



Mountain-Valley

Emergency Medical Services Agency

PLEASE POST

REGIONAL ADVISORY COMMITTEE
Wednesday, March 18, 2009 at 1:00 P.M.

Saddle Creek Resort
1001 Saddle Creek Drive
Copperopolis, California
(Map Enclosed)

NOTICE: FOR MEMBERS ONLY , LUNCH WILL BE SERVED AT 12:00 P.M.
PLEASE RSVP TO TINA CASIAS AT (209)529-5085, OR, tcasias@mvmsa.com BY
March 11, 2009

(No Subcommittee Meetings)

AGENDA

Any member of the audience desiring to address the committee on a matter on the agenda: Please raise your hand at the time the item is announced by the Committee Chairperson. In order that all interested parties have an opportunity to speak, any person addressing the Committee will be limited to a maximum of 5 minutes unless the Chairperson of the Committee grants a longer period of time.

Public comment periods: Matters under the jurisdiction of the Committee, and not on the posted agenda, may be addressed by the general public at the beginning of the regular agenda and any off-agenda matters before the Committee for consideration. However, California law prohibits the Committee from taking action on any matter which is not on the posted agenda unless it is determined to be an emergency by the Committee. Any member of the public wishing to address the Committee during the "Public Comment" period will be limited to a maximum of 5 minutes.

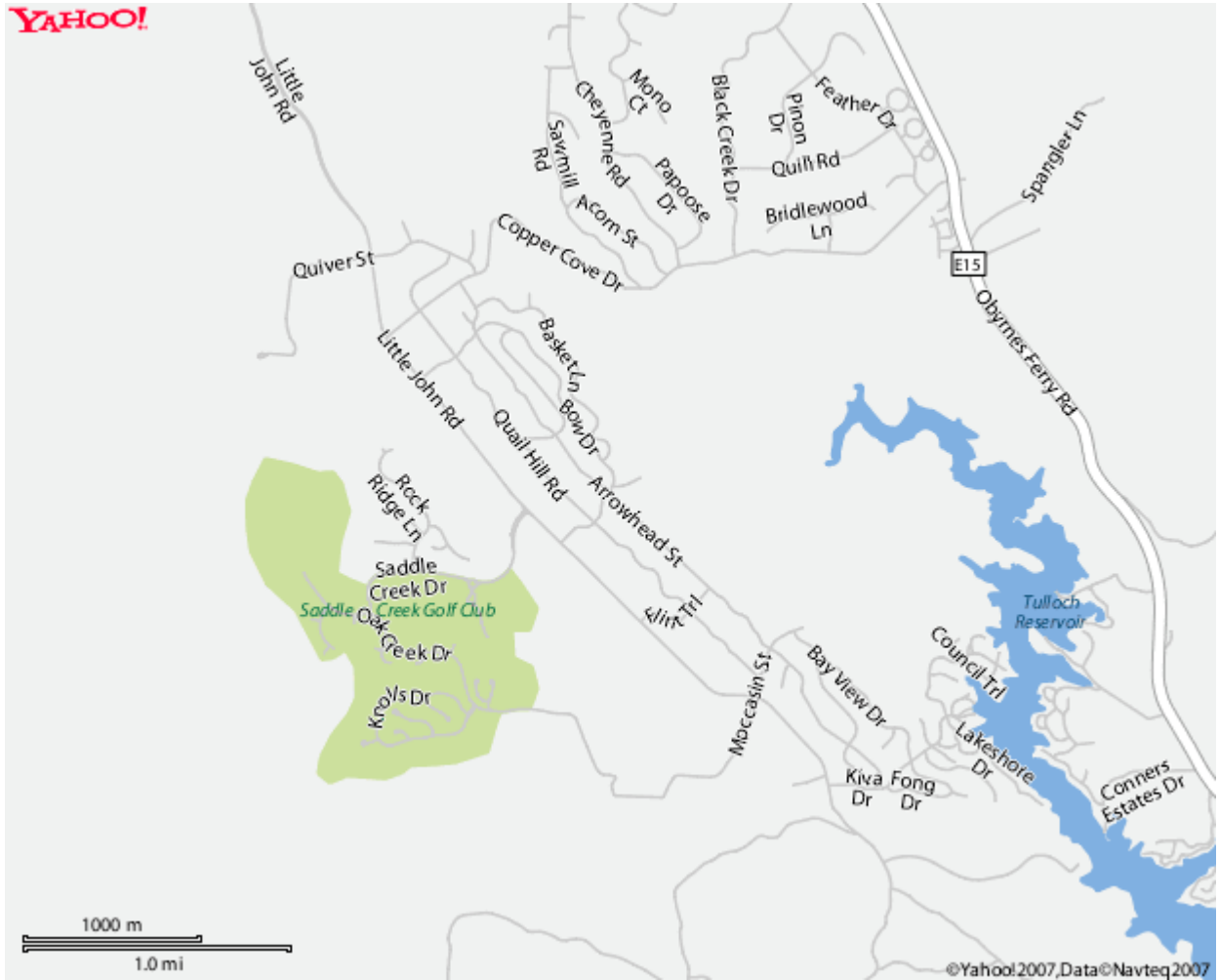
ACTION	1.	Call to Order
	2.	Welcome and Introduction of Members and Guests
INFO	3.	Conflict of Interest Statements/Fair Political Practices: <i>RAC members will be reminded that they should recuse themselves during any discussion concerning a topic of which they may have a conflict of interest.</i>
INFO	4.	Public Comment
ACTION	5.	Acceptance/Additions/Deletions to Agenda
INFO	6.	Correspondence/Information <i>Correspondence was received from the Calaveras County Clerk of the Board appointing William Schmielt to the administrative seat of the Regional Advisory Committee.</i>

ACTION	7.	Approval of November 19, 2008 Minutes (Attachment #1)*
INFO/ACTION	8.	Policies for Review* † (Attachment #2A - #2f) <i>a. 570.21 DNR Orders</i> <i>b. 570.25 EMS Organ Donor Information</i> <i>c. 570.35 Refusal of EMS Service</i> <i>d. 851.00 Triage Exercises</i> <i>e. 852.00 NIMS Compliance</i> <i>f. 953.10 Stanislaus County Interoperable Communications **</i>
INFO/ACTION	9.	Review Attendance Records / Consider Action Regarding Membership
INFO	10.	Agency/County Reports
INFO/ACTION	11.	Next Meeting Date /Time <i>May 20, 2009 at 1:00 p.m.</i>
ACTION	12.	Adjournment

*Please visit the Committees link on the Mountain-Valley EMS Agency website at www.mvemsa.com for documents and attachments.

** The draft is submitted for evaluation to determine if the policy should indeed be limited to the county or local area identified.

† See attached Summary of Responses to Summary Drafts February 16, 2009



REGIONAL ADVISORY COMMITTEE MEETING
November 19, 2008
Minutes

Location: Saddle Creek Resort
Copperopolis, California

Time: 1:00 p.m.

Committee Members Present Mike Skinner, Stanislaus County; Aaron King, Stanislaus County;
Alan McNany, Amador County; Drew Hood, Amador County; Brian Kirk,
Amador County; Don Zyski, Calaveras County; Mildred Zyski, Calaveras
County; Robin Bunch, Calaveras County

Committee Members Absent: Jesse Figueroa, Mariposa County; Suzanne Turpin, Mariposa County; Cindy
Woolston, Stanislaus County.

Guests: Joe Butler, Copperopolis Fire Department; John Losoya, Copperopolis Fire
Department

Staff: Jim Worobe – Deputy Director

1. CALL TO ORDER

Chairman Mike Skinner called the meeting to order at 1:00 p.m.

2. WELCOME AND INTRODUCTION OF MEMBERS AND GUESTS

Committee members and guests introduced themselves.

3. CONFLICT OF INTEREST STATEMENTS/FAIR POLITICAL PRACTICES

Chairman Skinner reminded Committee members to recuse themselves if they have a financial interest in matters before the Committee.

4. PUBLIC COMMENT

There were no comments from the public.

5. ACCEPTANCE/ADDITIONS/DELETIONS TO AGENDA

M/S/C (McNany/D.Zyski) To accept the agenda as presented.

Vote: Unanimous

6. CORRESPONDENCE/INFORMATION

Correspondence pertinent to the RAC was read by Jim Worobe. The Agency received correspondence from the Stanislaus County Clerk's Office regarding the appointment of Aaron King to the Regional Advisory Committee as an alternate.

7. APPROVAL OF July 16, 2008 MINUTES

M/S/C (M. Zyski/McNany) To accept the July 16, 2008 minutes as presented

Vote: Unanimous

8. POLICIES FOR REVIEW

11 policies were sent out for 60 day review. The comments received are as follows.

Policy 262.00 – MICN Reauthorization: There were no comments during the public comment period.

M/S/C (M.Zyski/Bunch) to accept as submitted.

Vote: Unanimous

Policy 330.10 – Ambulance Report Format: There was one comment received during the public comment period. The comment suggested changing section III C to read, “Base Hospital contact shall be made for all patients requiring care beyond standing orders,” and the sentence that follows that change should be stricken.

M/S/C (M.Zyski/Bunch) to accept with the changes noted.

Vote: Unanimous

Policy 515.00 – ED Pediatric Guidelines: There were two comments received during the public comment period. The first stated that Ipecac has not been used for pediatric gastric cleansing for several years and asked if the medication could be removed from the list of required medications. The second comment stated that KCL was stocked in the pharmacy and sent to the ED after a written order was received. The commenter stated internal hospital policy would have to be changed in order to make KCL “readily available.” The Medical Director and Staff suggested that Ipecac be removed from the guideline and that the stocking requirement for KCL be changed to read, “Immediately available to the ED.” Changing the wording would allow the medication to be kept in the pharmacy until needed and thereby prevent unintentional infusion.

M/S/C (M.Zyski/Bunch) to accept with the changes noted.

Vote: Unanimous

8. POLICIES FOR REVIEW (CONTINUED)

Policy 570.40 – Hazardous Materials: There were no comments during the public comment period.

M/S/C (M.Zyski/Bunch) to accept as submitted.

Vote: Unanimous

Policy 570.71 – Special Events Coverage: There were no comments during the public comment period.

M/S/C (M.Zyski/Bunch) to accept as submitted.

