



County of Santa Cruz

HEALTH SERVICES AGENCY

POST OFFICE BOX 962, 1080 EMELINE AVENUE SANTA CRUZ, CA 95061-0962

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EMERGENCY MEDICAL
SERVICES PROGRAM

Policy No. 1010
October 1, 2012

Emergency Medical Services Program

Approved

Medical Director

Subject: **GUIDELINES FOR MEDICAL CONTROL ORDERS**

I. Prior to Contact (Standing Orders):

Prior to Base Station contact paramedics may use the following standing orders.

A. Adult and Pediatric Patients:

1. All BLS skills and treatment.
2. All ALS skills and treatments except those limited to Base Station contact and Physician Order Only.

While treatment protocols may be initiated for pediatric patients as indicated, every effort should be made to contact the Base Station early in the call when managing a Status III – V child.

II. Orders requiring Base Station Contact

The following orders require Base Station contact prior to implementation. A paramedic may speak to either a MICN or Physician in order to obtain these orders. These orders may be implemented in cases where communication with the Base Station is not possible or cannot be maintained (radio/cell phone failure).

- 1) Adenosine for tachycardia patient >50 y/o
- 2) Amiodarone for PVCs/runs of Ventricular Tachycardia
- 3) Morphine sulfate for pain management in doses which exceed Policy 5600.
- 4) Epi IM for bronchospasm with patient >50 y/o and/or known Hx CAD/HTN
- 5) Use of PVADs

III. Orders Requiring Direct Permission by a Base Station Physician

These orders may only be implemented after direct voice contact with a Base Station Physician. These orders may not be implemented in cases where communication with the Base Station is not possible or cannot be maintained.

- 1) Epi 1:10,000 (IVP/IO) for Anaphylactic shock (adults and peds)
- 2) Pronouncement of death (adults and peds)
- 3) A.L.T.E AMA (Peds)
- 4) Transcutaneous Pacing (peds)
- 5) Administering greater than 10 mg of Versed IM to a patient experiencing excited delirium.

IV. Orders when Santa Cruz County-Accredited Paramedics are Traveling Into or Through Other Counties.

This section refers to those instances where paramedics are providing care for patients in other counties as part of a strike team, ambulance task force, or mutual aid response, or are managing patients on long distance transfers. This section does not apply when paramedics have crossed the Santa Cruz County line on call responses to immediately adjacent parts of contiguous counties. In this case, adherence to Sections I, II, and III is still required.

- 1) Standing Orders, as described in Section I, are allowed.
- 2) Orders requiring Base Station Contact, as described in Section II, are allowed and may be treated as Standing Orders. Once a paramedic has left Santa Cruz County these orders may be implemented without Base Station contact
- 3) Orders Requiring Direct Permission by a Base Station Physician, as described in Section III, are NOT allowed.



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EMERGENCY MEDICAL
SERVICES PROGRAM

Policy No. 1020
Reviewed 01/07

Emergency Medical Services Program

Approved

Medical Director

Subject: ON-SCENE TRANSFER OF PATIENTS FROM PARAMEDIC TO EMT-1

I. Philosophy:

This policy is intended to provide a guideline for the transfer of patient care in the field setting from a paramedic to an EMT-I. On occasion, the stepping down of patient care from a paramedic to an EMT-I is necessary to maximize patient care with on-scene resource limitations and/or the need to rapidly transport more seriously ill or injured victims with unusual on-scene limitations or circumstances, i.e. long extrications or transport unit limitations, etc.

California Code of Regulations (CCR) Title 22, Chapter 2, Article 2, Section 1000063, recognizes the potential for this problem and allows for the step down of patient care under local policy. This policy by local authority establishes how and when a paramedic may transfer patient care to an EMT-I in the pre-hospital care setting.

II. Procedure:

In every situation that seems to require that the paramedic transfer the patient care on-scene to an EMT-I, the following criteria must be considered:

- A. All situations cannot be accounted for in this policy. The goal and direction of this policy is to match the need of the patient (s) with the highest level of care available with the resources committed to the incident.
- B. If there is any question by the paramedic regarding the patient's condition and/or the propriety of leaving the patient to the care of an EMT-I, consult with the Base Station and do as directed.



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EMERGENCY MEDICAL
SERVICES PROGRAM

Policy No. 1030
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Approved

Medical Director

Subject: FIRST RESPONDER BLS AMBULANCE INTERCEPT POLICY

I. POLICY

- A. First responder basic life support (BLS) units, which are transport capable and approved and licensed by the County, may transport patients in accordance with approved EMS procedures. The units must be in a contractual relationship with the ALS provider for such services.
- B. First responder BLS unit transportation is allowed under specific activation criteria: Specifically, situations when an ALS ambulance provider may have an extended response time to the scene and where it would benefit the patient to commence transportation in a BLS unit. (See II A and II B for Activation Criteria.)
- C. The first responder BLS unit shall rendezvous with the responding ALS ambulance at a pre-designated location, at which time the patient will be safely transferred to ALS care and transportation will be continued.
- D. Transport capable first responder BLS units may also be utilized for patient transport during multi-casualty incidents in conjunction with ALS ambulances and helicopters.

II. ACTIVATION CRITERIA

- A. A first responder BLS unit may commence transportation of the patient if all of the following apply at the time the patient is packaged and ready for transportation:
 1. Patient with an altered level of consciousness and/or showing “fight or flight” symptoms indicative of a worsening condition, and/or two or more hits on the MAP triage tool;
AND,
 2. Patient is in need of ALS intervention; AND,
 3. The responding ALS ambulance is outside of a pre-designated, County approved geographic boundary, as shown on provider specific maps, indicating that the ambulance response time will be delayed.

- B. If, in the opinion of the highest medical authority on the scene with the patient, the patient would benefit from transportation in the first responder BLS unit and all of the criteria above do not apply, the BLS unit may commence transportation after conferring with the responding ALS ambulance.

III. PROCEDURE

- A. Assess patient and commence BLS treatment according to County protocol.
- B. Determine whether activation criteria have been met.
- C. If activation criteria are met at the time the patient is packaged and ready for transport, the first responder BLS unit shall commence transportation of the patient.
- D. The first responder BLS unit shall immediately inform the dispatch center that transportation has commenced and shall contact the responding ALS ambulance by radio to coordinate the rendezvous location to be used.
- E. If an ALS ambulance is unavailable to rendezvous with the first responder BLS unit, the unit shall continue transportation to the closest hospital or landing zone.
In case of radio failure that precludes communication between the ALS and BLS units, the BLS unit should continue transport until communications can be established.



