Center Designation Criteria Evaluation Tool, and updated supporting documentation to the EMS Agency.

C. The SRC must be current with the submission of all data required by the County of Monterey ~~County~~ EMS Agency and the State of California EMS Authority.

D. SRCs shall respond in writing regarding program compliance.

E. On-site SRC visits for redesignation shall occur every three years, in coordination with the terms of the STEMI Receiving Center agreement with the County of Monterey ~~County~~ EMS Agency. The SRC shall receive written notification of the site visit from the County of Monterey ~~County~~ EMS Agency.

F. SRCs shall notify the County of Monterey ~~County~~ EMS Agency by telephone, followed by a letter or email within 48 hours, of changes in program compliance or performance.

VII. DATA COLLECTION, SUBMISSION, AND ANALYSIS

A. Participation in National Cardiac Data Registry (NCDR) and/or other EMS Agency approved or requested registry is required for initial and continued designation.

B. Participation in County of Monterey ~~County~~ EMS Agency data collection is required for continued designation. Data shall be submitted to the County of Monterey ~~County~~ EMS Agency on a quarterly basis or as required by the EMS Agency

C. STEMI Patient data elements shall include, but not be limited to those data elements described in California Code of Regulations, Division 9, Title 22 and as requested by the County of Monterey ~~County~~ EMS Agency.

~~1.~~

D. STEMI QI COMMITTEE

1. The County of Monterey ~~County~~ EMS STEMI QI Committee is described in County of Monterey EMS System Policy 1020, EMS Advisory Committees, with required participation by County of Monterey ~~County~~ STEMI Receiving Centers.

2. The County of Monterey ~~County~~ EMS STEMI QI Committee will be responsible for a quality improvement process that shall include, but not be limited to:

a. Evaluation of program structure, process, and outcome.
b. Review of STEMI-related deaths, major complications, and transfers.
c. Evaluation of regional integration of STEMI patient movement
d. Compliance with the California Evidence Code, Section 1157.7 to ensure confidentiality, and a disclosure-protected review of selected STEMI cases.

VIII. BASIS FOR LOSS OF DESIGNATION

The County of Monterey ~~County~~ EMS Agency may suspend or revoke the approval of an SRC at any time for failure to comply with any applicable policies, procedures, or regulations, including failure to submit required data within the applicable timeframes. Grounds for loss of designation may include, but are not limited to:

A. Inability to meet and maintain STEMI Receiving Center Designation Criteria

B. Failure to provide required data and/or to participate in STEMI system QI activities

C. Other criteria as defined and reviewed by the EMS Agency STEMI QI Committee

END OF POLICY

John Beuerle, M.D.
EMS Medical Director

Teresa Rios
EMS Bureau Chief

STEMI Center Designation Criteria Evaluation Tool

APPLICATION FOR STEMI RECEIVING CENTER DESIGNATION

Hospital:_____

Contact: _____ **Phone #:** _____

Title: _____ **E-Mail:** _____

Administration/ Staffing

A. Medical Director (attach resume)
Name: _____

Title: _____ E-mail: _____ Phone #: _____

B. STEMI Program Manager (attach resume)

Name: _____

Title: _____ E-mail: _____ Phone #: _____

C. Cardiac Catheterization Lab Contact (if different from STEMI Program Manager) (attach resume)
Name: _____

Title: _____ E-mail: _____ Phone #: _____

STEMI Receiving Center Requirements:

A. Is your hospital licensed by the California Department of Health Services and accredited by a Heart Attack Receiving Center from the American Heart Association, Mission: Lifeline program or as a Chest Pain Center by the Society of Cardiovascular Patient Care? Yes □ No □

(Provide copy of current accreditation documentation)

B. Is your hospital approved for Emergency Percutaneous Coronary Interventions (PCI)? Yes □ No □

C. Number of PCIs per year:_____
(PCI will be defined as a therapeutic coronary intervention such as angioplasty, Stent placement, etc. Total personally performed therapeutic PCIs per year at all institutions, not just this hospital. This would include any PCI as defined above and not restricted to acute myocardial infarction.)

D. Is there a cardiovascular surgical call panel? Yes □ No □
(Provide copies of Interventional Cardiologists daily roster On-Call Schedules [primary and backup] and proof that physicians will be immediately available upon notification.)

E. Do you have a Cath Lab team available or on call 24/7/365? Yes □ No □
(Provide copies of Cath Lab Team daily roster On-Call schedules [primary and backup] and proof that team will be immediately available upon notification.)

F. Does your hospital meet all requirements of the current County of Monterey Yes □ No □
~~County~~ EMS System ~~Agency~~ ~~p~~Policy #5150 – STEMI Receiving Centers?

G. Does your hospital have a special permit for cardiovascular surgery? Yes □ No □

H. Number of cardiovascular surgeries per year: _____

I. Cardiovascular surgeon? Yes □ No □

J. Is there a dedicated recorded phone line, capable of being answered 24/7/365 for paramedic notification of STEMI patients? Yes □ No □

Policies:

G. Is there currently a hospital policy for the treatment of myocardial infarction that define who shall receive emergent angiography and who shall receive emergent fibrinolysis? Yes □ No □

H. Does the policy include diversion of STEMI patients only during times of Internal Disaster? Yes □ No □
(Please attach)

I. Is there currently a hospital policy regarding prompt acceptance of STEMI patients from other STEMI Referral Hospitals that do not have Emergency PCI capability? Yes □ No □

J. Is there currently a hospital policy for activation of the Cardiac Catheterization team when notified of an EMS transported STEMI? Yes □ No □
(Please attach)

K. Does the hospital provide continuing education opportunities for EMS personnel in areas of 12-lead ECG acquisition and interpretation, as well as assessment and management of STEMI patients? Yes □ No □
(Provide documentation showing educational presentations)

STEMI Center Designation Criteria Evaluation Tool

Data:

L. Does your hospital participate in the County of Monterey ~~County~~ STEMI data collection? Yes □ No □

M. Do you have a formal quality improvement process to review STEMI-related deaths, major complications, and performance standards? Yes □ No □

N. Does your facility meet the primary door-to-balloon time of 90 minutes or less 90% of the time? Yes □ No □

O. Is a process in place to provide the required data to the County of Monterey ~~County~~ EMS Agency on no less than a quarterly basis? Yes □ No □

_____

On behalf of the above-named hospital and physicians, I agree to all provisions identified in County of Monterey EMS System~~County~~ ~~p~~Policy #5150 – STEMI Receiving Centers.

_____ _____

Signature – Administrator **Date**

_____

Print Name

Please contact the County of Monterey ~~County~~ EMS Agency at ~~emsadmin@co.monterey.ca.us~~ EMSAdmin@countyofmonterey.gov prior to submission of the application for initial or continued designation. Request contact with the STEMI program staff member for the purpose of submission of a STEMI Receiving Center application for designation or continued designation.

STEMI Center Designation Criteria Evaluation Tool

STEMI Designation Standard	Objective Measurement	Meets Standard	Comments
Current License to provide Basic Emergency Services in Monterey County	Copy of License	Yes No	
Current copy of Joint Commission, HFAP or DN Certification	Copy of Certification	Yes No	
Cardiac catheterization lab available 24/7/365	On-call schedules for three (3) months On-call policy and procedures documented	Yes No	
Intra-aortic balloon pump capability with staffing available 24/7/365	Staffing policies demonstrate support of operations Intra-aortic balloon pump capability for # of patients: ___	Yes No	
Dedicated telephone line for base hospital contact by paramedics	Operational dedicated base hospital telephone line. Telephone number: _____	Yes No	
Notification of cardiologist and staff of a STEMI alert	Copy of policy for notification of cath lab team and cardiologist	Yes No	
Interfacility transfer agreements with Monterey County hospitals that are not designated as STEMI Receiving Centers	Copy of transfer agreements to allow automatic acceptance of all STMEI patients transferred from Monterey County hospitals	Yes No	
Cardiovascular surgical services available 24/7/365	California permit number	Yes No	
Accept all patients identified as STEMI by EMS personnel	Copy of policy	Yes No	
STEMI Team activation by ED physician upon notice of STMEI patient by EMS personnel	Copy of policy	Yes No	
Contingency plans for more than one STEMI patient at the same time	Copy of contingency plans/policies	Yes No	

STEMI Center Designation Criteria Evaluation Tool

STEMI Center Designation Criteria Evaluation Tool

HOSPITAL PERSONNEL			
STEMI Receiving Center Program Medical Director: 1. Board Certified in Cardiovascular Disease 2. Board Certified in Interventional Cardiology 3. Credentialed member of medical staff with privileges for Primary PCI 4. Trained in cardiac radiographic imaging and radiation protection 5. Job description 6. Participates in Monterey County STEMI activities	Copy of Board Certification in Cardiovascular Disease Copy of Board Certification in Interventional Cardiology Documentation of training in radiographic imaging and radiation protection Copy of job description Documentation of Monterey County STEMI QI program participation	Yes No	
STEMI Receiving Center Program Manager: 1. Current RN License 2. STEMI program experience 3. Participates in Monterey County STEMI activities	Copy of current RN license or documentation of same Documentation of STEMI program experience Documentation of Monterey County STEMI QI program participation	Yes No	
Cardiac Cath Lab Manager	Job description	Yes No	
Cardiology Interventionalist	Copy of On-call schedule for 3 months	Yes No	
Cardiothoracic Surgery	Current Board Certification On-call policy	Yes No	

STEMI Center Designation Criteria Evaluation Tool

CLINICAL CAPABILITIES			
Process performance	3 months of data documenting door to device time in less than 90 minutes for 90% of STEMI patients	Yes No	
Cath Lab and Interventionalist activation	Copy of policy for STEMI activation	Yes No	
Policy identifying criteria for patients to receive emergent angiography or emergent fibrinolysis based on physician decision for individual patients	Copy of policy	Yes No	
PERFORMANCE IMPROVEMENT			
Program Review	Copy of policy for QI review of: • Deaths • Complications • Sentinel events • System issues • Organizational issues	Yes No	
	Written QI plan	Yes No	
EMS QI program participation	Written agreement to participate in EMS STEMI QI program	Yes No	
Data submission to the EMS Agency	Written agreement to submit EMS Agency required data on a regular basis to be determined by the EMS Agency	Yes No	
STEMI Registry	Data submitted to a STEMI Registry approved by the EMS Agency	Yes No	
EMS Education	Copy of EMS educational activities over the previous 3 months	Yes No	

STEMI Center Designation Criteria Evaluation Tool

ADMINISTRATION			
Application submitted to the County of Monterey ~~County~~ EMS Agency	Date application received by the County of Monterey ~~County~~ EMS Agency	Yes No	Date of application receipt by the County of Monterey ~~County~~ EMS Agency: _____
Written agreement with the County of Monterey ~~County~~ EMS Agency	Date agreement received by the County of Monterey ~~County~~ EMS Agency	Yes No	Date agreement signed by both hospital and the County of Monterey ~~County~~ EMS Agency: _____

County of Monterey ~~County~~ EMS System Policy

Policy Number: 5190
Effective Date: ~~7/1/2023~~
Review Date: ~~6/30/2026~~

STROKE CENTERS

I. PURPOSE

To define requirements for designation as a Stroke Center in the County of Monterey ~~County~~.

II. POLICY

A. Hospitals requesting designation as a Primary Stroke Center by the County of Monterey ~~County~~ EMS Agency shall meet the following minimum criteria:

1. Adequate staff, equipment, and training to perform rapid evaluation, triage, and treatment for the stroke patient in the emergency department.
2. Standardized stroke care protocol/order set.
3. Stroke diagnosis and treatment capacity twenty-four (24) hours per day, seven (7) days per week, three hundred and sixty-five (365) days per year.
4. Data-driven, continuous quality improvement process including collection and monitoring of standardized performance measures.
5. Continuing education in stroke care provided for staff physicians, staff nurses, staff allied health personnel, and EMS personnel.
6. Public education on stroke and illness prevention.
7. A clinical stroke team, available to see in person or via telehealth, a patient identified as a potential acute stroke patient within 15 minutes following the patient's arrival at the hospital's emergency department or within 15 minutes following a diagnosis of a patient's potential acute stroke.
    a. At a minimum, a clinical stroke team shall consist of:
        1) A neurologist, neurosurgeon, interventional neuro-radiologist, or emergency physician who is board certified or board eligible in neurology, neurosurgery, endovascular neurosurgical radiology, or other board-certified physician with sufficient experience and expertise in managing patients with acute cerebral vascular disease as determined by the hospital credentials committee.
        2) A registered nurse, physician assistant, or nurse practitioner capable of caring for acute stroke patients that has been designated by the hospital who may serve as a stroke program manager.
8. Written policies and procedures for stroke services which shall include written protocols and standardized orders for the emergency care of stroke patients. These policies and procedures shall be reviewed at least every three (3) years, revised as needed, and implemented.

9. Data-driven continuous quality improvement process including collection and monitoring of standardized performance measures.
10. Neuro-imaging services capability that is available twenty-four (24) hours per day, seven (7) days per week, three hundred and sixty-five (365) days per year, such that imaging shall be initiated within twenty-five (25) minutes following emergency department arrival.
11. CT scanning or equivalent neuroimaging shall be initiated within twenty-five (25) minutes following emergency department arrival.
12. Other imaging shall be available within a clinically appropriate timeframe and shall at a minimum include:
    a. MRI
    b. CTA and/or Magnetic resonance angiography (MRA)
    c. TEE or TTE
13. Interpretation of imaging:
    a. If teleradiology is used in image interpretation, all staffing and staff qualification requirements contained in this section shall remain in effect and shall be documented by the hospital.
    b. Neuro-imaging studies shall be reviewed by a physician with appropriate expertise, such as board-certified radiologist, board-certified neurologist, board-certified neurosurgeon, or residents who interpret such studies as part of their training in ACGME-approved radiology, neurology, or neurosurgery training program within forty-five (45) minutes of emergency department arrival.
        1) For the purpose of this subsection, a qualified radiologist shall be board certified by the American Board of Radiology or the American Osteopathic Board of Radiology.
        2) For the purpose of this subsection, a qualified neurologist shall be board certified by the American Board of Psychiatry and Neurology or the American Osteopathic Board of Neurology and Psychiatry.
        3) For the purpose of this subsection, a qualified neurosurgeon shall be board certified by the American Board of Neurological Surgery.
14. Laboratory services capability that is available twenty-four (24) hours per day, seven (7) days per week, three hundred and sixty-five (365) days per year, such that services may be performed within forty-five (45) minutes following emergency department arrival
15. Neurosurgical services shall be available, including operating room availability, either directly or under an agreement with a thrombectomy-capable, comprehensive or other stroke center with neurosurgical services, within two (2) hours following the arrival of acute stroke patients to the primary stroke center.

16. Acute care rehabilitation services.
17. Transfer arrangements with one or more higher level of care centers when clinically warranted or for neurosurgical emergencies.
18. There shall be a stroke medical director of a primary stroke center, who may also serve as a physician member of a stroke team, who is board-certified in neurology or neurosurgery or another board-certified physician with sufficient experience and expertise dealing with cerebral vascular disease as determined by the hospital credential committee.

B. Hospitals requesting designation as a thrombectomy-capable stroke center by the County of Monterey ~~County~~ EMS Agency shall meet the following minimum criteria:

1. Satisfy all the requirements of a primary stroke center as provided in Section II A.
2. The ability to perform mechanical thrombectomy for the treatment of ischemic stroke twenty-four (24) hours per day, seven (7) days per week, three hundred and sixty-five (365) days per year.
3. Dedicated neuro-intensive care unit beds to care for acute ischemic stroke patients twenty-four (24) hours per day, seven (7) days per week, three hundred and sixty-five (365) days per year.
4. Satisfy all the following staff qualifications:
    a. A qualified physician, board certified by the American Board of Radiology, American Osteopathic Board of Radiology, American Board of Psychiatry and Neurology, or the American Osteopathic Board of Neurology and Psychiatry, with neuro-interventional angiographic training and skills on staff as deemed by the hospital's credentialing committee.
    b. A qualified neuro-radiologist, board-certified by the American Board of Radiology or the American Osteopathic Board of Radiology.
    c. A qualified vascular neurologist, board-certified by the American Board of Psychiatry and Neurology or the American Osteopathic Board of Neurology and Psychiatry, or with the appropriate education and experience as defined by the hospital credentialing committee.
    d. If teleradiology is used in image interpretation, all staffing and staff qualification requirements contained in this section shall remain in effect and shall be documented by the hospital.
    e. The ability to perform advanced imaging twenty-four (24) hours per day, seven (7) days per week, three hundred and sixty-five (365) days per year, which shall include, but not be limited to, the following:
        1) Computed tomography angiography (CTA)
        2) Diffusion-weighted MRI or CT Perfusion
        3) Catheter angiography
        4) Magnetic resonance angiography (MRA)

5) And the following modalities available when clinically necessary:
    a) Transesophageal echocardiography (TEE)
    b) Transthoracic echocardiography (TTE)

5. A process to collect and review data regarding adverse patient outcomes following mechanical thrombectomy.
6. Written transfer agreement(s) with at least one comprehensive stroke center.

C. Hospitals requesting designation as an acute stroke ready center by the County of Monterey ~~County~~ EMS Agency shall meet the following minimum criteria:

1. A clinical stroke team available to see in person or via telehealth a patient identified as a potential acute stroke patient within twenty (20) minutes following the patient's arrival at the hospital's emergency department.
2. Written policies and procedures for emergency department stroke services that are reviewed, revised as needed, and implemented at least every three (3) years.
3. Emergency department policies and procedures that include written protocols and standardized orders for the emergency care of stroke patients.
4. Data-driven continuous quality improvement process including collection and monitoring of standardized performance measures.
5. Neuro-imaging services capability that is available twenty-four (24) hours per day, seven (7) days per week, three hundred and sixty-five (365) days per year, such that imaging shall be performed and reviewed by a physician within forty-five (45) minutes following emergency department arrival.
6. Neuro-imaging services shall, at a minimum, include CT or MRI or both.
7. Imaging interpretation:
    a. If teleradiology is used in image interpretation, all staffing and staff qualification requirements contained in this section shall remain in effect and shall be documented by the hospital.
    b. Neuro-imaging studies shall be reviewed by a physician with appropriate expertise, such as a board-certified radiologist, board-certified neurologist, a board-certified neurosurgeon, or residents who interpret such studies as part of their training in ACGME-approved radiology, neurology, or neurosurgery training program within forty-five (45) minutes of emergency department arrival.
        1) For the purpose of this subsection, a qualified radiologist shall be board-certified by the American Board of Radiology or the American Osteopathic Board of Radiology.
        2) For the purpose of this subsection, a qualified neurologist shall be board-certified by the American Board of Psychiatry and Neurology or the American Osteopathic Board of Neurology and Psychiatry.

3) For the purpose of this subsection, a qualified neurosurgeon shall be board-certified by the American Board of Neurological Surgery.

8. Laboratory services shall, at a minimum, include blood testing, electrocardiography and x-ray services, and be available twenty-four (24) hours per day, seven (7) days per week, three hundred and sixty-five (365) days per year, and able to be completed and reviewed by physician within sixty (60) minutes following emergency department arrival.
9. Neurosurgical services shall be available, including operating room availability, either directly or under an agreement with a thrombectomy-capable, primary or comprehensive stroke center, within three (3) hours following the arrival of acute stroke patients to an acute stroke-ready hospital.
10. Provide IV thrombolytic treatment and have transfer arrangements with one or more thrombectomy-capable, primary or comprehensive stroke center(s) that facilitate the transfer of patients with strokes to a stroke center for care when clinically warranted.
11. There shall be a medical director of an acute stroke-ready hospital, who may also serve as a member of a stroke team, who is a physician or advanced practice nurse who maintains at least four (4) hours per year of educational time in cerebrovascular disease.
12. The clinical stroke team for an acute stroke-ready hospital at a minimum shall consist of a nurse and a physician with training and expertise in acute stroke care.

D. EMS receiving hospitals that are not designated to provide stroke critical care services shall work cooperatively with stroke receiving centers and the Monterey County EMS Agency to do the following, at a minimum:

1. Participate in the County of Monterey ~~County~~ EMS Agency's quality improvement system, including data submission as determined by the County of Monterey ~~County~~ EMS Agency medical director.
2. Participate in interfacility transfer agreements to ensure access to the stroke critical care system for potential stroke patients.