Vote: Unanimous

Policy 571.00 – Emergency Medical System Saturation: There was one comment received during the public comment period. The comment suggested adding a note to the purpose or the policy regarding local policies or procedures created by the MHOAC or Local EMS Agency. Staff suggested adding the following to the purpose of the policy:

NOTE: Additional criteria or policies regarding saturation may be established by the MHOAC or EMS Agency. In such cases, the local policy/procedure would supersede this policy (e.g. Stanislaus Saturation Policy 958.20)

M/S/C (M.Zyski/Bunch) to accept with the changes noted.

Vote: Unanimous

Policy 580.10 – Transfers-Interfacility: Staff recommends deletion.

M/S/C (M.Zyski/Bunch) to delete the policy.

Vote: Unanimous

Policy 580.11 – Ambulance Transfers: There were four comments received during the public comment period. The first comment suggested adding a definition of the term “Authorized Patient Transport Provider” to Section II.

There were three suggestions for changes in Section V.C. The first suggestion was to change the term “patient transport provider” to “the authorized patient transport provider.” Discussion took place as to whether or not to use the word “the” or “an” in the term. The decision of the committee was to use the word “the” in order to ensure that, in the case of a provider in an exclusive operating area, the patient transport provider with the contractual obligation to provide service in that area is actually contacted for transport.

8. POLICIES FOR REVIEW (CONTINUED)

The next suggestion was to change the term “warranted by his condition” to “warranted by his or her condition. There was no discussion on this suggestion.

The final suggestion was to change the word “should” to “shall”.

Staff agreed with the comments and suggested changing the language in Section V.C. to read, “The transferring facility will call the authorized patient transport provider and arrange for appropriate transportation. If warranted by his or her condition, the patient shall be accompanied by appropriate medical personnel.”

M/S/C (M.Zyski/Bunch) to accept with the changes noted.

Vote: Unanimous

Policy 620.20 – Unusual Occurrence Reporting: There were two comments during the public comment period. The first comment suggested striking the second sentence in Section V. A. The second suggested adding the word “email” to the first sentence in Section V, A, 1, and removing the second sentence. Staff recommends accepting these changes.

M/S/C (M.Zyski/Bunch) to accept with the changes noted.

Vote: Unanimous

Policy 801.00 – Response to Federal Threat Levels: There were no comments during the public comment period.

M/S/C (M.Zyski/Bunch) to accept as submitted.

Vote: Unanimous

Policy 910.10 – Alpine County Specific Emergency BLS Ambulance Policy: There were no comments during the public comment period. Alan McNany asked that this policy continue to be reviewed by the RAC since the portions of this policy affect ALA operations in Amador County.

M/S/C (M.Zyski/Bunch) to accept as submitted as an Alpine County Specific Policy.

Vote: Unanimous

9. REVIEW ATTENDANCE RECORDS/CONSIDER ACTION

There was nothing to review for this meeting

10. AGENCY/COUNTY REPORTS

Mountain-Valley EMS Agency

Jim Worobe reported that the start of the skiing season is upon us. Alpine County is having its pre-season meeting today (November 19, 2008). Staff is unable to attend the meeting due to conflicting responsibilities. MVEMSA is working closely with El Dorado County EMS since most of the ALS response to the Northwest side of the county comes from South Lake Tahoe. Agency Staff is working closely with Alpine County to help nurture their EMS response capability.

Dr. Mackey is in the process of establishing a panel of prehospital providers to act as a Director's Advisory Council. He has asked Service Provider Directors to nominate two providers from each service (a primary and an alternate) to serve on the panel. The intention is to have policy users help review, revise, and develop EMS policies that impact their day to day activity and make suggestions to MVEMSA for changes and revisions. Dr. Mackey is asking that nominees to the panel not be currently involved in the process (RAC members, EMCC Members, etc.).

Weapons of Mass Destruction training is taking place today (November 19, 2008) in Modesto. This is the last class scheduled for this year.

Dr. Mackey is in the beginning stages of developing a study on 12-Lead EKG collection in the field. More information is forthcoming.

Brian Kirk asked that if discussion with El Dorado County includes ALS reciprocity between El Dorado County providers and MVEMSA, could he be included in the discussions as he has a similar interest with Cal Fire Paramedics working in Amador County.

Alan McNany asked if there was any activity on the CPAP policy. Mr. Worobe reported that no draft policy has been presented to staff at this time. He is aware that Dr. Mackey is working on a draft and will be presenting it to staff, but the time frame has not been established yet.

Alpine County

There was no report for Alpine County.

Calaveras County

Mildred Zyski stated that there were some Strike Teams of Engines sent to Los Angeles. There may be an EMT class starting at the beginning of the year in Murphys.

Amador County

Brian Kirk reported that Cal Fire has some engines down south, also. Drew Hood reported that Emergency Department reconstruction would start in four or five months. Construction should take about a year, so the ER should be “pretty much compromised” for about a year. Alan McNany reported that CalStar 10 is still looking into moving into Westover at Sutter Hill. They are still waiting on the FAA to allow electrical work to add an auxiliary power unit to their pad so that they can do their morning checks on the aircraft. The FAA is working slowly. CalStar 10 is currently working out of Placerville. Amador County Public Health has developed a Long Term Care Facility Evacuation Plan and will be drilling on it the third and fourth of December.

Mariposa County

There was no report for Mariposa County.

Stanislaus County

Aaron King reported that Kaiser Modesto Hospital is open and has changed the face of the EMS System in Stanislaus County. Kaiser’s availability has significantly shortened the periods of System Saturation and Diversion. There are some factors that require changes in the thinking process. Kaiser is a Receiving Facility as opposed to a Base Hospital. Mr. King stated that he understood that Kaiser was working toward changing that status as soon as staff can be trained. Mike Skinner stated that he has noticed that since Kaiser is open and taking patients, the units that go to Emanuel Hospital are able to clear more quickly. Mr. Skinner also announced that there would be a one-hour CE class in Modesto on Thursday, November 20, 2008. Dr. Mackey is holding a M&M conference following the QLC meeting. There will also be a Pediatric Trauma Symposium at Doctor’s Hospital on Thursday, November 20, 2008.

11. NEXT MEETING DATE/TIME

Discussion regarding the necessity of a meeting in January took place. The Chair asked if there were any items already on the agenda for that meeting and if the meeting could be cancelled. Staff advised that at that moment no agenda had been prepared, however Staff reminded the Chair that the bylaws required a meeting at least quarterly. The meeting will remain on the schedule for January 21, 2009 at 1:00 pm. The Chair suggested that he would contact Staff to determine the agenda for January prior to the meeting and make a decision following that conversation,

12. ADJOURNMENT

M/S/C (M.Zyski/King) to adjourn meeting

Vote: Unanimous

The meeting was adjourned at 1:57 p.m.

MOUNTAIN-VALLEY EMS AGENCY
POLICIES AND PROCEDURES

POLICY: **570.21**
TITLE: **DO NOT RESUSCITATE ORDERS**

APPROVED:	DRAFT	CREATION DATE:	08/10/1992
	Executive Director	EFFECTIVE DATE:	04/13/2005
	DRAFT	SUPERSEDES:	
	Medical Director	REVISED:	3/2005 01/2009
		REVIEW DATE:	4/2010 05/2014
		PAGE:	1 of 2

DO NOT RESUSCITATE ORDERS

I. AUTHORITY

California Health and Safety Code, Division 2.5, Sections 1797.220 and 1798;
California Code of Regulations, Title 22, Division 9, Sections 100107 and 100146; and State
Emergency Medical Services Authority Guideline 111.

II. DEFINITIONS

- A. "Do Not Resuscitate (DNR)" means no chest compression, no assisted ventilations, no defibrillation, no intubation and no cardiotoxic medications.
- B. "Prehospital Emergency Medical Care Personnel" means those persons who have been certified as qualified to provide prehospital emergency medical care pursuant to California Health and Safety Code, Division 2.5.
- C. A Valid DNR Order means a completed California Emergency Medical Services Authority and the California Medical Association approved DNR form signed and dated by the patient's physician, a Medic Alert bracelet inscribed "Do Not Resuscitate EMS", a Physician Orders for Life-Sustaining Treatment (POLST) form, or a written, signed order in the patient's medical record.

III. PURPOSE

To establish criteria for prehospital emergency medical care personnel working within the jurisdiction of the Mountain-Valley EMS Agency to easily recognize and follow a Do Not Resuscitate (DNR) wish previously established by a patient.

IV. POLICY

- A. All patients whose assessment does not reveal "obvious death" as defined in Policy 570.20 **Determination of Death** shall be treated in accordance with treatment guidelines, unless the prehospital emergency medical care personnel are presented with a valid DNR order.

V. PROCEDURE

- A. When prehospital emergency medical care personnel are presented with a valid DNR order, no resuscitative measures shall be carried out including; placing an automatic or semi-automatic defibrillator on the patient. Prehospital Emergency Medical Care Personnel shall provide the patient with appropriate treatment other than resuscitative measures. Appropriate treatment may include but is not limited to:
1. Oxygen administration
 2. Treatment of hemorrhage
 3. Treatment for pain
 4. Treatment of airway obstruction
 5. Transport to a receiving facility
- B. If the patient is conscious and states he/she wishes resuscitative measures, the DNR order shall be ignored.
- C. If a patient with a valid "DNR" order is unconscious and family members request resuscitative measures prehospital emergency medical care personnel should initiate basic life support resuscitative measures, treating the patient in accordance with applicable treatment guidelines and immediately contact a Base Hospital for further instructions.
- D. The non-obvious death of a patient with a valid DNR order shall be determined in accordance with policy 570.20 **DETERMINATION OF DEATH**, with the exception that resuscitative measures are not to be employed. If a determination of death is made while en route, transport of the body should continue to the original receiving facility.
- E. If patient transport is undertaken, the DNR order is to be taken with the patient to the receiving facility.
- F. DNR orders are to be honored during transport.
- G. The presence of a "DNR" order is to be documented on the Prehospital Report Form.

MOUNTAIN-VALLEY EMS AGENCY
POLICIES AND PROCEDURES

POLICY: **570.25**
TITLE: **EMS Organ Donor Information**

APPROVED: DRAFT
 Executive Director

EFFECTIVE DATE 09/01/2003

SUPERSEDES:

REVISED:

REVIEW DATE:

PAGE: 1 of 2

 DRAFT
 Medical Director

EMS ORGAN DONOR INFORMATION

I. **AUTHORITY**

Health and Safety Code, [Section 7150.55, Division 2.5, Ch. 4, Art. 1, §§ Section 1797.220 & Ch. 5, §§ Section 1798](#). California Code of Regulations, [Title 22, Division 9, Ch. 4, Art. 2, §§ Section 100147](#).