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EMERGENCY MEDICAL
SERVICES PROGRAM

Policy No. 1050
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Emergency Medical Services Program

Approved

Medical Director

Subject: PARAMEDIC INTERACTION WITH LICENSED HEALTH-CARE PROVIDERS

I. PURPOSE

To set guidelines to facilitate a smooth interaction between the EMT-P and the Physician, Registered Nurse, Physician Assistant, or Nurse Practitioner while providing the best possible care to emergency patients.

II. EMT-P MEDICAL SUPERVISION

The paramedic may function only under the medical direction and supervision of a paramedic Base Station Physician, or other authorized physician, per Title 22 of the California Administrative Code.

III. POLICY

A. Patient Care in a Physician's Office or Clinic

1. The physician in attendance, whether in an office or clinic, is responsible for that patient until transfer of authority has been done with the Base Hospital Physician. At all times EMT-P will be under the medical authority and direction of the Base Hospital Physician.
2. On arrival at the physician's office or clinic, the EMT-P will report directly to the physician who is in charge of the patient.
3. If the physician is not present, the registered nurse, physician assistant, or nurse practitioner may assist at the discretion of the paramedic. Paramedics shall not take medical orders from them.

B Assist or Manage Patient Care

The paramedics are to ask the physician directly if they are going to assist or manage patient care.

1. The physician may elect to assist the paramedic and offer suggestions, but the paramedic will remain under the direction of the Base Station Physician.
2. If the physician indicates that they wish to manage patient care, the physician will be advised that they will bear full medical responsibility for patient care prior to and during transport, in which case the physician must accompany the patient in the ambulance to the hospital.
3. The EMT-P may then accept orders and direction from that physician according to Santa Cruz County EMS field treatment protocols. The paramedic shall contact the hospital for “information only” call in.
4. If the physician elects not to manage the patient or declines to speak to Base Physician the EMT-P will manage the call per current field treatment protocols.
5. If the treatment, which the patient has already received from the physician, exceeds Santa Cruz County EMS field treatment protocols, the Base Station Physician may request the attending physician to accompany the patient to the hospital.

IV. ON SCENE OF 9-1-1- EMERGENCY (Not physician’s office or clinic)

- A. If a physician on scene wants to manage patient care and will accompany patient, contact Base Station and advise of physician’s desire to manage care. This physician must be recognized by the paramedic or have valid California medical license. If there is any disagreement between the physician on the scene and the Base Station Physician, the paramedic shall take orders from the Base Station Physician and place the physician on the scene in radio contact with the Base Station Physician.
- B. A registered nurse, physician assistant, or nurse practitioner may assist at the discretion of the paramedic within their respective scope of practice. Paramedics may not take medical orders from them. They must be recognized by the paramedic or have a valid California license prior to assisting with patient care.

V. DOCUMENTATION

- A. All orders from a physician shall be reported to the base hospital. The scene physician’s name and California medical license number shall be documented on the PCR.
- B. All assistance from a registered nurse, physician assistant, or nurse practitioner shall be documented on the PCR, along with name and appropriate California license number.
- C. The paramedic shall document condition of the patient before treatment, all treatment rendered, patient response and condition after treatment from point of contact to hospital delivery.



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EMERGENCY MEDICAL
SERVICES PROGRAM

Policy No. 1060
Reviewed 4/2009

Emergency Medical Services Program

Approved

Medical Director

Subject: POLICY FOR AIR AMBULANCE

I. Purpose:

To provide a standard of operation for helicopter air ambulance rescue services that are providing emergency medical care in the prehospital setting within Santa Cruz County.

II. Air Ambulance Provider Approval:

The approval process for helicopter air ambulance providers to operate in the prehospital setting includes:

- A. Compliance with City, County, State, and Federal regulations governing aircraft and helicopter air ambulance.
- B. Compliance with this Policy.

This section does not apply to federal agencies.

III. Definitions:

The California Code of Regulations, Title 22, Sections 100279 through 100283 defines EMS Aircraft:

100280 Air Ambulance: "Air Ambulance" as used in this chapter means any aircraft constructed, modified, or equipped and used for the primary purposes of responding to emergency calls and transporting critically ill or injured patients whose medical flight crew has at minimum two attendants certified or licensed in advanced life support.

100281 Rescue Aircraft: "Rescue Aircraft" means an aircraft whose usual function is not prehospital emergency patient transport but which may be utilized, in compliance with local EMS policy for prehospital emergency patient transport when use of an air or ground ambulance is inappropriate or unavailable.

100282 ALS Aircraft: "Advanced life support rescue aircraft" or "ALS rescue aircraft" means rescue aircraft whose medical flight crew has at a minimum one attendant certified or licensed in advanced life support.

100283 BLS Aircraft: “Basic life support rescue aircraft” or “BLS rescue aircraft” means a rescue aircraft whose medical crew has at a minimum one attendant certified as an EMT 1A.

IV. Dispatch for Field Requests:

The closest available air ambulance will be dispatched.

V. Dispatch:

A. Helicopter Air Ambulance may be dispatched using Santa Cruz County EMS MAP Triage Criteria.

B. In urban, suburban and rural incident zones (response times <20 minutes) helicopters should generally not be dispatched until field evaluation takes place. In the remote incident zone simultaneous air ambulance and field emergency services may occur (see Section D below)

C. If an Air Ambulance refuses to accept the dispatch due to weather or mechanical problems, another air ambulance should be immediately dispatched. Patient transport should not be unduly delayed. Base Contact shall be made if the medical authority on scene decides ground transport is the most appropriate method of delivery of the patient to definitive care.

D. Simultaneous dispatch of the air ambulance and field emergency services will occur when

- a. Dispatcher categorizes the response as a high priority
- b. Paramedic unit arriving on scene time is > 20 minutes

E. Field Dispatch Request Information:

- c. Unit Identifier
- d. Nature of problem
- e. Location
- f. Special equipment if needed
- g. Weather at LZ
- h. Tactical Frequency
- i. Number and weight of patients

F. The location of the LZ will be at the discretion and collaboration of the IC and highest medical authority on scene.

VI. Cancellation of Helicopter Air Ambulance:

The on scene Incident Commander with approval from the responding ALS medical authority may cancel an air ambulance.

