



# DEPARTMENT OF HEALTH AND HUMAN SERVICES

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**Date:** April 30, 2008  
**To:** Holders of EMS Policy and Procedure Manuals  
**From:** Bill Teufel, MD  
EMS Program Medical Director  
**Subject:** **Update to Policy Manual, Change Notice #27**

Enclosed please find Update #27 to the EMS Policy and Procedure Manual. Please update the Record of Change page and replace the Table of Contents and Signature page.

The current changes include:

- **replacing the 8000 series** (with the exceptions of 8115 & 8115a)
- renumbering of policies 8115 & 8115a to 7006 and 7006a
- revision of policy 2010
- updating policies 3102, 5100, and 5400 to incorporate the interim policy changes

All policies are available on the EMS web site at: [www.co.marin.ca.us/ems](http://www.co.marin.ca.us/ems).

If you have not received training on these changes, please contact your CQI Liaison or Training Officer. Please assure that the changes are made in your manual.

Thank you.

**COUNTY OF MARIN**

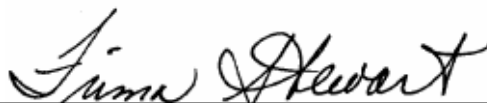
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

Division of Public Health Services

*Emergency Medical Services Program*

**Policy and Procedure Manual**

**May, 2008**



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***Frima Stewart, Director of Public Health Services***



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***William L. Teufel, MD, Medical Director, EMS Program***

# ***EMS Policy & Procedures Manual***

## ***Record of Change***

**Keep your policy manual current.** After receiving and filing additional or revised policies/protocols, initial and date the block following the appropriate change.

There should not be any blank boxes between initialed blocks; this means you either failed to record the CHANGE NOTICE or have not received it. Notify the Marin County EMS Office if you did not receive a CHANGE NOTICE.

<b>No.</b>	<b>Initial</b>	<b>Date</b>	<b>No.</b>	<b>Initial</b>	<b>Date</b>	<b>No.</b>	<b>Initial</b>	<b>Date</b>
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**EMS Program Policy & Procedure Manual**

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## EMS SYSTEM NOTIFICATION FORM

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**PURPOSE** To provide a single mechanism by which any system participant can request the attention of Continuous Quality Improvement by notifying the appropriate provider agency and the EMS Agency of a specific situation with the goal of system wide continuous quality improvement and education.

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**AUTHORITY** Health and Safety Code, Title 22, Division 9  
California Administrative Code, Chapter 4

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**RELATED POLICIES** Continuous Quality Improvement # 2000 et seq.

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**POLICY** EMS System Notification Forms shall be initiated by an individual or provider agency upon discovery of the events listed below. The events listed are examples and are not limited to the selections provided.

Only one provider agency or person needs to submit a request although anyone wishing to document the situation or incident may do so.

### Positive Events (Level I)

The following positive events, are situations in which an EMS System Notification Form may be completed :

Good calls, field work, documentation, transport  
decisions  
Saves  
Diagnostic coups  
Other

### **Unusual occurrence without patient harm (Level II)**

The following unusual occurrences are situations in which an EMS System Notification Form should be completed:

- Protocol violation
- Documentation issue
- MCI >10 patients
- Interagency/Interdepartmental issues
- Radio communications issues
- Treatment outside of scope of practice
- Line of duty injury or death to a responder
- Other

### **Unusual occurrence with patient harm (Level III)**

The following are events that contributed to a negative patient outcome, and / or, issues that may potentially be a threat to public health and safety but did not necessarily contribute to a negative patient outcome. On discovery these incidents shall be reported immediately or as soon as possible to the EMS Agency.

- Patient treatment policy violation
- Harm to patient:
  - Unanticipated death of patient
- Inappropriate transport decision, diversion
- Reported misconduct in line of duty:
  - Personnel unfit for duty
  - Alleged criminal behavior
  - Negligence
  - Patient Abuse
  - Patient Abandonment
- Any Event Actionable Pursuant to Health and Safety Code Section 1798.200

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**PROCEDURE** Discovery of one of these events requires the generation of a System Notification Review Form (SNF).

The SNF is sent to the agency which is responsible for the event. The provider which employs the involved responder (s) will: acknowledge the

receipt of the SNF; review the SNF; prepare a response to the SNF; submit the response to the SNF, to the involved parties and the EMS Agency.

This response should take into account: all available information; the providers CQI Plan; relevant county and state policies, procedures and regulations.

Responses should be completed and submitted within 30 days of receipt.

If this process does not result in a resolution satisfactory to the involved providers the issue will be forwarded to the EMS Medical Director and /or the closed session of the CQI Committee for final resolution.

The EMS Agency or Medical Director may also refer issues to the closed session of the CQI Committee.

The EMS Agency will notify all involved providers when the review process is completed and associated issues are resolved.

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**CERTIFICATE REVIEW PROCESS FOR EMT-I PERSONNEL**

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**I. PURPOSE**

To establish policies and procedures that ensure due process and compliance with state of California regulations regarding the certification process for disciplinary action for Emergency Medical Technician I Personnel.

**II. AUTHORITY**

- A. California Code of Regulations, Title 22, Chapter 6, and California Health and Safety Code, Division 2.5, Section 1797.62, 1797.107, 1797.176 1798.200, and 1798.204, Government Code Sections 11507.6, 11507.7, 11513, and 11514.
- B. Any perceived conflict between this policy/procedure and Title 22 or the California Health and Safety Code shall be resolved in favor of the regulations or Health and Safety Code, whichever provision is applicable.

**III. AFFECTED PERSONNEL**

- A. Negative certification action initiated by the EMS Program Medical Director (hereinafter "medical director") against any person holding a certificate to provide prehospital emergency medical care pursuant to Division 2.5 must be conducted in accordance with the provisions of this policy.
- B. Classifications of prehospital emergency medical care personnel covered by the provisions and this policy include:
  - 1. Emergency Medical Technician-I (EMT-I)
  - 2. Emergency Medical Technician-II (EMT-II)
- C. When the action concerns a multiple certificate holder, the Medical Director shall determine, according to circumstances of the case and the nature of the threat to public health and safety, whether the action should apply to one, or more than one, certificate.

#### IV. POLICY

- A. The Marin County Emergency Medical Services Program (hereinafter "EMS Program ") shall follow the provisions of the California Code of Regulations, Title 22, Chapter 6.
- B. This policy/procedure shall apply when placing a certificate holder on probation or when the following actions are taken by the Medical Director.
1. Suspension of certification
  2. Revocation of certification
  3. Denial of certification
  4. Denial of renewal of certification
- C. To place any prehospital certificate holder on probation or suspend, revoke, or deny any certificate issued under the provisions of Division 2.5, the medical director must first determine that an imminent threat to the public health and safety exists as evidenced by the occurrence of any of the actions listed in Section 1798.200 of the Health and Safety Code. (See Addendum A.)
1. The fact that a prehospital emergency medical care certificate has been revoked, denied, or the renewal denied, or is currently suspended in another jurisdiction may be considered evidence of a threat to the public health and safety by the medical director and grounds for a negative action against a certificate or denial of a certificate. The certificate review process completed by the other EMS Program Medical Director will not be repeated. The respondent may still request an IRP based on the facts relating to a request for certification from Marin County.
  2. An application for certification or recertification shall be denied without prejudice and does not require and IRP, when an applicant does not meet the requirements of certification or recertification, including but not limited to, failure to pass a certification examination, lack of sufficient continuing education or documentation of a completed refresher course, failure to furnish additional information or documents requested by the certifying authority, or failure to pay any required fees. The denial shall be in effect until all requirements for certification or recertification are met. If a certificate expires before recertification requirements are met, the certificate shall be deemed a lapsed certificate and subject to the provisions of a lapsed certificate.

## **V. PROCEDURE**

### **A. Evaluation of information**

1. Information received from a credible source (including discovery through medical audit, routine follow-up of complaints or other quality assurance processes) of an action by the holder of, or applicant for, a prehospital emergency medical care certificate which, if found to be true, would be evidence of a threat to the public health and safety (described in Addendum A) shall be evaluated by the medical director.
2. Before any formal investigation is begun, the medical director shall evaluate the information relative to the potential threat to public health and safety and determine if action appears to be warranted.