II. **DEFINITIONS**

- A. Emergency Medical Care Personnel: First Responders, EMT-I, EMT-P.
- B. "Reasonable Search": A brief attempt by Emergency Medical Care 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 checking a wallet or purse that is on or near the individual to locate a driver's license or other identification card with this information. This requirement may be met by asking a family member, if one is present, about the presence of an organ donor card. A reasonable search shall not take precedent over patient care/treatment.
- C. "Imminent Death": A condition wherein illness or injuries are of such severity that in the opinion of Emergency Medical Care Personnel, death is likely to occur before the patient arrives at the receiving hospital. For purposes of this policy, this definition does not include any conscious patient regardless of the severity of illness or injury.

III. **PURPOSE**

To establish guidelines for Emergency Medical Care Personnel to meet requirements that they search for organ donor information on adult patients for whom death appears imminent.

IV. **POLICY**

- A. When Emergency Medical Care Personnel encounter an unconscious adult patient for whom it appears death is imminent (that is, death prior to the arrival of the patient at a receiving facility), 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 shall be done in the presence of a witness, preferably a public safety officer.
- B. Treatment and transport of the patient remains the highest priority for Emergency Medical Care Personnel. This search shall not interfere with patient care or transport.

- C. Any organ donor document that is discovered should be transported to the receiving hospital with the patient unless the investigating law enforcement officer requests it. In the event that no transport is made, any document should remain with the patient.
- D. No search is to be made by Emergency Medical Care Personnel after the patient has expired.
- E. If a member of the patient's immediate family objects to the search for an organ donor document at the scene, their response to a question about the patient's organ donation wishes shall be considered to satisfy the requirement.
- F. In cases where information exists to suggest the patient is an organ or tissue donor, this information shall be relayed to the County Coroner's Office or the appropriate transplant coordinating service.

DRAFT

APPROVED: DRAFT
Executive Director

DRAFT
Medical Director

EFFECTIVE DATE 09/2003
SUPERSEDES: _____
REVISED: _____
REVIEW DATE: 8/2008
PAGE: 1 OF 4

REFUSAL OF EMS SERVICE

I AUTHORITY:

In accordance with Section 100147, Title 22 of the California Code of Regulations, H&S Code 1797.220 & Chapter 5 1798, the medical director of the local EMS Agency shall establish and maintain medical control.

II DEFINITIONS:

- A. Emergency Medical Personnel/EMS Personnel –: All EMT-1's and EMT-P's providing care within the Emergency Medical Services System.
- B. Emancipated Minor means a person who is under the age of 18 who is married or who is determined by a court of competent jurisdiction to be legally able to care for him or herself.
- C. Person means :~~Any individual encountered by Emergency Medical Personnel who does not manifest any overt evidence of illness or injury – AND – refuses any assessment by Emergency Medical Personnel.~~
- D. Patient: ~~means Any individual encountered by Emergency Medical Personnel who demonstrates any of the following:~~
1. Suspected illness or injury
 2. Involved in an event with significant mechanism that could cause illness or injury
 3. Requests care or evaluation.
 4. An altered level of consciousness
- D. “Patient Relationship” exists ~~when, as a the~~ result of EMS being summoned ~~and,~~ EMS personnel ~~com~~ing ~~into~~ contact with a patient. ~~who has one or more of the following:~~
1. ~~— A chief complaint.~~
 2. ~~— An altered level of consciousness.~~
 3. ~~— Evidence of alcohol or drug usage.~~
 4. ~~— A medical history that has a potential to worsen or complicate a current condition.~~
 5. ~~— Involvement in an event with the potential for physical injury.~~
- E. “Refusal of Service” applies to those patients who are refusing any EMS services provided by EMS Personnel including assessment, treatment, or transportation.
- F. “5150” is defined in code as, ~~means:~~ “A patient who is held against their will for evaluation

under the authority of Welfare and Institution Code, Section 5150, because the patient is a danger to themselves, a danger to others and/or gravely disabled (i.e., unable to care for self). This is a written order placed by a law enforcement officer, County Mental Health Worker, or a health worker certified by the County to place an individual on a 5150 hold."

G. "5170" means is defined in code as: "-A person who is a danger to others or to him/herself, or gravely disabled as a result of inebriation, a peace officer, member of the attending staff, as defined by regulation, of an evaluation facility designated by the County, or other person designated by the County may, upon reasonable cause, take or cause to be taken, the person into civil protective custody and place him in a facility designated by the County and approved by the State Department of Alcohol and Drug Abuse as a facility for 72-hour treatment and evaluation of inebriates."

III PURPOSE:

To provide direction and guidelines to EMS Personnel for ~~of~~ patient-initiated refusal of service, at the scene of a medical emergency.

IV POLICY

A. Any competent adult patient, while suffering from an illness or injury, may decline all or part of assessment, treatments, or transportation by EMS Personnel. These patients have a right to refuse assessment, treatment or transportation if the following factors are NOT present:

1. Impaired capacity to understand the nature of their medical condition due to, but not limited to, alcohol, drugs or medications, mental illness, traumatic injury, or grave disability.

2. Legal minor

B. When it is determined that a patient has refused assessment, treatment, or transport ~~transport to a hospital~~ by ambulance, EMS personnel shall complete a refusal of EMS service form, patient care record and other documentation as specified in this policy.

V PROCEDURE

A. In the event a patient is refusing EMS services ~~Prior to the termination of the patient relationship,~~ the EMS personnel with the highest medical authority on scene shall attempt the following:

1. Obtain a history of the event and prior medical history including medications.
2. Perform a physical assessment to include a complete set of vital signs.
3. Determine that the patient is ana competent adult who can legally refuse medical care
4. Explain the risks of refusal of EMS service. ~~of medical care and transportation.~~
5. Explain the benefits of EMS service. ~~medical treatment and transportation.~~
6. Determine that the patient has an meaningful understanding of the risks of refusal, and benefits of treatment and transport.
7. Offer treatment and transportation to the nearest appropriate receiving facility.
8. ~~Prepare and explain the release of care against medical advice form (the signature should be witnessed if possible. A signature should be obtained by the witness if~~

- ~~possible.)~~
8. Advise the patient to seek medical attention for complaint.
 9. Advise patient to call 9-1-1 if condition worsens or if they desire EMS Services.

B. For patients that are refusing part or all of the assessment, treatment, or transportation and who in the judgment of the EMS personnel, requires assessment, treatment, or transportation, consider the following;

1. Have your partner offer assessment, treatment, or transportation.

2. If the patient is a danger to themselves or others, contact law enforcement officials.

a. Do not request a 5150 or 5170 hold unless the patient meets the definition of a 5150 or 5170 patient

3. Contact a designated base hospital for assistance from the base hospital physician in further assessment of the patient. ~~the physician to assist in offering assessment, treatment or transportation.~~ Communication with the base physician may require communication between the physician and patient.

4. For a patient meeting "trauma criteria," a designated Trauma Center will be contacted in all cases of patient refusal of assessment, treatment, or transportation.

C. Complete and explain the refusal of EMS service form to the patient.

1. A signature should be obtained from the patient and a witness if possible
2. If patient is a minor or incompetent adult, assure that the legal guardian is refusing treatment prior to allowing the refusal.
- ~~4.~~ A provider agency can use the sample form that follows or create their own refusal of EMS service form

D.—Each item described above shall be documented on the prehospital care report (PCR) and filed per individual EMS service provider policy.

H. Provider Agencies will use the elements listed below on the EMS Service Patient Refusal Form:

1. Patient's Name, Date, Incident Number, and Incident Location
2. Criteria for refusing care
3. Acknowledgement of Information
4. Release of Liability
5. Location for patient's signature and date
6. Check box for "refused to sign"
7. Witness signature line
8. Form completed by; signature line, date, and ID number

SAMPLE FORM FOLLOWS

REFUSAL OF SERVICE	DATE:
PCR #:	
Name:	
Address:	
History of event and prior medical history including medications	Base contact made for ALS chief complaint
Physical assessment and complete set of Vital Signs	Not applicable
Patient refused vital signs and/or assessment. Transportation to appropriate hospital offered.	
Seek medical attention for complaint.	Call 9-1-1 if condition persists or worsens
Risks of refusal of treatment or transportation explained:	Benefits of treatment or transportation explained:
1.	1.
2.	2.
Instructions to Patient or, Indicate why patient refused service or refused to sign this form: I acknowledge that _____ informed me of the risk(s) involved in refusing medical care and hereby release Mountain Valley EMS Agency, its officers, agents, and employees and all other persons participating in my care from any responsibility whatsoever for unfavorable or untoward results which may occur as a result of my refusal to permit emergency medical treatment. As a patient of the Mountain Valley EMS System, this is to certify that I am refusing care by, or against the advice of Mountain Valley EMS personnel.	
Patient Signature (or Legal Guardian or Representative)	Witness Signature

APPROVED: DRAFT
Executive Director
DRAFT
Medical Director

EFFECTIVE DATE
SUPERSEDES:
REVISED: 11/2008
REVIEW DATE:
PAGE: 1 of 4

START TRIAGE AND PATIENT TRACKING EXERCISES

I. AUTHORITY: Health and Safety Code, Division 2.5, Sections 1797.151, 1797.204, 1797.220

II. PURPOSE

To establish a standard mechanism for triage and tracking patients using the START triage method and current DMS/Cal-Fire Chiefs triage tags (see Attachment A); and to establish criteria for system-wide participation in triage exercises and quality improvement process.

III. POLICY

All field and receiving hospital personnel shall participate in scheduled triage exercises as published by the EMS Agency.

IV. PROCEDURE

During scheduled triage exercises:

1. The first arriving unit (ambulance or fire) shall conduct triage during the first 30 seconds of patient contact, using standard START triage criteria (see Attachment B).
2. Triage of patients shall occur where they lie only if the area is safe. If the area is unsafe, the patient shall be moved to a safe area prior to conducting triage.
3. All patients requiring transport shall be triaged and tagged prior to transport.
4. Patient treatment shall not be delayed during scheduled triage exercises.