III. APPLICATION PROCESS

A. To apply for designation as a Stroke Center in County of Monterey ~~County~~, an interested hospital shall:

1. Submit an application packet that contains all of the required documentation outlined in the Stroke Center application checklist. The application (see attached) shall be submitted at least three (3) months prior to the desired date of implementation.
2. Submit the applicable designation fees to cover initial and ongoing County of Monterey ~~County~~ EMS Agency costs to support the stroke program.

a. Stroke Center Application Fee: A stroke center application fee will be established. This fee will cover the costs associated with the designation process. These costs may include contract costs for plan development, Requests for Proposal development, review of proposals, out of area site team costs, legal reviews and agency costs in excess of the costs associated with the day-to-day stroke system regulation. The stroke center application fee will be assessed for hospitals applying for stroke center designation. Fees paid in excess of actual costs will be returned to applicants.

b. Stroke Center Designation Fee: The County of Monterey ~~County~~ Board of Supervisors will establish an annual Stroke Center Designation Fee. This fee covers the cost of monitoring the operation of the stroke system in compliance with State of California EMS Authority regulations and County of Monterey ~~County~~ EMS Agency policies and protocols. The fee will be based on the time requirements of the stroke system medical director, stroke system coordinator, and other staff activity dedicated to stroke issues as well as associated overhead and program support costs.

c. The County of Monterey ~~County~~ EMS Agency will provide the designated stroke center(s) written notice of any increase in the designated fee at least 180 days (6 months) prior to the effective date of the increase with an explanation for the increase and the basis on which it was calculated.

3. Develop transfer agreements with other County of Monterey ~~County~~ hospitals to accept any stroke patients from those facilities. A copy of these agreements shall be included in the application packet.

IV. DESIGNATION CRITERIA

A. Hospitals wishing to be designated as a Stroke Receiving Center (Acute Stroke Ready Hospital, Primary Stroke Center, Thrombectomy-Capable Stroke Center or Comprehensive Stroke Center) in the County of Monterey ~~County~~ shall meet the following requirements:

1. Current California licensure as an acute care facility providing Basic or Comprehensive Emergency Medical Services.
2. Submit the Stroke Center Designation Application, the Stroke Center Designation Criteria Evaluation Tool, and all required supporting documentation to the EMS Agency.
3. Enter into and maintain a written Stroke Center agreement with the County of Monterey ~~County~~ EMS Agency that defines the roles and responsibilities of the hospital and the EMS Agency relative to the care of stroke patients.
4. Receive and maintain current certification as an Acute Stroke Ready Hospital, a Primary Stroke Center, a Comprehensive Stroke Center, or a Thrombectomy

Capable Stroke Center by the Joint Commission, the Healthcare Facilities Accreditation Program (HFAP), or Det Norske Veritas Healthcare, Inc (DNV).

5. Develop and maintain appropriate internal (hospital) policies addressing the following:
    a. Designation of the Stroke Center Medical Director and the Stroke Center Nurse Program Manager.
    b. Staff and physician coverage. The policy shall includ~~e~~ing availability requirements for timely staff and physician response upon notification or arrival of a stroke patient to the emergency department
    c. Interfacility transfer policies, protocols, and agreements.
    d. Collection of data and a process for sharing required data with the Monterey County EMS Agency and the Stroke QI Committee
    e. Active and regular participation in the County of Monterey ~~County~~ EMS Stroke QI activities including the County of Monterey ~~County~~ EMS Agency Stroke QI Committee.

6. Initiate and maintain a hospital Stroke QI Committee.

~~6.~~7. For Primary and Comprehensive Stroke Center applications, a needs assessment documenting the needs of the community for a designated Stroke Center at the requested level.

~~7.~~8. Participate in the California Stroke Registry.

B. For Stroke Ready applications, Stroke center designation will be provided to a hospital following satisfactory review of written documentation and initial site survey by the County of Monterey ~~County~~ EMS Agency staff and receipt of stroke center fees by the County of Monterey ~~County~~ EMS Agency.

~~B.~~C. For Primary and Comprehensive Stroke Center applications, the County of Monterey EMS Agency will designate a hospital at the requested level if all of the requirements of this policy are met ***and*** if a needs assessment demonstrates a need for an additional Stroke Receiving Center.

~~C.~~D. The stroke center designation period will coincide with the period covered in the written agreement between the Stroke Receiving Center and the County of Monterey ~~County~~ EMS Agency.

V. REDESIGNATION CRITERIA

A. A stroke center may be redesignated following a satisfactory review of written documentation and a site survey.

B. Redesignation of a stroke center shall require submission of a Stroke Center Designation Application, the Stroke Center Designation Criteria Evaluation Tool, and updated supporting documentation to the EMS Agency.

C. On-site stroke center surveys for redesignation shall occur every three years in coordination with the terms of the Stroke Center agreement with the County of Monterey ~~County~~ EMS Agency.

D. Stroke centers must be current with the submission of all data required by the County of Monterey ~~County~~ EMS Agency and the State of California EMS Authority.

VI. QUALITY/PERFORMANCE IMPROVEMENT

A. The County of Monterey ~~County~~ EMS Agency shall be responsible for ongoing performance evaluation and quality improvement of the stroke critical care system.

B. Stroke centers shall participate in the County of Monterey ~~County~~ EMS Agency quality improvement processes related to the stroke critical care program.

C. Stroke centers shall participate in the Stroke QI Committee, as described in County of Monterey ~~County~~ EMS System Policy #1020 EMS Advisory Committees, with attendance at not less than 80% of the meetings.

D. Participation in the County of Monterey EMS Agency-designated data collection system is required for continued designation. Data shall be submitted to the County of Monterey EMS Agency on a quarterly basis or as required by the EMS Agency.

~~D.~~E. A stroke center shall develop a written internal quality improvement plan/program description for stroke patients.

1. The plan will include a Community Stroke Reduction Plan including participation in outreach programs to reduce cardiovascular disease and stroke.

~~E.~~F. Stroke centers shall provide continuing education to EMS personnel, the clinical stroke team, and related hospital staff.

~~F.~~G. The Monterey County EMS Agency Stroke Critical Care System shall have a quality improvement process that shall include, at a minimum:

1. Evaluation of program structure, process, and outcome
2. Review of stroke-related deaths, major complications, and transfers.
3. A multidisciplinary Stroke Quality Improvement Committee, including both prehospital and hospital members.
4. Participation in the QI process by all designated stroke centers and prehospital providers involved in the stroke critical care system.
5. Evaluation of regional integration of stroke patient movement.
6. Participation in the stroke data management system.

7. Compliance with the California Evidence Code, Section 1157.7 to ensure confidentiality, and a disclosure ~~-~~protected review of selected stroke cases.

VII. BASIS FOR LOSS OF DESIGNATION

The County of Monterey EMS Agency may suspend or revoke the approval of a Stroke Receiving Center at any time for failure to comply with any applicable policies, procedures, or regulations, including failure to submit required data within the applicable timeframes. Grounds for loss of designation may include, but are not limited to:

A. Inability to meet and maintain Stroke Receiving Center Designation Criteria.

B. Failure to provide required data and/or to participate in Stroke system QI activities.

C. Other criteria as defined and reviewed by the EMS Agency Stroke QI Committee.

END OF POLICY

John Beuerle, M.D.
EMS Medical Director

Teresa Rios
EMS Bureau Chief

Application for Stroke Center Designation

Hospital: _____

Contact: _____ **Phone #:** _____

Title: _____ **E-Mail:** _____

Stroke Center Designation Level Requested (Comprehensive, Primary, Stroke Ready): _____

- Is your hospital licensed by the California Department of Health Services and accredited by a CMS-approved accrediting body as a Primary or Comprehensive Stroke Center? Yes □ No □
- Does your hospital have a special permit for Neurosurgical Services? ***(Not required for designation as an Acute Stroke Ready Hospital or a Primary Stroke Center)*** Yes □ No □

Administration/Staffing

A. Stroke Center Medical Director (attach resume)

Name of Proposed Stroke Center Medical Director: _____

Title: _____ Phone: _____

Email: _____

- Board Certified in: Emergency Medicine □
  Neurology □
  Other: _____ □

B. Stroke Center Coordinator/Program Manager (attach resume)

Name of proposed Stroke Center Coordinator: _____

Title: _____ Phone #: _____

Email: _____

C. Stroke Center administrative contact

Name: _____

Title: _____ Phone #: _____

Email: _____

- Do you use tele-neurology? Yes □ No □
  - *If yes, please include a copy of the contract with the tele-neurology service including timeframes for examination of Stroke/ TIA patients.*

- Do you use tele-radiology for interpretation of radiological studies? Yes □ No □
  - *If yes, please include a copy of the agreement with teleradiology service including timeframes for reading and interpreting radiological studies for Stroke/ TIA patients.*

- Do you have a dedicated and audio recorded phone line, capable of being answered 24 hours per day, seven days per week, for paramedic notification of Stroke/ TIA patients? Yes □ No □

Policies:

- Does your organization have policies on the treatment of Stroke patients that define who shall receive emergent tPA or other IV thrombolytic medication? ***(Please attach)*** Yes □ No □
- Does your organization have a policy on the treatment of Stroke that includes emphasis on rapid treatment? ***(Please attach)*** Yes □ No □
- Does your organization have data and quality improvement policies that meet the requirements in ~~the~~ County of Monterey EMS System Policy #5190~~County~~ (Stroke Center~~s) policy~~? (Please attach) Yes □ No □

Data:

- Does your organization agree to participate in the California Stroke Registry/California Coverdell Program? Yes □ No □
- Does your organization agree to report data on stroke patients, including outcome data, to the EMS Agency every quarter? Yes □ No □
- Please attach the previous 6 months' worth of the following data for your organization:
  - Total number of Stroke patients that were seen and treated at hour hospital. _____
  - Total number of Stroke patients that were transferred from an acute care hospital to your facility for definitive care. _____
  - Total number of Stroke patients who met criteria for receiving IV thrombolytics. _____
  - Total number of Stroke patients who met criteria for receiving IV thrombolytics who refused the therapy. _____
  - Total number of Stroke patients who received IV thrombolytics. _____
  - Total number of Stroke patients who were discharged alive. _____
  - Total number of Stroke patients who were discharged to a rehabilitation facility. _____

- Total number of Stroke patients who were discharged home alive _____

Completed by (please print): _____ Date: _____

Signature: _____

Please contact the County of Monterey ~~County~~ EMS Agency at ~~emsadmin@co.monterey.ca.us~~ EMSAdmin@countyofmonterey.gov prior to submission of the application for initial or continued designation. Request contact with the Stroke program staff member for the purpose of submission of a Stroke Receiving Center application for designation or continued designation.

List of neurologists/neurointerventionalists/interventional radiologists proposed for call for Stroke/TIA patients

Physician Name	**At which hospitals does the physician have privileges?**	**Number of Stroke/TIA Pts/year**
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ACUTE STROKE READY HOSPITAL DESIGNATION CRITERIA EVALUATION TOOL

Stroke Designation Standard	Objective Measurement	Meets Standard	Comments
Current License to provide Basic Emergency Services in Monterey County	Copy of License	Yes No	
Current copy of Joint Commission, HFAP or DNV Certification	Copy of Certification	Yes No	
An acute Stroke team available within 20 minutes of patient's arrival in ED	On-call schedules for 3 months. On-call policy and procedure. Emergency Department protocol for initial screening and treatment of suspected stroke patients.	Yes No	May use telehealth for this requirement
Written policies and procedures for Stroke services	Copy of policies, procedures	Yes No	Include protocols and standardized orders and order sets
Data-driven, CQI process including collection and monitoring of standardized performance measures	3 months' worth of CQI data Data showing identification of areas in need of improvement and how the issue was dealt with.	Yes No	
Data reporting mechanism	Copy of agreement with AHA/ASA Get With The Guidelines – Stroke	Yes No	AHA Get With The Guidelines - Stroke
Neuro-imaging capability 24/7/365	Policies/protocols supporting operations	Yes No	CT and/or MRI
One of the following: • Qualified Radiologist • Qualified Neurologist • Qualified Neurosurgeon	Copy of appropriate board certification On-call schedules for 3 months	Yes No	If using telemedicine, hospital must document this standard
Laboratory services 24/7/365	Copy of policies/procedures/protocols for lab services	Yes No	Blood testing, ECG, and x-ray services
Provide IV thrombolytic treatment to qualified patients	Copy of policies/procedures/protocols for administration of tPA	Yes No	

ACUTE STROKE READY HOSPITAL DESIGNATION CRITERIA EVALUATION TOOL

Stroke Designation Standard	Objective Measurement	Meets Standard	Comments
Medical Director: • Physician • Advanced practice nurse Both must maintain at least 4 hours per year of educational time in cerebrovascular disease	Copy of CE units for previous 2 years	Yes No	
If no neurosurgical services available: Plan to transfer within 2 hours	Supporting policies, procedures and agreements	Yes No	Required if no neurosurgery
In-patient acute care rehabilitation	Policies/procedures for inpatient rehabilitation Agreement with other inpatient acute rehabilitation	Yes No	
Designated telephone number for prehospital	Actual number on file	Yes No	
Written transfer guidelines for higher level of service	Transfer policies/procedures Copy of agreement	Yes No	
Continuing Education Provider	Copy of approval letter with CE provider number	Yes No	
Stroke contingency plans • Personnel • Imaging equipment • Bed capacity	Pertinent policy and procedures to minimize disruption	Yes No	Expectation of no advisory status except for internal disaster
STAFFING			
Acute Stroke Care team:			
One of the following: • Neurologist • Neurosurgeon • Interventional neuroradiologist • Emergency Physician	Copy of appropriate board certification On-call schedule for 3 months Copy of job description	Yes No	Board certified or board eligible in neurology, neurosurgery, endovascular neurosurgical radiology, with experience and expertise in dealing with cerebral vascular disease
One of the following: • Registered Nurse • Physician assistant • Nurse practitioner	Copy of license Copy of job description	Yes No	Demonstrated competency in caring for acute stroke patients

PRIMARY STROKE CENTER DESIGNATION CRITERIA EVALUATION TOOL

Stroke Designation Standard	Objective Measurement	Meets Standard	Comments
Hospital must meet all requirements of an Acute Stroke Ready Hospital plus:			
An acute Stroke team available within 15 minutes	On-call schedules for 3 months. On-call policy and procedure. Emergency Department protocol for initial screening and treatment of suspected stroke patients.	Yes No	
Immediate, telemetry or critical care beds	Immediate: _____ Telemetry: _____ Critical Care: _____	Yes No	Number of beds
Neurosurgical services including operating room	Number of operating rooms on license: _____ Copy of agreement(s) with other Stroke Centers	Yes No	May be under agreement with another Stroke Center
If no neurosurgical services available: Plan to transfer within 2 hours	Supporting policies, procedures and agreements	Yes No	Required if no neurosurgery
Inpatient acute care rehabilitation	Policies/procedures for inpatient rehabilitation Agreement with other inpatient acute rehabilitation	Yes No	May contract with other acute inpatient rehabilitation provider
Designated telephone number for prehospital personnel to contact ED	Actual number on file	Yes No	
Written transfer guidelines for higher level of service	Transfer policies/procedures Copy of agreement	Yes No	
Monterey County designated Continuing Education Provider	Copy of approval letter with CE provider number	Yes No	
Stroke contingency plans • Personnel • Imaging equipment Bed capacity	Pertinent policy and procedures to minimize disruption	Yes No	Expectation of no advisory status except for internal disaster
STAFFING			
Acute Stroke Care Team			

PRIMARY STROKE CENTER DESIGNATION CRITERIA EVALUATION TOOL

Stroke Designation Standard	Objective Measurement	Meets Standard	Comments
One of the following: • Neurologist • Neurosurgeon • Interventional neuroradiologist Emergency Physician	Copy of appropriate board certification On-call schedule for 3 months Copy of job description	Yes No	Board certified or board eligible in neurology, neurosurgery, endovascular neurosurgical radiology, with experience and expertise in dealing with cerebral vascular disease
One of the following: • Registered Nurse • Physician assistant Nurse practitioner	Copy of license Copy of job description	Yes No	Demonstrated competency in caring for acute stroke patients

THROMBECTOMY-CAPABLE STROKE CENTER DESIGNATION CRITERIA EVALUATION TOOL

Stroke Designation Standard	Objective Measurement	Meets Standard	Comments
Meets all requirements of Primary Stroke Center plus:		Yes No	
Ability to perform mechanical thrombectomy for the treatment of ischemic stroke 24/7/365	Copy of on-call schedules for interventionalists	Yes No	
Staffing: Must have all the following staff qualifications:			
A qualified physician, board certified by the American Board of Radiology, American Osteopathic Board of Radiology, American Board of Psychiatry and Neurology or the American Osteopathic Board of Neurology and Psychiatry, with neuro-interventional angiographic training and skills on staff	Copy of interventionalist CV	Yes No	
A qualified neuro-radiologist, board-certified by the American Board of Radiology or the American Osteopathic Board of Radiology	Copy of radiologist CV	Yes No	
A qualified vascular neurologist, board certified by the American Board of Psychiatry and Neurology or the American Osteopathic Board of Neurology and Psychiatry, or with appropriate education and experience as defined by the hospital credentials committee	Copy of CV	Yes No	
If teleradiology is used in image interpretation, all staffing and staff qualifications shall remain in effect and shall be documented by the hospital		Yes No	
The ability to perform advanced imaging 24/7/365,		Yes	

THROMBECTOMY-CAPABLE STROKE CENTER DESIGNATION CRITERIA EVALUATION TOOL

Stroke Designation Standard	Objective Measurement	Meets Standard	Comments
to include but not be limited to: • CTA • Diffusion-weighted MRI or CT Perfusion • MRA • Catheter angiography	On-call schedules for the last 3 months	No	
The following modalities must be available when clinically necessary: • Carotid duplex ultrasound • TEE • TTE	Demonstrated on site survey	Yes No	
A process to collect and review data regarding adverse patient outcomes following mechanical thrombectomy	Written policies/protocols/procedures/ plans	Yes No	

~~Monterey County~~County of Monterey EMS System Policy

Policy Number: 6030
Effective Date: ~~7/01/2026~~3
Review Date: ~~6/30/2029~~6

EMERGENCY MEDICAL DISPATCH PROVIDER QUALITY IMPROVEMENT

I. PURPOSE

To establish and define the Quality Improvement (QI) aspect of Emergency Medical Dispatch (EMD).

II. POLICY

A. A ~~Monterey County~~County of Monterey authorized EMD~~mergency Medical Dispatch~~ provider shall have a QI plan that at a minimum includes:

1. System Monitoring.
2. Specific Call Review.
3. Call Review Documentation.
4. Call Audit Procedure.
5. Integration into the EMS system QI program.

B. System Monitoring

1. All calls received for EMD will be recorded and maintained for a minimum of 100 days, as required by California Government Code Section 34090.6.
2. All EMD reports submitted to the EMS Agency shall include at a minimum the following for each call:
    a. Time of call to include all primary and secondary public safety answering points (PSAPs) time of call entry and acknowledgement of call by primary and secondary PSAP.
    b. Time of ambulance dispatch
    c. Time of ambulance en route to call
    d. Time of ambulance on scene of incident
    e. Time treatment instructions initiated, if applicable
    f. Time treatment instructions completed, if applicable~~.~~

C. Specific Call Review

1. The EMD provider will submit the following items in a monthly report to the ~~Monterey County~~County of Monterey EMS Agency:

a. The designated Emergency Medical Dispatch Quality Assurance Coordinator (EMD-Q) will review 100% of all choking, CPR, and childbirth calls received in the designated dispatch center for EMD.

b. The designated EMD-Q will review 100 calls or 3% of all other calls, whichever is greater, received in the designated dispatch center for EMD. Calls reviewed will be randomly selected to include calls from all shifts and all dispatchers.

c. Periodic s~~S~~pecific subject audits as determined by the EMS Agency and/or the designated EMD-Q such as, but not limited to:~~.~~

1) Review requested by an EMS or EMD provider, or the ~~Monterey County~~County of Monterey EMS Agency.

2) Medical Priority Dispatch (MPDS) instructions given to caller

3) Code 2 dispatch that returns Code ~~—~~3 to the hospital~~.~~

4) Level of dispatch upgraded after initial dispatch, e.g., Code~~—~~2 to Code~~—~~3

5) Hazmat or disaster plans utilized

D. Call Review Documentation: A list of situations, actions, or deviations from MPDS protocol that the designated EMD-Q questioned~~-~~, along with the response from the dispatcher and the action taken are to be documented and reported to the EMS Agency.

E. Call Audit Procedure: The EMD-Q shall utilize the International Academies of Emergency Dispatch (IAED) Performance Standards to review and audit calls.

F. Confidentiality: All dispatch documentation, recordings, and QI evaluations are subject to review by the ~~Monterey County~~County of Monterey EMS Agency. All proceedings, documents, and discussions on EMD QI are confidential and covered under Sections 1040, 1157, 1157.5, and 1157.7 of the California Evidence Code. ~~.~~

~~END OF POLICY~~

John Beuerle, M.D.
EMS Medical Director

Teresa Rios
EMS Bureau Chief

Policy Number: 6040
Effective Date: ~~7/1/2023~~
Review Date: ~~6/30/2026~~

TRAUMA QUALITY IMPROVEMENT AND SYSTEM EVALUATION

I. PURPOSE

To define standards, evaluate methodologies, and utilize the evaluation results for continuous trauma system quality improvement in performance and patient care, and to establish requirements for data collection and management by trauma system participants in ~~Monterey County.~~the County of Monterey.

