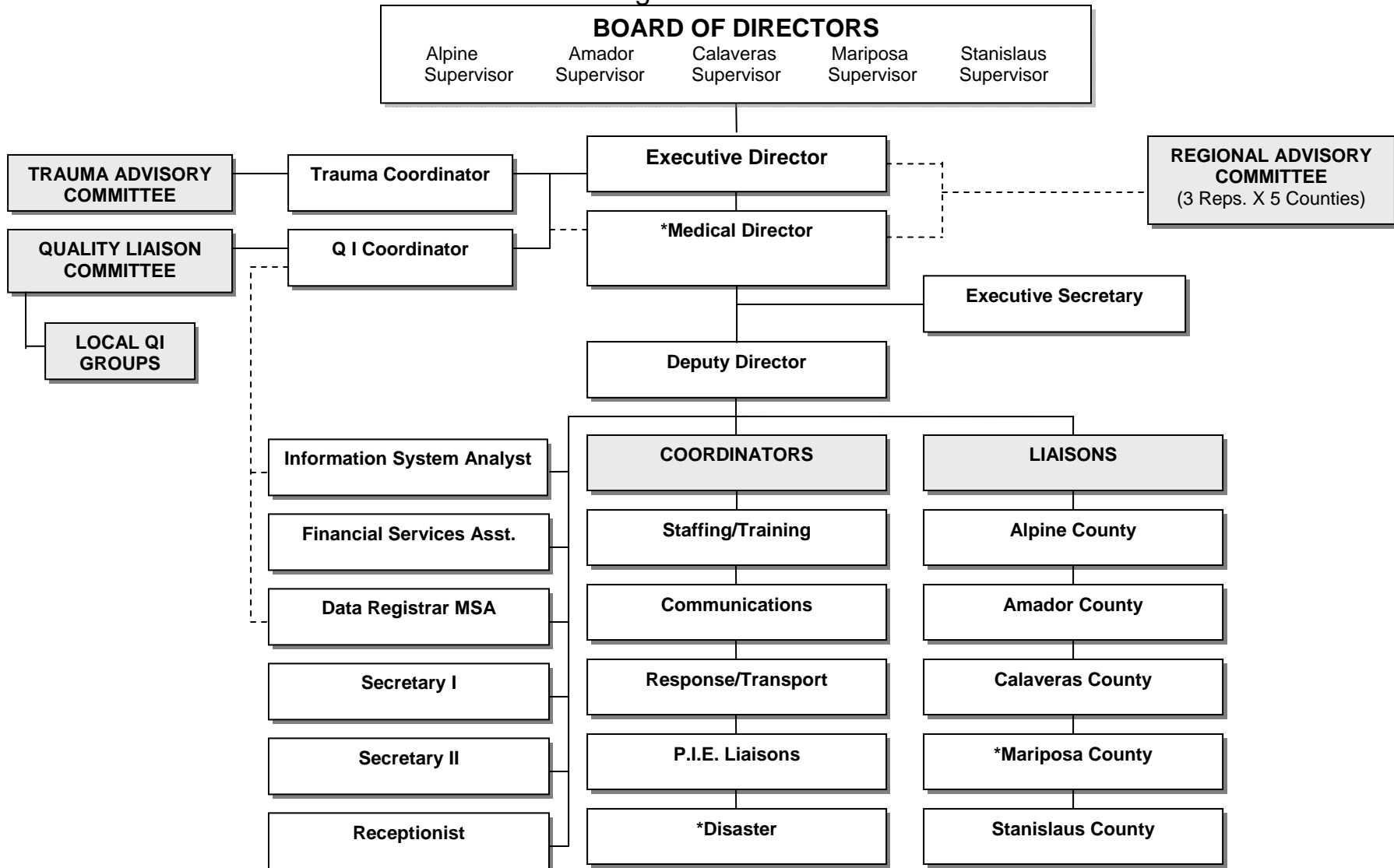


Mountain Valley Emergency Medical Services Agency Organizational Chart



APPROVED:	<u>SIGNATURE ON FILE IN EMS OFFICE</u> Executive Director	CREATION DATE:	08/10/1992
	<u>SIGNATURE ON FILE IN EMS OFFICE</u> Medical Director	EFFECTIVE DATE:	04/13/2005
		SUPERSEDES:	
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		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: SIGNATURE ON FILE IN EMS OFFICE
Executive Director

SIGNATURE ON FILE IN EMS OFFICE
Medical Director

EFFECTIVE DATE 09/01/2003
SUPERSEDES:
REVISED: 06/2009
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PAGE: 1 of 2

EMS ORGAN DONOR INFORMATION

I. **AUTHORITY**

Health and Safety Code, Section 7150.55, Section 1797.220 & Section 1798. California Code of Regulations, 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.