A. Patient Tracking

1. Transporting personnel shall note the triage tag number on the patient care record. PCRs shall be generated on all patients.
2. Receiving hospital personnel shall have a mechanism in place to:
 - a. Include the triage tag number in the patient registration process
 - b. Retrieve patient information utilizing the triage tag number
 - c. Link hospital medical record number with the triage tag number

B. Quality Improvement

1. The Base Nurse Liaison shall perform audits of all triaged patients received during an exercise, utilizing the following indicators (see Attachment C):
 - a. START was utilized
 - b. Triage tag appropriately placed on patient
 - c. Triage Category accurate and appropriate
 - d. Patient information documented
 - e. Treatment documented
 - f. Vital signs documented
 - g. Engine/Unit number present on tag (see notation on Attachment A)
 - h. Triage tag number documented on patient record
 - i. Triage tag number documented in ED medical record
2. Representatives from each participating agency shall participate in regularly schedule QI meetings regarding Triage and Patient Tracking to review QI data and make recommendations for improvement.

CONTAMINATED

3787947

EVIDENCE

Personal Property Receipt/ Evidence Tag *3787947*

Destination _____ Via _____ *3787947*

All Risk™ TRIAGE TAG *3787947*

S L U D G E M
 Salivation Lacrimation Urination Defecation G.I. Distress Emesis Miosis

AUTO INJECTOR TYPE _____ 1 2 3
 AUTO INJECTOR TYPE _____ 1 2 3

Yes No Primary Decon
 Yes No Secondary Decon

Solution

Blunt Trauma	<input type="checkbox"/>
Burn	<input type="checkbox"/>
C-Spine	<input type="checkbox"/>
Cardiac	<input type="checkbox"/>
Crushing	<input type="checkbox"/>
Fracture	<input type="checkbox"/>
Laceration	<input type="checkbox"/>
Penetrating Injury	<input type="checkbox"/>

Age _____ Male Female

Copyright #1715-446-574 Disaster Management Systems, Inc.

VITAL SIGNS

Time	B/P	Pulse	Respiration

Time	Drug Solution	Dose

MORGUE Pulseless/ Non-Breathing	MORGUE Pulseless/ Non-Breathing
IMMEDIATE Life Threatening Injury	IMMEDIATE Life Threatening Injury
DELAYED Serious Non Life Threatening	DELAYED Serious Non Life Threatening
MINOR Walking Wounded	MINOR Walking Wounded

Comments/Information

Patient's Name _____

RESPIRATIONS Yes No
PERFUSION + 2 Sec. - 2 Sec.
MENTAL STATUS Can Do Can't Do

Move the Walking Wounded ▶ **MINOR**
 No Respirations After Head Tilt ▶ **MORGUE**
 Respirations - Over 30 ▶ **IMMEDIATE**
 Perfusion - Capillary Refill Over 2 Seconds ▶ **IMMEDIATE**
 Mental Status - Unable to Follow Simple Commands ▶ **IMMEDIATE**
 Otherwise ▶ **DELAYED**

Good place for the Engine/Unit Number

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 866 565-7597 • TriageTags.com

PERSONAL INFORMATION

NAME _____

ADDRESS _____

CITY _____ ST _____ ZIP _____

PHONE _____

COMMENTS _____ RELIGIOUS PREF. _____

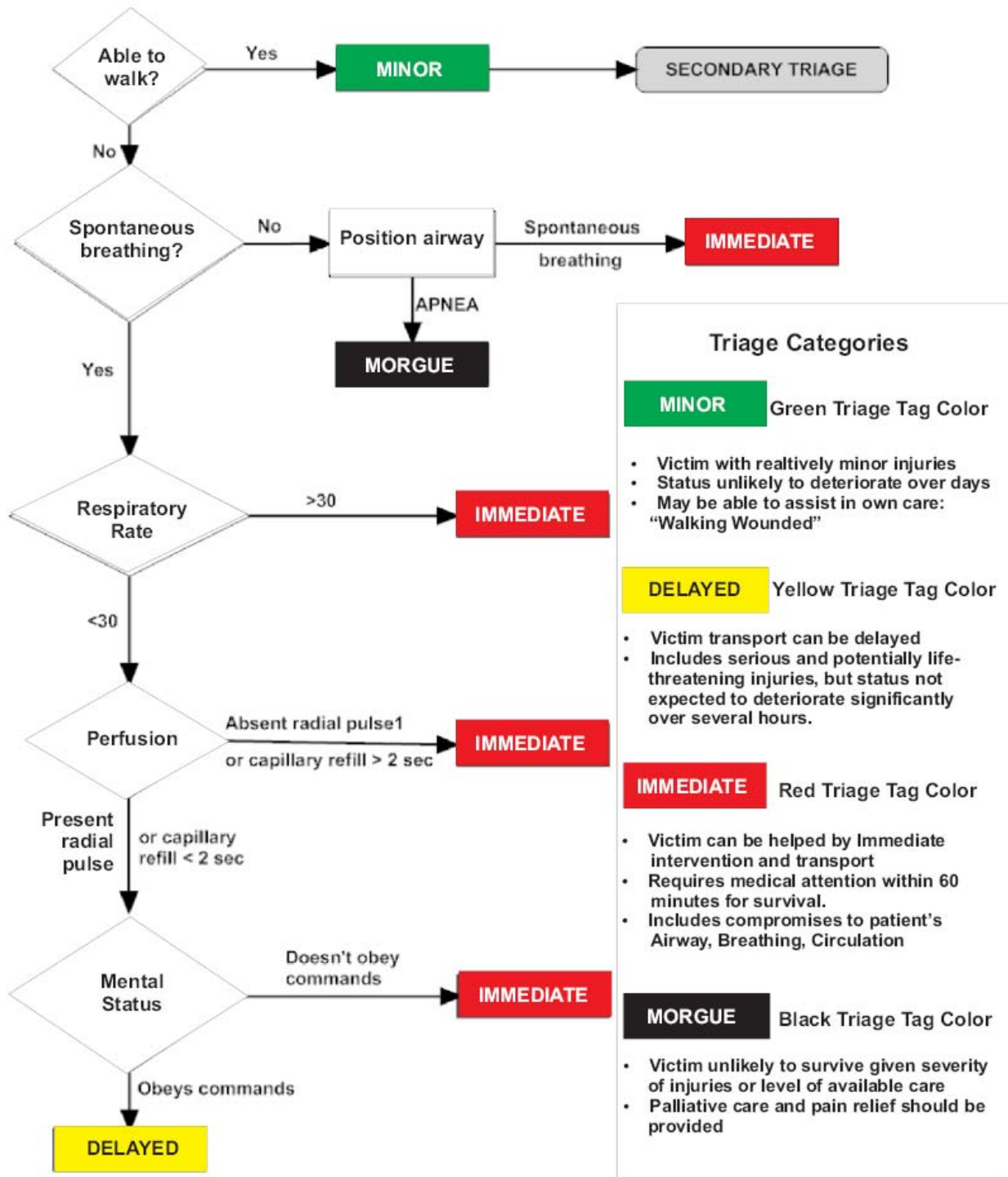
MORGUE Pulseless/ Non-Breathing	MORGUE Pulseless/ Non-Breathing
IMMEDIATE Life Threatening Injury	IMMEDIATE Life Threatening Injury
DELAYED Serious Non Life Threatening	DELAYED Serious Non Life Threatening
MINOR Walking Wounded	MINOR Walking Wounded

CONTAMINATED

EVIDENCE

Attachment B

S.T.A.R.T. Algorithm



Triage Categories

MINOR Green Triage Tag Color

- Victim with relatively minor injuries
- Status unlikely to deteriorate over days
- May be able to assist in own care: "Walking Wounded"

DELAYED Yellow Triage Tag Color

- Victim transport can be delayed
- Includes serious and potentially life-threatening injuries, but status not expected to deteriorate significantly over several hours.

IMMEDIATE Red Triage Tag Color

- Victim can be helped by Immediate intervention and transport
- Requires medical attention within 60 minutes for survival.
- Includes compromises to patient's Airway, Breathing, Circulation

MORGUE Black Triage Tag Color

- Victim unlikely to survive given severity of injuries or level of available care
- Palliative care and pain relief should be provided

MOUNTAIN-VALLEY EMS AGENCY
POLICIES AND PROCEDURES

POLICY: **852.00**
TITLE: **NIMS Training Requirements**

APPROVED: DRAFT

Executive Director
DRAFT

Medical Director

EFFECTIVE
DATE
SUPERSEDES:
REVISED:
REVIEW DATE:
PAGE: 1 of 2

NIMS TRAINING REQUIREMENTS

I. **AUTHORITY**

Health and Safety Code Division 2.5 Section 1797.220 and Homeland Security Presidential Directive - 5

II. **DEFINITIONS**

- A. NIMS –National Incident Management System developed by the Department of Homeland Security by Homeland Security Presidential Directive – 5.
- B. ICS – Incident Command System is an incident-focused organizational structure that can be implemented along side of the day-to-day administrative structure of an organization.

III. **PURPOSE**

To establish training requirements for emergency response personnel to meet standards identified in NIMS. Is it the responsibility of an ambulance provider agency to ensure that their personnel meet the requirements of this policy.

IV. **POLICY**

- A. All EMT-I’s and EMT-P’s employed by an ambulance provider, EMD’s employed by an authorized ambulance dispatch center, and any personnel with an ambulance provider or dispatch agency that has a direct role in emergency preparedness, incident management, or response, must within twelve (12) months of the adoption of this policy or six (6) months of hire, shall complete the following training programs:
 - 1. ICS 100
 - 2. ICS 700
- B. All EMT-I’s and EMT-P’s, employed in a supervisory role by an ambulance provider, within six (6) months of hire, shall complete the following training programs:
 - 1. All Classes identified in IV.A.
 - 2. ICS 200

- C. All EMT-I's and EMT-P's or other personnel employed, in an upper management role, by an ambulance provider, within twelve (12) months of hire, shall complete the following training programs:
 - 1. All classes identified in IV.B.
 - 2. ICS 300
 - 3. ICS 400
 - 4. ICS800

V. PROCEDURE

- A. All ambulance providers shall submit to the Mountain-Valley EMS Agency a report each February that details the number of employees that are identified in IV A, IV B, and IV C and the number that have met the policy requirements.

DRAFT

MOUNTAIN-VALLEY EMS AGENCY
POLICIES AND PROCEDURES

POLICY: **953.10**
TITLE: **Stanislaus County**
Interoperability Communications

APPROVED: DRAFT
 Executive Director

 DRAFT
 Medical Director

EFFECTIVE DATE
SUPERSEDES:
REVISED:
REVIEW DATE:
PAGE: 1 of 1

STANISLAUS COUNTY INTEROPERABILITY COMMUNICATIONS

I. AUTHORITY

Health and Safety Code, Section 1797.220

II. DEFINITIONS

- A. EMS Ambulance Personnel: means an EMT-I or EMT-P employed by an ambulance provider agency.
- B. Fire Department Personnel: means a- Fire Fighter personnel associated with a fire department.
- C. Interoperability: means ~~T~~the ability for public safety first responders to communicate via radio with whom the need to, when they need to, when authorized.