II. POLICY

A. Trauma system participants within the ~~Monterey~~ County of Monterey ~~Emergency Medical Services (~~EMS~~)~~ System will maintain a comprehensive internal Quality Improvement (~~quality improvement~~QI) program, as outlined in County of Monterey EMS System Policy 6000 (Emergency Medical Services Quality Improvement).

B. Trauma system participants will participate fully in and cooperate with the ~~Monterey County~~ EMS Agency's ~~quality improvement~~ QI programs.

C. All ~~The~~ Trauma Center~~-~~s shall complete a trauma registry entry for all patients who meet the criteria identified in the National Trauma Data Standard (NTDS) Inclusion Criteria and by the California Emergency Medical Services Information System (CEMSIS) ~~T~~trauma requirements.

III. REQUIREMENTS

A. Trauma Center (Internal) Quality Improvement Requirements:

1. ~~Internal Medical~~Trauma QI ~~uality Improvement~~ Program – A Trauma Center ~~center~~ must have a formal~~,~~ and ~~fully functional~~fully functional~~,~~ ~~internal~~ quality improvement program for its trauma service. Each Trauma Center shall have a written Q~~uality~~ I~~mprovement~~ Plan which shall include:

    a. Trauma Medical Director (Chief of Trauma)~~,~~: ~~The Trauma Medical Director~~ who shall be responsible for the hospital trauma care, compliance with the EMS Agency trauma plan/~~ and trauma~~ standards, and for participation in the Trauma QI program.

    b. Trauma Program Manager~~,~~: ~~The Trauma Program Manager~~ who shall be answerable to the Chief Nursing Officer or the Chief Medical Officer~~,~~ ~~and the~~This position ~~will~~ shall have at least 1 FTE dedicated to this role. The Trauma Program Manager shall oversee the trauma registrar and will perform the following functions:

        1) Perform c~~C~~ase reviews of ~~ALL~~all trauma ~~cases~~incidents;

2) Identify trauma cases that meet ~~Monterey~~ County of Monterey Minimum Audit ~~–~~Criteria for External ~~Quality Improvement~~QI Review;

3) Analyze trends;

4) Analyze all trauma patient calls to the trauma base hospital diverted to non-trauma centers;

5) ~~Perform detailed audits~~Audit ~~of~~ all trauma deaths, major complications, transfers, unexpected outcomes (positive or negative), and unusual occurrences; and

6) Provide loop closure for identified opportunities for improvement.

c. Trauma Registrar, who~~:~~ shall ~~The Trauma Registrar will~~ maintain the efficient operation of the ~~Trauma~~ trauma ~~Registry~~registry, ensure consistency and quality in the data collection system, enter information into the trauma database, and retrieve data for quality improvement purposes.

d. ~~Coordination of an~~IAn ~~i~~nternal multi-disciplinary trauma committee that includes members of emergency medicine, general surgery, and other departments that are responsible for care of the trauma patient. The audit process will include a log of follow-up problems and periodic multi-disciplinary trauma conferences to critique selected trauma cases. This committee will follow the applicable provisions of Evidence Code Section 1157.7 to ensure confidentiality.

e. Provision of a system for patients and others as defined in Title 22, Division 9, Chapter 7, Section 100265(e), to provide input and feedback to hospital staff regarding the care provided.

f. The County of Monterey ~~County~~ EMS Agency designated Trauma Center's Trauma Medical Director and Trauma Program Manager shall each attend at least 50% of Santa Clara County's Trauma Care System Quality Improvement Committee (TCSQIC) and Trauma Executive Committee meetings.

g. Generation and submission of required trauma reports to the ~~Monterey County~~ EMS Agency within the specified time.

~~h. Investigation of all unusual occurrences, as identified internally or referred by the Monterey County EMS Agency. The investigation should take no longer than fourteen (14) days OR a limited time mutually agreed upon by the Trauma Center and Monterey County EMS Agency. The results (including any resolution or identification of further actions required) will be reported directly back to Monterey County EMS Agency within three (3) days of the investigation's conclusion.~~

B. Trauma System (External) Quality Improvement Plan

1. Written ~~Confidentiality~~ confidentiality ~~Agreement Requirements: Contract~~ agreements shall be made with system participants regarding participation in the ~~Monterey County~~EMS Agency's ~~Quality Improvement~~QI Program.
2. The ~~Monterey County~~ EMS Agency will conduct audits for compliance with statutory, regulatory, California Emergency Medical Services Authority (EMSA), and contractual compliance every three (3) years, or more frequently as determined by the EMS Agency.
3. Trauma Care System Quality Improvement Committee (TCSQIC)
    a. The County of Monterey ~~County~~ EMS Medical Director and the EMS Agency Trauma Coordinator shall each attend at least 50% of Santa Clara County's TCSQIC and Trauma Executive Committee meetings.
4. The Trauma Evaluation and Quality Improvement Committee (TEQIC) ~~: TEQIC~~ is a multi-disciplinary medical advisory committee to the County of Monterey ~~County~~ EMS Agency, comprised of representatives from prehospital agencies, non-Trauma Center facilities, and the Trauma Center. This is a confidential committee.
    a. ~~Monterey County~~ The EMS Agency shall conduct TEQIC meetings as deemed necessary, but no less than two (2) times per year.
    b. Oath of Confidentiality: The proceedings and records of this committee are confidential and are protected under Sections 1040 and 1157.7 of the Evidence Code of the State of California. Members shall not divulge or discuss information that would have been obtained solely through TEQIC membership. After review, all paperwork shall be disposed of in an appropriate confidential manner. Members and invited guests of the TEQIC shall sign a Confidentiality Agreement as a condition of attendance. The ~~Monterey County~~ EMS Agency shall maintain signed copies of the agreements on file.
    c. The Trauma Evaluation and Quality Improvement Committee (TEQIC) shall:
        1) Establish audit filters;
        2) Monitor the process and outcome of trauma patient care and present opportunities for analysis of data and information of scientific value for studies and strategic planning of the trauma system;
        3) Serve in an advisory capacity to the ~~Monterey County~~ EMS Agency on trauma care systems issues and policies, which include the appropriateness and effectiveness of the Trauma Triage policy; and
        4) Provide educational forums for trauma care when trends are identified.

d. Membership: The membership of the ~~Monterey County~~ EMS Agency ~~Trauma Evaluation and Quality Improvement Committee~~TEQIC shall include the positions included in Section VII~~I~~ of ~~Monterey County~~ County of Monterey EMS System Policy #1020 (EMS Advisory Committees). Other attendees may be included by special invitation of the County of Monterey ~~County~~ EMS Agency.

e. TEQIC Chairperson: The Chairperson for TEQIC shall be the County of ~~Monterey~~ County EMS Agency Trauma Coordinator. The Chairperson shall preside over the committee and make recommendations to the ~~Monterey County~~ EMS Agency Medical Director as directed by the membership of the committee.

f. TEQIC Process:

1) TEQIC shall meet a minimum of two (2) times per year for chart review, and jointly for formal education and/or trauma system evaluation according to the needs of the committee.

2) Scope of Review: The review conducted by the committee shall include trauma patient care in Monterey County and transfer of trauma patients to other hospitals or designated Trauma ~~trauma~~ Centers. The committee review shall include and be limited to prehospital trauma care activities and trauma patient care from time of injury through rehabilitation.

3) Preparation of cases for TEQIC review: The Trauma ~~trauma~~ Center ~~center~~ shall prepare appropriate materials for its cases to be presented to the TEQIC to include:

a) Audit reports as requested by the EMS Agency and/or TEQIC. A formal chart review may be performed by the ~~Monterey County~~ EMS Agency Medical Director and ~~the EMS Agency~~ Trauma Coordinator prior to a TEQIC meeting. A letter will be sent out approximately one month prior to the review of the charts, outlining the scheduling, the procedure, and the trauma charts needing to be pulled for review.

b) The field representative shall provide the prehospital provider component for presentation when pertinent to the care of the trauma patient.

4) The ~~Monterey County~~ EMS Agency shall provide:

a) Staff support for documentation (minutes) of TEQIC meetings, to include any memorandum(s) issued by the ~~Monterey County~~ EMS Agency in response to Committee recommendations;

b) Distribution of meeting announcements;

c) Preparation of TEQIC agenda; and

d) Maintenance of records of proceedings.

g. Conclusion of TEQIC case review: Feedback to prehospital providers, the Trauma Center, and other receiving hospitals is critical to the audit process. Action items will be discussed and decided at the conclusion of each system review. The committee shall discuss each system issue and arrive at a conclusion for action that may include one or more of the following:

1) No further review or action required.

2) Request for additional information and a follow-up report from the involved institution or prehospital care provider.

3) Formal recommendations.

h. Member removal from the TEQIC: The following shall be cause for removal of a member from the committee:

1) Breach of confidentiality;

2) Excessive absence, defined as failure to attend at least one (1) TEQIC meeting over the course of a calendar year; or

3) Disruptive or rude behavior.

i. Minimum Audit Criteria for ~~External~~ external ~~Quality Improvement~~QI ~~Review~~review:

1) Absence of a patient care report for a patient transported by prehospital personnel within 24 hours of the transport.

2) Transport EMS personnel scene time exceeding 20 minutes of patient care prior to departure to the hospital.

3) All trauma patients who are diverted or transferred during the acute phase of hospitalization to another trauma center, acute care hospital, or specialty hospital (*e.g.*, burn center, replantation center, or pediatric trauma center).

4) All outgoing trauma transfers performed within 24 hours of hospital arrival.

5) Any case the ~~Monterey County~~ EMS Agency feels would benefit from a TEQIC review.

END OF POLICY

John Beuerle, M.D.
EMS Medical Director

Teresa Rios
EMS Bureau Chief

~~Monterey~~ County ~~of Monterey~~ EMS System Policy

Policy Number: 6050
Effective Date: ~~7/1/2023~~
Review Date: ~~6/30/2026~~

TRAUMA CARE DATA COLLECTION AND MANAGEMENT

I. PURPOSE

To establish requirements for data collection and management by trauma system participants.

II. POLICY

A. Pre-hospital providers shall record the ~~Centers for Disease Control (CDC)~~American College of Surgeons (ACS) -National Guidelines for the Field Triage of Injured Patients ~~4-step field triage criteria results~~findings for all trauma patients, as defined in ~~Monterey~~ County of Monterey EMS ~~System~~ Policy #4040 (Field Trauma Triage Criteria).

B. The Trauma ~~trauma~~ Center ~~center~~ shall complete a trauma registry entry for all patients who meet the following trauma registry inclusion criteria:

1. ICD-10 codes identified in the Trauma Center's ~~center's~~ current trauma registry AND
2. Physically evaluated by a trauma surgeon in the emergency department or resuscitation area; OR
3. Death in the emergency department due to a traumatic injury(ies); OR
4. Transfer for trauma services (note: may include interfacility and intrafacility).
5. Exclusion: Isolated burn without penetrating or blunt mechanism of injury.

C. The registry shall include, but not be limited to, the data elements in compliance with the National Trauma Data Base and the California Emergency Medical Services Information System (CEMSIS) ~~Trauma~~ trauma requirements.

D. The Trauma ~~trauma~~ Receiving ~~receiving~~ facility shall submit data to the ~~Monterey County~~ EMS Agency on all patients who meet the National Trauma Data Standard Inclusion Criteria. ~~-~~The ~~Monterey County~~ EMS Agency will define the specific data elements in collaboration with the Trauma Evaluation and Quality Improvement Committee (TEQIC).

E. EMS base and receiving hospitals that are not designated as a Trauma ~~trauma~~ Center ~~center~~ shall submit data to the ~~Monterey County~~ EMS Agency on all patients who meet the criteria outlined in County of Monterey ~~County~~ EMS System Policy #5140 (Emergency Department Re-triage and Rapid Transfer of Trauma Patients to Trauma Center) as well as on other trauma patients as requested by the ~~Monterey County~~ EMS Agency. The ~~Monterey County~~ EMS Agency will define the specific data elements in collaboration with the TEQIC.

F. Cooperation with other counties and LEMSAs:

1. When patients from the ~~Monterey County~~County of Monterey EMS system are transported to a Trauma ~~trauma~~ Center ~~center~~ ~~in another EMS~~ outside the system or county, Natividad ~~Medical Center~~ will acquire injury/outcome data.

~~1.~~2. ~~and~~If clinically appropriate, Natividad will attempt to repatriate patients whose condition has stabilized to Natividad ~~if clinically appropriate~~.

~~2.~~3. Hospitals and ambulance providers within the ~~Monterey~~ County of Monterey ~~EMS system~~ shall cooperate with requests from the ~~Monterey County~~ EMS Agency and other EMS agencies in data collection and evaluation efforts.

END OF POLICY

John Beuerle, M.D.
EMS Medical Director

Teresa Rios
EMS Bureau Chief

Policy Number: 6090
Effective Date: ~~7/1/2025~~
Review Date: ~~6/30/2026~~

ANNUAL ALS SKILLS MAINTENANCE VERIFICATION AND POLICY REVIEW

I. PURPOSE

To ensure competency and to mitigate the risks associated with high risk/low frequency skills.

To standardize Monterey County paramedic skill maintenance verification.

To require review of Monterey County EMS System policies, procedures, and protocols by Monterey County accredited paramedics through a mandatory annual policy review.

II. POLICY

A. All paramedics accredited in Monterey County shall meet the standards for skills maintenance verification and policy review as defined in this policy. The EMS Agency will not provide paramedic accreditation renewal without successful completion of the required skills maintenance and policy review requirement.

B. The paramedic shall complete the skills maintenance requirements and policy review each calendar year or as specified for the specific procedure.

1. The skills maintenance requirement is waived by the EMS Agency for the year in which initial paramedic accreditation is received when accreditation begins in the last calendar quarter.
2. The policy review requirement is not waived by the EMS Agency but may be met as part of the employer orientation.
3. Each skill must be performed in each calendar year except as described in Item1 of Subsection II(B) above and for Needle Cricothyrotomy, which must be performed once during the first half of the calendar year and once during the last half of the calendar year. The training videos for needle cricothyrotomy are to be viewed and documented every three months (four times each calendar year).

C. The paramedic is responsible to ensure that they meet the standards specified in this policy.

D. Annual Skills and Policy Review Form 6091 shall be submitted by each paramedic reaccrediting in Monterey County for each year of the reaccreditation cycle.

1. ALS Skills Verification Forms 6091A through 6091H shall be ~~made available at the EMS Agency's request for program monitoring.~~maintained by the paramedic for a period of four years from the date of skills verification or until paramedic

licensure expires, whichever come first. These forms shall be available for review by the EMS Agency upon request.

III. PROCEDURE

A. ALS skill maintenance:

1. The paramedic shall perform each of the skills listed in the Annual Skills and Policy Review Form 6091 to maintain paramedic accreditation.
2. The paramedic's employer shall submit a comprehensive plan of correction to the EMS Agency for approval by the EMS Agency when the paramedic is unable to perform any of the skills. This plan of correction shall be submitted to the EMS Agency within five (5) business days. The EMS Agency shall respond to the paramedic's employer with plan approval or revision within five (5) business days. Training under the plan of correction shall be completed within fifteen (15) calendar days of the EMS Agency response to the employer. This training shall result in the successful completion of the skills demonstration and policy review process.

B. Policy review:

Annually, the employer shall verify that the paramedic understands Monterey County EMS System policies, procedures, and protocols. Emphasis shall be given to EMS policies, procedures, and protocols that have changed or are new.

C. Skills maintenance and policy review reporting:

1. The paramedic service provider shall verify that the paramedic has met the standards in this policy and Policy 6091 Annual Skills and Policy Review Form 6091. Skills verification will be documented on Form 6091 supported by Forms 6091A through 6091H. Completion of the requirements for the policy review will be documented on Form 6091.
2. Paramedic service provider shall retain these documents for a period of four years.

   The paramedic service provider shall provide the paramedic with copies of forms 6091A through 6091H.

D. EMS Agency review of records:

1. The EMS Agency may review all records to ensure compliance with this policy.

END OF POLICY

ANNUAL SKILLS AND POLICY REVIEW FORM-6091

1a. Name as shown on Paramedic License ~~Paramedic License~~(Last Name, First Name):	1b. License Number
1c. Signature of person demonstrating competency:	1d. Employer

Skill	Verification of Competency		
1. Orotracheal Intubation (Adult)	Verifier Affiliation:		Date:
Signature of person verifying competency	Print Name:		License Number:
2. Supraglottic Airway (Adult)	Verifier Affiliation:		Date:
Signature of person verifying competency	Print Name:		License Number:
3. Supraglottic Airway (Pediatric)	Verifier Affiliation:		Date:
Signature of person verifying competency	Print Name:		License Number:
4. Pleural Decompression	Verifier Affiliation:		Date:
Signature of person verifying competency	Print Name:		License Number:
5. Transcutaneous Cardiac Pacing	Verifier Affiliation:		Date:
Signature of person verifying competency	Print Name:		License Number:
6. Synchronized Cardioversion	Verifier Affiliation:		Date:
Signature of person verifying competency	Print Name:		License Number:
7. EZ IO (Adult/Pediatric)	Verifier Affiliation:		Date:
Signature of person verifying competency	Print Name:		License Number:
8. Epinephrine for Hypotension (Push Dose)	Print Name:		Date:
Signature of person verifying competency	Verifier Affiliation:		~~Certification/~~License Number:
9. Needle Cricothyrotomy-Adult	Print Name:		Date:
	Videos		
Signature of person verifying competency	Verifier Affiliation:		License Number:
10. Needle Cricothyrotomy-Pediatric	Print Name:		Date:
	Videos		
Signature of person verifying competency	Verifier Affiliation		License Number:
11. Annual Protocol/Policy Review	Verifier Affiliation:		Date:
Signature of person verifying competency:	Print Name:		License Number:

A completed Annual Skills and Policy Review Form is required to accompany the paramedic reaccreditation application of every individual who is either maintaining paramedic accreditation without a lapse, or ~~to~~ renewing paramedic accreditation with a lapse of less than six months.

1a. Name of Paramedic License Holder

Provide the complete name, last name first, of the paramedic demonstrating skills competency.

1b. Paramedic License Number

Provide the paramedic license number of the paramedic demonstrating skills competency.

1c. Signature

Signature of the paramedic demonstrating skills competency. By signing this section, the paramedic is verifying that the information contained on this form is accurate and that the paramedic has demonstrated competency in the skills listed in the skills sheet.

1d. Employer

Provide the name of the current paramedic employer(s).

Verification of Competency

1. Verifier Affiliation: Provide the name of the EMS service provider or base hospital that the qualified individual verifying competency is affiliated with.
2. Once competency has been demonstrated by direct observation of an actual or simulated patient contact, i.e. skills station, the individual verifying competency shall sign the Annual Skills and Policy Review Form for that skill.
3. Qualified individuals who verify skills competency shall be currently licensed as~~:~~ a paramedic, registered nurse, physician assistant, or physician and shall be either a qualified instructor designated by an EMS approved training program (paramedic training program or continuing education training program) or ~~be~~ a qualified individual designated by an EMS service provider. EMS service providers include, but are not limited to, public safety agencies, private ambulance providers, and other EMS providers.
4. License Number: Provide the certification or license number for the individual verifying competency.
5. Date: Enter the date that the individual demonstrated competency in the~~each~~ skill.
6. Print name – Print the name of the individual verifying competency in the skill.

A completed Annual Skills and Policy Review Form shall be provided to the County of Monterey ~~County~~ EMS Agency for every year of the paramedic reaccreditation cycle in compliance with County of Monterey ~~County~~ EMS System Polici~~es~~y 2050 ~~and EMS Policy~~ 6090. A copy of this form shall be retained by the paramedic license holder and the EMS provider agency for a minimum of 4 years as outlined in County of Monterey ~~County~~ EMS System Policy 6090.

Orotracheal Intubation	6091-A
Effective: ~~7/1/2023~~	**Expires:** ~~6/30/2026~~
Low Frequency/High Risk: **Orotracheal Intubation**	Approval: Medical Director **John Beuerle, MD**	Signed:
Applies To: **Paramedics**	Approval: EMS Director **Teresa Rios**	Signed:

Terminal Performance Objective

Secure placement of an endotracheal tube (ETT) in the trachea to ensure a patent airway for positive pressure ventilation.

Before performing orotracheal intubation, paramedics must:

1. Determine BLS airway adjuncts are inadequate for effective positive pressure ventilation (PPV) and confirm the need for Endotracheal Intubation (ETI)[1] [2].
    a. **NOTE: Orotracheal intubation is approved only for adult patients**
2. Recognize signs of a difficult airway, if present, and select, prepare and employ the appropriate alternative tools and techniques to secure the airway (e.g. ET Introducing Stylet, Rescue Airway).
3. Correctly assemble all equipment required for ETI within 60 seconds.
4. Provide optimal ventilation and oxygenation (minute volume) to the patient while ETI equipment is prepared.
5. Test the cuff of the ET Tube by inflating it with air and ensuring that there is not a leak in the cuff.