If the helicopter pilot questions the safety of a mission, he/she shall have the final authority in decisions to continue or cancel the mission.

VII. Medical Control:

Medical control for the approved helicopter air ambulance personnel trained to the skill level of a flight nurse or paramedic will be in accordance with the standards established by the county of origin. Standardized nursing procedures will be reviewed and approved biannually by the Santa Cruz County EMS Medical Director.

VIII. Documentation:

A complete patient care record will be provided to the Santa Cruz EMS Office for all field encounters by the approved helicopter air ambulance service no later than 3 working days after the incident. The PCR will be

reviewed by the EMS Medical director or his/her designee.

IX. Destination Hospital:

Refer to Policy #7050 Major Trauma Victim Transport and Destination.

X. Quality Assessment:

All field requests for helicopter air ambulance service are subject to retrospective evaluation by the Santa Cruz County EMS Continuous Quality Improvement Committee.



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EMERGENCY MEDICAL
SERVICES PROGRAM

Policy No. 1070
Reviewed 07/11

Emergency Medical Services Program

Approved

Medical Director

Subject: **TRIAGE FOR PATIENT DESTINATION**

I. Non-Immediate Medical Emergencies:

If a patient's nature of illness does not place him in any immediate life threat, as judged by a paramedic, Base Station Physician, or Mobile Intensive Care Nurse (MICN), the patient or person legally responsible for the patient or a contacted family physician, may designate the destination hospital. Such a request shall be honored unless the requested destination hospital cannot accept and diverts the patient to another hospital. If the patient does not wish to designate a particular hospital, the patient is to be advised by the paramedic of the hospital to which he/she is to be taken. Any diversion of an ambulance to a Hospital other than one in Santa Cruz County will be at the discretion of the paramedic supervisor. In the case of an MCI event the designated transportation officer, in conjunction with medical control, shall determine the most appropriate facility and transport method.

II. Alternate Destination:

Those patients who are eligible to be considered for an Alternate Destination will be identified upon their request for Emergency Medical Services. Those paramedics that have been pre-designated by county EMS will be responsible for the appropriate triage of these patients. Should the patient meet the pre-determined criteria for the alternate destination program, the paramedic will be responsible for facilitating the transportation of the patient to the appropriate destination as designated by the county.

If at any time during transport the patient presentation changes or the paramedic feels it necessary to transport the patient to the ED, the paramedic may do so and must contact the ED as soon as possible via radio or cell phone. In cases where the patient asks to go to the ED after the paramedic has identified the patient as appropriate for the clinic, the paramedic should consider discussing the criteria by which the transport decision was made. If an agreement cannot be reached, the paramedic will transport the patient to the ED.

III. Immediate Life Threatening Medical Emergencies:

A patient who is considered by the paramedic, Base Station Physician, or MICN, to be in an immediate life threatening condition, and where immediate attendance by a physician is urgent to the survival of the patient, shall be transported to the "most accessible emergency medical facility, staffed and prepared to administer care

appropriate to the needs of the patient". (Ref. Section 1105(c), Title 13, California Administrative Code, i.e., Ambulance Regulations.)

It is recognized that in many cases the closest hospital, as measured by geographic distance, is not necessarily the hospital that can be accessed in the shortest time period. It is essential that paramedics take the following transportation factors into consideration when determining hospital destination.

- 1) Time of day and day of week
- 2) Current traffic patterns which may cause delay of transport

Calls in Santa Cruz County will use the receiving hospital as the Base Hospital for medical control once the determination has been made for hospital destination.

Paramedics are to advise the paramedic Base Hospital of the intended destination hospital. It is the responsibility of the Base Hospital Physician/MICN to approve, confirm, or redirect the ultimate destination hospital for patients who are in immediate life threatening conditions. It will be the MICN's responsibility to notify the receiving hospital by phone of patients being transferred to their facility.

IV. Pediatric:

A. Critically Ill or Injured Child

Paramedics will transport critically ill or injured children to the most accessible and appropriate EDAP. Transport from the scene directly to a PICU/Trauma Center/Burn Center will be limited to those cases when distance or delay are critical factors to a patient's outcome. EMS personnel will follow Policy #1060 when requesting a medical helicopter response.

Requests by a parent or person legally responsible for the child requesting transport of a critical child to a more distant EDAP or non-EDAP hospital should be advised verbally of the potential medical consequence.

Consider contacting a Base Hospital for advice and direction as the situation warrants. If the parent or legal guardian continues to insist on by-passing the most accessible and appropriate EDAP/hospital, paramedics will request that an *Against Medical Advice (AMA)* form be signed.

B. Non-Critical Child

All children entering the EMS system who require ambulance transport, but are not critically ill or injured, will be transported to the most accessible and appropriate EDAP. Requests by family, or person legally responsible for the child, for transport of a non-critical child to a more distant EDAP or a non-EDAP hospital will be honored.

V. Dispute Resolution:

In any dispute, the Base Hospital Physician, in direct voice contact with the paramedic, will make the final decision as to whether the patient is in immediate life threat, and whether or not the patient is to be transported to the closest accessible acute care hospital emergency department or to the hospital which the patient or family or primary care physician wishes. The paramedics may not override the decision of the Base Hospital Physician once the decision has been made.



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EMERGENCY MEDICAL SERVICES PROGRAM

Policy No. 1080

April 1, 2012

Emergency Medical Services Program

Approved

Medical Director

Subject: PATIENT REFUSAL OF CARE AGAINST MEDICAL ADVICE OR RELEASE-AT-SCENE

I. Competent adults are entitled to make decisions about their health care. They have the right to refuse medical care or may be released at the scene *when they have been properly informed of the benefits, risks, and alternatives to the recommended care*. This policy defines the mechanism by which a patient who summoned emergency care, or for whom such emergency care was summoned, may refuse care and transport, or be released at the scene. This policy is *applicable to all levels of EMS responder personnel*.