III. PURPOSE

To establish guidelines for interoperability radio communication between Emergency Medical Care Ambulance Personnel and Fire Department Personnel in Stanislaus County.

IV. POLICY

CalCord (156.0750) will be the designated radio frequency for interoperability radio communication between Emergency Medical Care Ambulance Personnel and Fire Department Personnel as follows:

a. Non-MCI

~~This frequency will be utilized t~~To communicate updates on critical patients, information about scene safety or access to the scene of a call.

b. MCI

For on scene tactical communications.

V. PROCEDURE

- A. EMS Ambulance Personnel that need to communicate with Fire Department Personnel on an emergency call shall:
1. Contact the Ambulance Emergency Dispatch Center.
 2. Request that Fire Department Personnel on scene or responding to the call assigned to Emergency Medical Care Ambulance Personnel contact them on CalCord.

- B. Ambulance Emergency Dispatch Center shall:
1. Contact appropriate fire department dispatch center
 2. Relay request for responding Fire Department Personnel to communicate on CalCord with responding ~~Emergency Medical Care- Ambulance~~ Personnel.
- C. For requests received by the Ambulance Emergency Dispatch Center from a Fire Department Dispatch Center that Fire Department Personnel wish to communicate with ~~EMS Ambulance~~ Personnel during an emergency call, the Ambulance Emergency Dispatch Center shall:
1. Request the radio identifier or engine # of the Fire Department Personnel
 2. Request that the Fire Department Personnel be advised to monitor CalCord
 3. Relay the request to the ~~EMS- Ambulance~~ Personnel responding to the call to contact the Fire Department Personnel via CalCord.

DRAFT

Summary of Responses to Policy Drafts
February 16, 2009

Reference	Comment	Agency Response
570.21 DNR Orders		
	No Comments Received	
570.21 EMS Organ Donor Information		
	No Comments Received	
570.35 Refusal of EMS Service		
Section II	Add definition of 5150 to policy: A patient who is held against their will for evaluation under the authority of Welfare and Institution Code, Section 5150, because the patient is a danger to themselves, a danger to others and/or gravely disabled (i.e., unable to care for self). This is as written order placed by a law enforcement officer, County Mental Health Worker, or a health worker certified by the County to place an individual on a 5150 hold	
Section II	Add definition of 5170 to policy: A person who is a danger to others or to himself, or gravely disabled as a result of inebriation, a peace officer, member of the attending staff, as defined by regulation, of an evaluation facility designated by the County, or other person designated by the County may, upon reasonable cause, take or cause to be taken, the person into civil protective custody and place him in a facility designated by the County and approved by the State Department of Alcohol and Drug Abuse as a facility for 72-hour treatment and evaluation of inebriates.	
V.B.2	Add– Do not request a 5150 or 5170 hold unless the patient meets the definition of a 5150 or 5170 patient	
851.00 Triage Exercises		
	No Comments Received	
852.00 NIMS Compliance		
	No Comments Received	
953.10 Stan County Interoperable Communications		
	No Comments Received	

REGIONAL ADVISORY COMMITTEE MEETING
November 19, 2008
Minutes

Location: Saddle Creek Resort
Copperopolis, California

Time: 1:00 p.m.

Committee Members Present Mike Skinner, Stanislaus County; Aaron King, Stanislaus County;
Alan McNany, Amador County; Drew Hood, Amador County; Brian Kirk,
Amador County; Don Zyski, Calaveras County; Mildred Zyski, Calaveras
County; Robin Bunch, Calaveras County

Committee Members Absent: Jesse Figueroa, Mariposa County; Suzanne Turpin, Mariposa County; Cindy
Woolston, Stanislaus County.

Guests: Joe Butler, Copperopolis Fire Department; John Losoya, Copperopolis Fire
Department

Staff: Jim Worobe – Deputy Director

1. CALL TO ORDER

Chairman Mike Skinner called the meeting to order at 1:00 p.m.

2. WELCOME AND INTRODUCTION OF MEMBERS AND GUESTS

Committee members and guests introduced themselves.

3. CONFLICT OF INTEREST STATEMENTS/FAIR POLITICAL PRACTICES

Chairman Skinner reminded Committee members to recuse themselves if they have a financial interest in matters before the Committee.

4. PUBLIC COMMENT

There were no comments from the public.

5. ACCEPTANCE/ADDITIONS/DELETIONS TO AGENDA

M/S/C (McNany/D.Zyski) To accept the agenda as presented.

Vote: Unanimous

6. CORRESPONDENCE/INFORMATION

Correspondence pertinent to the RAC was read by Jim Worobe. The Agency received correspondence from the Stanislaus County Clerk's Office regarding the appointment of Aaron King to the Regional Advisory Committee as an alternate.

7. APPROVAL OF July 16, 2008 MINUTES

M/S/C (M. Zyski/McNany) To accept the July 16, 2008 minutes as presented

Vote: Unanimous

8. POLICIES FOR REVIEW

11 policies were sent out for 60 day review. The comments received are as follows.

Policy 262.00 – MICN Reauthorization: There were no comments during the public comment period.

M/S/C (M.Zyski/Bunch) to accept as submitted.

Vote: Unanimous

Policy 330.10 – Ambulance Report Format: There was one comment received during the public comment period. The comment suggested changing section III C to read, “Base Hospital contact shall be made for all patients requiring care beyond standing orders,” and the sentence that follows that change should be stricken.

M/S/C (M.Zyski/Bunch) to accept with the changes noted.

Vote: Unanimous

Policy 515.00 – ED Pediatric Guidelines: There were two comments received during the public comment period. The first stated that Ipecac has not been used for pediatric gastric cleansing for several years and asked if the medication could be removed from the list of required medications. The second comment stated that KCL was stocked in the pharmacy and sent to the ED after a written order was received. The commenter stated internal hospital policy would have to be changed in order to make KCL “readily available.” The Medical Director and Staff suggested that Ipecac be removed from the guideline and that the stocking requirement for KCL be changed to read, “Immediately available to the ED.” Changing the wording would allow the medication to be kept in the pharmacy until needed and thereby prevent unintentional infusion.

M/S/C (M.Zyski/Bunch) to accept with the changes noted.

Vote: Unanimous

8. POLICIES FOR REVIEW (CONTINUED)

Policy 570.40 – Hazardous Materials: There were no comments during the public comment period.

M/S/C (M.Zyski/Bunch) to accept as submitted.

Vote: Unanimous

Policy 570.71 – Special Events Coverage: There were no comments during the public comment period.

M/S/C (M.Zyski/Bunch) to accept as submitted.

Vote: Unanimous

Policy 571.00 – Emergency Medical System Saturation: There was one comment received during the public comment period. The comment suggested adding a note to the purpose or the policy regarding local policies or procedures created by the MHOAC or Local EMS Agency. Staff suggested adding the following to the purpose of the policy:

NOTE: Additional criteria or policies regarding saturation may be established by the MHOAC or EMS Agency. In such cases, the local policy/procedure would supersede this policy (e.g. Stanislaus Saturation Policy 958.20)

M/S/C (M.Zyski/Bunch) to accept with the changes noted.

Vote: Unanimous

Policy 580.10 – Transfers-Interfacility: Staff recommends deletion.

M/S/C (M.Zyski/Bunch) to delete the policy.

Vote: Unanimous

Policy 580.11 – Ambulance Transfers: There were four comments received during the public comment period. The first comment suggested adding a definition of the term “Authorized Patient Transport Provider” to Section II.

There were three suggestions for changes in Section V.C. The first suggestion was to change the term “patient transport provider” to “the authorized patient transport provider.” Discussion took place as to whether or not to use the word “the” or “an” in the term. The decision of the committee was to use the word “the” in order to ensure that, in the case of a provider in an exclusive operating area, the patient transport provider with the contractual obligation to provide service in that area is actually contacted for transport.

8. POLICIES FOR REVIEW (CONTINUED)

The next suggestion was to change the term “warranted by his condition” to “warranted by his or her condition. There was no discussion on this suggestion.

The final suggestion was to change the word “should” to “shall”.

Staff agreed with the comments and suggested changing the language in Section V.C. to read, “The transferring facility will call the authorized patient transport provider and arrange for appropriate transportation. If warranted by his or her condition, the patient shall be accompanied by appropriate medical personnel.”

M/S/C (M.Zyski/Bunch) to accept with the changes noted.

Vote: Unanimous

Policy 620.20 – Unusual Occurrence Reporting: There were two comments during the public comment period. The first comment suggested striking the second sentence in Section V. A. The second suggested adding the word “email” to the first sentence in Section V, A, 1, and removing the second sentence. Staff recommends accepting these changes.

M/S/C (M.Zyski/Bunch) to accept with the changes noted.

Vote: Unanimous

Policy 801.00 – Response to Federal Threat Levels: There were no comments during the public comment period.

M/S/C (M.Zyski/Bunch) to accept as submitted.

Vote: Unanimous

Policy 910.10 – Alpine County Specific Emergency BLS Ambulance Policy: There were no comments during the public comment period. Alan McNany asked that this policy continue to be reviewed by the RAC since the portions of this policy affect ALA operations in Amador County.

M/S/C (M.Zyski/Bunch) to accept as submitted as an Alpine County Specific Policy.

Vote: Unanimous

9. REVIEW ATTENDANCE RECORDS/CONSIDER ACTION

There was nothing to review for this meeting

10. AGENCY/COUNTY REPORTS

Mountain-Valley EMS Agency

Jim Worobe reported that the start of the skiing season is upon us. Alpine County is having its pre-season meeting today (November 19, 2008). Staff is unable to attend the meeting due to conflicting responsibilities. MVEMSA is working closely with El Dorado County EMS since most of the ALS response to the Northwest side of the county comes from South Lake Tahoe. Agency Staff is working closely with Alpine County to help nurture their EMS response capability.

Dr. Mackey is in the process of establishing a panel of prehospital providers to act as a Director's Advisory Council. He has asked Service Provider Directors to nominate two providers from each service (a primary and an alternate) to serve on the panel. The intention is to have policy users help review, revise, and develop EMS policies that impact their day to day activity and make suggestions to MVEMSA for changes and revisions. Dr. Mackey is asking that nominees to the panel not be currently involved in the process (RAC members, EMCC Members, etc.).