### **B. Immediate Suspension.**

1. The Medical Director or Assistant Medical Director may immediately suspend a prehospital emergency medical care certificate if, in his/her opinion immediate suspension is necessary to ensure public health and safety. The following procedures shall apply to an immediate suspension
  - a. The certificate holder and relevant employer(s) shall be notified, as specified (section V-C and V-F), prior to, or concurrent with, initiation of the suspension.
  - b. If the individual's certification is being immediately suspended and the facts have not yet been reviewed by an Investigative Review Panel (IRP) (described in Section V, D), the certificate holder may, within fifteen calendar days of the receipt of notice of suspension, request, in writing, the convening of a special IRP to review the facts necessitating the immediate suspension.
  - c. Upon receipt of this request, the medical director shall convene the special IRP (to review the facts necessitating immediate suspension of the certificate) prior to completion of the investigatory process and determination of final action.
  - d. The special IRP shall be completed and the certificate holder notified of the IRP's recommendation and the medical director's decision regarding continuation of the suspension, within twenty-one calendar days of receipt of the request for the IRP.
  - e. The medical director or designee shall present the evidence for review (by the special IRP) that he/she believes demonstrates the necessity for the immediate suspension prior to completion of the investigatory process.

- 1) All information gathered at that point in the investigation need not be presented if it is believed that complete disclosure might jeopardize completion of the investigation or of a related investigation.
  - 2) Information which contradicts the need for the immediate suspension may not be withheld
2. The medical director need not convene a special IRP review if a full IRP review of all of the facts of the case, (described in section V, D), can be completed and the certificate holder notified of the final decision of the medical director, within twenty-one calendar days after the request for the special IRP is received.

**C. Notification of Formal Investigation**

1. If, after making inquiries and completing an initial evaluation (described in V,A) the medical director determines that further inquiry is necessary, a formal investigation shall begin.
2. The subject of a formal investigation and his/her relevant employer(s) shall be notified by registered mail of the investigation.
3. The certificate holder shall be allowed to submit pertinent information in writing.
4. The written notice to the certificate holder and relevant employer shall include:
  - a. A statement of the allegations against the certificate holder;
  - b. A statement explaining that the allegations, if found to be true, constitute a threat to public health and safety and are cause for the medical director to take action pursuant to Section 1798.200 of the Health and Safety Code;
  - c. An explanation of possible actions if the allegations are found to be true;
  - d. A request that the certificate holder respond to the allegations in writing;
  - e. A statement that the subject may submit in writing any information which is pertinent to the investigation, including statements from other individuals;
  - f. The date by which the information must be submitted; and
  - g. An explanation of the IRP process if suspension, revocation, denial, probation or denial of renewal of a certificate may occur.

5. This notification of formal investigation may be combined with the notification of action (Section V, F) if the certificate is being immediately suspended (pursuant to Section V, B).
6. The County Counsel's Office shall be notified of the initiation of the formal investigation and advised whenever immediate suspension is deemed necessary.

**D. Use of an Investigative Review Panel (IRP) When Suspension, Revocation, Denial, or Denial of Renewal of a Certificate May Occur**

1. If, following initial investigation, the medical director determines that the infraction or performance deficiency may require suspension, revocation, denial, probation, or denial of renewal of a certificate, he/she may convene an IRP to assist in establishing the facts of the case and report its findings and recommendation to the medical director. Prior to the IRP hearing, the medical director shall not discuss the case with any IRP member.
  - a. If the medical director does not convene an IRP prior to making a final decision (to suspend, revoke, deny, or deny the renewal of a certificate) the certificate holder may request, in writing, that an IRP be convened.
  - b. This written request must be received by the medical director within fifteen calendar days of the date that written notification of the decision to take disciplinary action is received, request in writing that an IRP be convened.
  - c. Within thirty days of receipt of such a request, the medical director shall convene and IRP to review the facts of the case and make a recommendation.
2. Certificate holder who requests a special IRP (review of the necessity for the immediate suspension) shall be considered to request IRP review of all facts of the case as of the date the medical director made a determination of the action to be taken.
  - a. The certificate holder shall be notified that the IRP review will be scheduled unless he/she has specified, in writing, that he/she does not wish further review of the facts of the case.

3. The IRP review shall be completed according to established guidelines (see Hearing Procedures, Addendum B), the findings reported to the medical director, and the certificate holder notified of the IRP's recommendation and the medical director's final decision within forty-five calendar days of receipt of the request for the IRP.
4. The IRP shall consist of at least three persons knowledgeable in the provision of prehospital emergency medical care and EMS system policies and procedures.
  - a. One member shall be mutually agreed upon by the certificate holder and the medical director if the certificate holder so requests.
  - b. The IRP shall not include the medical director, any staff of the local EMS Program, or anyone who submitted allegations against the certificate holder or was directly involved in any incident included in the investigation or any persons deemed to have potential conflict of interest.
5. The certificate holder and relevant employer(s) shall be notified by registered mail of the following:
  - a. Purpose of the IRP
  - b. Membership of the IRP
  - c. The certificate holder's right to approve one member
  - d. Date and time and location of the IRP
  - e. Certificate holder's right to designate a person to be present during the IRP to provide advice and support
6. The IRP shall assess all available information on the matter to establish the facts of the case.
7. The certificate holder shall be given the opportunity to be present during the presentation of any testimony before the IRP, allowed to be accompanied by legal counsel or another representative of their choosing to provide advice and support, allowed to testify before the IRP, allowed to call witnesses, and allowed to question witnesses called by the medical director.
8. The IRP proceedings shall be closed to the public unless otherwise designated by the medical director, and witnesses may be required to wait outside of the hearing room except when testifying.
9. The IRP shall make a written report of its findings to the medical director by the date specified by the medical director.

### **E. Findings/Action**

1. The medical director shall determine what action relative to the individual's certificate(s), if any, shall be taken as a result of the findings of the investigation and/or the IRP.
2. Upon determination of action to be taken relative to an individual's certification, the medical director shall complete and place in the record, a statement certifying the decision made by the medical director and date the decision was made. The statement shall include the signature of the medical director, the date, and the location it was signed.
3. The following types of actions, which could be taken, are not subject to the requirements for an Investigative Review Panel:
  - a. No disciplinary action. If the allegation(s) are found to be untrue, unsubstantiated or unrelated to the ability of the certificate holder to perform duties as a prehospital care provider, the medical director may choose to take no disciplinary action.
  - b. Documentation. The certificate holder will be informed that his/her conduct in the field will be monitored for a specified period of time by a person(s) selected by the medical director.
  - c. Counseling. The medical director may designate another person, such as the certificate holder's employer or medical supervisor, to provide specified counseling. The counseling session(s) shall include the following:
    - 1) a review of the findings of the investigation,
    - 2) the specific issues of concern,
    - 3) the improvement which is expected of the subject,
    - 4) the manner(s) in which such improvement may be achieved, and
    - 5) the evaluation method which will be used to assess improvement and/or compliance.
  - d. Reprimand. The Medical Director may have the certificate holder reprimanded if the facts in the case indicate that the certificate holder has committed an infraction which is unlikely to reoccur, is not representative of the certificate holder's usual behavior, and is not likely to continue to jeopardize the public health and safety
    - 1) A copy of the reprimand shall be placed in the certificate holder's personnel file at the EMS Agency and a copy shall be forwarded to the relevant employer.

- e. Placement of a Certificate Holder on Probation. The Medical Director may have a certificate holder placed on probation any time that an infraction or performance deficiency occurs which, in the opinion of the medical director, indicates a need to monitor the individual's conduct in the EMS system to protect public health and safety.
  - 1) The terms of probation and any conditions, such as satisfactory completion of remedial training, shall be determined by the medical director based on the facts of the case
  - 2) The individual's performance shall be reviewed periodically during the probationary period, in accordance with EMS Program policies and procedures and as prescribed in the terms of probation.
4. The following actions are subject to the requirements for an Investigative Review Panel:
  - a. Suspension of a certificate If, in the opinion of the medical director, an infraction or performance deficiency indicates the need to temporarily remove the certificate holder from practice to protect the public health and safety, he/she may suspend the certificate(s) for a specified period of time
    - 1) The duration of suspension and conditions for reinstatement (such as satisfactory completion of remedial training) shall be determined by the medical director based on the facts of the case.
    2. If the suspension period exceeds the scheduled expiration of the certificate/authorization, the medical director may, at the end of the suspension period, allow the individual to renew by the usual process or require demonstration that sufficient knowledge and skills are retained
    3. If sufficient retention of necessary knowledge and skills cannot be demonstrated as required by the medical director, the individual may be required to complete specific retraining requirements or to reapply as if a new applicant.
  - b. Revocation, denial, probation or denial of renewal of a certificate. If, in the opinion of the medical director, an infraction or performance deficiency is such that the holder of, or applicant for, certificate should not be allowed to practice because of risk to the public health and safety, he/she may revoke, deny, or deny the renewal of a certificate.

- 1) The medical director may refuse to accept or process an application for a certificate from any person whose certificate has been revoked, denied, or the renewal denied (for any of the reasons listed in Section 1798.200 of Division 2.5) unless that person submits documentation which, in the medical director's opinion, demonstrates that the threat to the public health and safety which necessitated the denial or revocation is no longer applicable.