II. For the purpose of this policy, patients, legal representatives (agents) of patients (by legal custody or Durable Power of Attorney for Health Care) or parents of minor patients may refuse medical care or may be released at the scene if they are:

A. competent: able to understand the nature and consequences of refusing medical care and/or transportation to the hospital or being released at the scene;

B. and at least one of the following:

- 1) Adult - 18 years of age or older.
- 2) An emancipated minor.
- 3) A minor who is married.
- 4) A minor who is in the military.
- 5) A minor who is the primary care provider for her child can make decisions for the child. If the minor does not meet one of the above criteria she cannot make medical decisions for herself.

III. In situations where a POLST, DNR or Durable Power of Attorney are not available to guide medical decision-making for an incapacitated patient, EMS crews may elicit help from spouses or other relatives. Medics may honor these spouse/relative requests depending on the specific circumstances of the call. Full documentation of this decision-making process and patient disposition must occur after the call.

- IV.** The following patients are considered **not to be competent** to make medical decisions:
- A. Any patient who presents with an altered level of consciousness.
 - B. Any patient with severely altered vital signs which clearly are impairing his/her ability to think rationally.
 - C. Any patient who makes clearly irrational decisions, in the presence of an obvious potentially life or limb threatening condition, including persons who are emotionally unstable.
 - D. Any patient under a “5150” hold, or exhibiting behavior that qualifies for such a hold.
 - E. Any patient with a known mental deficiency.

V. AMA Process (Competent Patients Only):

When EMS personnel evaluate a **competent** patient, as identified in Section II, and find that treatment and transport **are indicated**, all diligence and judgment will be used to convince the patient to agree to this. The AMA process shall include the following:

- A. Advisement of risks and alternatives.
- B. Assurance that the patient understands the risks of refusing treatment and transport and still refuses. This shall be documented on the Patient Care Report.
- C. Assurance that the patient is encouraged to seek medical care and that this is documented on the Patient Care Report.

The following must be documented on the PCR.

- 1) Base contact, if indicated by the patient’s complaint, severity, or clinical signs/symptoms.
- 2) The patient’s signature on the AMA/RAS form and documentation of this on the PCR.
- 3) A witness’s signature on the AMA/RAS form and documentation of this on the PCR.
- 4) Complete documentation of the patient’s clinical condition, including complete vital signs and a narrative that accurately reflects the patient’s account of events.
- 5) A final offer of transport and documentation of this on the PCR.
- 6) Documented status of the patient upon EMS personnel departure from the scene.

VI. Release-at-Scene Process (Competent Patients Only):

When EMS personnel evaluate a competent patient, as identified in Section II, and **both** the EMS personnel AND the patient or agent **concur** that further field treatment and transport are **not** indicated, then the patient may be released at scene. In this situation, EMS personnel will complete a Patient Care Report in the usual manner to document the details of the encounter including why the patient was released. **The following must be documented on the PCR:**

- A. Patients with minor traumatic injuries who do **not** meet any MAP trauma criteria.
- B. The patient/agent has clearly articulated a plan for medical evaluation and/or follow-up that relies on previously established medical providers or the use of recognized acute care/urgent care providers and facilities.
- C. The patient/agent has signed the appropriate AMA/RAS form which states that emergency evaluation has been rendered.

VII. If a patient is determined **NOT** to be competent to make medical decisions, the patient is treated by implied consent. If this patient continues to refuse evaluation, treatment, or transportation, all reasonable measures including police assistance and/or appropriate use of physical restraint should be used in order to evaluate, treat, and transport the patient. **At no time should EMS personnel place themselves in physical danger.**

VIII. EMS personnel have a duty to act in the best interest of all patients.

- A. No patient should be encouraged to refuse evaluation, treatment, or transportation.
- B. No person will be denied evaluation, treatment, or transport on the basis of age, sex, race, creed, color, origin, economic status, language, sexual preference, disease, or injury.
- C. If EMS personnel are experiencing difficulty in convincing a competent person to be transported, consideration should be given to contacting the paramedic Base Hospital for situational management support. Paramedics should be involved when considering this resource.

IX. Documentation.

In accordance with Santa Cruz EMS Policy 1170, a Patient Care Report shall be completed on all patient contacts. The PCR shall document all assessments and/or care rendered to the patient by any EMS prehospital care provider. The PCR must also specifically document any events where refusal of assessment, care, and/or transport occurred. The EMS providers shall keep the original AMA/RAS form on file for the prescribed period of time.



GUIDELINES FOR BASE STATION CONTACT

- I. For purposes of Medical Control paramedics must contact the Base Hospital in the following circumstances:
 - A. To administer medications or provide treatment restricted to medical control per protocols.
 - B. For patients who have decided against transportation and fit the conditions listed in Policy #1080 *Patient Refusal Of Care Against Medical Advice Or Release-At Scene*.
 - C. For dispatch information indicating that multiple victims or hazardous materials may be involved.
 - D. To obtain field pronouncements.
 - E. For complicated scenarios not otherwise addressed by existing policies and protocols
 - F. When trauma patients meet criteria for Base Hospital consultation as specified in Policy #7050 *Trauma Patient Transport And Hospital Destination*.
- II. For purposes of Medical Consult Paramedics should contact the Base Station when support of the Base Station staff would assist in resolving an on-scene conflict with the patient or other agencies.
- III. Paramedics are unable to contact the Base Hospital due to communication failure will report this event on the PCR in the appropriate section.
- IV. Radio-Call-In Formats are needed so that Base Hospital staff will be assured of getting necessary information to prepare for a patient. In addition, a radio-call-in can also help determine which facility is best to receive a patient. When contacting the Base Hospital, the following information will be presented during the call-in, regardless of what format you are using.
 - Unit Identifier
 - Med channel being used (when not using cellular or land line communication)
 - Patient Status Level
 - Type of call-in (Notification, Consult, or Medical Control)
 - Paramedics attending
 - Age of patient
 - Gender of patient



- ETA and code of transport
- Relevant patient information.

V. Types of Call-ins:

A. Hospital Notification

1. Meant to prepare the ED staff for the patient's arrival
2. Make this call as soon as possible during transport
3. Include relevant patient detail, for example:
 - a) Patient on a backboard
 - b) Family members onboard
 - c) Patient being ventilated
 - d) Exclude irrelevant information

B. Base Station Consult

1. The goal is to develop a plan in concert with the Base Hospital
2. The Base Hospital becomes part of your problem-solving process
3. You are seeking advice, for example, difficult non-transport situations
4. When disagreements arise among on scene providers regarding the appropriate treatment for a patient

C. Medical Control

1. You are seeking an order from the Base Hospital
2. Be very explicit about what you are looking for in the beginning of the call-in; do not make the Base Hospital guess what you are trying to do.