Weapons of Mass Destruction training is taking place today (November 19, 2008) in Modesto. This is the last class scheduled for this year.

Dr. Mackey is in the beginning stages of developing a study on 12-Lead EKG collection in the field. More information is forthcoming.

Brian Kirk asked that if discussion with El Dorado County includes ALS reciprocity between El Dorado County providers and MVEMSA, could he be included in the discussions as he has a similar interest with Cal Fire Paramedics working in Amador County.

Alan McNany asked if there was any activity on the CPAP policy. Mr. Worobe reported that no draft policy has been presented to staff at this time. He is aware that Dr. Mackey is working on a draft and will be presenting it to staff, but the time frame has not been established yet.

Alpine County

There was no report for Alpine County.

Calaveras County

Mildred Zyski stated that there were some Strike Teams of Engines sent to Los Angeles. There may be an EMT class starting at the beginning of the year in Murphys.

Amador County

Brian Kirk reported that Cal Fire has some engines down south, also. Drew Hood reported that Emergency Department reconstruction would start in four or five months. Construction should take about a year, so the ER should be “pretty much compromised” for about a year. Alan McNany reported that CalStar 10 is still looking into moving into Westover at Sutter Hill. They are still waiting on the FAA to allow electrical work to add an auxiliary power unit to their pad so that they can do their morning checks on the aircraft. The FAA is working slowly. CalStar 10 is currently working out of Placerville. Amador County Public Health has developed a Long Term Care Facility Evacuation Plan and will be drilling on it the third and fourth of December.

Mariposa County

There was no report for Mariposa County.

Stanislaus County

Aaron King reported that Kaiser Modesto Hospital is open and has changed the face of the EMS System in Stanislaus County. Kaiser’s availability has significantly shortened the periods of System Saturation and Diversion. There are some factors that require changes in the thinking process. Kaiser is a Receiving Facility as opposed to a Base Hospital. Mr. King stated that he understood that Kaiser was working toward changing that status as soon as staff can be trained. Mike Skinner stated that he has noticed that since Kaiser is open and taking patients, the units that go to Emanuel Hospital are able to clear more quickly. Mr. Skinner also announced that there would be a one-hour CE class in Modesto on Thursday, November 20, 2008. Dr. Mackey is holding a M&M conference following the QLC meeting. There will also be a Pediatric Trauma Symposium at Doctor’s Hospital on Thursday, November 20, 2008.

11. NEXT MEETING DATE/TIME

Discussion regarding the necessity of a meeting in January took place. The Chair asked if there were any items already on the agenda for that meeting and if the meeting could be cancelled. Staff advised that at that moment no agenda had been prepared, however Staff reminded the Chair that the bylaws required a meeting at least quarterly. The meeting will remain on the schedule for January 21, 2009 at 1:00 pm. The Chair suggested that he would contact Staff to determine the agenda for January prior to the meeting and make a decision following that conversation,

12. ADJOURNMENT

M/S/C (M.Zyski/King) to adjourn meeting

Vote: Unanimous

The meeting was adjourned at 1:57 p.m.

MOUNTAIN-VALLEY EMS AGENCY
POLICIES AND PROCEDURES

POLICY: **570.21**
TITLE: **DO NOT RESUSCITATE ORDERS**

APPROVED:	DRAFT	CREATION DATE:	08/10/1992
	Executive Director	EFFECTIVE DATE:	04/13/2005
	DRAFT	SUPERSEDES:	
	Medical Director	REVISED:	<u>3/2005 01/2009</u>
		REVIEW DATE:	<u>4/2010 05/2014</u>
		PAGE:	1 of 2

DO NOT RESUSCITATE ORDERS

I. AUTHORITY

California Health and Safety Code, Division 2.5, Sections 1797.220 and 1798;
California Code of Regulations, Title 22, Division 9, Sections 100107 and 100146; and State
Emergency Medical Services Authority Guideline 111.

II. DEFINITIONS

- A. "Do Not Resuscitate (DNR)" means no chest compression, no assisted ventilations, no defibrillation, no intubation and no cardiotoxic medications.
- B. "Prehospital Emergency Medical Care Personnel" means those persons who have been certified as qualified to provide prehospital emergency medical care pursuant to California Health and Safety Code, Division 2.5.
- C. A Valid DNR Order means a completed California Emergency Medical Services Authority and the California Medical Association approved DNR form signed and dated by the patient's physician, a Medic Alert bracelet inscribed "Do Not Resuscitate EMS", a Physician Orders for Life-Sustaining Treatment (POLST) form, or a written, signed order in the patient's medical record.

III. PURPOSE

To establish criteria for prehospital emergency medical care personnel working within the jurisdiction of the Mountain-Valley EMS Agency to easily recognize and follow a Do Not Resuscitate (DNR) wish previously established by a patient.

IV. POLICY

- A. All patients whose assessment does not reveal "obvious death" as defined in Policy 570.20 **Determination of Death** shall be treated in accordance with treatment guidelines, unless the prehospital emergency medical care personnel are presented with a valid DNR order.

V. PROCEDURE

- A. When prehospital emergency medical care personnel are presented with a valid DNR order, no resuscitative measures shall be carried out including; placing an automatic or semi-automatic defibrillator on the patient. Prehospital Emergency Medical Care Personnel shall provide the patient with appropriate treatment other than resuscitative measures. Appropriate treatment may include but is not limited to:
1. Oxygen administration
 2. Treatment of hemorrhage
 3. Treatment for pain
 4. Treatment of airway obstruction
 5. Transport to a receiving facility
- B. If the patient is conscious and states he/she wishes resuscitative measures, the DNR order shall be ignored.
- C. If a patient with a valid "DNR" order is unconscious and family members request resuscitative measures prehospital emergency medical care personnel should initiate basic life support resuscitative measures, treating the patient in accordance with applicable treatment guidelines and immediately contact a Base Hospital for further instructions.
- D. The non-obvious death of a patient with a valid DNR order shall be determined in accordance with policy 570.20 **DETERMINATION OF DEATH**, with the exception that resuscitative measures are not to be employed. If a determination of death is made while en route, transport of the body should continue to the original receiving facility.
- E. If patient transport is undertaken, the DNR order is to be taken with the patient to the receiving facility.
- F. DNR orders are to be honored during transport.
- G. The presence of a "DNR" order is to be documented on the Prehospital Report Form.

MOUNTAIN-VALLEY EMS AGENCY
POLICIES AND PROCEDURES

POLICY: **570.25**
TITLE: **EMS Organ Donor Information**

APPROVED: DRAFT
Executive Director

EFFECTIVE DATE 09/01/2003

SUPERSEDES:

REVISED:

REVIEW DATE:

PAGE: 1 of 2

DRAFT
Medical Director

EMS ORGAN DONOR INFORMATION

I. AUTHORITY

Health and Safety Code, [Section 7150.55, Division 2.5, Ch. 4, Art. 1, §§ Section 1797.220 & Ch. 5, §§ Section 1798](#). California Code of Regulations, [Title 22, Division 9, Ch. 4, Art. 2, §§ Section 100147](#).

II. DEFINITIONS

- A. Emergency Medical Care Personnel: First Responders, EMT-I, EMT-P.
- B. "Reasonable Search": A brief attempt by Emergency Medical Care 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 checking a wallet or purse that is on or near the individual to locate a driver's license or other identification card with this information. This requirement may be met by asking a family member, if one is present, about the presence of an organ donor card. A reasonable search shall not take precedent over patient care/treatment.
- C. "Imminent Death": A condition wherein illness or injuries are of such severity that in the opinion of Emergency Medical Care Personnel, death is likely to occur before the patient arrives at the receiving hospital. For purposes of this policy, this definition does not include any conscious patient regardless of the severity of illness or injury.

III. PURPOSE

To establish guidelines for Emergency Medical Care Personnel to meet requirements that they search for organ donor information on adult patients for whom death appears imminent.

IV. POLICY

- A. When Emergency Medical Care Personnel encounter an unconscious adult patient for whom it appears death is imminent (that is, death prior to the arrival of the patient at a receiving facility), 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 shall be done in the presence of a witness, preferably a public safety officer.
- B. Treatment and transport of the patient remains the highest priority for Emergency Medical Care Personnel. This search shall not interfere with patient care or transport.

- C. Any organ donor document that is discovered should be transported to the receiving hospital with the patient unless the investigating law enforcement officer requests it. In the event that no transport is made, any document should remain with the patient.
- D. No search is to be made by Emergency Medical Care Personnel after the patient has expired.
- E. If a member of the patient's immediate family objects to the search for an organ donor document at the scene, their response to a question about the patient's organ donation wishes shall be considered to satisfy the requirement.
- F. In cases where information exists to suggest the patient is an organ or tissue donor, this information shall be relayed to the County Coroner's Office or the appropriate transplant coordinating service.

DRAFT

APPROVED: DRAFT

Executive Director

DRAFT

Medical Director

EFFECTIVE DATE: 09/2003
SUPERSEDES: _____
REVISED: _____
REVIEW DATE: 8/2008
PAGE: 1 OF 4

REFUSAL OF EMS SERVICE

I AUTHORITY:

In accordance with Section 100147, Title 22 of the California Code of Regulations, H&S Code 1797.220 & Chapter 5 1798, the medical director of the local EMS Agency shall establish and maintain medical control.

II DEFINITIONS:

- A. Emergency Medical Personnel/EMS Personnel –: All EMT-1's and EMT-P's providing care within the Emergency Medical Services System.
- B. Emancipated Minor means a person who is under the age of 18 who is married or who is determined by a court of competent jurisdiction to be legally able to care for him or herself.
- C. Person means –: Any individual encountered by Emergency Medical Personnel who does not manifest any overt evidence of illness or injury – AND – refuses any assessment by Emergency Medical Personnel.
- D. Patient: means –: Any individual encountered by Emergency Medical Personnel who demonstrates any of the following:
1. Suspected illness or injury
 2. Involved in an event with significant mechanism that could cause illness or injury
 3. Requests care or evaluation.
 4. An altered level of consciousness
- D. “Patient Relationship” exists ~~when,~~ as a ~~the~~ result of EMS being summoned and, EMS personnel com~~ing~~ into contact with a patient, ~~who has one or more of the following:~~
1. ~~— A chief complaint.~~
 2. ~~— An altered level of consciousness.~~
 3. ~~— Evidence of alcohol or drug usage.~~
 4. ~~— A medical history that has a potential to worsen or complicate a current condition.~~
 5. ~~— Involvement in an event with the potential for physical injury.~~
- E. “Refusal of Service” applies to those patients who are refusing any EMS services provided by EMS Personnel including assessment, treatment, or transportation.
- F. “5150” is defined in code as, ~~means:~~ “A patient who is held against their will for evaluation

under the authority of Welfare and Institution Code, Section 5150, because the patient is a danger to themselves, a danger to others and/or gravely disabled (i.e., unable to care for self). This is a written order placed by a law enforcement officer, County Mental Health Worker, or a health worker certified by the County to place an individual on a 5150 hold."