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		REVISED:	<u>06/2009</u>
		REVIEW DATE:	<u>06/2014</u>
		PAGE:	<u>1 of 3</u>

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. 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 EMS 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 EMS 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
- G. "Patient Relationship" exists as a result of EMS being summoned and EMS personnel coming into contact with a patient.
- H. "Refusal of Service" applies to those patients who are refusing any EMS services provided by EMS Personnel including assessment, treatment, or transportation.

- I. “5150” is defined in code as, : “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.”
- J. “5170” 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 patient-initiated refusal of service.

IV. POLICY

- A. Any patient may decline all or part of assessment, treatments, or transportation by EMS Personnel 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 by ambulance, EMS personnel shall complete a refusal of EMS service form.

V. PROCEDURE

- A. In the event a patient is refusing EMS services 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 a competent
 - 4. Explain the risks of refusal of EMS service.
 - 5. Explain the benefits of EMS service.
 - 6. Determine that the patient has an understanding of the risks of refusal.
 - 7. Offer treatment and transportation to the nearest appropriate receiving facility.

-
-
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. Contact a designated base hospital for assistance from the base hospital physician in further assessment of the patient. Communication with the base physician may require communication between the physician and patient.
 3. For a patient meeting “trauma criteria,” a designated Trauma Center will be contacted in all cases of patient refusal of assessment, treatment, or transportation.
 4. If the patient is a danger to themselves or others or meets the definition of a 5150 or 5170 patient, contact law enforcement officials.
- 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.
- D. Each item described above shall be documented on the prehospital care report (PCR) and filed per individual EMS service provider policy.
- E. 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

APPROVED: SIGNATURE ON FILE IN EMS OFFICE
Executive Director
SIGNATURE ON FILE IN EMS OFFICE
Medical Director

EFFECTIVE DATE 07/01/2009
SUPERSEDES:
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PAGE: 1 of 5

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.

Attachment A

CONTAMINATED

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 Erisis Miosis

AUTO INJECTOR TYPE _____ 1 2 3

AUTO INJECTOR TYPE _____ 1 2 3

Yes	No	Primary Decon
Yes	No	Secondary Decon
Solution		
<input type="checkbox"/>	<input type="checkbox"/>	Blunt Trauma
<input type="checkbox"/>	<input type="checkbox"/>	Burn
<input type="checkbox"/>	<input type="checkbox"/>	C-Spine
<input type="checkbox"/>	<input type="checkbox"/>	Cardiac
<input type="checkbox"/>	<input type="checkbox"/>	Crushing
<input type="checkbox"/>	<input type="checkbox"/>	Fracture
<input type="checkbox"/>	<input type="checkbox"/>	Laceration
<input type="checkbox"/>	<input type="checkbox"/>	Penetrating Injury

Age _____

Male Female

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Disaster Management Systems, Inc.

Comments/Information

Patient's Name _____

RESPIRATIONS **R** Yes No

PERFUSION **P** + 2 Sec. - 2 Sec.

MENTAL STATUS **M** 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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VITAL SIGNS

Time	B/P	Pulse	Respiration

Time	Drug Solution	Dose

MORGUE	MORGUE
3787947	*3787947*
IMMEDIATE	IMMEDIATE
3787947	*3787947*
DELAYED	DELAYED
3787947	*3787947*
MINOR	MINOR
3787947	*3787947*

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

PERSONAL INFORMATION

NAME _____

ADDRESS _____

CITY _____ ST _____ ZIP _____

PHONE _____

COMMENTS _____ RELIGIOUS PREF. _____

CONTAMINATED

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 Erisis Miosis

AUTO INJECTOR TYPE _____ 1 2 3

AUTO INJECTOR TYPE _____ 1 2 3

Yes	No	Primary Decon
Yes	No	Secondary Decon
Solution		
<input type="checkbox"/>	<input type="checkbox"/>	Blunt Trauma
<input type="checkbox"/>	<input type="checkbox"/>	Burn
<input type="checkbox"/>	<input type="checkbox"/>	C-Spine
<input type="checkbox"/>	<input type="checkbox"/>	Cardiac
<input type="checkbox"/>	<input type="checkbox"/>	Crushing
<input type="checkbox"/>	<input type="checkbox"/>	Fracture
<input type="checkbox"/>	<input type="checkbox"/>	Laceration
<input type="checkbox"/>	<input type="checkbox"/>	Penetrating Injury

Age _____

Male Female

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Disaster Management Systems, Inc.