While performing orotracheal intubation, paramedics must:

1. Position the patient to best facilitate the intubation.
2. Visualize anatomical structures including the glottic opening (vocal cords) during direct laryngoscopy.
    a. Use manual percutaneous laryngeal manipulation to assist with visualization of the glottic opening as needed.
3. Minimize oral trauma during laryngoscopy by utilizing correct technique.
4. Place the clinically indicated size ETT securely in the trachea at the correct depth within 30 seconds.
5. Inflate the cuff with enough air to seal the trachea, estimating inflation pressure by palpation of the pilot balloon.
6. Confirm placement of the ETT in the trachea by:
    a. Direct visualization of the tube passing through the cords.
    b. IMMEDIATELY attach Waveform capnography and commence ventilation while confirming proper airway placement.
        1) Confirm appropriate waveform is present **AND** capnography number is present and consistent with clinical condition or in the event of mechanical failure
    c. Auscultate lung fields and epigastrium, visualize adequate chest rise and fall.
    d. Print strip of capnogram and retain for documentation.
    e. If only right lung sounds heard, carefully adjust ETT as necessary by slowly withdrawing ETT and listening for onset of left lung sounds. Once bilateral lung sounds occur, secure the tube.
    f. Remove ETT immediately if esophageal placement suspected.
7. Immediately re-establish PPV at the clinically required rate and tidal volume (minute volume) and oxygen at 10-15 LPM following ETT placement.

[1] 2015 AHA Guidelines for CPR and ECC, Part 8 Adult Advanced Cardiovascular Life Support, pp S730-S735

[2] PHTLS, Ninth Edition

8. Resume BLS PPV within 10 seconds following unsuccessful ETI attempts.
    a. Employ supraglottic airway after two (2) failed ETI attempts, if BLS airway adjuncts are inadequate for effective PPV.
    b. Passing the laryngoscope past the teeth with the intent of placing an ETT is considered an intubation attempt.
    c. A maximum of two (2) attempts per patient is permitted.
9. Secure the ETT in the trachea at the correct depth with tape or a commercial device.
10. Stabilize the patient's airway and prevent tube migration by using a device to prevent rotation, flexion, or extension of patient's head.
11. Efficiently employ post-ETI diagnostic tools to thoroughly assess overall effectiveness of ventilatory support throughout the duration of respiratory management efforts, including:
    a. Visualize symmetrical rise and fall of the chest with PPV.
    ~~b.~~ Monitor pulse oximetry – the target SpO2 is greater than or equal to 94% if spontaneous circulation is present.
    b.
    c. Monitor ETCO2 for appropriate waveform morphology and target CO2 levels.
        1) The target range for ETCO2 level is between 30 – 45 mmHg if spontaneous circulation is present.
        2) In cardiac arrest, metabolic derangements will significantly alter ETCO2 values and waveform morphology. Target range for ETCO2 level is between 15mmHg – 45mmHg during CPR.
        3) Recognize that in a patient with traumatic brain injury, ETCO2 less than 35 mmHg due to hyperventilation may cause harm. Minute volume should be adjusted accordingly while maintaining optimal oxygenation, reserving hyperventilation for those patients showing signs of cerebral herniation only.[3]
    d. Monitor ECG for dysrhythmia due to vagal stimulation or other treatable causes.
    e. Frequent auscultation of lung fields and epigastrium, at a minimum after every patient movement.
    f. Constant evaluation of ventilatory compliance and resistance during PPV.
12. Immediately identify malfunctioning equipment, ineffective techniques or changes in post-ETI PPV compliance/resistance and employ alternative measures to achieve effective ventilations.
13. Reconfirm correct ETT placement each time the patient is moved and before transfer of care to hospital staff.
    a. Record and/or print the waveform ETCO2 strip: after every patient movement, AND just prior to transfer of care to the hospital staff and attach the strip to the completed PCR.

~~14.~~ Maintain effective ventilation and oxygenation.

~~15.~~14. ~~.~~

~~16.~~15. Accurately document all assessment findings, therapeutic treatments, and the patient's response to therapy.

Critical Success Targets for ETI

1. ETT securely placed in the trachea followed by effective PPV.
2. Chest rise and fall with each ventilation cycle
3. Ventilatory rate and tidal volume appropriate for patient condition and response
4. Sp02 of greater than 94% in patients with spontaneous circulation
5. Recognition of an esophageal intubation
6. Limited interruption of PPV (30 seconds maximum)
7. Evaluation and documentation of ETCO2 morphology and values.

System Benchmark

1. ETT securely placed in the trachea within 2 attempts in 85% of the indicated patients
2. Recognition of misplaced or dislodged ETT in 100% of the occurrences
3. Appropriate clinical interpretation of digital waveform capnography with every orotracheal intubation.

Core Competency Requirements to be covered during education/ training on ETI

1. Respiratory A&P and Pathophysiology
2. Assessment of airway and breathing
3. Techniques for PPV
4. Airway pressure secondary to PPV – mean vs. peak
5. Possible complications of PPV – gastric, pulmonary, cerebral, and cardiovascular complications of over-inflation

6. Determination of PPV adequacy and efficacy
7. Differentiation between effective and ineffective patient response to PPV via BLS measures
8. Indications and contraindications for ETI
9. Selection of correct equipment required for ETI (e.g. ET size)
10. Identification of the difficult airway and employment of alternative techniques and tools
11. Laryngoscopy techniques
12. ETT placement techniques
13. Stabilization of patient's head to prevent dislodgement of airway
14. Post-placement ETT monitoring
15. Complications, risks, consequences of failure to complete post-placement ETT monitoring
16. Auscultation and diagnostic differentiation of lung sounds
17. Use of diagnostic tools~~;~~ (*i.e.*~~,~~ ETCO2 monitoring)
18. Recognition of complications (**D**islodgement, **O**bstruction, **P**neumothorax, **E**quipment Failure, or **DOPE**)
19. Team leadership and patient safety
20. Documentation

Equipment Requirements

1. Personal Protective Equipment
2. NP/OP Airways
3. BVM
4. Stethoscope
5. Supplemental oxygen
6. Magill forceps
7. Laryngoscope(s)
8. Laryngoscope blades (multiple sizes)
9. Appropriate size ET tubes
10. Stylet(s)
11. Pulse oximeter
12. Waveform capnography
13. Suction device
14. Cardiac monitor
15. Difficult Airway Kit/Rescue Airway Kit (including just in time training aids)

Instructor Resource Materials

1. Prehospital Trauma Life Support
2. AHA CPR and BLS Provider Manual
3. AHA ACLS Provider Manual
4. AHA PALS Provider Manual
5. Current AHA Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care
6. NHTSA EMS Educational Instructor Guidelines for EMT and Paramedic

Adult Orotracheal Intubation Validation

PERFORMANCE CRITERIA: 100% accuracy required on all items with an *

Before performing orotracheal intubation, the paramedic must:

~~Points~~ successful	~~Score~~ unsuccessful	Performance Steps	Additional Information
~~1~~		Take or verbalize body substance isolation.	Selection: gloves, goggles, mask, gown, booties, N95 PRN
~~1~~		Determine BLS airway adjuncts are inadequate for effective positive pressure ventilation (PPV) and confirm the need for Endotracheal Intubation (ETI). *	No or inadequate rise and fall of chest, no improvement in patient's color or condition.
~~1~~		Recognize signs of a difficult airway and select, prepare, and employ the appropriate alternative tools and techniques (e.g., ET Introducing Stylet, Rescue Airway). *	• A difficult airway is defined as the presence of anatomic conditions which preclude direct visualization of the patient's glottic opening. • Signs of a difficult airway include, but are not limited to: 1. Airway edema 2. Arthritis or scoliosis of the spine 3. Significant overbite 4. Small mandible 5. Short neck 6. Morbid obesity 7. C-spine immobilization 8. Face or neck trauma
~~1~~		Correctly assemble all equipment required for ETI within 60 seconds. *	ETT, stylet, laryngoscope with functioning bulb, Magill forceps, suction, suction catheters (flexible and rigid), 10 mL syringe, stethoscope, Rescue Airways ~~(i-Gel)~~, Toomey Syringe, waveform capnography, pulse oximeter, BVM.
~~1~~		Provide optimal ventilation and oxygenation to the patient while ETI equipment is prepared. *	
~~1~~		Test the cuff of the ET Tube by inflating it with air, and ensuring that there is not a leak in the cuff. *	
		Select an appropriate size ET tube	• Adult women will typically require ~~will take~~ a 6.5 – 7.5 ETT~~;~~ • ~~a~~Adult men will typically require ~~take~~ a 7.5 – 8.0 ETT

While performing orotracheal intubation, the paramedic must:

~~1~~		Consider having a team member apply cricoid pressure during intubation attempts.	Apply gentle pressure to the patient's cricoid cartilage to occlude the esophagus and reduce the patient's chances of aspirating gastric contents.
~~1~~		Properly position the patient for intubation. *	

~~1~~		Visualize anatomical structures including the glottic opening (vocal cords) during direct laryngoscopy. *	
~~1~~		Minimize oral trauma during laryngoscopy by utilizing correct technique. *	Do not use the patient's teeth as a fulcrum.
~~1~~		Place the appropriately sized ETT securely in the trachea at the correct depth within 30 seconds. *	• ~~Adult women typically will take a 6.5 – 7.5 ETT; adult men will typically take 7.5 – 8.0 ETT~~ • Appropriate depth is ½ -- 1 inch beyond the vocal cords, usually 21 – 23 cm marking at the teeth dependent on tube size
~~1~~		Inflate the cuff with enough air to seal the ~~trachea;~~trachea, estimating inflation pressure by palpation of the pilot balloon. *	
~~1~~		Immediately re-establish PPV with the appropriate rate, tidal volume and oxygen at 10 – 15 LPM following ETT placement. *	

~~1~~		Confirm ETT is in the trachea *	• Direct visualization of the tube passing through the vocal cords
			• IMMEDIATELY attach waveform capnography and commence gentle bagging while confirming proper airway placement.
			  ○ Confirm appropriate rectangular waveform is present or that the colorimetric detector shows yellow on exhalation
			• Auscultate over lung fields for confirmation of airflow with PPV
			  ○ If only right lung sounds heard, carefully adjust ETT as necessary by slowly withdrawing ETT and listening for onset of left lung sounds.
			• Auscultate over the epigastrium for the lack of airflow with PPV.
			• Print strip of capnogram and retain for documentation.
			• Observe for appropriate chest rise and fall.
			• Remove ETT immediately if esophageal placement is suspected.

~~1~~		~~Immediately re-establish PPV at the clinically required rate and tidal volume (minute volume) and oxygen at 10 – 15 LPM following ETT placement. *~~	
~~1~~		Secure the ETT in the trachea at the correct depth with tape or a commercial device and prevent tube migration by securing the ~~patients~~patient's head. *	• Stabilize the patient's airway and prevent tube migration by using a device to prevent rotation, flexion, or extension of patient's head.

~~1~~		Efficiently employ post-ETI diagnostic tools to thoroughly assess overall effectiveness of ventilatory support throughout the duration of respiratory management efforts. *	• Symmetrical rise and fall of the chest with PPV
			• Monitor pulse oximetry – the target SpO2 is greater than or equal to 94% if spontaneous circulation is present
			  ○ In patients with COPD/pulmonary disease, it may not be possible or desirable to attain a SpO2 of 94%.
			• Monitor ETCO2 for appropriate waveform morphology and target CO2 levels.
			  ○ The target range for ETCO2 level is between 30 – 45 mmHg if spontaneous circulation is present.
			  ○ In cardiac arrest, metabolic derangement will significantly alter ETCO2 values and waveform morphology. Target range for ETCO2 levels is between 15 mmHg – 45 mmHg during CPR.
			  ○ Recognize that in a patient with traumatic brain injury, ETCO2 less than 35 mmHg due to hyperventilation may ~~actually cause~~cause harm. Minute volume should be adjusted accordingly while maintaining optimal oxygenation.
			• Monitor ECG for dysrhythmia due to vagal simulation or other treatable causes.
			• Frequent auscultation of lung fields and epigastrium.
			• Constant evaluation of ventilatory compliance and resistance during PPV.

Critical Failure Criteria

____Failure to take or verbalize BSI appropriate to the skill prior to performing the skill
____Failure to initiate ventilations within 30 seconds after applying gloves or interrupts ventilations for greater than 30 seconds
____Failure to ventilate patient at a rate appropriate to patient age
____Failure to provide adequate tidal volume per breath
____Failure to pre-oxygenate patient prior to intubation attempt
____Failure to successfully intubate within 2 attempts
____Failure to disconnect syringe immediately after inflating cuff of ET tube
____Uses teeth as a fulcrum
____Failure to assure proper tube placement by auscultation over lung fields and epigastrium
____Failure to use either a colorimetric end tidal CO2 cap or waveform capnography
____If used, stylet extends beyond end of tube
____Failure to recognize an esophageal intubation
____Any procedure that would have harmed the patient

Supraglottic Airway	6091B
Effective ~~7/1/2023~~	**Expires** ~~6/30/2026~~
Low Frequency **Supraglottic Airway**	Approval: Medical Director **John Beuerle, MD** — Signed
Applies To: **Paramedics**	Approval: EMS Director **Teresa Rios** — Signed

Performance Objective

Secure placement of a supraglottic airway to facilitate positive pressure ventilation.

Before performing insertion of a supraglottic airway, paramedics must:

1. Determine that BLS airway adjuncts are inadequate for effective positive pressure ventilation (PPV) and confirm the need for alternate means of airway management~~ALS airway placement~~.
2. Assess the patient for ~~Recognize~~ signs of a difficult airway.
~~2. and select, prepare and employ the appropriate supraglottic airway and techniques.~~
    a. A difficult airway is defined as the presence of anatomic conditions that~~which~~ preclude direct visualization of the patient's glottic opening (e.g., airway edema, arthritis, kyphosis~~scoliosis~~ of the spine, significant overbite, small mandible, short neck, morbid obesity, cervical spine immobilization, face or neck trauma).
3. Select and prepare the appropriate supraglottic airway.
4. Within 60 seconds, ~~C~~correctly assemble all equipment required for supraglottic airway insertion ~~within 60 seconds~~.
    a. ~~Ensure a~~Appropriate size iGel:
        1) Size 3: For patients 30-60 kg
        2) Size 4: For patients 50-90 kg
        3) Size 5: For patients > 90 kg
    b. ~~I~~Lubricant
    c. Bag ~~/~~Valve device
    d. Stethoscope
    e. Suction
    f. Monitoring equipment

~~4.~~5. Ensure optimal ventilation and oxygenation of the patient while the supraglottic airway and equipment ~~is~~are being assembled and prepared.

While performing insertion of a supraglottic airway, paramedics must:

1. Minimize oral trauma during insertion by utilizing correct technique.
2. Place the appropriately sized supraglottic airway securely (per the manufacturer's instructions) in the hypopharynx at the correct depth within 30 seconds.
3. Following supraglottic airway placement, i~~I~~mmediately re-establish Positive Pressure Ventilation (PPV) with the appropriate rate and tidal volume (minute volume) with ~~and~~ supplemental oxygen at 10 – 15 LPM ~~following supraglottic airway placement~~.
4. Confirm correct placement:
    a. IMMEDIATELY attach waveform capnography and commence gentle bagging while confirming proper airway placement.
    b. Confirm appropriate rectangular waveform is present.
    c. Auscultate lung fields and epigastrium.

d. Print capnography strip ~~of capnogram~~ and retain for documentation.
e. Observe patient for appropriate chest rise and fall.

5. Secure the supraglottic airway at the correct depth (per the manufacturer's instructions~~directions~~).
6. Stabilize the patient's airway and prevent tube migration by using a device to prevent rotation, flexion, or extension of patient's head.
7. Efficiently employ post supraglottic airway diagnostic tools to thoroughly assess overall effectiveness of ventilatory support throughout the duration of respiratory management efforts, including:
    a. Visualization of symmetrical rise and fall of the chest with PPV.
    ~~b.~~ Monitor pulse oximetry. ~~–t~~The target Sp02 is greater than 95% if spontaneous circulation is present.
    ~~c.~~b.
    ~~d.~~c. Monitor ETC02 for appropriate waveform morphology and target C02 levels.
        1) The target range for ETC02 level is between 30 – 45 mmHg if spontaneous circulation is present.
        2) In cardiac arrest, metabolic derangements will significantly alter ETC02 values and waveform morphology. Target range for ETC02 level is between 15 mmHg – 45 mmHg during CPR.
        3) Recognize that in a patient with traumatic brain injury, ETC02 less than 35 mmHg due to hyperventilation may ~~actually cause~~cause harm to the patient. Minute volume should be adjusted accordingly while maintaining optimal oxygenation, reserving hyperventilation for those patients showing signs of cerebral herniation only.[1]
    ~~e.~~d. Monitor ECG for dysrhythmias due to vagal stimulation or other treatable causes.
    ~~f.~~e. ~~Frequent a~~Periodically auscultate~~ion of~~ lung fields and epigastrium .
    ~~g.~~f. ~~Constant e~~Continuously evaluate~~ion of ventilatory~~ lung compliance and airway resistance ~~and resistance~~ during PPV. Changes in lung compliance or airway resistance may indicate an airway obstruction, pneumothorax, or poor positioning of the supraglottic airway.
8. Re-implement effective PPV within 10 seconds following unsuccessful supraglottic airway placement attempts.
    a. Rapidly transport patients to the closest Emergency Department when supraglottic airway placement is unsuccessful and airway patency is not secure.
9. Immediately identify malfunctioning equipment, ineffective techniques, or changes in post placement PPV compliance and employ alternative measures to achieve effective ventilations.
10. Reassess supraglottic airway placement each time the patient is moved and before transfer of care to hospital staff.
    a. Record and print the waveform ETC02 strip prior to transfer of care to the hospital staff and attach the~~-~~ strip to the completed PCR.
11. Provide direction to personnel ~~that have been delegated management~~performing PPV following ~~of post-~~placement of a supraglottic airway ~~PPV~~.
12. Maintain effective ventilation and oxygenation throughout the entire prehospital treatment period.
13. Maintain calm, and effectively lead a team-based approach to resuscitation under all conditions.
14. Accurately document all assessment findings, therapeutic treatments, and the patient's response to therapy.

Critical Success Targets for use of a Supraglottic Airway

1. Supraglottic airway securely placed in the patient's hypopharynx followed by effective PPV
2. Chest rise and fall with each ventilation cycle
3. Ventilatory rate and tidal volume (minute volume) appropriate for patient condition and response
4. Sp02 of greater than 95% in patients with spontaneous circulation
5. Limited interruption of PPV (30 seconds maximum)
6. Evaluation and d~~D~~ocumentation of ETC02 morphology and values~~.~~

System Benchmark

Supraglottic airway securely placed in patient's airway within 2 attempts in 98% of the indicated patients.

Core Competency Requirements to be covered during education/~~-~~training on Supraglottic Airway

[1] The Brain Trauma Foundation's Guidelines for Prehospital Management of Severe Traumatic Brain Injury, Fourth Edition, Section V

1. Respiratory anatomy, physiology, ~~A&P~~ and pathophysiology
2. Assessment of airway and breathing
3. Techniques for PPV
4. Airway pressure secondary to PPV (~~–~~ mean versus peak airway pressure)
5. Possible complications of PPV (~~–~~ gastric, pulmonary, cerebral, and cardiovascular complications of over-inflation and over-ventilation)
6. Determination of PPV adequacy and efficacy. Note that greater tidal volume may be necessary due to greater dead space in use of supraglottic airways~~.~~
7. Differentiation between effective and ineffective patient response to PPV via BLS measures
8. Indications for use of a supraglottic airway
9. Selection of correct equipment required for insertion of a supraglottic airway
10. Identification of the difficult airway and employment of alternative techniques for airway management
11. Supraglottic airway placement techniques
12. Post-placement airway monitoring
13. Auscultation and diagnostic differentiation of lung sounds
14. Use of diagnostic tools~~,~~ (e.g., capnography)
15. Recognition of complications (**D**islodgement, **O**bstruction, **P**neumothorax, **E**quipment Failure~~, or **DOPE**~~)
16. Team Leadership and patient safety
17. Documentation

Equipment Requirements

1. Personal protective equipment
2. Adult airway mannequin
3. NPA / OPA airways
4. BVM
5. Supraglottic airway(s)
6. Stethoscope
7. Supplemental oxygen
8. Pulse oximeter
9. Waveform capnography
10. Suction device (both rigid and flexible catheters)
11. Cardiac monitor

Instructor Resource Materials

1. Prehospital Trauma Life Support, 8th Edition
2. AHA CPR and BLS Provider Manual
3. AHA ACLS Provider Manual
4. AHA PALS Provider Manual
5. Current AHA Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care
6. NHTSA EMS Educational Instructor Guidelines for EMT and Paramedic
7. Adjunct specific manufacturer guidelines for use

Supraglottic Airway

Successful (y/n)	Performance Steps	Additional Information
	Take or verbalize appropriate body substance isolation precautions	Selection: gloves, goggles, mask, gown, booties, P100 PRN
	Assess ~~Determine~~whether BLS airway adjuncts are ~~in~~adequate for effective positive pressure ventilation (PPV). Identify ~~and confirm~~ the need for ALS airway placement.	
	Recognize signs of a difficult airway. ~~and s~~Select and~~,~~ prepare ~~and employ~~ the appropriate supraglottic airway ~~and techniques~~. *	• A difficult airway is defined as the presence of anatomic conditions that~~which~~ preclude direct visualization of the patient's glottic opening. • Signs of a difficult airway include, but are not limited to: ○ Airway edema ○ Arthritis or kyphosis~~scoliosis~~ of the spine ○ Significant overbite ○ Small mandible ○ Short neck ○ Morbid obesity ○ Cervical spine immobilization ○ Face or neck trauma
	Correctly assemble all equipment required for supraglottic airway insertion within 60 seconds. *	Suction, suction catheters (flexible and rigid), stethoscope, supraglottic airways, waveform capnography, pulse oximeter, BVM
	Ensure optimal ventilation and oxygenation of the patient while supraglottic airway equipment is prepared. *	

While performing insertion of a supraglottic airway, the paramedic must:

	Minimize oral trauma during insertion by utilizing correct technique. *	
	Place the appropriately sized supraglottic airway securely (per the manufacturer's instructions) in the hypopharynx at the correct depth within 30 seconds. *	
	Immediately re-establish PPV with the appropriate rate~~,~~ and tidal volume (minute volume) with~~, and~~ supplemental oxygen at 10 – 15 LPM ~~following supraglottic airway placement~~. *	
	Confirm correct placement. *	• IMMEDIATELY attach waveform capnography and commence gentle bagging while confirming proper airway placement. • Confirm appropriate rectangular waveform is present • Auscultate lung fields and epigastrium • Print capnography strip ~~of capnogram~~ and retain for documentation • Observe the patient for appropriate chest rise and fall
	Secure the supraglottic airway at the correct depth. *	Per manufacturer's instructions
	Stabilize the patient's head to avoid movement and possible supraglottic airway dislodgement.	Stabilize patient's airway and prevent tube migration by using a device to prevent rotation, flexion, or extension of patient's head.