G. "5170" means as defined in code as: "-A person who is a danger to others or to him/herself, or gravely disabled as a result of inebriation, a peace officer, member of the attending staff, as defined by regulation, of an evaluation facility designated by the County, or other person designated by the County may, upon reasonable cause, take or cause to be taken, the person into civil protective custody and place him in a facility designated by the County and approved by the State Department of Alcohol and Drug Abuse as a facility for 72-hour treatment and evaluation of inebriates."

III PURPOSE:

To provide direction and guidelines to EMS Personnel for ~~of~~ patient-initiated refusal of service, at the scene of a medical emergency.

IV. POLICY

A. Any competent adult patient, while suffering from an illness or injury, may decline all or part of assessment, treatments, or transportation by EMS Personnel. These patients have a right to refuse assessment, treatment or transportation if the following factors are NOT present:

1. Impaired capacity to understand the nature of their medical condition due to, but not limited to, alcohol, drugs or medications, mental illness, traumatic injury, or grave disability.

2. Legal minor

B. When it is determined that a patient has refused assessment, treatment, or transport ~~transport to a hospital~~ by ambulance, EMS personnel shall complete a refusal of EMS service form, patient care record and other documentation as specified in this policy.

V. PROCEDURE

A. In the event a patient is refusing EMS services ~~Prior to the termination of the patient relationship,~~ the EMS personnel with the highest medical authority on scene shall attempt the following:

1. Obtain a history of the event and prior medical history including medications.
2. Perform a physical assessment to include a complete set of vital signs.
3. Determine that the patient is ana competent adult who can legally refuse medical care
4. Explain the risks of refusal of EMS service. ~~of medical care and transportation.~~
5. Explain the benefits of EMS service. ~~medical treatment and transportation.~~
6. Determine that the patient has an meaningful understanding of the risks of refusal, and benefits of treatment and transport.
7. Offer treatment and transportation to the nearest appropriate receiving facility.
8. ~~Prepare and explain the release of care against medical advice form (the signature should be witnessed if possible. A signature should be obtained by the witness if~~

- ~~possible.)~~
8. Advise the patient to seek medical attention for complaint.
 9. Advise patient to call 9-1-1 if condition worsens or if they desire EMS Services.

B. For patients that are refusing part or all of the assessment, treatment, or transportation and who in the judgment of the EMS personnel, requires assessment, treatment, or transportation, consider the following;

1. Have your partner offer assessment, treatment, or transportation.

2. If the patient is a danger to themselves or others, contact law enforcement officials.

a. Do not request a 5150 or 5170 hold unless the patient meets the definition of a 5150 or 5170 patient

3. Contact a designated base hospital for assistance from the base hospital physician in further assessment of the patient. ~~the physician to assist in offering assessment, treatment or transportation.~~ Communication with the base physician may require communication between the physician and patient.

4. For a patient meeting "trauma criteria," a designated Trauma Center will be contacted in all cases of patient refusal of assessment, treatment, or transportation.

C. Complete and explain the refusal of EMS service form to the patient.

1. A signature should be obtained from the patient and a witness if possible
2. If patient is a minor or incompetent adult, assure that the legal guardian is refusing treatment prior to allowing the refusal.
- ~~4.~~ A provider agency can use the sample form that follows or create their own refusal of EMS service form

D.—Each item described above shall be documented on the prehospital care report (PCR) and filed per individual EMS service provider policy.

H. Provider Agencies will use the elements listed below on the EMS Service Patient Refusal Form:

1. Patient's Name, Date, Incident Number, and Incident Location
2. Criteria for refusing care
3. Acknowledgement of Information
4. Release of Liability
5. Location for patient's signature and date
6. Check box for "refused to sign"
7. Witness signature line
8. Form completed by; signature line, date, and ID number

SAMPLE FORM FOLLOWS

REFUSAL OF SERVICE	DATE:
PCR #:	
Name:	
Address:	
History of event and prior medical history including medications	Base contact made for ALS chief complaint
Physical assessment and complete set of Vital Signs	Not applicable
Patient refused vital signs and/or assessment. Transportation to appropriate hospital offered.	
Seek medical attention for complaint.	Call 9-1-1 if condition persists or worsens
Risks of refusal of treatment or transportation explained:	Benefits of treatment or transportation explained:
1.	1.
2.	2.
Instructions to Patient or, Indicate why patient refused service or refused to sign this form: I acknowledge that _____ informed me of the risk(s) involved in refusing medical care and hereby release Mountain Valley EMS Agency, its officers, agents, and employees and all other persons participating in my care from any responsibility whatsoever for unfavorable or untoward results which may occur as a result of my refusal to permit emergency medical treatment. As a patient of the Mountain Valley EMS System, this is to certify that I am refusing care by, or against the advice of Mountain Valley EMS personnel.	
Patient Signature (or Legal Guardian or Representative)	Witness Signature

APPROVED: DRAFT
Executive Director
DRAFT
Medical Director

EFFECTIVE DATE
SUPERSEDES:
REVISED: 11/2008
REVIEW DATE:
PAGE: 1 of 4

START TRIAGE AND PATIENT TRACKING EXERCISES

I. AUTHORITY: Health and Safety Code, Division 2.5, Sections 1797.151, 1797.204, 1797.220

II. PURPOSE

To establish a standard mechanism for triage and tracking patients using the START triage method and current DMS/Cal-Fire Chiefs triage tags (see Attachment A); and to establish criteria for system-wide participation in triage exercises and quality improvement process.

III. POLICY

All field and receiving hospital personnel shall participate in scheduled triage exercises as published by the EMS Agency.

IV. PROCEDURE

During scheduled triage exercises:

1. The first arriving unit (ambulance or fire) shall conduct triage during the first 30 seconds of patient contact, using standard START triage criteria (see Attachment B).
2. Triage of patients shall occur where they lie only if the area is safe. If the area is unsafe, the patient shall be moved to a safe area prior to conducting triage.
3. All patients requiring transport shall be triaged and tagged prior to transport.
4. Patient treatment shall not be delayed during scheduled triage exercises.

A. Patient Tracking

1. Transporting personnel shall note the triage tag number on the patient care record. PCRs shall be generated on all patients.
2. Receiving hospital personnel shall have a mechanism in place to:
 - a. Include the triage tag number in the patient registration process
 - b. Retrieve patient information utilizing the triage tag number
 - c. Link hospital medical record number with the triage tag number

B. Quality Improvement

1. The Base Nurse Liaison shall perform audits of all triaged patients received during an exercise, utilizing the following indicators (see Attachment C):
 - a. START was utilized
 - b. Triage tag appropriately placed on patient
 - c. Triage Category accurate and appropriate
 - d. Patient information documented
 - e. Treatment documented
 - f. Vital signs documented
 - g. Engine/Unit number present on tag (see notation on Attachment A)
 - h. Triage tag number documented on patient record
 - i. Triage tag number documented in ED medical record
2. Representatives from each participating agency shall participate in regularly schedule QI meetings regarding Triage and Patient Tracking to review QI data and make recommendations for improvement.

CONTAMINATED

3787947

EVIDENCE

**Personal Property Receipt/
Evidence Tag** *3787947*

Destination _____ *3787947*
Via _____

**All Risk™
TRIAGE TAG** *3787947*

S L U D G E M
Salivation Lacrimation Urination Defecation G.I. Distress Emesis Miosis

AUTO INJECTOR TYPE _____ 1 2 3
AUTO INJECTOR TYPE _____ 1 2 3

Yes No **Primary Decon**
Yes No **Secondary Decon**

Solution

Blunt Trauma	<input type="checkbox"/>
Burn	<input type="checkbox"/>
C-Spine	<input type="checkbox"/>
Cardiac	<input type="checkbox"/>
Crushing	<input type="checkbox"/>
Fracture	<input type="checkbox"/>
Laceration	<input type="checkbox"/>
Penetrating Injury	<input type="checkbox"/>

Age _____
 Male Female

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Disaster Management Systems, Inc.

Other _____

VITAL SIGNS

Time	B/P	Pulse	Respiration

Time	Drug Solution	Dose

MORGUE Pulseless/ Non-Breathing	MORGUE Pulseless/ Non-Breathing
IMMEDIATE Life Threatening Injury	IMMEDIATE Life Threatening Injury
DELAYED Serious Non Life Threatening	DELAYED Serious Non Life Threatening
MINOR Walking Wounded	MINOR Walking Wounded

Comments/Information

Patient's Name _____

RESPIRATIONS Yes No
PERFUSION + 2 Sec. - 2 Sec.
MENTAL STATUS Can Do Can't Do

- Move the Walking Wounded ▶ **MINOR**
- No Respirations After Head Tilt ▶ **MORGUE**
- Respirations - Over 30 ▶ **IMMEDIATE**
- Perfusion - Capillary Refill Over 2 Seconds ▶ **IMMEDIATE**
- Mental Status - Unable to Follow Simple Commands ▶ **IMMEDIATE**
- Otherwise ▶ **DELAYED**

Good place for the Engine/Unit Number

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866 565-7597 • TriageTags.com