#### **F. Notification of Action**

1. The medical director shall notify the certificate holder and his/her employer(s) of the action within ten calendar days after making the final determination of action.
2. Notification shall be by registered mail and shall include the following:
  - a. The specific allegations which resulted in the investigation;
  - b. A summary of the findings of the investigation, including the findings of the IRP if one was convened;
  - c. Action(s) to be taken, effective date(s) of the action(s), duration of the action(s);
  - d. The certificates to which the action(s) apply if multiple certificates are held and request for surrender of those certificate if appropriate.
  - e. If no IRP was convened, and one of the above actions has been taken, an explanation of the individual's right to request an IRP review of the action including, (if the certificate has been suspended pursuant to Section V, B) the right to request a special IRP as described (section V, B) to review the facts which necessitating the immediate suspension;
  - f. A statement that the certificate holder must report the action to any other EMS agency in whose jurisdiction the individual uses the certificate; and
  - g. If the certificate holder has been placed on probation, a statement that, during the probationary period, the certificate holder must report the probation when applying for certification or authorization from another EMS agency.
  - h. If the certificate has been suspended, a statement that the certificate holder must report that suspension when applying for any certification or authorization from another local agency during the period of the suspension; or

- i. If the certificate has been revoked, denied, or the renewal denied, a statement that the individual must report the action when applying for any certification from another EMS agency, and that the application may not be accepted or processed unless the individual presents documentation which, in the opinion of that medical director, demonstrates that the threat to public health and safety necessitating the denial or revocation is no longer applicable.
3. Records of disciplinary proceedings/actions will be maintained by the EMS Program for at least three years following the completion of the proceedings.

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Addendum A

To place any prehospital certificate holder on probation or suspend, revoke, or deny any certificate issued under the provisions of Division 2.5, the medical director must first determine that an imminent threat to the public health and safety exists as evidenced by the occurrence of any of the actions listed in Section 1798.200 of the Health and Safety Code. The following are considered to constitute threat to public health and safety:

- a. Fraud in the procurement of any certification or authorization
- b. Gross negligence
- c. Repeated negligent acts
- d. Incompetence
- e. The commission of any fraudulent, dishonest, or corrupt act which is substantially related to the qualifications, functions, and duties of prehospital personnel
- f. Conviction of any crime which is substantially related to the qualifications, functions, and duties of prehospital personnel. The record of conviction or certified copy of the record shall be conclusive evidence of such conviction
- g. Violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provision of the Health and Safety Code, regulations adopted by the EMS Authority, or any EMS Program policy pertaining to prehospital personnel
- h. Violating or attempting to violate any federal or state statute or regulation which regulates narcotics, dangerous drugs, or controlled substances
- i. Addiction to the excessive use of, or the misuse of, alcoholic beverages, narcotics, dangerous drugs, or controlled substances
- j. Functioning outside the scope of the held certification or independent of medical control in the field care system operating at the local level, except as authorized by any other license or certification .
- k. Demonstration of irrational behavior or occurrences of a physical disability to the extent that a reasonable and prudent person would have reasonable cause to believe that the ability to perform the duties normally expected may be impaired. Unprofessional conduct, exhibited by any of the following:
  - a. The mistreatment or physical abuse of any patient resulting from force in excess of what a reasonable and prudent person trained

and acting in a similar capacity while engaged in the performance of his or her duties would use if confronted with a similar circumstance. Nothing in this section shall be deemed to prohibit an EMT-I, EMT-II, or EMT-P from assisting a peace officer, or a peace officer who is acting in the dual capacity of peace officer and EMT-I, EMT-II, or EMT-P, from using that force that is reasonably necessary to affect a lawful arrest or detention.

- l. The failure to maintain confidentiality of patient medical information, except as disclosure is otherwise permitted or required by law in Sections 56 and 56.6, inclusive of the Civil Code.
- m. The commission on any sexual related offense specified under Section 290 of the Penal Code.

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Addendum B

**INVESTIGATIVE REVIEW PANEL (IRP)  
HEARING PROCEDURES**

**I. DEFINITION**

- A. An Investigative Review Panel (IRP) is an impartial advisory body, convened at the request of the EMS Program Medical Director to review allegations against the holder of a prehospital certificate.
- B. The panel is composed of three members knowledgeable in prehospital care.
  - 1. If the petitioner requests, one member must be mutually agreed upon
  - 2. The following are excluded from serving on the IRP:
    - a. members of the EMS Program
    - b. anyone who submitted allegations against the certificate holder or who is directly involved in the incident
- C. The panel's purpose is to assist in establishing the facts of the matter and to provide its findings and make recommendations to the Medical Director. It acts in an advisory capacity to the Medical Director, who will then determine the action to be taken.

**II. DUTIES**

Upon request of the Medical Director of the Marin County EMS Program (hereinafter "Medical Director"), the IRP shall hear and consider evidence and testimony related to disciplinary action proposed or imposed against a prehospital care certificate holder.

**III. HEARING DATE AND LOCATION**

The initial date, time, and location for an IRP hearing shall be set forth in the letter from the Medical Director which convenes the hearing. If additional time is required for the panel to hear evidence and testimony, the hearing may be continued to a date, time and place mutually agreeable to the panel, the representative(s) of the EMS Program and the certificate holder.

#### IV. AGENDA

##### A. Preliminaries

1. The panel shall select a member to serve as chairperson.
2. The chairperson shall open the hearing by entering the following into the recorded record
  - a. Name and status ("My name is John Mead, I am an RN with Green Ambulance company, serving as chairperson of this panel.")
  - b. The presence, in the room, of representatives of the EMS Program and the petitioner
3. The chairperson shall then proceed with the following:
  - a. Read the Medical Director's convening letter setting forth the allegations against the certificate holder
  - b. State that the parties have received and understood the requirements defined in Section (V) of these procedures.
  - c. Identify each panel member, request challenges for cause of any member of the panel, state if one panel member was mutually agreed upon.

##### B. Challenge for Cause

1. A challenge for cause issue shall be referred to the Medical Director if the panel's decision is unacceptable to the party raising the challenge
2. An Attorney/ County Counsel representative (previously assigned to advise the IRP) will be available on call for consultation to the panel on any such challenge, as well as on any other matter of a legal nature which may arise during the hearing process.

##### C. Presentation of Evidence and Information

1. The order for presentation of evidence and information shall normally be as follows:
  - a. Opening statement by EMS Program representative
  - b. Opening statement on behalf of the petitioner
  - c. Presentation of evidence and information by representative of the EMS Program
  - d. Presentation of evidence and information by the petitioner or his/her representative
  - e. Presentation of rebuttal evidence and information by representative of the EMS Program
  - f. Final statements by the parties
  - g. Submission of the matter for written report and recommendation by the IRP.

## **V. BURDEN OF PROOF, RIGHTS OF THE PARTIES, EVIDENCE, AND RECORD**

- A. Burden of Proof: The burden of proof rests with the EMS Program who must demonstrate by a preponderance of the evidence that the petitioner has performed prehospital duties in an improper manner or has otherwise acted in a manner justifying disciplinary action.
- B. General Rights of the Parties
1. Each party shall have the opportunity to cross-examine a witness of the other.
  2. Petitioner has the right to testify.
  3. Petitioner may be represented by legal counsel or another representative of his/her choosing.
  4. To protect the confidentiality of all matters and individuals concerned, the hearing will be closed to the public and all prospective witnesses will be excluded from the hearing room until asked to testify.
- C. Evidence
1. Technical legal rules relating to evidence and witnesses do not apply in the context of an IRP hearing.
  2. Panel shall assess all information available on the matter to establish the facts of the case.
  3. Any relevant evidence may be admitted if it is evidence responsible persons are accustomed to relying on when considering serious matters.
  4. Hearsay evidence may be heard, but should not be sufficient in itself to support a finding unless it would be admissible over objection in civil actions.
  5. The EMS Program may request: Request for discovery, Petitions to compel discovery and Evidence and Affidavits. (Administrative Procedures Act, Government Code, Title 2, Division 3, Chapter 5 Sections 11507.6, 11506.7, 11513 and 11514.)
- D. Hearing Record: The hearing shall be recorded.
- E. Expert Witness: An Expert Witness may be called by either party. The Expert Witness shall be qualified to speak on prehospital care matters and shall present the IRP with sufficient documentation to establish his/her qualifications prior to testimony.

## **VI. IRP GOVERNING AUTHORITIES**

- A. The IRP shall adhere to the requirements of California Code of Regulations, Title 22, Chapter 6, EMS Program Policies and the procedures outlined in this Addendum, and Government Code Sections 11507.6, 11507.7, 11513, and 11514 as references.
- B. Members of the panel shall familiarize themselves with the above requirements prior to the beginning the hearing.