	Efficiently employ post-supraglottic airway diagnostic tools to thoroughly assess overall effectiveness of ventilator support throughout the duration of respiratory management efforts. *	• Visualize symmetrical rise and fall of the chest with PPV
		• Monitor pulse oximetry. ~~t~~ The target is greater than 95% if spontaneous circulation is present.
		  ○ The target range is ETC02 level is ~~between~~ 30 – 45 mmHg if spontaneous circulation is present.
		  ○ In cardiac arrest, metabolic derangements will significantly alter ETC02 values and waveform morphology. Target range for ETC02 level is ~~between~~ 15 ~~mmHg~~ – 45 mmHg during CPR.
		  ○ Recognize that in a patient with traumatic brain injury, ETC02 less than 35 mmHg due to hyperventilation may ~~actually cause~~cause harm to the patient. Minute volume should be adjusted accordingly while maintaining optimal oxygenation, reserving hyperventilation for those patients showing signs of cerebral herniation only.
		• Monitor ECG for dysrhythmia due to vagal stimulation or other treatable causes.
		• Frequent auscultation of lung fields and epigastrium.
		• Constant evaluation of ventilator compliance and airway resistance during PPV.

	Re-implement effective PPV within 10 seconds following unsuccessful	Rapidly transport patients to the closest most appropriate hospital when supraglottic airway placement is unsuccessful

	placement attempts. *	and airway patency is not secure.
	Immediately identify malfunctioning equipment, ineffective techniques, or changes in post-placement PPV compliance/-resistance and employ alternative measures to achieve effective ventilations. *	
	Reassess supraglottic airway placement each time the patient is moved and before transfer of care to hospital staff. *	Record and print the waveform ETC02 strip prior to transfer of care to the hospital staff. ~~and a~~Attach the recording strip to the completed PCR.
	Maintain effective ventilation and oxygenation throughout the entire pre-hospital treatment period. *	Target Sp02 is greater than 95%. ~~;t~~Target ETC02 is 30 – 45 mmHg in a patient with spontaneous circulation.
	Maintain calm, and effectively lead a team-based approach to resuscitation under all conditions	
	Accurately document all assessment findings, therapeutic treatments, and the patient's response to therapy.	

Critical Failure Criteria

____Failure to take or verbalize BSI appropriate to the skill prior to performing the skill
____Failure to initiate ventilations within 30 seconds after applying gloves or interrupts ventilations for greater than 30 seconds~~.~~
____Failure to ventilate patient at a rate appropriate to patient age
____Failure to provide adequate tidal volume per breath
____Failure to pre-oxygenate patient prior to placement of supraglottic airway
____Failure to successfully place supraglottic airway within 2 attempts
____Failure to disconnect syringe immediately after inflating cuff of supraglottic airway
____Failure to assure proper placement by auscultation over lung fields and epigastrium
____Failure to use waveform capnography
____Failure to re-check placement after each patient movement and before transfer of care to hospital staff
____Any procedure that would have harmed the patient

Synchronized Cardioversion		**6091-E**
Effective ~~7/1/2023~~	**Expires** ~~6/30/2026~~	
Low Frequency/High Risk: **Synchronized Cardioversion**	Approval: Medical Director **John Beuerle, M.D.**	Signed
Applies To: **Paramedics**	Approval: EMS Director **Teresa Rios**	Signed

Performance Objective

Termination of hemodynamically significant tachycardia resulting in restoration of adequate cardiac output and tissue perfusion.

Before performing synchronized cardioversion, paramedics must:

1. Methodically assess the patient's ABC's within 30 seconds.
2. Determine the patient is hemodynamically unstable due to idiopathic (non-compensatory) tachycardia and is a candidate for immediate cardioversion:
    a. Confirm the patient is exhibiting signs and symptoms of systemic poor perfusion (including but not limited to hypotension, altered mental status, chest pain, dyspnea/tachypnea, diaphoresis, pale/cool skin).
    b. Confirm tachycardia (HR greater than 150 in adults, greater than 180 in children, greater than 220 in infants) is present on the ECG.
    c. Confirm underlying causes of the dysrhythmia have been considered and reversible causes have been treated.
3. Provide supplemental oxygen in high concentration (10 – 15 LPM).
4. Confirm the ECG monitor leads have been placed appropriately.
5. Differentiate between wide and narrow complex tachycardia.
    a. Print Lead II strip prior to performing any medical treatment as this could appear to be a wide complex rhythm when in fact it is a paced rhythm (some monitors do not show pacer spikes).
    b. Consider performing a 12 Lead ECG prior to cardioversion if such delay does not cause harm to the patient.
6. Strongly consider midazolam for sedation/amnesic affect for alert patients while preparing cardioversion equipment, but do not delay cardioversion in an unstable patient presenting with signs and symptoms of poor perfusion (hypotension, decreased LOC, chest pain, dyspnea/tachypnea, diaphoresis, pale/cool skin).
    a. If IV access is delayed, consider faster alternate routes of administration for midazolam (IN/IM).
7. Explain to patient/family what they can expect to feel and to see while avoiding delays in treatment.

While performing synchronized cardioversion, paramedics must:

1. Select and prepare the appropriate sites for application of the ECG monitor/defibrillator multifunction pads.
    a. Proper pad placement on cleaned, dry skin is essential to minimize pain (heat generated from passage of current through the skin) and maximize current conduction. The better the contact, the more effective attempts at cardioversion will be.
2. Apply the ECG monitor/defibrillator multifunction pads (MFP) firmly to the patient's clean, bare skin in the correct anatomical locations for maximum electrical current flow through the heart.
3. Identify a patient with a pacemaker or automatic internal cardiac defibrillator (AICD) and place the MFP(s) in alternate position(s) to minimize damage to the device(s) and to avoid disruption of current flow through the heart.
4. Place the ECG monitor/defibrillator in synchronize mode.
5. Confirm the monitor is tracking the R wave for delivery of synchronized current.

6. Select the correct energy setting on the ECG monitor/defibrillator per the Monterey County EMS agency protocols
7. Assure everyone is clear from the patient and all possible energy conducting surfaces/contacts.
8. Discharge the defibrillator for synchronized delivery of electrical current.
9. Immediately re-assess the patient.
10. Perform and print a 12 Lead ECG and attach to PCR.
11. Provide treatment based upon re-assessment findings.

Critical Success Targets for Synchronized Cardioversion

1. Improvement in patient level of consciousness
2. Improved signs of perfusion
3. Resolution of patient's tachycardia-related signs and symptoms (chest pain)
4. ECG return to normal sinus rhythm or sinus tachycardia
5. Proficient use of the ECG monitor/defibrillator including lead and MFP placement

System Benchmark

Percentage of patients receiving cardioversion with restoration of a stable perfusing rhythm

Core Competency Requirements to be covered during education/training on synchronized cardioversion

1. Cardiovascular A & P
2. Cardiology – Pathophysiology of tachycardias
3. Assessment of circulation and recognition of hemodynamic instability
4. Identification and contraindications for synchronized cardioversion
5. Proper placement of ECG electrodes on patient
6. Proper placement of multi-function pads on patient
7. Patient communication techniques
8. Pre-cardioversion midazolam for sedation and amnesic effect
9. Demonstrates proper technique for use of the ECG monitor/defibrillator for cardioversion
10. Post-cardioversion cardiac monitoring/ rhythm recognition and treatment
11. Reassessment of patient

Equipment Requirements

1. PPE
2. CPR mannequin(s)
3. Stethoscope
4. Cardiac monitor/ECG/Defibrillator
5. ECG Rhythm Generator
6. ECG electrodes
7. Defibrillation/ Multifunction pads
8. Midazolam
9. Pre-medication equipment (IV access, IN equipment, IM equipment)

Instructor Resource Materials

1. AHA ACLS Provider Manual
2. AHA PALS Provider Manual
3. Current AHA Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care
4. NHTSA EMS Educational Instructor Guidelines for EMT and Paramedic Synchronized Cardioversion Validation

Synchronized Cardioversion

Successful (y/n)	Performance Steps	Additional Information
	Take or verbalize appropriate body substance isolation.	~~Selection: gloves, goggles, mask, gown, booties, P100 PRN~~
	Methodically assess the patient's ABC's within 30 seconds. *	

	Determine the patient is hemodynamically unstable due to idiopathic (non-compensatory) tachycardia and is a candidate for immediate cardioversion. *	• Confirm the patient is exhibiting signs and symptoms of systemic poor perfusion:
		  ○ Hypotension
		  ○ Altered mental status
		  ○ Chest pain
		  ○ Dyspnea/tachypnea
		  ○ Diaphoresis
		  ○ Pale/cool skin
		• Confirm tachycardia is present on the ECG
		  ○ Heart rate greater than 150 in adults
		  ○ Heart rate greater than 180 in children
		  ○ Heart rate greater than 220 in infants
		• Confirm underlying causes of the dysrhythmia have been considered and reversible causes have been treated.

	Provide supplemental oxygen	
	Confirm the ECG monitor leads have been placed appropriately.	
	Differentiate between wide and narrow complex tachycardia.	• Print a Lead II strip prior to performing any medical treatment as this could appear to be wide complex rhythm when in fact it is a paced rhythm (some monitors do not show pacer spikes) • Consider performing a 12 Lead ECG prior to cardioversion if such delay does not cause harm to the patient.
	Consider midazolam for sedation/amnesic effect while preparing cardioversion equipment.	• Do not delay cardioversion in an unstable patient presenting with signs and symptoms of poor perfusion. • Use IN/IM route midazolam for sedation/amnesic effect if IV access is poor.
	Explain to the patient/family what they can expect to feel and to see.	Do not delay immediately needed treatment.
	Apply the ECG monitor/defibrillator multifunction pads (MFP) firmly to the patient's clean, bare skin in the correct anatomical locations for maximum electrical current flow through the heart. *	• Anterior-posterior placement is recommended, if possible. • Proper pad placement on cleaned, dry skin is essential to minimize pain (heat generated from passage of current through the skin) and maximize current conduction. The better the contact, the more effective conduction will be. • Identify if patient with a pacemaker or automatic internal cardiac defibrillator (AICD) and place the MFP(s) in alternate position(s) to minimize

		damage to the device(s) and to avoid disruption of current flow through the heart
1	Correctly place the ECG monitor/defibrillator in synchronize mode. *	
1	Confirm the monitor is tracking the R wave for delivery of synchronized current *	
1	Select the correct energy setting on the ECG monitor/defibrillator.	
1	Assure everyone is clear from the patient and all possible energy conducting surfaces/contacts. *	
1	Discharge the defibrillator for synchronized delivery of electrical current. *	
	Immediately reassess the patient.	
	Perform a 12 Lead ECG and print a rhythm strip	Attach the rhythm strip to your PCR.
	Provide treatment based upon reassessment findings.	

Critical Failure Criteria

____Failure to take or verbalize BSI appropriate to the skill prior to performing the skill
____Failure to identify indications for procedure
____Failure to ensure the functionality of cardiac monitor and availability of equipment
____Failure to ensure the cardiac monitor/defibrillator is in synch mode, resulting in ~~and provided~~delivery of a non-synchronized defibrillation shock
____Failure to assure that everyone is clear from the patient and all possible energy conducting surfaces/contacts.
____Failure to confirm efficacy of intervention
____Any procedure that would have harmed the patient

~~Monterey County~~County of Monterey EMS System Policy

Policy Number: 6170
Effective Date: ~~7/1/2026~~3
Review Date: ~~6/30/2029~~6

PILOT PROGRAMS

I. PURPOSE

A. To define the process by which the ~~Monterey County~~ County of Monterey EMS Agency plans, develops, implements, and monitors Pilot Programs.

II. POLICY

A. The EMS Agency Director and EMS Medical Director must review and approve all Pilot Programs prior to implementation.

B. Pilot Program studies are typically small scale and short term for the purpose of evaluating quality indicators and/or operational improvements for local EMS policies and/or protocols.

C. Projects involving any of the following will be considered ~~as~~ research and require approval according to the ~~Monterey County~~County of Monterey EMS System Policy #6160 (Research Studies~~Policy~~):

1. Changes in the State EMS Authority Paramedic ~~EMT-P~~ Scope of Practice or an untested intervention.
2. The goal of the project is to test a hypothesis.
3. The investigators intend to submit the results for publication in a professional journal.
4. When questions arise as whether a project is quality improvement versus research, the investigator will consult with the Institutional Review Board.

D. The Pilot Program Investigator(s) shall submit a Pilot Program Proposal to the EMS Agency at least three (3) months prior to the planned implementation date in order to allow time for the Pilot Program Review Process.

1. The EMS Agency shall review the Pilot Program Proposal and solicit EMS Stakeholder input through the most appropriate EMS ~~a~~Advisory ~~sub~~cCommittee, either the ~~Medical Advisory Subcommittee~~Clinical Care Committee (~~MAC~~CCC) or the Operations ~~Subcommittee~~ Working Group (OPS), or both. Recommendations from the EMS Agency and the EMS ~~a~~Advisory ~~sub~~cCommittee(s) ~~and/or working group(s)~~ shall be presented to the Emergency Medical Care Committee (EMCC) for review, discussion, and recommendations.
2. The Pilot Program Proposal shall include the following:

a) Background/Significance: Describe the rationale for the Pilot Program, citing relevant research. Identify what questions remain and how the proposed Pilot Program will address these questions. Specify how the Pilot Program may improve the quality of care in the EMS System.

b) Objectives: List the objectives upon which the outcome of the Pilot Program will be based. Identify the predictor and outcome variables and the expected outcome of the Pilot Program.

c) Design/Methods: Identify the type of study, the outcome variables to be measured, and how each outcome variable is an indicator of quality of care. Describe the methods used to collect the data and avoid bias.

d) Evaluation: Describe the data management and statistical methods that will be used to evaluate the data. Include methods used to minimize bias and evaluate ~~and~~ standards or benchmarks proposed to accept the conclusions.

e) Conflicts of Interest: Identify and describe any proprietary, personal, familial, social, professional, or financial (*e.g.*, salary, consultant payments, honoraria, royalty payments, dividends, loans, or any other payments or remunerations) conflicts of interest.

f) References: Provide copies of references cited in the proposal~~tocol~~.

III. PILOT PROGRAM REVIEW PROCESS

A. The EMS Agency Director and EMS Medical Director shall review the Pilot Program Proposal and will present the Pilot Program to the most appropriate ~~sub~~EMS Advisory ~~c~~Committee(s) ~~and/or working group(s)~~ (~~MAC~~ CCC and/or OPS) for review and discussion.

B. Feedback from the reviewing ~~subcommittee~~ body will be incorporated into the EMS Agency's presentation of the Pilot Program to EMCC, which shall review the proposal~~tocol~~, provide feedback, and vote to recommend approval, modifications, or disapproval of the proposed Pilot Program. Recommendations from EMCC and the reviewing ~~subcommittee~~ body shall be considered by the EMS ~~Agency~~ Medical Director, who will make the final determination on whether to approve or deny the implementation of the Pilot Program.

C. If approved, the data collection period is one (1) year or as determined by the EMS Medical Director.

IV. REPORTING PROCESS

A. Monthly Reports: The Pilot Program Investigator(s) shall submit monthly reports to the EMS Agency on the 15th day of the following ~~each~~ month for the duration of the Pilot Program. These reports must summarize the progress of the program and evaluate available outcome data from the previous month. The need for quarterly reports in addition to or instead of monthly reports will be determined by the EMS ~~Agency~~ Medical Director.

B. Final Report: At the end of the data-collection period, the Investigator(s) must submit a final report to the EMS Agency Medical Director. The final report must include a summary of the Pilot Program including the objectives, methods, data analysis of the outcome variables, limitations of the study, and conclusions. The final report is due no later than the 15th day of the 3rd month following completion of the data-collection period.

V. EARLY DISCONTINUATION

A. If, under the judgment of the EMS Medical Director, patient safety concerns or preliminary data demonstrate compelling evidence warranting suspension or early discontinuation of the Pilot Program, the EMS Agency Medical Director may suspend or discontinue the Pilot Program at any time.

VI. COMPLETION OF THE PILOT PROGRAM

A. The EMS Agency will present the results of the Pilot Program to EMCC and the most appropriate ~~sub~~EMS Advisory ~~c~~Committee(s) ~~or working group(s)~~ (~~MAC~~ CCC and/or OPS). Members may offer recommendations pertaining to continuation, modification, or discontinuation of the program.

B. The EMS Medical Director will assign one of the following designations to the Pilot Program:

1. Approved – The Pilot Program demonstrates improved quality of care or benefits the EMS System and its patients, as determined by the EMS Medical Director. The program may be modified or continued under a Local Optional Scope of Practice or revision to EMS policies and/or treatment protocols, pursuant to Monterey County EMS System Policy #1000 (Policy and Protocol~~cedure~~ Development Process).
2. Extended (up to one year) – There is insufficient data to evaluate the impact of the Pilot Program on quality of care or the EMS System. The data-collection period shall be extended for a defined period of time not to exceed an additional one year from completion of the initial data-collection period.
3. Discontinued – The Pilot Program does not demonstrate improved quality of care or benefit the EMS System and its patients, as determined by the EMS Medical Director. The Pilot Program will be discontinued.

~~END OF POLICY~~

John Beuerle, M.D.
EMS Medical Director

Teresa Rios
EMS Bureau Chief

~~Monterey~~ County of Monterey EMS System Policy

Policy Number: 6190
Effective Date: ~~7/1/2023~~
Review Date: ~~6/30/2026~~

COLLECTION AND SUBMISSION OF EMS DATA

I. PURPOSE

To establish requirements for the collection and submission of data to the ~~Monterey~~ County of Monterey EMS Data System by EMS provider agencies. ~~by EMS providers using either the Monterey County EMS Data system or their own system as required by state regulations and Monterey County EMS policy~~.

II. POLICY

A. All ~~Monterey~~ County of Monterey EMS provider ~~organizations~~agencies, including ~~all Basic Life Support (BLS) and Advanced Life Support (ALS)~~ first responder agencies~~s~~ and ~~non-EOA~~ ambulance transport ~~EMS P~~providers, shall utilize either the designated electronic patient care report (ePCR)~~EMS~~ ePCR ~~reporting~~ system provided by the ~~Monterey~~ County of Monterey EM~~S~~S Agency or an ~~an~~ ePCR~~electronic PCR~~ system capable of integrating seamlessly with the EMS Agency's ~~data Monterey County EMS~~ Data System~~reporting system~~. ~~Said~~ All data ~~will conforms~~shall meet ~~to~~ California Emergency Medical Services Information System (CEMSIS) and National Emergency Medical Services Information System (NEMSIS) standards.

B. The designated Monterey County EMS Data System is the primary system for the collection and submission of EMS data in Monterey County and is the only authorized data system for the submission of data to CEMSIS and NEMSIS.

III. EMS PROVIDER AGENCIES UTILIZING COUNTY ePCR SYSTEM

A. EMS ~~Provider~~ provider ~~organizations~~ agencies shall use the designated ePCR system to document all EMS responses/calls/patient information as required by~~stipulated in EMS Agency~~ EMS System P~~p~~olicies, Protocols, and ~~P~~procedures.