D. PAM Triage (Policy #7050 *Trauma Patient Transport and Destination* and Policy #7070 *Trauma Triage*)

1. PAM Trauma Triage call-ins are a specific subset of the Base Station Consult format. PAM Trauma Triage call-ins are designed to help field personnel reach a destination decision in coordination with the Base Station on PAM Trauma patients that meet only Mechanism +/- Special criteria or who don't meet clear destination criteria as defined in Policy #7050.
2. You should provide the Base Station with the following information:
 - a) Which PAM criteria are met



- (1) Note: in accordance with Policy 7050 only Mechanism +/-Special criteria patients are eligible for local transport. Unless in extremis. Physiologic and/or Anatomic criteria require transportation to a local trauma center by air or – if air unavailable – by ground.
- b) A detailed description of the mechanism and special criteria, if any.
- c) A complete head to toe exam including relevant findings and/or pertinent negatives for all body systems.
- d) A detailed overview of the patient’s physiologic status including a complete set of vital signs.
- e) Any applicable co-morbidities.
- f) Other relevant information.

VI. Call-in Format

- A. The following call-in format should be used to organize and relay information to the Base Station on all PAM Trauma Triage Consult call-ins:
 1. “(Facility) Base, this is (Unit Identifier) on (Radio Channel) with Trauma Triage traffic.”
 2. “We are currently (on scene, en-route) with a (age/gender) who is a trauma patient.”
 3. “Patient does/not meet physiologic for (list specific PAM criteria from Policy 7070 if applicable). Vital signs are as follows: Required vital signs are HR, RR, BP, Cap Refill, Skin color/condition, and LOC.” Optional vital signs are SAO2, EKG, etc.
 4. “Patient does/not anatomic criteria for (list specific PAM criteria from Policy 7070 if applicable).” “Patient exam is as follows: Head-Neck-Chest-Abdomen-Back-Pelvis-Lower Extremities-Upper Extremities with description of all findings and/or pertinent negatives for each body system.”
 5. “Patient does/not meet mechanism criteria (list specific PAM criteria from Policy 7070, if applicable) due to (describe the mechanism in detail).”
 6. “Patient does/not special conditions criteria (list/describe patient co-morbidities if applicable).”



7. “We think that (*ground/air*) transport to (*local facility/trauma center*) would be appropriate for this patient.”
8. “How/Where would you like this patient transported?”



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EMERGENCY MEDICAL
SERVICES PROGRAM

Policy No. 1100
October 1, 2013

Emergency Medical Services Program

Approved

Medical Director

Subject: POLICE AT THE SCENE

I. Definition:

For purposes of this policy, the term “police” means any law enforcement agency sworn personnel: Police Officer (local jurisdiction), Deputy Sheriff, California Highway Patrol, Military Police, etc.

II. Authority:

Police are designated by law as scene managers of any medical emergency in which they have primary investigational authority. Failure to follow the directions of a police officer at the scene may result in arrest. An EMS responder does not have the authority to overrule a police officer acting in the line of duty. If a disagreement arises with law enforcement on scene, the role of the EMS responder is to request the minimum amount of time to perform an adequate history and physical assessment of the patient, and then to convey the findings and the possible need for further medical evaluation and treatment to the law enforcement agent. In matters of disagreement regarding care, a joint decision between medical personnel and law enforcement is highly desirable.

III. Access:

- A. Access to Victims. Refusal by police at the scene to allow access by EMS responders to a person who demonstrates certain observed conditions of death (see Policy #1140 *Determination of Death/Pronouncement in the Field*) should not be contested. Document the situation on the PCR.
- B. Access to Crime Scene. Refusal by the police to allow access to a person or scene should not be contested by the EMS responder. The police at the scene have management responsibility and authority. Obtain the name of the police agency, name and badge (or shield) number of the officer and document on the PCR. If access is permitted by the police to a “crime scene”, an EMS responder should be careful not to disturb the area. It is vital to the police that evidentiary materials are preserved. A joint decision between medical personnel and the police officer is desirable regarding patient care.
- C. Access to Traffic Accident Victim(s). Patient and responder safety is of chief concern, and EMS responders must work with police on this issue. EMS responders must honor law enforcement requests regarding emergency vehicle parking location. EMS responders must also honor requests to transport patients for pronouncement at the hospital and requests to move patients quickly off scene due to safety

concerns. These requests should be documented on the PCR, along with the name of the police agency, the officer's name, and badge number. Base station contact should be made as needed.

IV. EMT/Police Interface Guidelines:

- A. If a conflict should exist between the EMS responders and the police:
1. Attempt to discuss with the police, in private, an approach that will satisfy both the police and the needs of the patient.
 2. Explain to the police the findings on history and physical assessment, and explain why treatment is needed and how police work may hinder this treatment.
 3. If an agreement as to the proper handling of the patient cannot be reached between the police and the EMS responder, the police request must be respected. Continue to perform your treatment allowed by the police, and do not leave the patient until instructed to do so by the police.
 4. An EMS responder is not required to perform any services or treatment demanded by police. Law Enforcement agents do not have any rights as far as ordering medical evaluations or treatment on patients. They can prevent treatment or even demand that you leave the patient and the scene, but they cannot order you to take part in an activity potentially harmful to the patient.
 5. EMS responders should advise the patient about the limits placed upon the evaluation and treatment by the police, and such explanation must be documented on the ambulance run report.
 6. Keep a complete and detailed record of the incident including the notation of all discussions with the police so that the record is complete and accurate. Complete and file an EMS Incident Report describing the disagreement and actions taken as soon as possible.
- B. In the specific situation where Law Enforcement agents have used a Taser or other similar devices (i.e. pepper spray, Mace, rubber bullets, etc.) on a patient and call EMS for assistance, EMS responders shall perform an appropriate evaluation/treatment and transport the patient to the appropriate Emergency Department. These patients are considered high risk and require hospital evaluation. EMS personnel are not authorized to perform a field clearance.