## **VII. IRP REPORT OF FINDINGS AND RECOMMENDATIONS**

- A. The IRP shall submit a taped or written report of its findings and recommendations to the Medical Director within two working days of the completion of the IRP.
  - 1. Time for submission may be lengthened at the request of the panel and the discretion of the Medical Director.
- B. The report shall contain, at a minimum, the following information:
  - 1. Identification of the chairperson of the panel.
  - 2. The findings with respect to the specific allegation(s).
  - 3. A statement of agreement or disagreement with the action taken by the Medical Director regarding disciplinary action.
    - a. If in disagreement with the action taken, panel should recommend appropriate disciplinary action.
  - 4. Signature of the chairperson of the panel. Other members may sign if they wish.
  - 5. If the panel members cannot come to full agreement on each of its findings and recommendations, based on the evidence, the panel members not in agreement may submit separate reports.

## **EMS AIRCRAFT**

### **I. PURPOSE**

To provide policy for integrating dispatch and utilization of aircraft into the Marin County EMS system as a specialized resource for prehospital response, transport, and care of patients.

### **II. RELATED POLICIES**

- A. Emergency Medical Dispatch Policy, #4200
- B. Trauma Triage and Destination Guideline Policy, #4613
- C. Prehospital/Hospital Contact Policy, # 7001

### **III. PHILOSOPHY**

Aircraft utilization provides a valuable adjunct to the Marin County EMS System by minimizing the time to definitive care in prescribed circumstances. The time to definitive care for critically ill or injured patients can be a critical factor in optimizing their outcome.

### **IV. AUTHORITY**

- A. California Administrative Code, Title 22, Divisions 2.5 and 9.

### **V. APPLICABILITY**

All aircraft providing prehospital patient transport within the Marin County EMS System must be authorized by the EMS agency in their county of origin or by the EMS Authority or by a United States Government agency.

### **VI. POLICY**

- A. The patient's condition, available ground resources, incident location in relation to receiving facility and call circumstances will be evaluated by caregivers in the field to determine if air transport is appropriate.
- B. The type of aircraft to be requested will be determined by the Incident Commander and/or the County Communications Center based on provider availability, response time criteria and nature of the service needed. See Appendix A.

## **VII. PROCEDURE FOR AIRCRAFT DISPATCH**

- A. Aircraft will be dispatched simultaneously with ground units for specific circumstances as follows:
1. Area of the call is inaccessible to ground unit(s) or ground access is compromised;
  2. Air assistance may be needed with rescue activities; or
  3. Ground transport time to the hospital is > 30 minutes and the applicable Emergency Medical Dispatch Protocol (policy #4200, Appendix A) recommends simultaneous dispatch.
  4. Level III Trauma Center is on diversion status.
- B. Aircraft Dispatch may also occur in the following manner:
1. Upon request of the responding unit while en route to the scene.
  2. Upon request of onscene personnel following patient assessment.

## **VIII. PROCEDURE FOR AIRCRAFT USE**

- A. For trauma patients:
1. The patient meets Trauma Triage Tool criteria for Level II Trauma or specialty center care (multisystem trauma, pediatric with anatomic and physiologic criteria) and the ETA to that facility is 30 minutes or less;
  2. The patient meets Trauma Triage Tool anatomic or physiologic criteria and the time closest facility is the Level II Trauma Center; or
  3. Ground transport or delay to definitive care could worsen the patient's injury.
- B. For medical patients: Ground transport or delay to definitive care could worsen the patient's illness.
- C. Procedural Considerations
1. EMS aircraft should not transport patients in continued cardiac arrest. Hospital contact should be made if hypothermia or cold water drowning is suspected.
  2. Marin County Communications Center will notify law enforcement and fire agencies with jurisdiction over the landing zone.
  3. The EMS aircraft may be canceled by the onscene Incident Commander after consultation with the senior medical person on-scene.

D. Medical control

1. Medical control for patient care shall be transferred to aircraft personnel when the aircraft has landed and both providers agree that the patient will be transported by air, even if care is continued on the ground.
2. Treatment decisions will be made according to medical control policies and procedures governing the provider agency having responsibility for care.
3. Destinations will be requested by Marin County personnel related to the level of care desired (i.e., pediatric center, burn center, Level II Trauma Center, etc.), rather than the specific hospital.

C. **GENERAL AND RELATED PROCEDURES**

A. Marin County personnel may accompany a patient in an EMS aircraft during transport if all of the following conditions are met:

1. Personnel have been providing care for the patient prior to arrival of the aircraft;
2. Aircraft pilot and crew request that personnel accompany the patient during transport to assist with care; and
3. Aircraft agency guarantees return of Marin County personnel to their assigned location in a reasonable manner.

B. Patient care records will be kept as follows:

1. Marin County personnel will complete the Marin County Patient Care Record as per policy/procedure and fax it to the receiving hospital.
2. EMS aircraft crew will complete a patient care record as required by policy/procedure within their county of origin.
3. Copies of patient care records from involved agencies will be forwarded to the Marin County EMS Office within 72 hours.

C. The following times will be relayed to and recorded by Marin County Communications Center:

1. ETA at time of original dispatch request
2. When airborne, en route to scene
3. Arrival at scene
4. Departure from scene
5. Destination hospital
6. Arrival at receiving hospital

D. As part of the Quality Improvement Program, a peer review committee will review all aircraft dispatches.

- E. Aircraft may be utilized by acute care hospitals for interfacility transfers.
1. Hospitals will contact EMS aircraft providers directly.
  2. The hospital requesting an EMS aircraft will notify the Marin County Communications Center of aircraft activity so fire and law enforcement agencies can be notified of the probable aircraft landing site.
  3. Hospitals shall notify the Marin County EMS Office of interfacility transfers. This may be done following each transfer or on a yearly basis.

**APPENDIX A**

**PROVIDER LIST and CLASSIFICATION DEFINITIONS**

<b>Provider Name</b>	<b>Classification</b>	<b>Function</b>	<b>Staffing</b>	<b>Location</b>
Stanford University Hospital Helicopter <b>(LIFEFLIGHT)</b>	Air Ambulance	Medical	Pilot Flight Nurses (2)	Palo Alto
California Shock/Trauma Air Rescue <b>(CALSTAR)</b>	Air Ambulance	Medical	Pilot Critical Care Nurses (2)	Concord
Redwood Empire Air care Helicopter <b>(REACH)</b>	Air Ambulance	Medical	Pilot Critical Care Nurse/EMT-P	Santa Rosa and Concord
Sonoma County Sheriff's Department helicopter <b>(Henry 1)</b>	ALS Rescue	Law, Medical, Long-line rescue	Pilot Paramedic EMT-I	Santa Rosa
California Highway Patrol Helicopter <b>(H-30)</b>	ALS Rescue	Law, Medical	Pilot Paramedic	Napa
U.S. Coast Guard Helicopter	Auxiliary	Water rescue, Long-line rescue	2 Pilots Crew includes 1 EMT-I rescue swimmer	San Francisco Airport

**CLASSIFICATION DEFINITIONS**

1. "Air Ambulance" means any aircraft specifically constructed, modified, or equipped and used for the primary purpose of responding to emergency calls and transporting critically ill or injured patients whose medical flight crew has at a minimum two attendants certified or licensed in advanced life support.
2. "Rescue Craft" means an aircraft whose usual function is not prehospital emergency medical transport but which may be utilized for prehospital emergency patient transport when use of an air or ground ambulance is inappropriate or unavailable.
4. "ALS Rescue Aircraft" means a rescue aircraft that is equipped to provide ALS service, staffed with a minimum of one ALS medical flight crew member.
5. "Air Rescue Service" means an air service used for emergencies including search and rescue.
6. "BLS Rescue Service" means a rescue aircraft whose medical crew has, at a minimum, one attendant certified as an EMT-1.
7. "Auxiliary Aircraft" is a rescue aircraft which does not have a medical flight crew or whose flight crew does not meet the minimum requirements of a BLS Rescue Aircraft.

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## AMBULANCE DIVERSION POLICY

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### I. PURPOSE

To define the circumstances under which ambulance traffic may be diverted from an expected or "usual" receiving facility.

### II. RELATED POLICIES

- A. Trauma Triage and Destination, #4613
- B. Destination Guidelines, GPC 4

### III. AUTHORITY

"In the absence of decisive factors to the contrary, ambulance drivers shall transport emergency patients to the most accessible medical facility equipped, staffed, and prepared to receive emergency cases and administer emergency care appropriate to the needs of the patient." California Administrative Code, Title 13, Section 1105 (c).