B. EMS ~~Provider~~ provider ~~organizations~~ agencies shall maintain hardware/software as identified in ~~manufacturers~~ manufacturers' and vendors' recommendations, including all system and ~~program updates, including~~ security updates.

C. EMS ~~Provider organizations~~ provider agencies are responsible for all costs of modules not related to the designated EMS Data System, such as fire reporting, staffing, scheduling, and inventory management.

D. EMS ~~Provider organizations~~provider agencies ~~will~~ shall use the designated County of Monterey ~~County~~ EMS Data System to collect, analyze, and report ~~provider~~

~~specific~~provider-specific data as required by EMS System ~~Agency p~~Policies~~y~~, system quality improvement efforts, and applicable state requirements such as CEMSIS.

E. EMS ~~Provider organizations~~provider agencies ~~will~~ shall have access to their organization's data and other data, as provided by the EMS Agency for system quality improvement efforts.

F. In the event of an incident where an EMS ~~Provider organizations~~provider agency notices that the reporting system is not operating properly, that agency shall file a support claim to the vendor. Afterwards, they shall ~~will alert~~ notify the EMS Agency with ~~and the vendor to system issues or outages.~~a copy of the submitted support claim.

G. EMS ~~Provider organizations~~provider ~~will~~ agencies shall participate in the Continuous Quality Improvement Technical Advisory Group (CQI TAG), where ~~to~~all EMS system participants will work collaboratively on system-wide issues and changes. EMS ~~P~~provider agencies~~organizations~~ shall~~will~~ not ~~be able to~~ change the EMS data component of the designated County system without going through a collaborative county-wide process.~~Guidance from these meetings shall be adhered to by all relevant system participants. .In the event, that an agency has concerns with the group's recommendations, it should be brought up during CQI TAG meetings. This does not relinquish the agency's responsibility to adhere to the guidance from CQI TAG.~~

H. EMS ~~Provider organizations~~provider agencies will enter a data sharing agreement(s) with ~~Monterey County~~the EMS Agency and will only utilize the system once that agreement(s) has been finalized between the provider agency and the EMS Agency.

I. EMS ~~Provider organizations~~provider agencies will develop internal policies and procedures, provide training, and take other necessary steps to assure contract compliance and compliance with all data security and patient privacy laws, including Health Insurance Portability~~,~~ and Accountability Act, Health Information Technology for Economic and Clinical Health Act, and California Confidentiality of Medical Information Act.

J. EMS ~~P~~provider agencies and hospitals will collaborate with the EMS Agency ~~and hospitals to integrate system efforts with HIE/HDE as appropriate~~to institute and maintain a Health Data~~Information~~ Exchange (HD~~I~~E) program.

IV. EMS PROVIDER AGENCIES NOT UTILIZING COUNTY ePCR SYSTEM

A. EMS p~~P~~rovider ~~organizations~~ agencies ~~and their vendor~~ not using the designated ~~Monterey~~ County of Monterey EMS Data~~EMS Data~~~~ePCR~~ System and their vendors must maintain a data system that:

1. Exports data to the ~~designated Monterey~~ County of Monterey's Data ~~s~~System in a format compliant with the ~~Monterey County~~ EMS Data System, EMS Agency's guidelines~~,~~ and ~~is compliant with~~~~including~~ CEMSIS and NEMSIS standards. This transfer of data must be seamless and require ~~little to~~ no effort on the part of the ~~County~~ EMS Agency to integrate the exported data.
2. Includes all data elements required by the designated Monterey County EMS Data System.

3. Attaches all pertinent records and documents ~~and attachments~~ to the ePCR shall be included in submissions. This includes, but is not limited to, ~~and documents to the attachments and documents related to patient care, such as~~ electrocardiograms (ECG/EKGs), capnography waveforms, Physician Certification Statement (PCS) forms, face sheets, and PDF copies of the electronic patient care report.
4. Contains provisions for the electronic transfer of patient care information between EMS providers and hospitals at the time of transfer of care or within timeframes specified in EMS System Policies and Procedures. ~~This transfer of~~All shared information must be compatible with the ~~overall County~~EMS Agency's D~~d~~ata S~~s~~ystem.
5. Integrate real time Search, Alert, File and Reconcile capabilities consistent with the Monterey County EMS Data System.
6. Bi-directionally moves data in real time into and from the designated Monterey County EMS Data System
7. Provides bi-directional data movement and real time Search, Alert, File and Reconcile capabilities that is automatic and in real time and does not require any effort on the part of the EMS Agency to seamlessly integrate data with the rest of the Monterey County EMS Data System.
8. Continues seamless integration and operation with the designated Monterey County EMS Data System, even if material changes are made to the Monterey County EMS Data System.

B. EMS Provider organizations utilizing their own system must notify the EMS Agency ~~(~~via the EMS Duty Officer ~~after hours)~~ of any system outages lasting over sixty minutes ~~in their system~~.

C. EMS Provider organizations utilizing their own system must provide the EMS agency with a list of ~~or description of their PCR, including~~ all data elements and field values currently active in their system. This documentation must show the relationship between data elements and field values in the provider's system and the EMS Agency's Data System~~County system.gency shall also be responsible for all system updates required for compatibility.~~

D. EMS Provider organizations utilizing their own system are responsible for making any changes or updates to their system required to keep their system compatible with the EMS Agency's~~County~~ system and are responsible for the costs of those changes/updates. Non-users of the ~~County~~ EMS Agency's system are also responsible for the costs to the County of processing, testing, ~~or~~ and ensuring compatibility between the provider's system and the ~~County~~ EMS Agency's system.

E. EMS Provider organizations~~provider agencies~~ ~~will~~ shall develop internal policies and procedures, provide training, and ~~take~~ engage in all~~other~~ necessary steps to ~~as~~ensure compliance with all data security and patient privacy laws. This ~~would~~ include~~s~~, but is not limited to, ~~, including~~ Health Insurance Portability~~,~~ and Accountability Act, Health Information Technology for Economic and Clinical Health Act, and California Confidentiality of Medical Information Act.

F. EMS provider agencies ~~and hospitals~~ will collaborate with the EMS Agency and hospitals to institute and maintain a HDIE program.~~Provider agencies will collaborate with the EMS Agency and hospitals to integrate system efforts with HIE/HDE as appropriate.~~

V. HOSPITAL ROLES/RESPONSIBILITIES

A. Hospitals ~~will~~ shall be responsible for working with EMS providers and the EMS Agency to ensure the integration of prehospital and hospital patient records as specified in EMS System Policies and Procedures.

B. Hospitals will provide outcome data to the EMS data system. At a minimum, that data will include Emergency Department and hospital discharge diagnosis information as well as other data points required by the EMS Agency.

C. Hospitals ~~will~~ shall participate in the CQI TAG ~~to~~ and work collaboratively on system-wide issues. ~~and changes.~~

D. Hospital data submission ~~will~~ shall be consistent with CEMSIS and NEMSIS hospital data elements.

E. Hospitals will collaborate with the EMS Agency and EMS Provider organizations in the ~~HIE/~~HDE as appropriate.

~~F.~~ Hospitals ~~will~~ shall enter into a data sharing agreement with the ~~Monterey~~ County of Monterey EMS Agency and will only utilize the system once that agreement has been finalized. ~~between the hospital and the County.~~

F.

~~VI.~~ EMS AGENCY ROLES/RESPONSIBILITIES

~~A.~~ The EMS Agency will coordinate the designated ePCR/Data System including implementation, training, and issue resolution. The Agency will work with the ePCR vendor on system coordination.

~~B.~~ The EMS Agency will pay for the initial implementation and ongoing costs related to the EMS Data system as specified in the agreement(s) between provider agencies and the EMS Agency.

~~C.~~ The EMS Agency will promulgate EMS System Policies and Procedures to prescribe use of the designated Monterey County EMS Data System.

~~D.~~ The EMS Agency will have access to provider-specific and system-wide data. Some operational data from EMS provider organizations, such as response times, may be shared as a part of the public record. Clinically oriented data may be shared in appropriate confidential quality improvement processes.

~~E.~~ The EMS Agency will analyze and report on system-wide data to EMS system stakeholders and other interested parties as appropriate and in concert with system-wide quality improvement efforts. The Agency may also work with individual provider agencies on provider specific quality improvement efforts as requested and appropriate.

~~F.~~ The EMS Agency will be responsible for the submission of data to the CEMSIS database. This will include the submission of Core Measures and any other data as required by the state.

~~G.~~ The EMS Agency will enter a data sharing agreement(s) with provider agencies and hospitals and will only utilize the system once that agreement(s) has been finalized between the Agency, provider agencies, and hospitals.

~~H.~~ The EMS Agency will work in good faith to resolve problems with individual provider agencies and hospitals as they arise and will strive for a collaborative relationship with all system stakeholders~~.~~

~~VII.~~VI. DISPATCH CENTERS USING ~~COMPUTER AIDED~~COMPUTER-AIDED DISPATCH (CAD) ROLES/RESPONSIBILITIES

A. Any dispatch center dispatching EMS providers in the ~~Monterey~~ County of Monterey~~EMS System~~ must work with the EMS Agency, system providers, and ~~the~~ vendor(s) to ensure CAD data can populate the appropriate fields ~~in~~ of the ePCR and that this same data can be integrated into the ~~designated County~~ EMS Agency's Data System.

B. ~~This~~ All data must be consistent with current CEMSIS and NEMSIS data standards, and with the ~~County~~ EMS Agency's Data System.

C. EMS Dispatch Centers ~~will~~ shall participate in the CQI TAG to work collaboratively on system-wide issues ~~and changes~~.

D. As appropriate and deemed necessary by the EMS Agency, Dispatch ~~dispatch~~ Centers ~~centers~~ ~~will~~ shall enter a data sharing agreement with ~~Monterey County~~the EMS Agency.

E. Dispatch Centers ~~will play an active role~~shall particiapte in system-wide ~~quality improvement~~QI efforts based on CAD and Medical Priority Dispatch System (MPDS) data ~~obtained as a result of the County data system~~.

~~VIII.~~VII. VENDOR RESPONSIBILITIES

A. Vendor responsibilities ~~are~~ will be described in detail in ~~the~~ an agreement between the vendor and the County of Monterey. That agreement is a public document and will be shared with system stakeholders upon request.

~~IX.~~VIII. TECHNICAL PROBLEMS/OUTAGES

A. Device Failure – In the event of a device failure (e.g.~~i.e.~~ iPad, tablet, laptop~~, etc...~~), provider agencies should contact their internal support person, document all pertinent PCR information on paper, and enter the ePCR information into the electronic system as soon as possible. ~~-~~Electronic device failure is not an exception for completing an ~~electronic patient care report~~ePCR. ~~and entering it into the system.~~

B. Connectivity Failure – In the event of connectivity failure, the provider shall attempt to find another appropriate means to submit ePCR data. In the event the provider can~~-~~not they shall document all patient information either on paper or on the device ~~being used~~ and save it until connectivity is restored. Patient information should be uploaded into the

system as soon as possible. ~~Connectivity failure may be local or system-wide.~~ Local support personnel should be contacted for local issues. ~~The EMS Agency will work with the vendor to resolve system-wide connectivity issues.~~

C. System failure – In the event of system-wide failure, document all patient care information on paper or ~~on your~~a device ~~and save~~for future submission. Patient information should be uploaded into the system as soon as the system is back up. The EMS Agency will work with the vendor to resolve system failure issues as quickly as possible and will communicate with system stakeholders when the system is back up.

D. The EMS Agency ~~should~~ shall be notified of downtime or transmission difficulties lasting more than 1 hour. The EMS Duty Officer ~~can~~ shall be contacted for issues arising after normal business hours.

E. Any system upgrades or system maintenance ~~must~~ shall be reviewed and approved in writing by the EMS Agency prior to implementation. Any planned issue, such as system maintenance, that could cause a delay in data transmission ~~will~~ shall be reported to the EMS Agency at least 24 hours in advance.

~~X.~~IX. PRIVACY AND PROTECTION OF HEALTH INFORMATION

A. Maintaining confidentiality is an essential part of all health care, including prehospital care. The confidentiality of protected health information (PHI) and protected personal information (PPI) is covered by numerous state and federal statutes. These include: Health Insurance Portability and Accountability Act (HIP~~P~~AA) of 1996; California Confidentiality of Medical Information Act (CCMIA) including California Civil Code Section 56.36, Division 109, Section 130200; and California Health and Safety Code Sections 1280.1, 1280.15, and 1280.3

1. Providing ePCR information to receiving hospitals and other providers giving care in an EMS response system and to the EMS Agency for quality improvement efforts does not constitute a violation of the above regulations.
2. Provider agencies and hospitals are responsible for training their employees on the initiation, completion, and distribution of patient care records, and on all applicable state and federal information privacy statutes, regulations, and policies and procedures. This is a priority as the unintended (or intentional) release of protected information can have serious consequences for the provider agency or hospital and may violate HIPPA and other applicable laws. EMS and provider agency and facility staff must protect the security, confidentiality, and privacy of all patient medical records in their custody at all times.
3. Detailed requirements for the sharing of data within the EMS system and for the protection of personal health information is contained in the agreements between individual provider agencies, hospitals, and the county.
4. The above referenced statutes and regulations also allow for the sharing of information in HIEs/HDEs. All the entities involved in an HIE/HDE are responsible for maintaining patient confidentiality. That includes the vendor of

the various electronic patient care reporting systems and the HIE/HDE entity itself.

5. The EMS Agency will facilitate and coordinate, as appropriate and deemed necessary, training opportunities on protecting confidential patient care information.
6. All patient records containing protected health and personal information must be kept secure at all times. These records must not be visible to the public. This includes appropriate security measures, such as user identification and login passwords, for computer workstations. Workstations must be locked when unattended.

END OF POLICY

John Beuerle, M.D.
EMS Medical Director

Teresa Rios
EMS Bureau Chief

County of Monterey EMS System Policy

Policy Number: 7020
Effective Date: ~~7/1/2023~~
Review Date: ~~6/30/2026~~

NALOXONE LEAVE BEHIND PROGRAM

I. PURPOSE

A. To establish a policy to allow EMS personnel to provide an ~~intra-nasal~~intranasal naloxone delivery device to patients who are at high risk for fatal opioid overdose.

B. To help mitigate the impact of the opioid crisis by increasing the availability of naloxone to the public.

II. POLICY

A Naloxone Leave Behind Kit may be offered to an at-risk person, friend, or family member in the event of a suspected overdose following treatment of the patient. Kits may be provided to patients or bystanders regardless of whether the patient is transported to the hospital.

~~All EMS providers, under the direction of the Monterey County EMS Medical Director, are authorized to leave behind an intra-nasal naloxone delivery device with the for patients or a responsible adult who are believed to be at high risk of an opioid overdose and refuse transport.:~~

~~A. Decline transport to the hospital after a suspected opioid overdose event.~~

~~B. Meets criteria of EMS Policy 4030, Pre-Hospital Consent and Refusal of Service/Care-Supplemental Checklist.~~

~~C. EMS personnel deem to be at risk of an unintentional overdose.~~

III. PROCEDURE

A. EMS units may be stocked with naloxone intra-nasal delivery devices intended for layperson utilization in the event of an opioid overdose. EMS shall not distribute naloxone to patients or bystanders from the regular EMS patient care supply.

B. Administration of naloxone by EMS providers at the scene of an incident will be performed in accordance with existing ~~Monterey~~ County of Monterey EMS protocols.

C. Patients at-risk for opioid overdose may include:

1. Opioid overdose requiring naloxone administration or supportive care and monitoring.
2. History or physical exam with evidence of illicit substance use or paraphernalia (e.g. history of intravenous drug use, needle marks, abscesses at injection sites, needles present in belongings).
3. History or physical exam with prescription opioid use (prescribed or recreational).

4. Physical environment with multiple or high-dose prescription opioids present.

5. Self-reported dependence on opioids.

D. A Naloxone Leave Behind Kit may be distributed on each call where there is a primary impression of overdose or reasonable provider suspicion of opioid abuse.

~~C. EMS personnel should recommend immediate transport to an emergency department for any patient who requires resuscitation with naloxone or is suspected to have experienced an opioid overdose.~~

~~D. If a patient declines transport, EMS providers will:~~

~~1. Assess the patient using EMS Policy 4030, Pre-Hospital Consent and Refusal of Service/Care- Supplemental Checklist.~~

~~E. Patients who do not have adequate decision-making capacity to decline transport will be transported to the closest appropriate emergency department.~~

~~F. Patients who decline transport and are deemed to have adequate decision-making capacity will be asked to sign an AMA form declining further care and transport.~~

~~G. For patients who decline transport and are deemed to have adequate decision-making capacity, EMS personnel may leave an intra-nasal naloxone delivery device and opioid addiction resource form with the patient or other responsible adult at the scene of the incident.~~

E. If a ~~n~~Naloxone Leave Behind Kit ~~delivery device~~ is left with the patient or other responsible adult, EMS personnel will instruct the recipient on the proper indications and technique for usage of the device and shall leave an instructional pamphlet.

F. EMS personnel shall document in the patient care report (PCR) that a Naloxone Leave Behind Kit was distributed. If a Kit is left with a friend or family member and not the patient, EMS personnel do not need to create an additional PCR as it is related to the emergency scene of the initial response. In addition to the standard requirements, documentation shall include:

1. A description of the instructions given to the recipient.

~~H.~~2. The administration of naloxone in the Medication section of the Flow Chart with "Other/miscellaneous" as the Route, the Lot Number of the Kit, and "Leave Behind" in the Comments.

~~I. If a naloxone delivery device is left with the patient or other responsible adult, EMS personnel will record the lot number of the device on the EMS Policy 4030, Pre-Hospital Consent and Refusal of Service/Care)- Supplemental Checklist form.~~

~~J. PCR documentation shall include patient capacity, distribution of an intra-nasal naloxone delivery device to the patient, naloxone delivery device lot number, and a description of the instructions given to the patient.~~

~~K.~~G. EMS personnel may, at their discretion, leave a Naloxone Leave Behind Kit ~~n intra-nasal naloxone delivery device~~ with other individuals whom EMS personnel deem

to be at risk for unintentional opioid overdose (e.g., patients whose medication regimen includes high doses of narcotics or at-risk family and bystanders), even if the call to which EMS personnel are responding does not specifically involve an opioid overdose. In such cases, EMS personnel will document on the initial patient's PCR, that ~~naloxone~~ a Kit was provided to a separate individual, and include the naloxone lot number. No demographic information pertaining to~~of~~ the individual shall be recorded on the patient's PCR. The EMS personnel will instruct the recipient or a responsible adult on the proper indications and technique for usage of the device and leave an instructional pamphlet.

~~L. When utilized on the scene of a call, the completed EMS Policy 4030, Pre-Hospital Consent and Refusal of Service/Care- Supplemental Checklist form is to be uploaded electronically and attached to the electronic Patient Care Report. The physical copy of the completed form is to be submitted to the supervisor in charge of that jurisdictional agency's Leave Behind Naloxone Program.~~

END OF POLICY

John Beuerle, M.D.
EMS Medical Director

Teresa Rios
EMS Bureau Chief

~~Monterey County~~County of Monterey EMS
System Policy

Policy Number: 8080
Effective Date: ~~7/1/2026~~3
Review Date: ~~6/30/2029~~6

~~MONTEREY COUNTY~~COUNT OF MONTEREY MHOAC NOTIFICATION/ACTIVATION

I. PURPOSE

To provide guidance to the EMS Duty Officer, Medical ~~/~~Health Operational Area Coordinator (MHOAC) program, and operational lead and/or supporting agencies responsible for ensuring that medical and health preparedness and response activities are completed. Within the Operational Area (OA) various departments and programs may be responsible for one or more of the 17 MHOAC program functions outlined in Health and Safety Code §1797.153.

II. POLICY

The Board of Supervisors has designated the EMS Director as the ~~Monterey County~~County of Monterey MHOAC. The MHOAC program will be facilitated through a collaborative effort between the ~~Monterey County~~County of Monterey EMS Agency, the ~~Monterey County~~ County of Monterey Health Officer, and the ~~Monterey County~~County of Monterey Health Department.

III. PROCEDURE

A. Notification

1. Any agency that is impacted by a trigger event or situation (as outlined below) shall contact the EMS Duty Officer by calling the ~~Monterey County~~County of Monterey EMS Communications Center at **831-796-6444**.
2. The ~~Monterey County~~County of Monterey EMS Communications Center will contact the EMS Duty Officer, based upon internal notification policies.
3. If the ~~Monterey County~~County of Monterey EMS Communications Center becomes aware of or identifies an event or situation that meets the notification/activation triggers they shall notify the EMS Duty Officer.
4. The EMS Duty Officer will notify the MHOAC, as appropriate.