V. Police Assistance:

- A. Request for Police Assistance. Police assistance should be requested if one or more of the following conditions are present:
1. A disoriented patient requiring medical care who refuses that care or;
 2. Patient is a threat to himself or others or;
 3. Patient has made a suicidal gesture or;
 4. There is an indication of likely assaultive behavior from bystanders or;

5. Parent(s) or other person refuses transport of child after an EMS responder determines that medical attention and/or removal of the child from the environment is necessary or;
 6. In any case where EMS responders suspect a crime may have been committed or;
 7. Anytime, in EMS responders best judgment, police presence is indicated.
- B. Refusal to Intervene. The police may, at their discretion, refuse to intervene. An incident report should be completed and other alternatives should be considered.



County of Santa Cruz

HEALTH SERVICES AGENCY

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EMERGENCY MEDICAL
SERVICES PROGRAM

Policy No. 1110
Reviewed 04/12

Emergency Medical Services Program

Approved

Medical Director

Subject: **ON-SCENE MEDICAL CONTROL**

I. Statement of Philosophy

This procedure has been developed to minimize the confusion or conflict between two or more paramedic responders who are providing emergency patient care. Occasionally a difference of opinion occurs between paramedics of two different provider agencies regarding the patient care to be rendered. With this in mind, Policy 1110 was established to resolve disagreements among paramedics on scene, and to clarify which paramedic has primary patient care responsibility during the course of an EMS call.

II. Incident Command System

The Santa Cruz County EMS Agency subscribes to the principles of the incident command system (ICS). Every EMS incident is under the direction and control of an incident commander (IC). The IC is generally the highest-ranking responder on scene. On a medical incident, this is usually a fire department captain or battalion chief.

Within ICS, patient care on-scene is to be directed by the first arriving, highest medically qualified person until the patient is properly relinquished to another ALS provider. However, the IC, no matter his or her level of medical training, has ultimate authority at EMS calls, including the authority to resolve conflicts between EMS providers.

III. Procedure

- A. The first arriving EMSIA or transport paramedic should institute patient care according to Santa Cruz County EMS treatment protocols. This paramedic should continue all aspects of patient care until arriving at the hospital or until patient care authority is transferred to another paramedic.
- B. Subsequent arriving paramedics are expected to assist in the provision of patient care under the direction of the first paramedic on-scene, or until the patient care is transferred to them.
- C. If the first on-scene EMSIA paramedic elects to accompany the patient to the receiving hospital, this paramedic may continue to direct patient care, or may turn over primary patient care to the transporting

medic and thereafter act in a supporting role. If the EMSIA paramedic elects to maintain primary patient care, the transporting paramedic shall likewise act in a supporting role.

- D. If the first on-scene EMSIA paramedic elects to not accompany the patient to the hospital, patient care will be transferred to the transporting paramedic. Transfer of care shall be accomplished with a verbal report to receiving paramedics, which is to include (as known), pertinent physical findings, vital signs, treatment rendered, and any response to treatment procedures.
- E. In the event that the first on-scene EMSIA paramedic elects to transfer care to the transport paramedic, a Transfer of Care (TOC) form shall be utilized. The TOC is the initial official record of pertinent physical findings, a short history leading up to the emergency, and treatment rendered until ePCRs can be completed.
- F. The transporting paramedics are ultimately responsible for deciding on the receiving hospital. However, paramedics from both the EMSIA and the transporting agency should collaborate when making a patient destination decision, particularly when this involves out-of-county transports.
- G. A separate PCR will be completed by both the EMSIA paramedic and the transporting paramedics. The PCR shall reflect the hand-off and receipt of the patient, each noting the condition of the patient at the time of transfer.

IV. Problem Resolution Process

- A. Collaboration between EMSIA and transporting agency paramedics is crucial to the success of shared EMS calls. Collaboration, when problem-solving differences in patient care strategies is a mandatory requirement of all EMS responders in this system.
- B. No matter the agency affiliation, all paramedics are equally responsible for the care rendered to a patient. Whether acting as primary patient care provider, or assisting paramedic, all on-scene paramedics are equally charged with upholding the standards of care as delineated by their training, scope of practice, and County EMS policies and protocols.
- C. When compromise or consensus among paramedics cannot be reached on calls, the ICS and the Base Station hospital shall be utilized in the following manner:
 - 1. No matter the disagreement, patients should always be transported in a timely manner to the most appropriate facility.
 - 2. If the patient is *in extremis*, the first on-scene paramedic shall maintain primary patient care responsibility, and shall accompany the patient to the closest receiving facility.
 - 3. If the patient's condition is stable, paramedics may contact the Base Station, asking for treatment and patient destination guidance. Paramedics will follow the direction of the Base Station in this instance, and paramedics from both the EMSIA and the transporting agency shall accompany the patient to the hospital. The paramedic who had established primary patient care responsibility would remain doing so.
 - 4. In instances when Base Station contact cannot be made or would not be helpful given the circumstances of the disagreement, the IC is empowered to facilitate a resolution, and if need be, make a command decision in order to end the disagreement stalemate.



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EMERGENCY MEDICAL
SERVICES PROGRAM

Policy No. 1112
November 2014

Emergency Medical Services Program

Approved

Medical Director

Subject: EMS Resource Response and Management

I. Overview

The goal of EMS resource response and management is to meet the time and resource needs of any particular medical emergency while still maintaining the integrity of EMS coverage throughout the County. This policy establishes guidelines for call response, and for resourcing EMS calls, particularly when the immediate demand for resources outstrips EMS resource availability.

II. Core Principles

- **EMS calls adhere to the Incident Command System.** While law enforcement has ultimate scene authority on all calls, the incident commander (IC) at most EMS incidents will be the highest ranking fire officer. In the absence of this officer on scene, the IC is the highest trained, most senior medical responder.
- **The Santa Cruz County Emergency Medical Dispatch (EMD) system in place is highly accurate in determining the priority of any given EMS call, and the subsequent recommended EMS resource response.**
- **A cavalry EMS response with lights and sirens is often unnecessary, and defeats the purpose of a sound call triage system.**
- **EMS systems that are flexible and efficient in their EMS resource response will be better able to handle surges in requests for response, and are more likely to bring the correct EMS resource to the patient's side in order to effect the best patient disposition.**

III. Guidelines for EMS Resource Response and Management

EMS resources – fire apparatus, ambulances, and other first response units - in Santa Cruz County are dispatched according to established EMD criteria. There are instances, however, when multiple EMS calls occur simultaneously, requiring responding units to alter their call destinations in order to optimize EMS call coverage and to provide the timeliest response to the highest acuity patient. This policy helps to guide EMS response diversion within the incident command system.