### IV. DEFINITIONS

- A. **Full diversion** means a rerouting of all ambulance traffic.
- B. **Condition specific diversion** may occur when a normally available service, procedure or piece of equipment is temporarily unavailable and results in the rerouting of specific patients, dependent on the reason for diversion. Condition Specific Diversion may include the following:
  - 1. CT Scanner Inoperable
  - 2. Neurosurgeon Not Available
  - 3. Trauma Diversion
  - 4. Emergency Department (ED) Saturation
  - 5. Cath Lab Diversion

### V. POLICY

- A. Each Receiving Hospital shall establish an internal hospital plan, approved by and on file with the EMS Office. The plan shall include, but not be limited to the following:
  - 1. Definitions and standards for activation which are consistent with this policy/procedure.
  - 2. Identification of the internal approval process, including persons or positions that must be involved in the decision-making process.
  - 3. Mechanisms for notification, on-going monitoring, removal from diversion status; identification and activation of backup ED and ICU

physical space according to state licensing guidelines; call-in mechanism for additional staff; identification of patients who can be safely transferred within the facility; internal review of the diversion and reporting to the EMS Office.

- B. Full diversion may occur only if the receiving emergency department is incapacitated by a physical plant breakdown (i.e., fire, bomb threat, power outage, etc.) which renders patient care unsafe. In the event of a full diversion, all patients will be rerouted to other facilities as appropriate.
- C. The need to institute a Condition Specific Diversion is determined according to each facility's plan, consistent with the following:
  - 1. The following patients may not be rerouted:
    - a. Obstetrical patients in active labor
    - b. Patients with respiratory distress and unmanageable airway
    - c. Patients with uncontrolled external hemorrhage
    - d. Patients requiring ALS, but having no paramedic in attendance
    - e. Patients with CPR in progress
    - f. Stable patients who insist on transport to a specific hospital. Ambulance personnel will inform the patient of the diversion status and document that the patient refused transport to an alternate facility.
  - 2. Destinations of all other patients will be determined in accordance with the specifics of this policy.
  - 3. If the diversion is for a **CT Scanner Inoperable**, the following patients will be diverted:
    - a. Patients with signs or symptoms of a new CVA: transport to closest facility with a functioning CT scanner.
    - b. Patients with signs and symptoms of head, neck or spinal cord trauma: transport to Level II Trauma Center; if conditions preclude air transport contact Level III Trauma Center (MGH).
    - c. Trauma patients not meeting the above criteria (all other injuries) will not be diverted due to unavailability of the CT scanner.
  - 4. If the diversion is for a **Neurosurgeon Not Available**, the following patients will be diverted:
    - a. Patients with signs and symptoms of head, neck or spinal cord trauma: transport to Level II Trauma Center; if conditions preclude air transport contact Level III Trauma Center (MGH).
    - b. Patients with signs and symptoms of CVA and/or medical conditions that may require Neurosurgical intervention: transport to the closest appropriate facility in Marin County with a functioning CT scanner for initial evaluation and stabilization. Transfer, if indicated, is the responsibility of the hospital,

including the maintenance of formal transfer agreements with other facilities.

**5. Trauma Diversion:**

- a. Trauma patients will be diverted from the trauma center when the trauma surgeon and back-up trauma surgeon are encumbered with the care of trauma patients either in the operating room or emergency department.
- b. The following conditions DO NOT constitute acceptable grounds for Trauma Center Diversion:
  1. A lack of clinical specialty backup, inpatient bed space, monitored beds, or inpatient nursing staff.
  2. ED Saturation Diversion status or Inoperable CT Scanner.

**6. ED Saturation Diversion:**

- a. Ambulance traffic may be diverted due to emergency department saturation when emergency department resources are fully committed and unable to accept incoming ambulance traffic.
- b. Trauma patients will NOT be rerouted unless the trauma surgeon and back-up trauma surgeon are encumbered.
- c. Under this policy, *no diversion incident shall exceed two hours*. At the end of a two hour diversion period, a hospital must again contact the Communications Center to initiate another diversion status.
- d. Under no circumstance is lack of in-patient hospital beds, other than in the Emergency Department, grounds for diversion. Hospitals are expected to accept ALL ambulance patients and to provide emergency stabilization and appropriate transfer if necessary.

**7. Cath Lab Diversion**

- a. STEMI ambulance traffic will be diverted when a STEMI Receiving Center cath lab is unavailable because of physical plant or mechanical problems.
- b. Cath lab diversion will not be declared when the cath lab is encumbered by routine medical care.

- D. In all cases of diversion, senior management or designee must be notified and must approve activation of the diversion status.
- E. In the event that more than one Trauma Center or more than two receiving hospitals within Marin County meet their internal plan criteria and wish to activate diversion status at the same time, diversion status for all will be discontinued upon direction of the EMS Office.

## **VII. INITIATING AND TERMINATING DIVERSION STATUS**

### **A. Initiating diversion**

- 1. The facility shall implement the internal plan prior to initiating diversion status. The request to initiate status must be approved by senior management.
- 2. The impacted facility shall contact the Communications Center, announcing their need to initiate diversion status, including the following information:
  - a. Criteria for diversion
  - b. Name of senior management person approving diversion status
  - c. Expected duration of diversion
- 3. The Communications Center shall notify all other hospitals, the EMS Office, and providers as they are dispatched to calls, of the hospitals' diversion status and type of diversion.

### **B. Termination of diversion**

- 1. Diversion status will be terminated as soon as possible.
- 2. Diversion status is terminated when the hospital notifies the Communications Center who will then notify all other hospitals, the EMS Office, and provider agencies as they are dispatched on calls.
- 3. The name of senior management approving the termination of the diversion status shall be reported.

C. EMS Office staff are available to assist with solving system-related problems and can be reached by contacting the Communications Center.

D. The EMS Office will track the frequency and duration of diversion, making periodic reports to system participants.

### **E. Documentation of Diversion**

- 1. Hospitals must complete the Ambulance Diversion Form and fax it to the EMS agency within 48 hours (415.499.3747) for ALL diversions. Refer to Appendix A.
- 2. An EMS Notification Form should be submitted to the EMS agency for any problem associated with patient care during a diversion.

Ambulance Diversion Form Policy 5400 Appendix A  
**Emergency Department Diversion Check List**  
Marin General      Kaiser San Rafael      Novato  
*(please circle)*



**A. ED INFORMATION**

Date \_\_\_\_\_

- ED Census / # \_\_\_\_\_
- ED Waiting Room Census \_\_\_\_\_
- ED Admitted Patients \_\_\_\_\_ (waiting for beds)
- ED ANM / CN \_\_\_\_\_
- ED Lead Position Doctor \_\_\_\_\_

**B. TYPE OF DIVERSION**

Condition Specific Diversion      or      Full (bomb threat, fire, etc.)

- ED Saturation
- ED CT Scanner inoperable
- Trauma Diversion    *On-call Trauma Surgeon must be notified prior to diversion*
- Neurosurgeon unavailable
- Cath Lab

**C. ADMINISTRATIVE ACTIONS**

- Administrative Supervisor Notified (name/time) \_\_\_\_\_
- Administrator on Call (name/time) \_\_\_\_\_
- ED Chief / Designee Notified \_\_\_\_\_
- ED Manager Designee Notified \_\_\_\_\_
- Marin County Communication Center Notified (time/name of dispatcher) \_\_\_\_\_
- Reddinet Completed
- Diversion Start Time \_\_\_\_\_
- Diversion Stop Time \_\_\_\_\_
- Fax this completed form to EMS: 415-499-3747
- County Communication Center notified **every 2 hours**  
(Time/your initials/CC contact name)  
a) \_\_\_\_\_ b) \_\_\_\_\_ c) \_\_\_\_\_ d) \_\_\_\_\_

Note: state **full** or **condition specific** diversion when contacting the CC

**PLACE COPIES IN ED MANAGERS / ED CHIEFS MAILBOX**

<b>Category:</b>	Patient Care	<b>Policy No:</b>	7006
	General	<b>Date:</b>	09/01/2003
	Prehospital Patient Care Record	<b>New Update</b>	08/01/2004

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## PREHOSPITAL PATIENT CARE RECORD & Field Transfer Form (FTF)

### I. PURPOSE

To establish requirements for completion of the **Prehospital Patient Care Record (PCR)** and the **Field Transfer Form (FTF)**

### II. RELATED POLICIES

A. Prehospital Care Record Audit, #2005

### III. DEFINITION

A. The **Prehospital Patient Care Record (PCR)** is the record on which prehospital evaluation, care, and treatment is recorded for patients seen by ALS and BLS providers.

B. The **Field Transfer Form (FTF)** is a document providing basic demographic and clinical information to the receiving hospital in the case when the ALS provider is unable to complete the PCR.

### IV. POLICY

A. A PCR will be completed for all responses issued an ambulance authorization number (AO number) by dispatch center unless ALS personnel and dispatched transport units are canceled prior to arrival at the scene.

B. The PCR will reflect all care rendered to the patient. This includes the determination of complete vital signs and the performance of an examination even if this is the only care provided.