B. Triggers for Notification of the MHOAC

Any of the following conditions may trigger the notification of the MHOAC:

1. An incident that significantly impacts or is anticipated to significantly impact public health, the medical/health system, behavioral health, environmental health, or emergency medical services;
2. An incident where resources are needed or are anticipated to be needed beyond the capabilities of the OA, including those resources available through existing

agreements;

3. An incident that leads to a regional or state request for information or mutual aid; and/or
4. An incident in which increased information flow from the OA to the region and the state will assist in the management or mitigation of the incident's impact.

C. Role of the EMS Duty Officer

1. Day to day EMS system operational issues will be managed by the EMS Duty Officer.
2. If the situation/event meets a notification/activation trigger as described above, the EMS Duty Officer shall contact the MHOAC.

D. Role of the MHOAC

1. Identify resources and coordinate the procurement and allocation of public and private medical, health and other resources required to support disaster medical and health operations in affected areas.
2. Request and respond to situation status reporting and resource requests generated by OA hospitals, Health Care Facilities and medical care entities and providers.
3. Communicate the medical and health status and needs to local, regional, and state governmental agencies and officials inside and outside of the OA.
4. Coordinate with the Regional Disaster Medical Coordinator/Specialist (RDMHC/S) program for medical and/or health mutual aid support from outside the OA as needed.
5. Coordinate with OA Supporting ~~-~~Agencies, and with regional and state entities as appropriate.
6. Ensure the completion and submission of a Situation Status Report inclusive of all Medical and ~~/~~Health awareness information within the OA as per guidance in the California Public Health and Medical Emergency Operations Manual.
7. Coordination and support of the specific MHOAC Program functions with the Operational Area Lead and/or Support Agencies.

E. The Operational Area Lead and/or Support Agency is responsible for:

1. Coordination of notifications within their respective agency, with the MHOAC, other OA agencies and with regional and state entities.
2. Ensuring situational awareness information is shared with the MHOAC for inclusion in any notifications and/or situation status reports.
3. Coordination and support of the specific MHOAC Program functions in which they are participating.

F. MHOAC Program Function Matrix

MHOAC Program Response Function	Operational Area Lead	Operational Support Agency
1. Assessment of immediate medical needs	EMS	PH
2. Coordination of disaster medical and health resources ~~a. Medical~~ ~~b. Health~~ ~~c.~~ ~~Mental Health~~	MHOAC	HO, ~~and~~ PH, and BH
3. Coordination of patient distribution and medical evaluations	EMS	PH
4. Coordination with inpatient and emergency care providers	EMS	PH
5. Coordination of ~~non-~~ out-of- hospital medical care providers	MHOAC	EMS and PH (Outpatient Clinics, Skilled Nursing, Long Term Care, Dialysis Centers, Urgent Care ~~Centers & Surgery~~and Surgery Centers) ~~Centers~~
6. Coordination and integration with fire agencies~~y~~ personnel, resources, and emergency fire pre-hospital medical services	EMS	OES
7. Coordination of providers of non-fire based prehospital emergency medical services	EMS	OES
8. Coordination of the establishment of temporary f~~F~~ield t~~T~~reatment s~~S~~ites	EMS	PH and OES
9. Health surveillance and epidemiological analyses of community health status	CDU	PH

MHOAC Program Response Function	Operational Area Lead	Operational Support Agency
10. Assurance of food safety	EH	HO
11. Management of exposure to hazardous agents	EH	HO/Regional HazMat Team
12. Provision or coordination of mental health services	BH	PH
13. Provision of medical and health public information protective action recommendations	HO and PH PIO	HO and OES PIO
14. Provision or coordination of vector control services	EH	HO / PH
15. Assurance of drinking water safety	EH	HO / PH
16. Assurance of the safe management of liquid, solid and hazardous wastes	EH	PH
17. Investigation and control of communicable disease	CDU	PH

Matrix Key:

AG	Agriculture Commissioner
BH	Behavioral Health
CDU	Communicable Disease Unit
EH	Environmental Health
EMS	EMS Agency
HO	Health Officer
MHOAC	Medical Health Operational Area Coordinator
OES	Office of Emergency Services
PH	Public Health
PIO	Public Information Officer (Health Department)

G. Sustaining the MHOAC program in a long-term event

The MHOAC Program will be sustained through a collaborative effort among the ~~Monterey County~~County of Monterey EMS Agency, the ~~Monterey County~~County of Monterey Health Officer, and the ~~Monterey County~~County of Monterey Public Health Bureau for the duration of the event and through the recovery process. For sustained events requiring substantial expansion of the ICS/MAC structure, mutual aid may be necessary.

1. The Public Health Bureau and EMS Agency will ensure that they can adequately supply qualified staff to perform as the MHOAC designee.
2. The Public Health Bureau and EMS Agency will create a MHOAC staffing schedule to be utilized in the event of a long-term event, to include the activation of the DOC or the Operational Area EOC in order to fill the Medical/

Health Branch.

3. The Public Health Bureau and EMS Agency will identify the Lead Agency referencing the MHOAC Program Function Matrix

H. Triggers to sustain the MHOAC program in a long-term event include:

4. Event lasting longer than 48 hours; or
5. Operational Area EOC activation; or
6. Public Health Officer directive; or
7. Activation of Public Health DOC

~~IV. REFERENCES~~

~~Health & Safety Code §1797.153 (MHOAC) & §1797.152 (RDMHC)~~

~~California Health and Medical Emergency Operations Manual, July 2011~~

~~END OF POLICY~~

John Beuerle, M.D.
EMS Medical Director

Teresa Rios
EMS Bureau Chief

~~Monterey~~ County of Monterey EMS System Policy

Protocol Number: E-1
Effective Date: 7/1/2023
Review Date: 6/30/2026

ACUTE VENOMOUS SNAKEBITE

BLS CARE

Routine medical care.

Assess for oozing at the site of the bite. ~~Notify next caregiver of the presence or absence of oozing.~~

Record the time of the bite.

Remove potentially constricting clothing or jewelry.

Document the progression of swelling, including the time of each notation. Attempt to note progression every 15-30 minutes.

Do not apply ice or restrict blood or lymph flow with a tourniquet or constricting band.

Keep the site of the bite lower than the heart and restrict patient activity.

~~Attempt to identify the snake. Do not attempt to capture a live snake.~~

~~Gather antivenom if available at the scene. Bring antivenom with the patient to the hospital.~~

ALS CARE

Routine medical care.

Pain control – refer to Protocol #M-2 (Pain Control)

NOTES:

The only native venomous snake in the area is the Northern Pacific Rattlesnake. All local hospitals have access to anti-venom for this snake.

If a patient is bitten by a venomous snake that is believed to be non-native, attempt to identify the snake (do not capture), notify Animal Control, and transport the patient to the closest appropriate hospital.

Consider contacting Base Hospital and Poison Control (1-800-222-1222) for additional guidance.

If antivenom is available on scene, it should be transported along with the patient.

Oozing at the site of the bite ~~often indicates~~may indicate envenomation. This should be noted in the documentation and relayed to the receiving caregiver.

Notify the receiving hospital as early as possible. Mixing of antivenom can take 30 minutes.

Northern Pacific Rattlesnake

Monterey County EMS System Policy

Protocol Number: EP-1
Effective Date: 7/1/2023
Review Date: 6/30/2026

ACUTE VENOMOUS SNAKEBITE - PEDIATRIC

BLS CARE

Routine Medical Care.

Assess for oozing at the site of the bite. ~~Notify the next caregiver of the presence or absence of oozing.~~

Record the time of the bite.

Remove potentially constricting clothing or jewelry.

Document the progression of swelling, including the time of each notation. Attempt to note progression every 15-30 minutes.

Do not apply ice or restrict blood or lymph flow with a tourniquet or constricting band.

Keep the site of the bite lower than the heart and restrict patient activity.

~~Attempt to identify the snake. Do not attempt to capture a live snake.~~

~~Gather antivenom if available at the scene. Bring antivenom with the patient to the hospital.~~

ALS CARE

Routine Medical Care.

Pain Control-refer to Protocol MP-2 (Pain Control-Pediatric)

NOTES:

The only native venomous snake in the area is the Northern Pacific Rattlesnake. All local hospitals have access to anti-venom for this snake.

If a patient is bitten by a venomous snake that is believed to be non-native, attempt to identify the snake (do not capture), notify Animal Control, and transport the patient to the closest appropriate hospital.

Consider contacting Base Hospital and Poison Control (1-800-222-1222) for additional guidance.

If antivenom is available on scene, it should be transported along with the patient.

Oozing at the site of the bite may indicate envenomation. This should be noted in the documentation and relayed to the receiving caregiver.

Notify the receiving hospital as early as possible. Mixing of antivenom can take 30 minutes.~~Oozing at the site of the bite often indicates envenomation.~~

~~Notify the receiving hospital as early as possible. Mixing of antivenom can take 30 minutes.~~

Northern Pacific Rattlesnake

Protocol Number: MP-3
Effective Date: ~~7/1/2024~~
Review Date: ~~6/30/2027~~

PAIN CONTROL - PEDIATRIC

BLS CARE

Routine medical care.

Positioning

Splinting as indicated

Ice packs as indicated

ALS Care

Routine Medical Care

Morphine Sulfate 0.1 mg/kg IV/IO/IM (0.05 mg/kg if less than 6 months old). Max single dose 5 mg. May repeat every 10 minutes to a maximum total dose of 10 mg.

OR

Fentanyl 2 mcg/kg IN/IM. Max single dose 100 mcg. May repeat every 10 minutes to a maximum total dose of 200 mcg.

OR

Fentanyl 2 mcg/kg slow IV/IO (over 1 minute). Max single dose 100 mcg. May repeat every 10 minutes to a maximum total dose of 200 mcg.

Fentanyl requires **dilution** for administration to patients weighing less than 25 kg:

1. Expel and discard 2 ml of Normal Saline (NS) from a 10-ml prefilled syringe, leaving 8 ml of NS in the syringe.
2. Using a 2nd syringe, withdraw 2 ml of Fentanyl 50 mcg/ml (100 mcg) and add it to the 8ml of NS left in the prefilled syringe. This results in a concentration of 10 mcg/ml.
3. Label the syringe.
4. Use a 1 ml or 3 ml syringe to draw up and administer doses. Increments are 1 mcg/0.1 ml.
5. **Do not dilute medication if administering doses via the intranasal (IN) route.**

Base Hospital Contact required to administer more than one dose of morphine or fentanyl, or to switch pain medications for subsequent dosing.

NOTE~~ote~~:

A. Attempt pain management through measures such as a cold pack, coaching, splinting, or other methods as indicated by the patient's condition.

B. The use of narcotics for pain management should be reserved for patients in moderate to severe pain.

C. The patient's respiratory status is to be monitored closely when narcotics are administered.

D. Titration of medications can be done to achieve a desired outcome or prevent unwanted side effects.

E. Document the patient's pain level before and after pain management efforts. The method of evaluation must be consistent each time pain is evaluated. Patient response, if any, is to be recorded.

F. Follow the appropriate protocol for specific conditions.

G. Switching between analgesic medications to achieve pain control requires base physician direction.~~The use of multiple pain medications to achieve control of pain is discouraged and requires base physician direction.~~

UNDILUTED Pediatric Fentanyl Dose Chart (2 mcg/kg) 50 mcg/ml		
Weight	**Dose**	**Volume**
5 kg	10 mcg	0.2 ml
10 kg	20 mcg	0.4 ml
20 kg	40 mcg	0.8 ml
30 kg	60 mcg	1.2 ml
40 kg	80 mcg	1.6 ml
>50 kg	100 mcg	2 ml

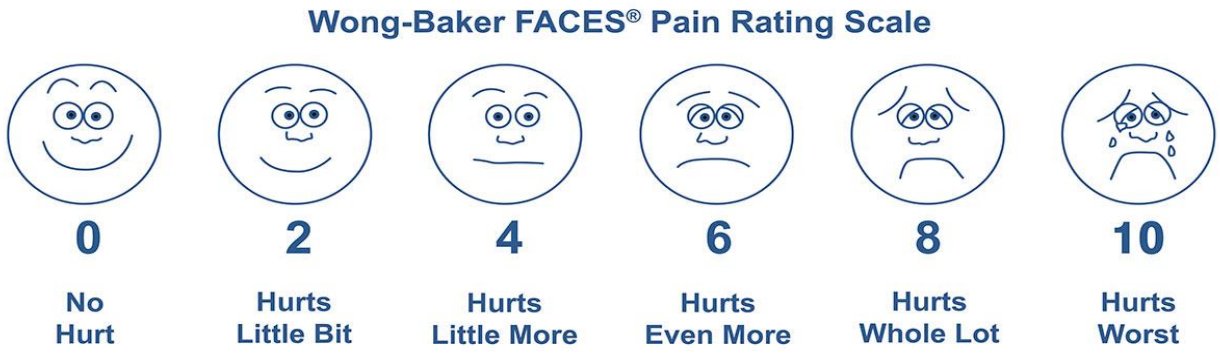
DILUTED Pediatric Fentanyl Dose Chart (2 mcg/kg) 10 mcg/ml		
Weight	**Dose**	**Volume**
5 kg	10 mcg	1 ml
10 kg	20 mcg	2 ml
20 kg	40 mcg	4 ml
30 kg	60 mcg	6 ml
40 kg	80 mcg	8 ml
>50 kg	100 mcg	10 ml

Document level of pain prior to and after administration of pain medications:

- <3 years old – Behavioral tool or Wong-Baker FACES scale
- 3-7 years old – Wong-Baker FACES scale or visual analog scale
- 8-14 years old – visual analog scale

BEHAVIORAL TOOL

Face	0 No particular expression or smile	1 Occasional grimace or frown, withdrawn, disinterested	2 Frequent to constant frown. Clenched jaw, quivering chin
Legs	0 Normal or relaxed position	1 Uneasy, restless, tense	2 Kicking, or legs drawn up
Activity	0 Lying quietly, normal position, moves easily	1 Squirming, tense, shifting back and forth	2 Arched, rigid or jerking
Cry	0 No cry (awake or asleep)	1 Moans or whimpers; occasional complaint	2 Cries steadily, screams, sobs, frequent complaints
Consolability	0 Content, relaxed	1 Reassured by talking to, hugging, distractible	2 Difficult to console



Brief initial instructions:

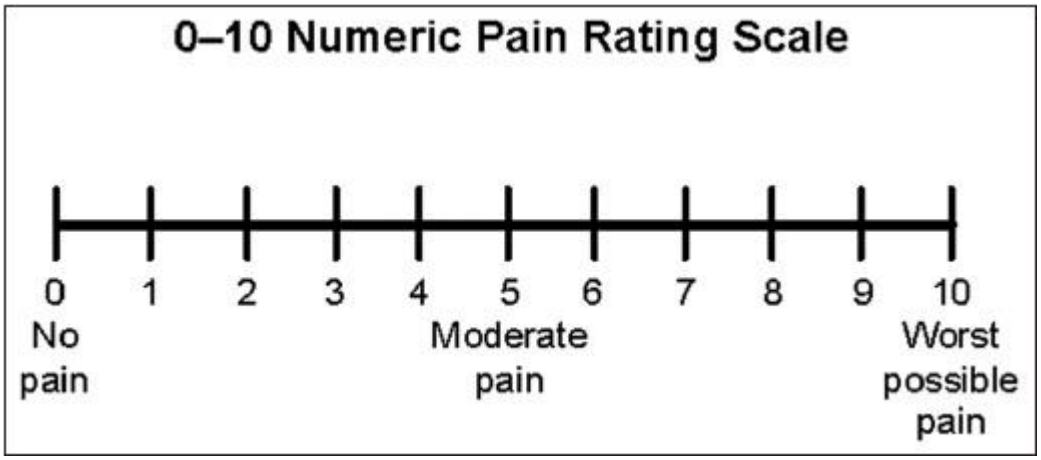
Point to each face using the words to describe the pain intensity. Ask the child to choose the face that best describes their own pain and record the appropriate number.

Original instructions

Explain to the person that each face is for a person who feels happy because he has no pain (hurt) or sad because he has some or a lot of pain. As the person to choose the face that best describes how he/she is feeling.

- Face 0 is very happy because he doesn't hurt at all
- Face 2 hurts just a little bit
- Face 4 hurts a little more
- Face 6 hurts even more
- Face 8 hurts a whole lot
- Face 10 hurts as much as you can imagine, although you don't have to be crying to feel this bad.

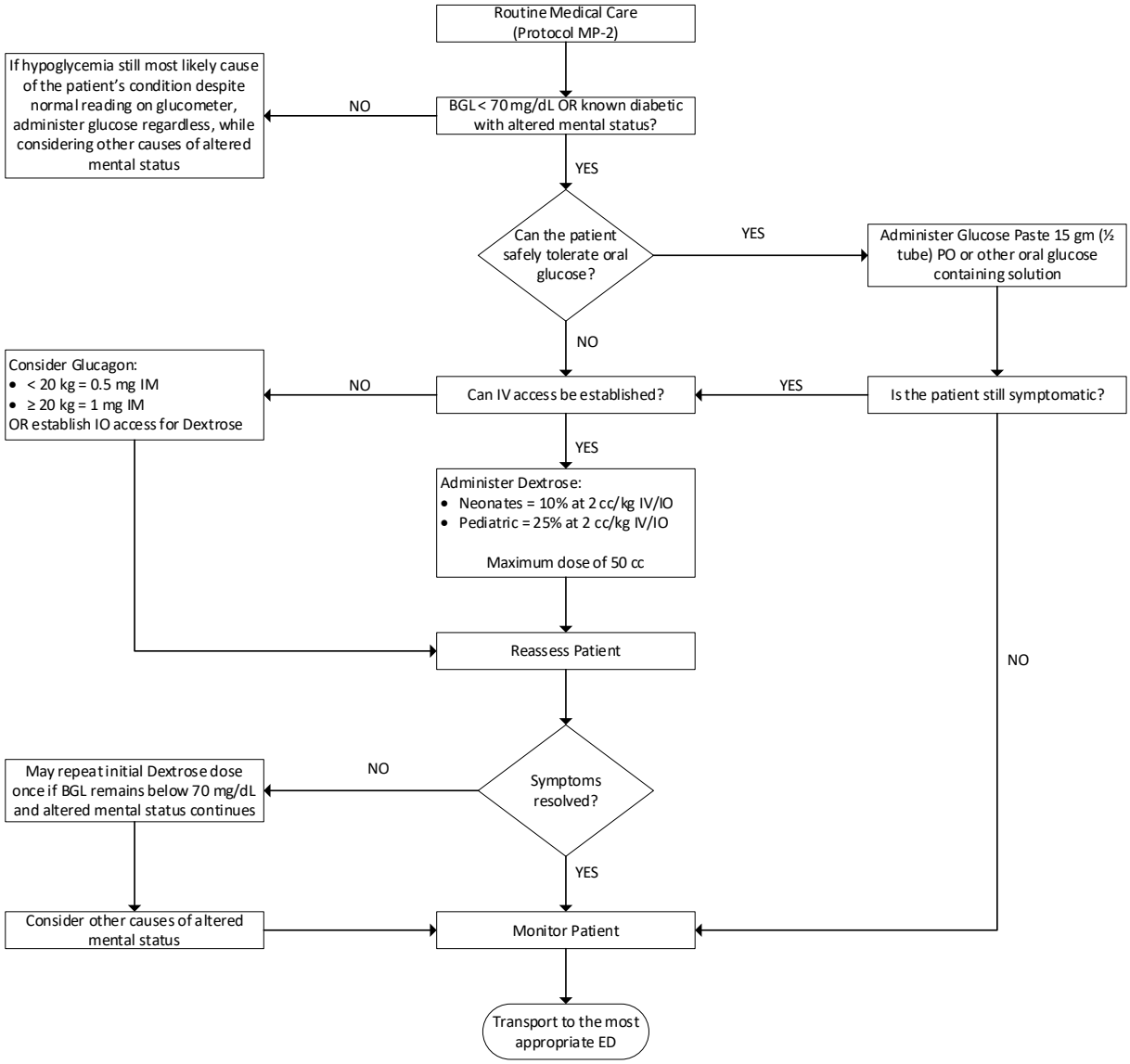
VISUAL ANALOG SCALE



Protocol Number: NP-2
Effective Date: 7/1/202~~3~~
Review Date: 6/30/202~~6~~

SUSPECTED HYPOGLYCEMIA - PEDIATRIC

ALS and BLS CARE



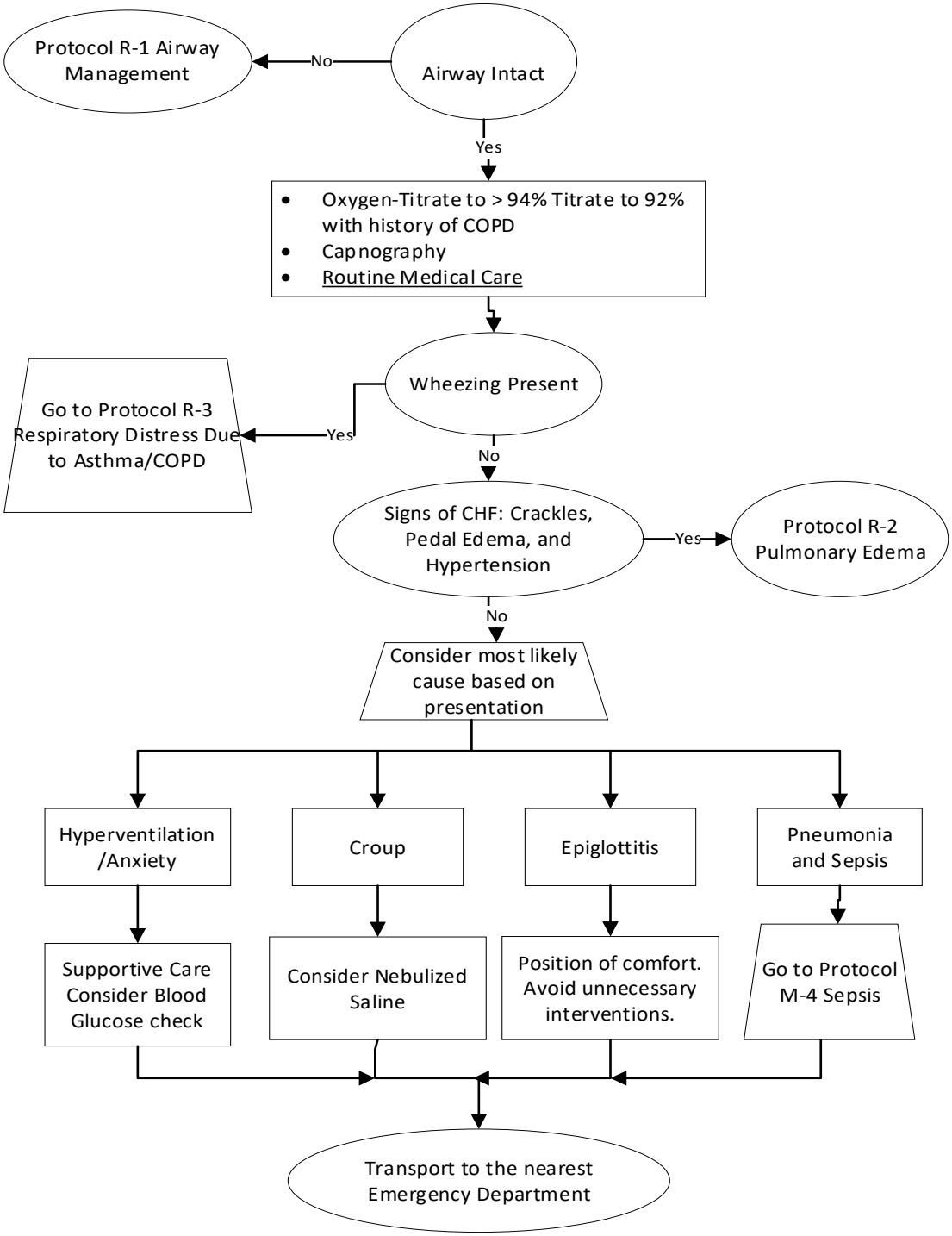
If Dextrose 10% is not available due to supply chain shortages, Dextrose 12.5% may substituted at the same dose