PERSONAL INFORMATION

NAME _____

ADDRESS _____

CITY _____ ST _____ ZIP _____

PHONE _____

COMMENTS _____ RELIGIOUS PREF. _____

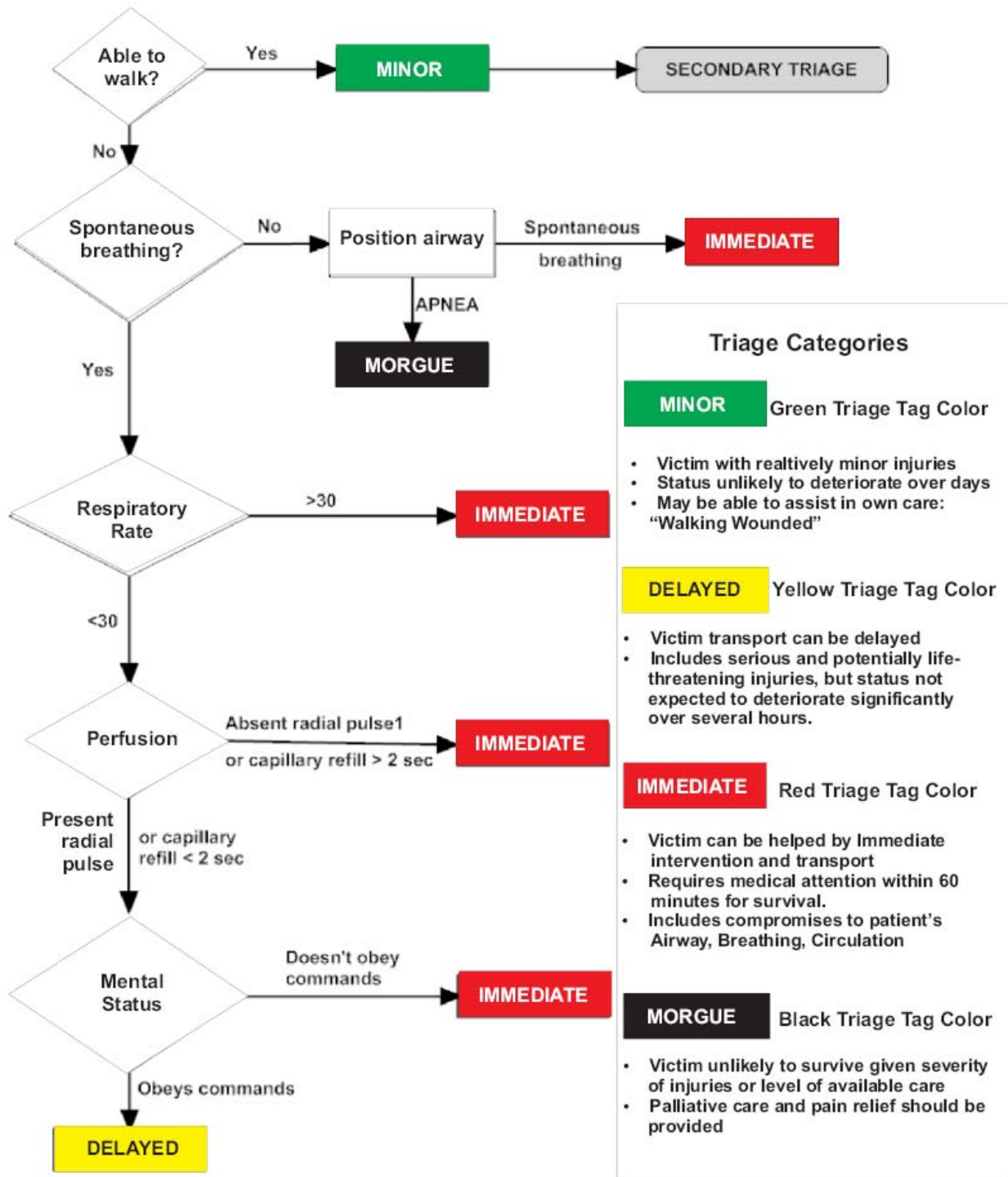
MORGUE Pulseless/ Non-Breathing	MORGUE Pulseless/ Non-Breathing
IMMEDIATE Life Threatening Injury	IMMEDIATE Life Threatening Injury
DELAYED Serious Non Life Threatening	DELAYED Serious Non Life Threatening
MINOR Walking Wounded	MINOR Walking Wounded

CONTAMINATED

EVIDENCE

Attachment B

S.T.A.R.T. Algorithm



Triage Categories

MINOR Green Triage Tag Color

- Victim with relatively minor injuries
- Status unlikely to deteriorate over days
- May be able to assist in own care: "Walking Wounded"

DELAYED Yellow Triage Tag Color

- Victim transport can be delayed
- Includes serious and potentially life-threatening injuries, but status not expected to deteriorate significantly over several hours.

IMMEDIATE Red Triage Tag Color

- Victim can be helped by Immediate intervention and transport
- Requires medical attention within 60 minutes for survival.
- Includes compromises to patient's Airway, Breathing, Circulation

MORGUE Black Triage Tag Color

- Victim unlikely to survive given severity of injuries or level of available care
- Palliative care and pain relief should be provided

MOUNTAIN-VALLEY EMS AGENCY
POLICIES AND PROCEDURES

POLICY: **852.00**
TITLE: **NIMS Training Requirements**

APPROVED: DRAFT

Executive Director
DRAFT

Medical Director

EFFECTIVE
DATE
SUPERSEDES:
REVISED:
REVIEW DATE:
PAGE: 1 of 2

NIMS TRAINING REQUIREMENTS

I. **AUTHORITY**

Health and Safety Code Division 2.5 Section 1797.220 and Homeland Security Presidential Directive - 5

II. **DEFINITIONS**

- A. NIMS –National Incident Management System developed by the Department of Homeland Security by Homeland Security Presidential Directive – 5.
- B. ICS – Incident Command System is an incident-focused organizational structure that can be implemented along side of the day-to-day administrative structure of an organization.

III. **PURPOSE**

To establish training requirements for emergency response personnel to meet standards identified in NIMS. Is it the responsibility of an ambulance provider agency to ensure that their personnel meet the requirements of this policy.

IV. **POLICY**

- A. All EMT-I’s and EMT-P’s employed by an ambulance provider, EMD’s employed by an authorized ambulance dispatch center, and any personnel with an ambulance provider or dispatch agency that has a direct role in emergency preparedness, incident management, or response, must within twelve (12) months of the adoption of this policy or six (6) months of hire, shall complete the following training programs:
 - 1. ICS 100
 - 2. ICS 700
- B. All EMT-I’s and EMT-P’s, employed in a supervisory role by an ambulance provider, within six (6) months of hire, shall complete the following training programs:
 - 1. All Classes identified in IV.A.
 - 2. ICS 200

- C. All EMT-I's and EMT-P's or other personnel employed, in an upper management role, by an ambulance provider, within twelve (12) months of hire, shall complete the following training programs:
 - 1. All classes identified in IV.B.
 - 2. ICS 300
 - 3. ICS 400
 - 4. ICS800

V. PROCEDURE

- A. All ambulance providers shall submit to the Mountain-Valley EMS Agency a report each February that details the number of employees that are identified in IV A, IV B, and IV C and the number that have met the policy requirements.

DRAFT

MOUNTAIN-VALLEY EMS AGENCY
POLICIES AND PROCEDURES

POLICY: **953.10**
TITLE: **Stanislaus County**
Interoperability Communications

APPROVED: DRAFT
 Executive Director

 DRAFT
 Medical Director

EFFECTIVE DATE
SUPERSEDES:
REVISED:
REVIEW DATE:
PAGE: 1 of 1

STANISLAUS COUNTY INTEROPERABILITY COMMUNICATIONS

I. AUTHORITY

Health and Safety Code, Section 1797.220

II. DEFINITIONS

- A. EMS Ambulance Personnel: means an EMT-I or EMT-P employed by an ambulance provider agency.
- B. Fire Department Personnel: means a- Fire Fighter personnel associated with a fire department.
- C. Interoperability: means ~~T~~the ability for public safety first responders to communicate via radio with whom the need to, when they need to, when authorized.

III. PURPOSE

To establish guidelines for interoperability radio communication between Emergency Medical Care Ambulance Personnel and Fire Department Personnel in Stanislaus County.

IV. POLICY

CalCord (156.0750) will be the designated radio frequency for interoperability radio communication between Emergency Medical Care Ambulance Personnel and Fire Department Personnel as follows:

a. Non-MCI

~~.- This frequency will be utilized -~~To communicate updates on critical patients, information about scene safety or access to the scene of a call.

b. MCI

For on scene tactical communications.

V. PROCEDURE

- A. EMS Ambulance Personnel that need to communicate with Fire Department Personnel on an emergency call shall:
1. Contact the Ambulance Emergency Dispatch Center.
 2. Request that Fire Department Personnel on scene or responding to the call assigned to Emergency Medical Care Ambulance Personnel contact them on CalCord.

- B. Ambulance Emergency Dispatch Center shall:
1. Contact appropriate fire department dispatch center
 2. Relay request for responding Fire Department Personnel to communicate on CalCord with responding ~~Emergency Medical Care- Ambulance~~ Personnel.
- C. For requests received by the Ambulance Emergency Dispatch Center from a Fire Department Dispatch Center that Fire Department Personnel wish to communicate with ~~EMS Ambulance~~ Personnel during an emergency call, the Ambulance Emergency Dispatch Center shall:
1. Request the radio identifier or engine # of the Fire Department Personnel
 2. Request that the Fire Department Personnel be advised to monitor CalCord
 3. Relay the request to the ~~EMS- Ambulance~~ Personnel responding to the call to contact the Fire Department Personnel via CalCord.

DRAFT

Summary of Responses to Policy Drafts
February 16, 2009

Reference	Comment	Agency Response
570.21 DNR Orders		
	No Comments Received	
570.21 EMS Organ Donor Information		
	No Comments Received	
570.35 Refusal of EMS Service		
Section II	Add definition of 5150 to policy: A patient who is held against their will for evaluation under the authority of Welfare and Institution Code, Section 5150, because the patient is a danger to themselves, a danger to others and/or gravely disabled (i.e., unable to care for self). This is as written order placed by a law enforcement officer, County Mental Health Worker, or a health worker certified by the County to place an individual on a 5150 hold	
Section II	Add definition of 5170 to policy: A person who is a danger to others or to himself, or gravely disabled as a result of inebriation, a peace officer, member of the attending staff, as defined by regulation, of an evaluation facility designated by the County, or other person designated by the County may, upon reasonable cause, take or cause to be taken, the person into civil protective custody and place him in a facility designated by the County and approved by the State Department of Alcohol and Drug Abuse as a facility for 72-hour treatment and evaluation of inebriates.	
V.B.2	Add– Do not request a 5150 or 5170 hold unless the patient meets the definition of a 5150 or 5170 patient	
851.00 Triage Exercises		
	No Comments Received	
852.00 NIMS Compliance		
	No Comments Received	
953.10 Stan County Interoperable Communications		
	No Comments Received	