Procedure

- A. If a fire or ambulance resource has been committed to an incident it shall remain committed to that incident until it has completed the call or if one of the following conditions has been met:
 1. If fire and ambulance units are enroute to a call, and another, higher priority call occurs in the units' response area, one or both of the units may divert to the higher priority call.
 2. If a fire or ambulance unit is at the scene of a call and the second incoming EMS unit is diverted to another call, NetCom shall advise the on-scene unit of this diversion, and the location/ETA of the next closest EMS unit. The IC may, at this point, declare the call “non-divertible.” Should this occur, NetCom will direct the original incoming EMS resource to continue to the initial call, and will dispatch another EMS resource to the second incident.
 3. Criteria for non-diversion include the following:
 - i. The patient at the original incident is *in extremis* or near *in extremis*.
 - ii. The patient at the original incident has a substantially time dependent clinical emergency that cannot be managed on scene, with further delays to definitive care worsening the patient's chances for survival or reduced morbidity.
- B. If a fire unit is at the scene with a **Status IV-V** patient requiring no further treatment other than transport, this unit may leave the patient to respond to another pending call under the following conditions:
 1. This pending call requires a time dependent response (e.g., a structure fire, cliff rescue, confirmed vehicle accident with injuries, high priority medical call with credible RP information).
 2. There is no other fire or ambulance unit in close enough proximity to handle the pending call in a reasonable time frame.
 3. The patient has no identifiable need for immediate, continued treatment and has been informed that another EMS unit is coming to his/her location. The patient will also be prompted to call 911 back if his/her status worsens.
 4. The new incoming EMS resources and Net Com are aware of the diversion and the location of the patient waiting for transport.
 5. Given the time dependent nature of this resource diversion, no AMA/RAS paper work needs to be completed at scene. The ambulance copy of the TOC, if filled out, should be left with the patient for the incoming transport unit. After the higher priority response has been completed, however, EMS responders should document their initial evaluation and care of the first patient encountered.

- C. If a fire unit is at the scene with a **Status IV-V** patient requiring no treatment other than transport, this unit may leave the patient and become available for response. This decision should be based on the patient's complaints, scene safety considerations, stability of the patient's vital signs and physiologic status, and proximity and reliability of the incoming transport resource. In this instance, a release at scene (RAS) should be completed, if possible. However, if the patient is not in agreement with the fire resource clearing the scene, this resource may still clear as long as appropriate documentation backs up this decision. This decision shall be documented in the patient care record, and in the operational report for the call.
- D. Fire and ambulance resources may be used as single response resources to triage low priority calls in the system, particularly when the system is experiencing high resource demand. In addition, NetCom may queue non-emergent Priority A calls for up to one hour if transport resources drop below coverage limits that would safely allow for County-wide response to high priority, time dependent calls. The criteria for delaying response to calls should be developed by local approved EMS providers in partnership with County EMS and NetCom.
- E. A mass casualty incident (MCI) or prolonged disaster can quickly drain County first response and transport resources. In the event of an MCI or disaster, first responder and transport command staff will coordinate area resource use to most efficiently manage these incidents. This could include utilizing non-traditional transport vehicles (mass transit, etc.) to transport victims to appropriate medical destinations, use of non-traditional field medical stations, and the like.

An MCI or disaster can also greatly reduce the ability of the EMS system to respond to other emergent and non-emergent calls occurring in the system. Should this occur, resource response to higher priority (B – E) calls can also be amended by fire and transport command staff in coordination with NetCom. In these instances, response to these higher priority calls may be delayed or cancelled completely, and single resource response may also be utilized to manage these calls.



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EMERGENCY MEDICAL SERVICES PROGRAM

Policy No. 1120
Reviewed 01/07

Emergency Medical Services Program

Approved

Medical Director

Subject: EMS QUALITY IMPROVEMENT PROGRAM

PURPOSE: To establish a system wide Quality Improvement (QI) Plan for evaluating the Emergency Medical System of Santa Cruz County in order to foster continuous improvement in performance and quality patient care. To assist the EMS Agency, EMS Providers, Receiving Hospitals and Base Hospitals in defining standards, evaluating methodologies and utilizing the evaluation results for continued system improvement.

AUTHORITY: California Code of Regulations, Title 22, Section 100136, 100141.2, 100166, 100167, 100168, and 100172. Health and Safety Code Division 2.5, Section 1797.220. California Evidence Code, Section 1157.7

DEFINITION: Quality Improvement (QI) means a method of evaluation of services provided, which includes defined standards, evaluation methodologies and utilization of evaluation results for continued system improvement. Such methods may include, but not be limited to, a written plan describing the program objectives, organization, scope and mechanisms for overseeing the effectiveness of the program.

This reference to Quality Improvement (QI) is comparable to State Regulations' reference to Continuous Quality Improvement.

PRINCIPLES:

- To be effective, a Quality Improvement (QI) Plan must foster a positive working relationship between all components of the emergency medical system.
- This document will allow each agency to continue meeting its own unique QI needs as well as providing an avenue for meaningful collaboration system wide. This QI Plan encourages the utilization of the processes that affect patient outcomes most significantly.

POLICY:

I. At a minimum, the QI Plan shall include:

- A. Statement of quality improvement program goals and objectives.
- B. Description of how the Quality Improvement Plan is integrated into the Santa Cruz County EMS system.
- C. Description of those processes used in conducting quality improvement activities, action plans and results.
- D. Methods to document those processes used in quality improvement activities.
- E. Common database from which to compare and contrast data system participants.
- F. Methods to retrieve data from participating non-base receiving hospitals regarding patient diagnoses and disposition.

II. BASE HOSPITAL CONTRIBUTIONS:

- A. Implementation and maintenance of a Quality Improvement (QI) Plan in conjunction with prehospital care providers assigned to the base hospital.
- B. Designation of a representative to participate in the Santa Cruz County EMS QI Committee.
- C. Collection of outcome data on patients brought to the Base Hospital as outlined in the EMS CQI Plan.