If a paramedic contacts the patient, examines, and transfers care to BLS level of service for transport, that examination must be documented to support the appropriateness of level of care.

C. The PCR will be completed according to the "Prehospital Patient Care Record Procedure" in a clear, concise, accurate and complete manner.

D. The legal record of the call is defined as the signed original PCR that is retained by the provider agency.

<b>Category:</b>	Patient Care	<b>Policy No:</b>	7006
	General	<b>Date:</b>	09/01/2003
	Prehospital Patient Care Record	<b>New Update</b>	08/01/2004

- 
- E. Complete vital signs will be taken and recorded on all patients.
1. Complete vital signs are defined as an auscultated blood pressure, pulse, respiratory rate, skin signs, level of consciousness and GCS if <15 with time obtained recorded. Subsequent blood pressures may be palpated. Initial blood pressure must be auscultated unless the reason for not doing so is documented. Pulse Oximetry should be recorded if available and indicated based on provider judgment.
  2. Inability to obtain vital signs due to patient refusal, combativeness, or other mechanical reason must be documented.
  3. Vital signs should be repeated every ten to fifteen (10-15) minutes.
  4. Blood pressures may be omitted on non-critical pediatric patients under the age of four (4) unless they have an altered level of consciousness and are not post-ictal.
  5. Pertinent vital signs will be repeated following the administration of any medication or treatment.
- F. Level of orientation or apparent ability of the patient to make informed decisions will be documented on all patients permitted to refuse treatment.
- G. Orthostatic vital signs should not be considered for patients with abnormal vital signs or syncope.
- H. The following applies to patients on whom the cardiac monitor is utilized:
1. If the monitor shows normal sinus rhythm without dysrhythmia, it is not necessary to obtain a strip or to include it in the patient's permanent record. (Normal sinus rhythm is defined as sinus rhythm, normal PQRST configuration, rate 60 to 100 beats per minute)
  2. When rhythm is not normal sinus rhythm, a six second strip will be obtained and included in the patient's record.
  3. Changes in rhythm will be documented and included in the patient's record.
  4. When monitoring is prolonged and rhythm changes frequent, representative strips will be included in the patient's record.
  5. All strips will be labeled with patient's name, date, time and the notation "field". Strips shall be attached to a separate sheet of paper with tape, attached to the PCR, and left at the receiving facility with a copy made for the agency record.

<b>Category:</b>	Patient Care	<b>Policy No:</b>	7006
	General	<b>Date:</b>	09/01/2003
	Prehospital Patient Care Record	<b>New Update</b>	08/01/2004

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## V. GENERAL INSTRUCTIONS

- A. The following instructions explain the procedure to be used when completing the form. Obviously, they cannot address all possible situations. Prehospital care personnel are expected to exercise good judgment in the application of the following instructions.
- B. The PCR is part of the patient's permanent medical record and is used for data collection.
- C. The PCR should be complete and accurate. If patient assessment and treatment information is not documented, there is no written evidence that the treatment or evaluation was performed.
- D. Blank items are considered not done.
- E. Record times according to the 24-hour clock.
- F. Use only the abbreviations on the approved list (see Appendix 3).
- G. Do not refer to a "notification form" on the PCR as it then becomes part of the chart and subject to subpoena. (If the physician orders Lidocaine 50 mg IVP and 150 mg is given by error, the PCR should reflect "Lidocaine 150 mg IVP at 1230, hospital notified." The notification form would then be filled out to reflect the error and the circumstances surrounding it.)
- H. If ALS personnel examine the patient and determine that BLS treatment and transport is the appropriate level of care, the fact that an examination was done should be recorded by the transporting unit and one of the following should occur:
  - 1. ALS personnel should complete and give to the BLS unit a "draft" PCR, or equivalent provider specific "field form or notes" documenting the components as listed below in Section V- J.1 (a-k) at a minimum.
  - 2. If completion of the PCR (or equivalent provider specific "field form or notes") will result in delay of transport, the PCR can be completed electronically from the ALS unit's base as described in V-K.
  - 3. Additionally, the transport (BLS in this case) providers will be expected to complete their own PCR deliverable on hospital receipt of the patient.

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- I. If ALS personnel arrive at the scene and are then cancelled or cannot locate a patient a PCR must be completed. Completion is defined as the following:
1. Dispatch times
  2. Authorization Number
  3. Patient Number (the number the patient would have been if present)
  4. Location
  5. Responding unit
  6. Notation under "Incident Narrative" indicating that no patient was found
  7. Call Disposition (43 = no patient contact)
  8. Names and signatures of unit staff
- J. Full PCRs must be completed for all incidents/patients as soon as possible after completing the call or delivering the patient to the ED. A full PCR must be completed and faxed to the receiving facility as soon as possible. In no case should crew go off duty prior to completing the full PCR.

A Field Transfer Form (FTF) may be completed if there is an urgent need for the unit to return to service. It is the expectation that a FTF not be utilized for patients with a medical condition of a serious or critical nature. The FTF will include the following information:

- a) Patient information
- b) Unit identifier
- c) AO Number
- d) History of event
- e) Chief Complaint
- f) Vital Signs
- g) Past medical history, medications and allergies
- h) Pertinent physical exam
- i) Field interventions and patient's response to treatment
- j) Treatment Protocol Utilized
- k) Names and signatures of unit staff

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K. The following applies only to completion of the direct-entry electronic database:

1. Consult the “Prehospital Care Information System Users’ Manual” for specific instructions on data entry or program capabilities.
2. Complete the electronic PCR (or FTF as above prior to leaving the receiving hospital ED. (The electronic system considers the PCR complete when all required entries have been made.)
  - a) If personnel are precluded from using this system for any reason, a hand-written PCR should be completed.
  - b) At a hospital, when trying to save an incomplete PCR, click on the desired option in the pop-up dialog box (complete later, transfer to complete later at your station etc.) or select “Incomplete Save” to access those options.
  - c) If not done in the ED, once completed, a signed copy should be FAXed to the receiving ED for inclusion in the patient record.

L. The following applies only to completion of a hand-written PCR:

1. Write legibly. After completing the form, check the third copy for legibility. If it is not legible, make copies as needed.
2. Use a ballpoint pen and press firmly so that all NCR copies are legible. Distribution is as follows for handwritten PCR:
  - a) Original--Provider Agency
  - b) Yellow--EMS Agency
  - c) Pink--Patient Record
  - d) Gold--Receiving Hospital

Distribution is as follows for handwritten FTF:

- a) Original – Provider Agency
- b) Gold – Receiving Hospital
3. Yellow copies will be forwarded every two weeks to the EMS agency by the provider agency. Pink and gold copies should be left or sent to the receiving hospital by the end of the originator’s shift.
4. Make corrections by drawing a single line through the error and initialing the change. (auto vs. ~~pole~~<sup>AH</sup> auto) Complete all items on the form. If an item is unknown, write “unk”; if an item is not applicable, write “N/A”.

## VI. SPECIFIC INSTRUCTIONS

### A. Lines 1-4, left side

1	<b>Marin County Pre-Hospital Patient Care Record</b>		Agency No. _____	Auth No. _____ - _____
2	Incident Location _____		PSA/Zone _____	Date _____
3	Care Before Arrival	<input type="checkbox"/> ALS First Responder _____ Time Arr. _____	Responding Unit _____	Patient of _____
4	<input type="checkbox"/> First Responder _____	<input type="checkbox"/> History <input type="checkbox"/> VS _____	<input type="checkbox"/> Moved _____	Page 1 of _____
	<input type="checkbox"/> Citizen <input type="checkbox"/> Other _____	<input type="checkbox"/> CPR Time: _____	<input type="checkbox"/> Other _____	

1. **Agency No:** Originator to write agency number for tracking purposes.
2. **AO:** The 7-digit authorization number assigned to the call by county dispatch.
3. **Incident Location:** The location to which the unit is dispatched. If different from actual location, indicate in comments section.
4. **PSA/Zone:** Paramedic Service Area, A through E; zone is optional by agency.
5. **Date:** The date that the incident occurred.
6. **Care before arrival.** Check the first responder box or the ALS first responder box if a public safety agency arrives at the scene and enter their identification number (**arrival time is optional**). If a physician, nurse or other medical person provides initial care, check the "other" box. Check all other applicable boxes (Hx-history; vs-vital signs). "CPR time" is the number of minutes CPR was in progress before your arrival. "Citizen" indicates bystander, non-medical care prior to arrival of public safety personnel. "Moved" indicates patient was moved prior to unit arrival. "Other" should be checked and other citizen care indicated here (bandaging, splinting).
7. **Responding unit:** Enter the number here.
8. **Patient \_\_\_\_ of \_\_\_\_:** List the number of this patient in relation to the number of patients involved in the incident.
9. **Page 1 of \_\_\_\_:** List the number of this page in relation to total number of pages in report.