Comments/Information

Patient's Name _____

RESPIRATIONS **R** Yes No

PERFUSION **P** + 2 Sec. - 2 Sec.

MENTAL STATUS **M** 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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VITAL SIGNS

Time	B/P	Pulse	Respiration

Time	Drug Solution	Dose

MORGUE	MORGUE
3787947	*3787947*
IMMEDIATE	IMMEDIATE
3787947	*3787947*
DELAYED	DELAYED
3787947	*3787947*
MINOR	MINOR
3787947	*3787947*

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

PERSONAL INFORMATION

NAME _____

ADDRESS _____

CITY _____ ST _____ ZIP _____

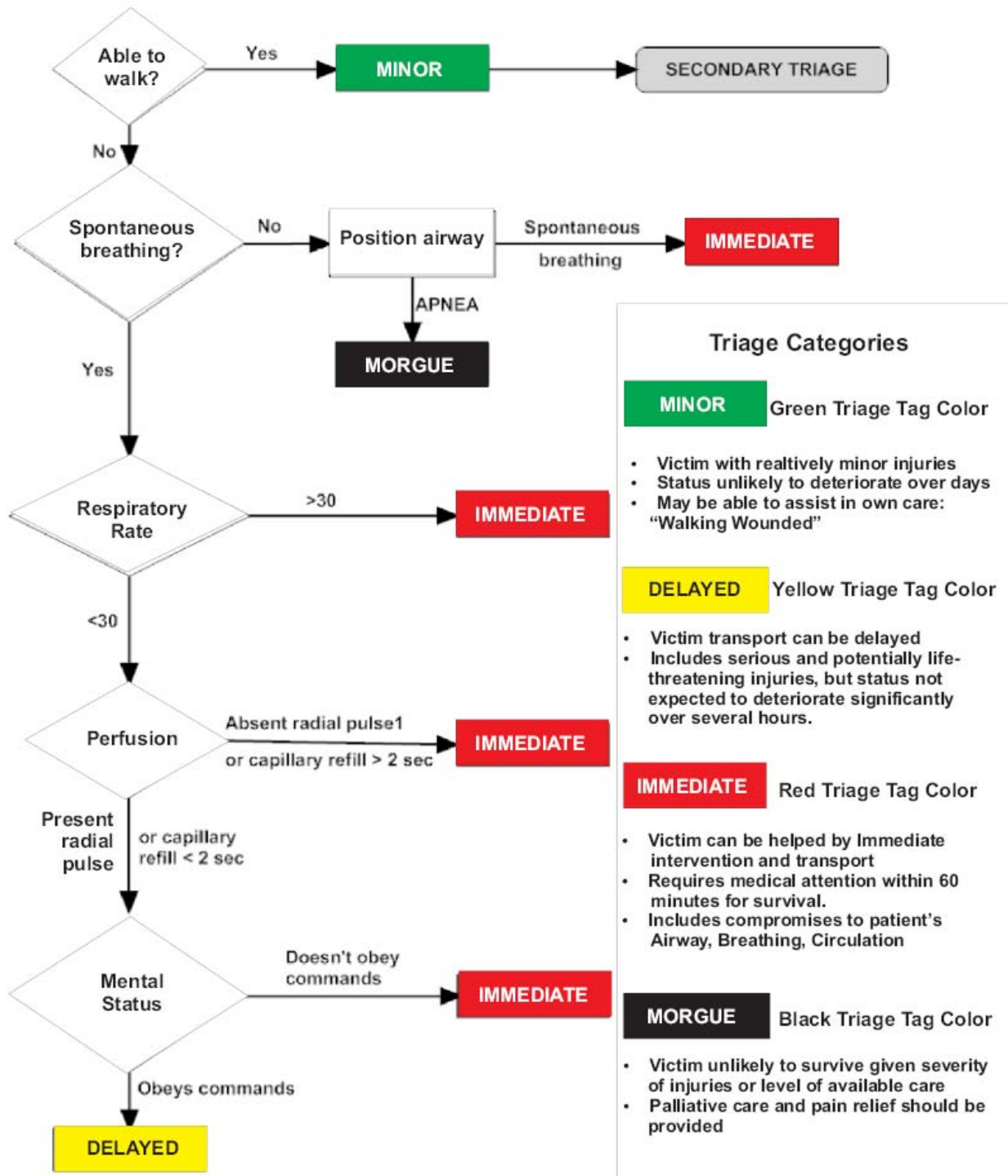
PHONE _____

COMMENTS _____ RELIGIOUS PREF. _____

EVIDENCE

Attachment B

S.T.A.R.T. Algorithm



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Executive Director

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EFFECTIVE DATE: 07/01/2009
SUPERSEDES:
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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.