Monterey County EMS System Policy

Protocol Number: R-4
Effective Date: ~~7/1/2023~~
Review Date: ~~6/30/2026~~

RESPIRATORY DISTRESS

ALS and BLS CARE

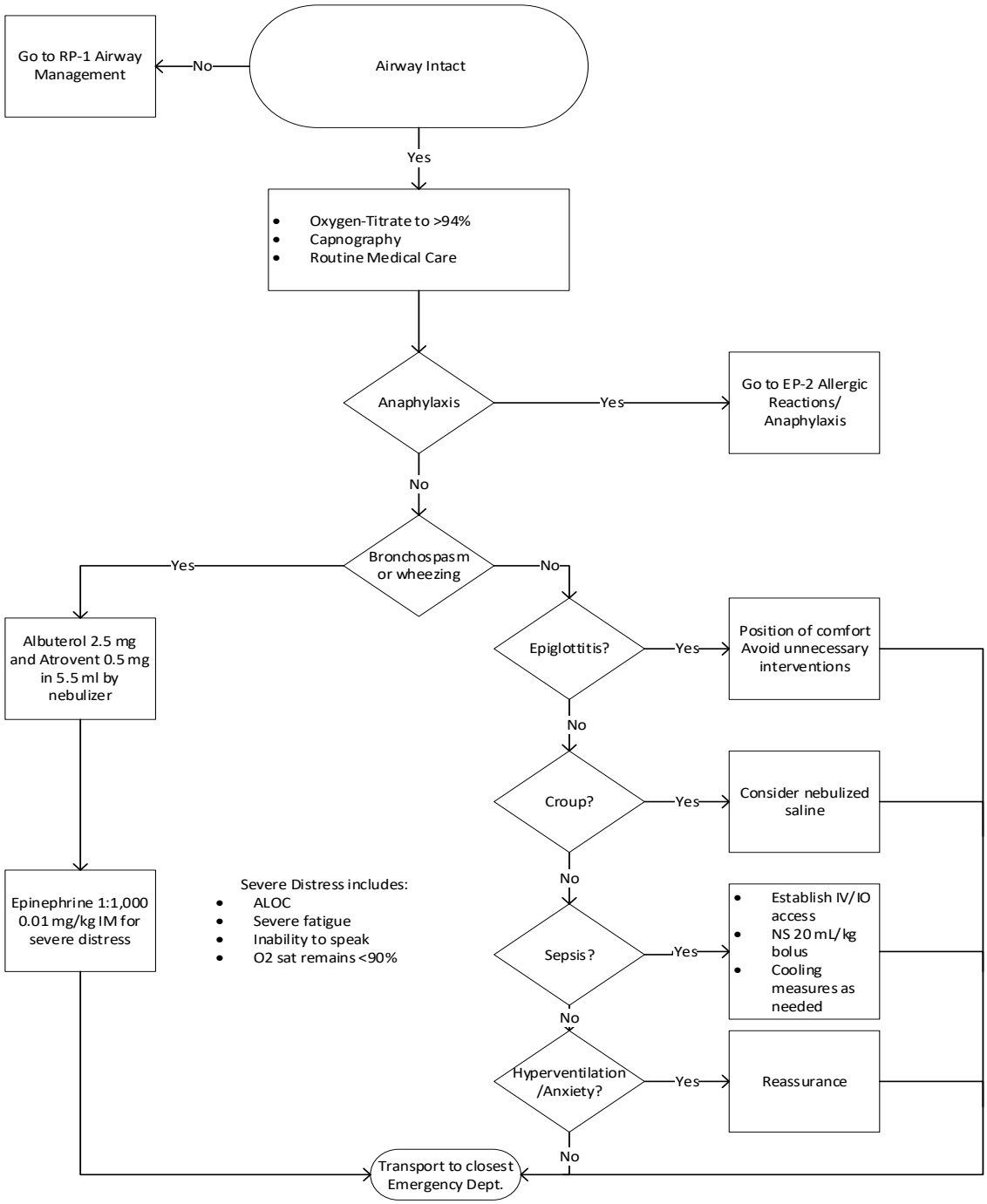


Monterey County EMS System Policy

Protocol Number: RP-2
Effective Date: ~~7/1/2023~~
Review Date: ~~6/30/2026~~

RESPIRATORY DISTRESS – PEDIATRIC

ALS and BLS CARE

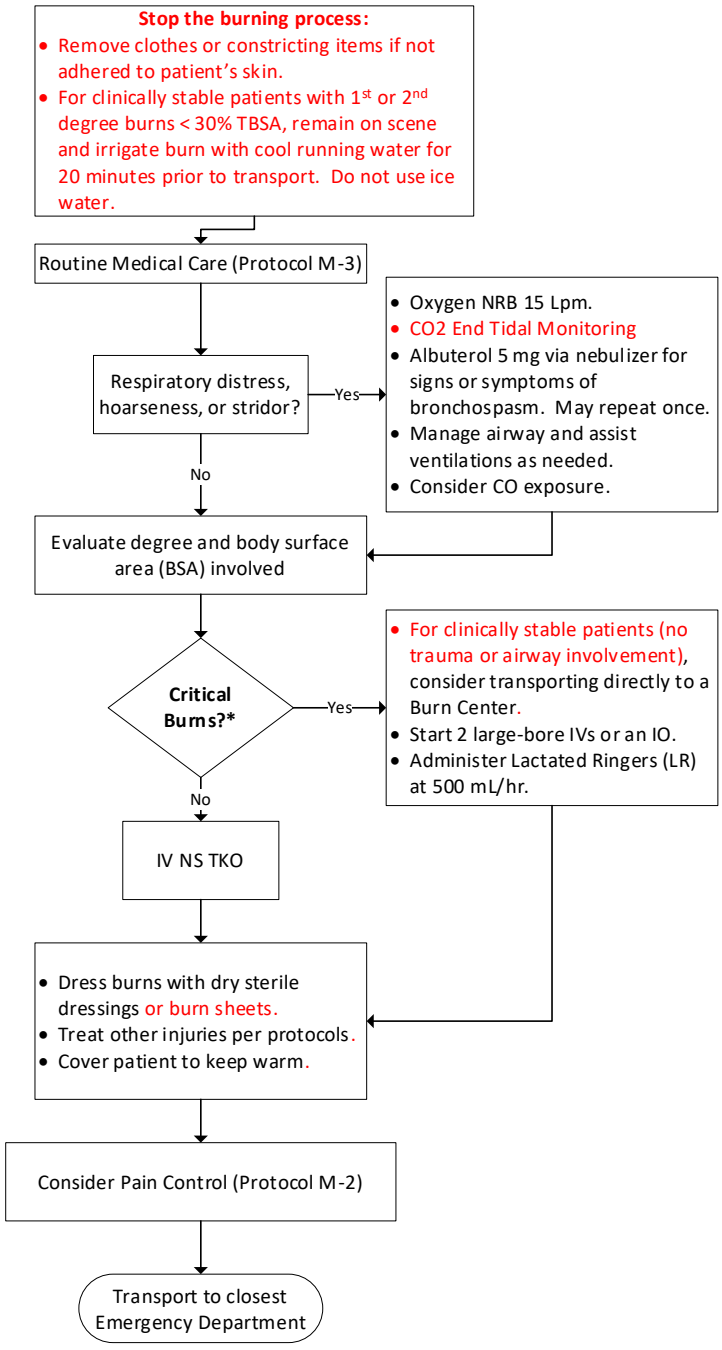


~~Monterey~~ County of Monterey EMS System Policy

Protocol Number: T-1
Effective Date: ~~7/1/2023~~
Review Date: ~~6/30/2026~~

BURN CARE

ALS and BLS CARE



Types of Burns

- Thermal – remove from environment, put out fire.
- Chemical – brush off or dilute chemical, consider HAZMAT team.
- Electrical – make sure patient is de-energized and suspect internal injuries.
- Assume CO if enclosed space.

***Critical Burns**

Do not include 1st degree burns in this determination

- 2nd degree burns > 10% BSA.
- 3rd degree burns > 5% BSA.
- Burns involving the face, hands, feet, genitalia, perineum, or major joints.
- Electrical burns, including lightning injury.
- Chemical burns.
- Burn with inhalation injury.
- Patients with preexisting medical disorders that could complicate management, prolong recovery, or affect mortality.

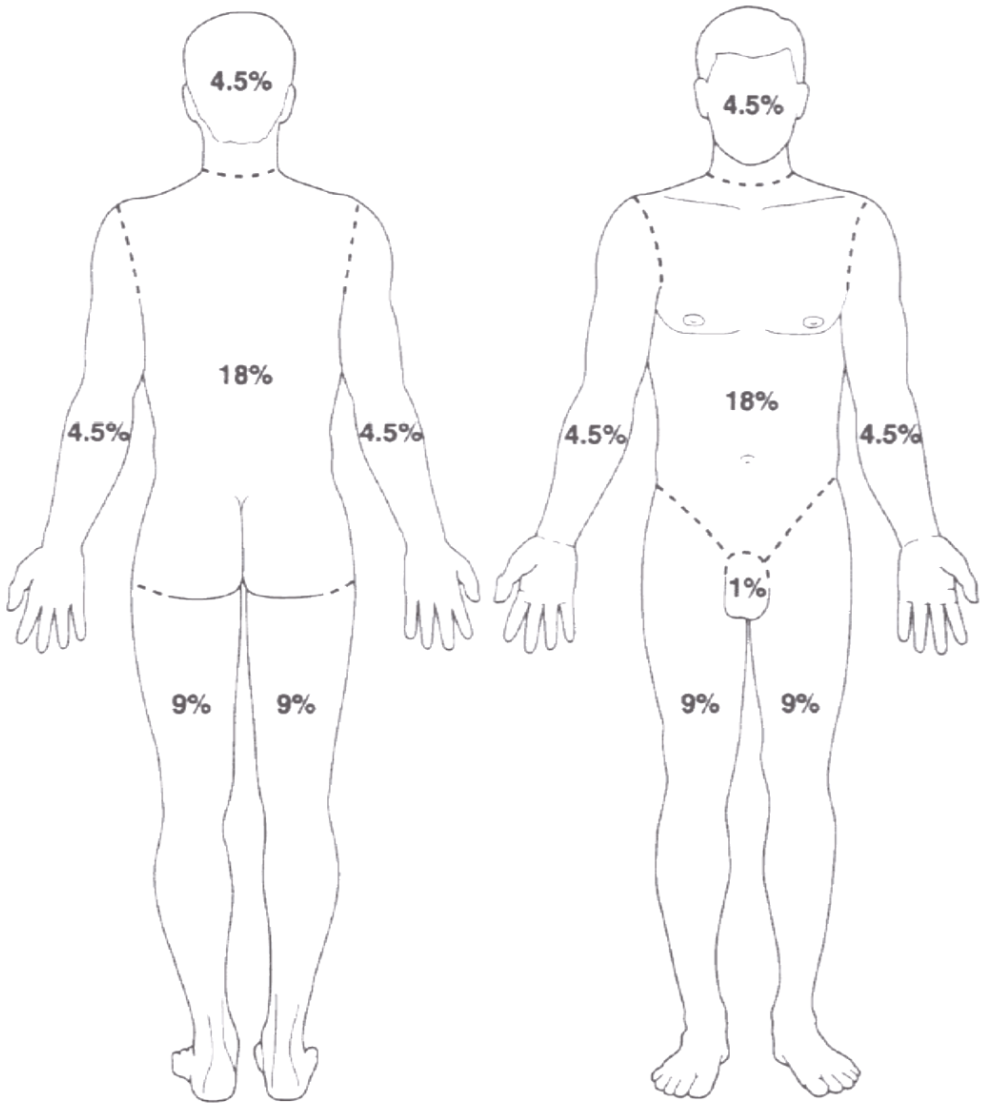
Patients with burns and concomitant trauma should be transported to the closest Trauma Center for stabilization.

Patients with inhalation injury or burns to the airway should be transported to the closest Emergency Department for stabilization.

Burn Centers

- San Jose – Santa Clara Valley Medical Center Regional Burn Center
- Fresno – Community Regional Medical Center Leon S. Peters Burn Center
- San Francisco – Bothin Burn Center at Saint Francis Memorial Hospital

"Rule of Nines"
Burn Chart
Adult Body Surface Area



Protocol Number: TP-1
Effective Date: 7/1/2023
Review Date: 6/30/2026

BURNS - PEDIATRIC

ALS and BLS

Stop the burning process:

- Remove clothes or constricting items if not adhered to patient's skin.
- For clinically stable patients with 1st or 2nd degree burns < 30% TBSA, remain on scene and irrigate burn with cool running water for 20 minutes prior to transport. Do not use ice water.

Routine Medical Care (Protocol M-3)

Respiratory distress, hoarseness, or stridor?

Yes

- Oxygen NRB 15 Lpm.
- CO2 End Tidal Monitoring
- Albuterol 2.5 mg via nebulizer for signs or symptoms of bronchospasm. May repeat once.
- Manage airway and assist ventilations as needed.
- Consider CO exposure.

No

Evaluate degree and body surface area (BSA) involved

Critical Burns?*

Yes

- For clinically stable patients (no trauma or airway involvement), consider transporting directly to a Burn Center.
- For patients with > 20% BSA 2nd & 3rd degree burns:
  - Start a large-bore IV or IO
  - Initiate fluid resuscitation with Lactated Ringers (LR)

Fluid Resuscitation Rates:

- ≤ 5 yrs old – 125 mL LR per hour
- 6-13 yrs old – 250 mL LR per hour

No

IV NS TKO

- Dress burns with dry sterile dressings or burn sheets.
- Treat other injuries per protocols.
- Cover patient to keep warm.

Consider Pain Control (Protocol MP-2)

Transport to closest Emergency Department

Types of Burns

- Thermal – remove from environment, put out fire.
- Chemical – brush off or dilute chemical, consider HAZMAT team.
- Electrical – make sure patient is de-energized and suspect internal injuries.
- Assume CO if enclosed space.

***Critical Burns**

Do not include 1st degree burns in determining

- 2nd degree burns > 10% BSA.
- 3rd and 4th degree burns.
- Burns involving the face, hands, feet, genitalia, perineum, or major joints.
- Electrical burns, including lightning injury.
- Chemical burns.
- Burn injury with inhalation injury.

Destination Considerations

For patients with burns and concomitant trauma:

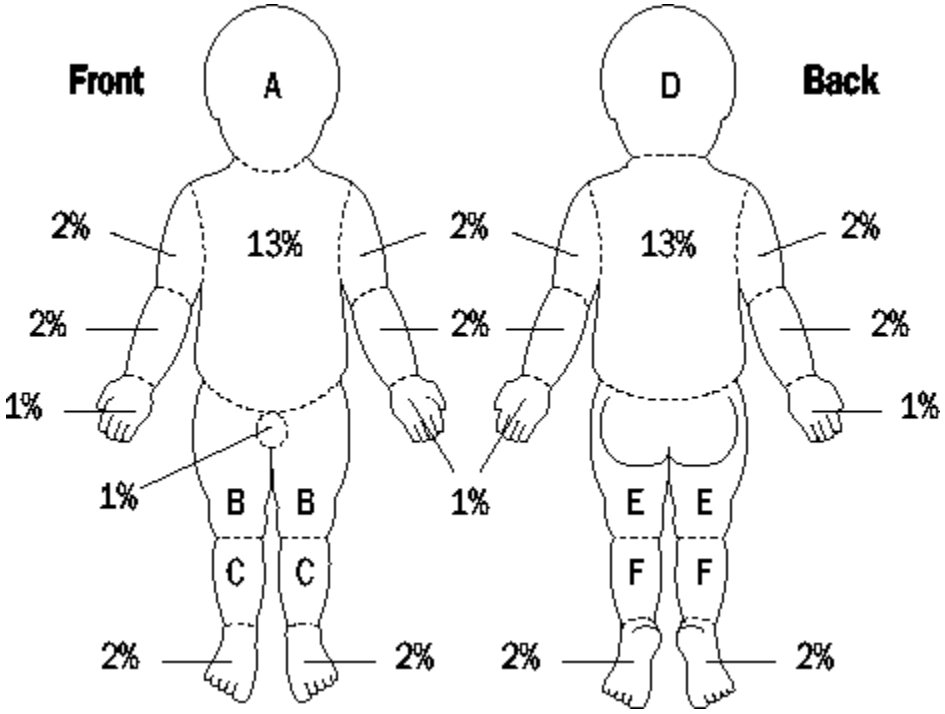
- If the burn injury poses the greatest risk of morbidity or mortality, consider transporting directly to a Burn Center.
- If the trauma poses the greater immediate risk, transport to the closest Trauma Center.

Patients with inhalation injury or burns to the airway should be transported to the closest Emergency Department for stabilization.

Burn Centers

- San Jose – Santa Clara Valley Medical Center Regional Burn Center
- Fresno – Community Regional Medical Center Leon S. Peters Burn Center
- San Francisco – Bothin Burn Center at Saint Francis Memorial Hospital

PEDIATRIC RULE OF 9'S



Relative percentage of total body surface area (TBSA) affected by growth

AREA	NEONATE	1 YEAR	5 YEARS	10 YEARS	15 YEARS
A/D = 1/2 OF HEAD	9 ½ % TBSA	8 ½% TBSA	6 ½% TBSA	5 ½% TBSA	4 ½% TBSA
B/E = 1/2 OF ONE THIGH	2 ¾% TBSA	3 ¼% TBSA	4% TBSA	4 ½% TBSA	4 ½% TBSA
C/F = 1/2 OF ONE LEG	2 ½% TBSA	2 ½% TBSA	2 ¾% TBSA	3% TBSA	3 1/4% TBSA

County of Monterey ~~Monterey County~~ EMS
System Policy

Protocol Number: TP-2
Effective Date: 7/1/2026~~3~~
Review Date: 6/30/2029~~6~~

ISOLATED EXTREMITY INJURY - PEDIATRIC

ALS and BLS CARE