### B. Lines 2-11, right side

1. **ALS\_BLS\_DRY:** Check to indicate if call is ALS level, BLS level of care, or Dry Run (no patient contact is made).
2. **Dispatch: 2 3:** Time you received the call from dispatcher. Circle the code used to respond to the incident. If the response is upgraded or downgraded en route, indicate the reason for change elsewhere on the PCR.
3. **Enroute:** The time your unit begins response to incident.

	ALS	<del>BLS</del>	DRY RUN	2	
Dispatch:			2 3	3	
Enroute:				4	
On Scene:				5	
At Patient:				6	
Extricated:				7	
Depart Scene:			2 3	8	
Arrive Dest.:				9	
Available:				10	
PMD:				11	

4. **On Scene:** The time your unit arrives at the scene.
  5. **At Patient:** The time when you arrive at the patient
  6. **Extricated:** The time extrication of the patient has been completed.
  7. **Depart Scene 2 3:** Time the unit begins transport to the hospital. Circle the code you used to transport the patient. If the response is upgraded or downgraded during transport, indicate the time and reason this occurs on the PCR.
  8. **Arrive Destination:** Time the unit arrives at the hospital.
  9. **Available:** Time the unit is available to respond to a call in unit's primary response zone.
  10. **PMD:** Name of private physician.
- Recording of response times on the PCR may be optional, check with your employer.

C. Lines 5 through 7, left side

5	Name (Last, First, MI)			Sex	Age	Date of Birth
6	Mailing Address		City	State	Zip	Weight
7	Telephone	Ins. Code	Other Ins.	SS/ID #	NR	

1. **Name (last, first, MI):** Print patient's name as instructed.
2. **Sex:** using "M" or "F", indicate gender (what patient considers him/her self to be).
3. **Age:** Age in years; if in months, days, hours, or newborn, indicate so.
4. **Date of Birth:** Enter date of birth.
5. **Mailing address:** Location where patient receives mail. Include city, state, and zip code.
6. **Weight:** Enter weight, circle "lbs" or "kg".
7. **Telephone:** Telephone number where patient can normally be reached. Include area code if other than 415.
8. **Ins. Code:** Insurance code (optional). Enter the carrier patient wishes to utilize for ambulance transport.
9. **Other Ins (optional):** List other insurance the patient may have.
10. **SS/ID # (optional):** List social security or other identification number for insurance purposes.
11. **NR (optional):** Check this box if patient is non-resident of the service area AND is ill or injured in a public place.

D. Lines 8 through 11, left side

8	History	Medications	Allergies
9			
10			
11			

1. **Hx:** Indicate patient’s pertinent medical history.
2. **Meds:** Write in medications the patient currently takes. Include doses and frequency if pertinent to field care.
3. **Allergies:** List medications to which patient is allergic.

E. Lines 12 through 19, left side

12	Incident Narrative
13	
14	
15	
16	
17	
18	
19	

1. **Incident Narrative** In narrative format, describe the chief complaint and/or a description of the incident. Utilize continuation form if necessary.

F. Lines 12 through 17, right side

1. **Type Patient Code** Categorize patient according to “Type of Patient” code printed on back of PCR. If multiple factors are involved, choose the most significant contributing factor.
2. **Mechanism of Injury Code** Enter category according to “Mechanism of Injury” printed on back of PCR. If multiple mechanisms involved, choose the most significant. **WHEN THERE IS A MECHANISM OF INJURY, THERE MUST BE A COMPLETED TRAUMA WORKSHEET ATTACHED TO THE PCR THAT IS SUBMITTED TO THE EMS OFFICE.**
3. **Safety Codes** Enter codes according to “Safety Equipment Used” codes printed on back of form. Up to four codes may be entered.
4. **Intent of Injury Code** Enter code according to “Intent of Injury” codes printed on back of form.
5. **Scene Conditions Codes** Enter the number of the appropriate scene condition codes. Refer to back of PCR for code choices.
6. **Treatment Guideline Code** Enter the treatment guideline code being used. Refer to back of PCR for code choices.

	Codes	
Type of Patient	<input type="text"/>	12
Mechanism of Injury	<input type="text"/>	13
Safety	<input type="text"/>	14
Intent of Injury	<input type="text"/>	15
Scene Condition	<input type="text"/>	16
Treatment Guideline	<input type="text"/>	17

H. Lines 20 through 24

20 21 22 23 24	(Check Mark Indicates Within Normal Limits)	<input type="checkbox"/> NEURO		<input type="checkbox"/> LUNGS	
		<input type="checkbox"/> HEAD/FACE		<input type="checkbox"/> ABDOMEN	
		<input type="checkbox"/> PUPILS		<input type="checkbox"/> BACK	
		<input type="checkbox"/> NECK		<input type="checkbox"/> PELVIS	
		<input type="checkbox"/> CHEST		<input type="checkbox"/> EXTREMITIES	

1. Areas of secondary examination are listed. **Check in box indicates area was examined and found to be within normal limits.**
2. Results of examination are described in adjacent box. (Example: laceration to forehead. Box preceding "head" would not be checked, space would read "2 inch vert. Lac. L. forehead".)

I. Lines 25 through 28

	Time	Position	B/P	Pulse	Resp	Skin	Monitor	Ectopy	SaO2	Eyes	Verbal	Motor	GCS
25													
26													
27													
28													

1. **Time** Indicate the time vital signs were taken. "PTA" may be used to indicate vitals taken prior to arrival of unit.
2. **Position** Indicate the position of the patient when vital signs were taken. May use stick figures, arrows, or write in position.
3. **B/P** Blood pressure of the patient at the time indicated. If pressure is palpated only, indicate reason in "monitor" area or complaint section.
4. **Pulse** Pulse rate of the patient at the time indicated. Pulse is to be palpated or auscultated, not monitor-related rate.
5. **Resp.** The respiratory rate of the patient at the time indicated.
6. **Skin** The skin signs of the patient at the time indicated. Include color, temperature and moisture.
7. **Monitor** The ECG reading of the patient at the time indicated.
8. **Ectopy** Enter "no" if none, if present, indicate type, number per minute (PVC 2/m).
9. **Eyes, Verbal, Motor, GCS** Using scoring categories printed on back of form, score patient in each category, indicating final Glasgow Coma Scale in final box.

J. Lines 29 through 31

29	IVs	Type	Time	Fluid	Gauge	Site	Rate	# Att	Success	Accr #	TUBES	Type	Time	Size	# Att	Success	Accr #
		30	IV IO									Y N		ET NT			
31	IV IO								Y N		ET NT					Y N	

- Type** Circle IV or IO.
- Time** Indicate the time IV was attempted.
- Fluid** Indicate type of IV fluid or SL for saline lock.
- Gauge** Size of the catheter placed in the vein.
- Site** Location of the insertion site. If more than one attempt is made, document location of other sites in the treatment/response section.
- Rate** Rate of flow or amount of fluid ordered.
- # Attempts** Indicate the number of attempted IV starts by the paramedic identified on this line. Include the successful attempt. Indicate the location of unsuccessful attempts in the treatment/response section.
- Success Y N** Indicate if the IV was successfully started. Circle the appropriate letter.
- Accreditation #** Indicate the accreditation number of the paramedic that started or attempted the IV.
- Type** Circle "ET" for endotracheal or "NT" for nasotracheal
- Time** The time paramedic attempts to place the tube
- Size** The size of the tube.
- # Attempts** Indicate the number of attempts made by the paramedic identified on this line to place the tube. An attempt is defined as the paramedic placing the laryngoscope blade in a patient's mouth or ETT in patient's nose with the intent to intubate that patient.
- Success Y N** Indicate if the tube was successfully placed. Circle the appropriate letter.
- Accreditation #** Enter the accreditation number of the paramedic placing or attempting to place the tube.
- (Duplicate line) Use to identify second paramedic IV or ET attempt. Also used to identify multiple IV lines established by the same paramedic. If additional lines are needed, enter in "treating" section.

K. Lines 32 and 33

32	Oxygen	Nasal Cannula		Mask		Immob. Time	Immob. Type	Blood Glucose					
		Time	LPM	Time	LPM			Time	Value	Time	Value		
33						Splint Time	Splint Type						

- O<sub>2</sub> NC time** Enter the time oxygen, administered by nasal cannula, was applied to the patient. If begun prior to your arrival, indicate the time or prior to arrival.

2. **O<sub>2</sub> Mask time** Enter the time oxygen, administered by mask, was applied to the patient.
3. **LPM** Enter rate of oxygen flow.
4. **Immob. Time** Enter the time immobilization was done. If done prior to your arrival, indicate the time instituted or PTA.
5. **Immob. Type** Enter the type of immobilization devices applied.
6. **Splint Time** Enter the time splint was applied to the patient.
7. **Splint Type** Enter the type of splint applied. Additional splints should be listed in the "treatment" section. (When immobilizing/splinting remember to note CSM before and after in treatment/response area.)
8. **Blood Glucose Value** Enter the time(s) and value(s) obtained if test was done.

L. Lines 34 through 41

	Time	Treatment	Response	Time	Treatment	Response
34						
35						
36						
37						
38						
39						
40						
41						

1. **Time** Enter the time a treatment was done (not the time the treatment was ordered).
2. **Treatment** List treatments administered. If a medication, list the drug, doses, and route of administration. If the treatment is listed elsewhere on the PCR (oxygen per nasal cannula) it is not necessary to list it here.
3. **Response** Indicate the response of the patient to the treatment listed to the left.

M. Lines 42 through end

<b>HOSPITAL</b>	<input type="checkbox"/> Report Only	<b>DISPOSITION</b>	Transport Type <input type="checkbox"/> ALS <input type="checkbox"/> BLS	Originator Name & Signature <input type="checkbox"/> Driver <input type="checkbox"/> Attendant		Accr #
	<input type="checkbox"/> Hospital/MD Consult		Destination <input type="checkbox"/> MGH <input type="checkbox"/> KSR <input type="checkbox"/> NCH	Partner Name & Signature <input type="checkbox"/> Driver <input type="checkbox"/> Attendant		Accr #
	<input type="checkbox"/> Trauma Notification		<input type="checkbox"/> Other _____	Other Name & Signature		Accr #
	<input type="checkbox"/> Attempted, Not Made		Call Disposition Code <input type="text"/>	Other Name & Signature		Accr #
<input type="checkbox"/> Not Attempted	Hosp. _____	<b>PERSONNEL</b>	Patient Transport Code <input type="text"/>			
Time _____						
MD Name _____						
8/00						

- 
- 
1. **Report Only** Check if hospital contact was for report only.
  2. **Consultation** Check if hospital contact was for consultation.
  3. **Hosp** Enter name of hospital contacted.
  4. **Time** Time hospital was contacted.
  5. **Attempted, not made** Check if contact was attempted but not made.
  6. **Not attempted** Check if contact was not attempted.
  7. **MICN Name** enter the name(s) of the MICN consulting on the call.
  8. **MD Name** Name of physician consulting on call from the hospital.
  9. **Type Trans ALS BLS** Check the appropriate box to indicate transport by ALS or BLS, enter unit number.
  10. **Destination** Check the appropriate box to indicate transport to MGH, KSR, NCH or other. If destination is "Other", indicate facility on line.
  11. **Call Disposition code** Enter "Call Disposition" code printed on back of form.
  12. **Patient Transportation Code** Enter "Patient Transportation" code printed on back of form.
  13. **Originator Name and Signature** Name and signature of person completing the majority of the PCR. Check to indicate whether Driver or Attendant.
  14. **Partner Name and Signature** Signature of the partner on the call. If acceptable to partner, originator may sign for partner, following the signature with originator's initials. Signature attests to participation in the call.
  15. **Other Name and Signature** Print the name of the intern/other paramedic. Signature necessary only if care is performed by this person.
  16. **Accr. No.** Enter accreditation number of the originator of the form, the partner, and the intern/other paramedic if applicable.

## VII. CONTINUATION PAGE

- A. Generate this form anytime there is not sufficient room on the PCR form to enter all data for the call.
- B. **Name** Enter the patient's name.
- C. **Auth No** This number will be the same AO number that appears on the PCR.
- D. **Patient \_\_ of \_\_** Number consistent with patient indicated on line 3 of PCR.
- E. **Page \_\_ of \_\_** Indicate position of continuation page in total pages for PCR (page 2 of 2).
- F. Complete remainder of page per previous instructions. It is not necessary to duplicate information from the first page onto the continuation page.

<b>Marin County Pre-Hospital Patient Care Record</b>										Agency No. _____		Auth No. _____																								
<b>PATIENT INFORMATION</b>	Incident Location _____										PSA/Zone _____		Date _____		<input type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> DRY RUN																					
	Care Before Arrival										ALS First Responder _____ Time Arr. _____		Responding Unit _____		Patient of _____		Dispatch: 2 3																			
	<input type="checkbox"/> First Responder <input type="checkbox"/> History <input type="checkbox"/> VS <input type="checkbox"/> Moved <input type="checkbox"/> Citizen <input type="checkbox"/> Other										CPR Time: _____		Other _____		Page 1 of _____		Enroute: _____																			
	Name (Last, First, MI) _____										Sex _____		Age _____		Date of Birth _____		On Scene: _____																			
	Mailing Address _____ City _____ State _____ Zip _____										Weight lbs _____		kgs _____		At Patient: _____																					
	Telephone _____										Ins. Code _____		Other Ins. _____		SS/ID # _____		NR _____		Extricated: _____																	
	History _____										Medications (Include dosage) _____		Allergies _____		Depart Scene: 2 3		Arrive Dest.: _____																			
															Available: _____		PMD: _____																			
	<b>ASSESSMENT</b>	Incident Narrative _____										Codes		Type of Patient <input type="checkbox"/>		Mechanism of Injury <input type="checkbox"/>		Safety <input type="checkbox"/>		Intent of Injury <input type="checkbox"/>		Scene Condition <input type="checkbox"/>		Treatment Guideline <input type="checkbox"/>												
<input type="checkbox"/> NEURO <input type="checkbox"/> LUNGS <input type="checkbox"/> HEAD/FACE <input type="checkbox"/> ABDOMEN <input type="checkbox"/> PUPILS <input type="checkbox"/> BACK <input type="checkbox"/> NECK <input type="checkbox"/> PELVIS <input type="checkbox"/> CHEST <input type="checkbox"/> EXTREMS																																				
<b>TREATMENT</b>											Time		Position		B/P		Pulse		Resp		Skin		Monitor		Ectopy		SaO2		Eyes		Verb.		Motor		GCS	
<b>HOSPITAL</b>	<input type="checkbox"/> Report Only <input type="checkbox"/> Hospital/MD Consult <input type="checkbox"/> Trauma Notification <input type="checkbox"/> Attempted, Not Made <input type="checkbox"/> Not Attempted Hosp. _____ Time _____ MICN Name _____ MD Name _____										<b>DISPOSITION</b>		Transport Type <input type="checkbox"/> ALS <input type="checkbox"/> BLS		Destination <input type="checkbox"/> MGH <input type="checkbox"/> KSR <input type="checkbox"/> NCH <input type="checkbox"/> Other _____		Call Disposition Code <input type="checkbox"/>		Patient Transport Code <input type="checkbox"/>		<b>PERSONNEL</b>		Originator Name & Signature _____		<input type="checkbox"/> Driver <input type="checkbox"/> Attendant		Accr # _____									

# Marin County EMS

## Pre-Hospital Field Transfer Form (FTF)

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Unit #: \_\_\_\_\_ A/O # \_\_\_\_\_

Incident Address: \_\_\_\_\_ Level of Distress: Mild Moderate Severe

Name (Last, First): \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ M F

Patient's Address \_\_\_\_\_ Phone \_\_\_\_\_

Chief Complaint \_\_\_\_\_

Signs & Symptoms \_\_\_\_\_

Medical History \_\_\_\_\_

Medications \_\_\_\_\_

Allergies \_\_\_\_\_

Eyes	Spon-4	Voice-3	Pain-2	None-1		
Verbal	Orient-5	Conf-4	Inapp-3	Incomp-2	None-1	
Motor	Obey-6	Local-5	Wthdrl-4	Flex-3	Exten-2	None-1

GCS: \_\_\_\_\_ Blood Glucose \_\_\_\_\_ SpO<sub>2</sub> \_\_\_\_\_ RA / O<sub>2</sub>

✓ = WNL

**PHYSICAL EXAM**

Head \_\_\_\_\_

Pupils \_\_\_\_\_

Neck \_\_\_\_\_

Chest \_\_\_\_\_

Breath Sounds \_\_\_\_\_

Abdomen \_\_\_\_\_

Pelvis \_\_\_\_\_

Extremities \_\_\_\_\_

PMD \_\_\_\_\_

Protocol Followed \_\_\_\_\_

Prehospital Impression: \_\_\_\_\_

Time	Position	B/P	Pulse	Resp.	ECG

Time	Treatment	Response

Notes:

SSN / Insurance ID # \_\_\_\_\_

Destination: MGH KTL NCH Other: \_\_\_\_\_

Originator \_\_\_\_\_

Signature \_\_\_\_\_

Paramedic # \_\_\_\_\_

Partner \_\_\_\_\_

Signature \_\_\_\_\_

Paramedic # \_\_\_\_\_