III. PROVIDER AGENCIES CONTRIBUTIONS:

- A. Implementation and maintenance of a Quality Improvement (QI) Plan in conjunction with assigned base hospitals and receiving hospitals.
- B. Evaluation of prehospital care performance standards.
- C. Designation of a representative to participate in the Santa Cruz County EMS QI Committee.

IV. EMS AGENCY CONTRIBUTIONS:

- A. Implementation and maintenance of a Quality Improvement (QI) Plan in conjunction with base hospitals, receiving hospitals, and provider agencies.
- B. Provide for a multidisciplinary team approach and provide staff support for the EMS QI Committee.
- C. Assist in ongoing monitoring and evaluation of clinical and organizational performance.
- D. Provide information to support system improvement of those processes that are important to the quality of patient care.
- E. Provide confidential patient outcome and informational system reports to assist in improving the functions targeted by the QI program.

V. EMS QUALITY IMPROVEMENT COMMITTEE

- A. The EMS Quality Improvement Committee membership shall consist of:

EMS Medical Director
EMS Program Manager
Physician from each Base Hospital
PLN from each Base Hospital
EMSIA QA Manager
AMR CES Coordinator
Other representatives of the Santa Cruz County EMS community as approved by the EMS Medical Director and Program Manager

- B. The EMS Quality Improvement Committee will meet monthly. The proceedings and records of this committee shall be free from disclosure and discovery. (CEC, Sect. 1157.7)
- C. The EMS Quality Improvement Committee will focus on system processes for improvement.
- D. The EMS Quality Improvement Committee will coordinate and compile focused studies/research on selected issues.
- E. At such time when the EMS Quality Improvement Subcommittees develop, the proceedings and records of the Subcommittees shall be free from disclosure and discovery. (CEC, Sect. 1157.7)

VI. INCIDENT REPORTING PROCEDURE

- A. A written account of the incident shall be made. This written account shall be forwarded to the appropriate personnel within each agency. Depending on the severity and complexity of an incident an investigation may be done.



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EMERGENCY MEDICAL
SERVICES PROGRAM

Policy No. 1130
Reviewed 01/07

Emergency Medical Services Program

Approved

Medical Director

Subject: MINIMAL EQUIPMENT AND MEDICATIONS FOR TRANSPORT ALS UNITS, ALS FIRST RESPONDER ENGINES, AND BLS UNITS

I. General

Authority for this policy is provided in Health & Safety Code Division 2.5, Section 1797.204, 1797.206, and 1797.252, and Title 13 of the California Administrative Code, Article I, Section 1103 (a) (b).

The intent of this policy is to establish minimal equipment requirements for ALS transport units, ALS engine first responders, and BLS transport units.

This policy does not apply in the case of multiple casualty incidents requiring the use of local "rescue" units that are not normally used for transporting patients.

II. Medical Responsibilities and Procedures

- A. Agencies shall be responsible for the sufficient medication and equipment inventories on each emergency response vehicle. At a minimum these inventories shall be sufficient to enact current Santa Cruz County policies and procedures.
- B. Agencies shall keep all equipment and medications current to expirations dates. All equipment and supplies shall be kept in good repair and in working order.



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EMERGENCY MEDICAL
SERVICES PROGRAM

Policy No. 1140
Reviewed 04/01/2010

Emergency Medical Services Program

Approved

Medical Director

Subject: DETERMINATION / PRONOUNCEMENT OF DEATH IN THE FIELD

I. Purpose:

This policy outlines the process by which field personnel (ALS & BLS) may determine death or obtain a pronouncement of death. Field personnel need not initiate or continue resuscitative efforts when death has been determined, respective to their scope of practice, using the following steps and criteria outlined below. Only physicians and coroners are allowed to make a pronouncement of death. This policy applies to both adult and pediatric patients.

In all cases where determination of death is considered, it is assumed that the patient has no pulse or respirations. If there is any doubt, initiate CPR and resuscitative efforts. *Patients may be treated and transported, if in the judgment of the paramedic, the scene dictates that this would be beneficial for field personnel (scene safety) or other causes not outlined in this policy.* If resuscitation efforts continue during transport or are initiated during transport, the paramedic will not request a pronouncement of death. In addition, Base Station contact is expected for any patients or situations that do not specifically meet the following criteria. In those cases where Base Station contact is made, the Base Hospital physician will have final authority as to what course of action shall be taken.

If the patient clearly meets one or more of the following criteria the patient may be determined dead with no Base Station contact necessary. In all cases where death has been determined, notify the Coroner's Office or other responsible law enforcement agency. A representative from Fire/EMS must remain on scene until a representative from either law enforcement or the Coroner's Office arrives on scene. In order to determine a patient dead at least one or more of the following criteria below must be applicable.

II. Causes For Determination of Death (BLS/ALS)

- A. Decapitation.
- B. Incineration.
- C. Rigor Mortis.
- D. Livor Mortis (Lividity).
- E. Decomposition
- F. Total separation of vital organs from body, or total destruction of organs with absence of life signs.
- G. Absence of life signs or severely compromised vital signs when there are multiple victims, and resuscitation would hinder care of more viable patients.
- H. Valid DNR, POLST, and/or situation where Durable Power of Attorney is applicable. Refer to policy #1190.
- I. Submersion greater than or equal to twenty-four (24) hours: Physical examination of body with accurate and reliable history of submersion time.

III. Causes For Determination Of Death (ALS Only)

A. Adult and Pediatric Medical Cardiac Arrest:

Patient remains in cardiac arrest despite application of correct cardiac arrest algorithm. In this case, responders must complete all interventions and medication dosing as prescribed in the appropriate algorithm and verify that the patient has been pulseless and apneic for at least 20 minutes in the presence of EMS responders.

In these instances, ALS personnel may determine the patient dead based on the patient's lack of response to all BLS and ALS interventions. The exceptions to this rule are those patients deemed to be severely hypothermic and patients in the second or third trimester of pregnancy. These patients should be promptly treated and transported to the closest available facility.

An ETCO₂ level of 10 mmHg or less measured 20 minutes after the initiation of advanced cardiac life support accurately predicts death in patients with cardiac arrest associated with electrical activity but no pulse. In patients for whom this is the case, resuscitation may be discontinued.

B. Adult and Pediatric Traumatic Arrest:

(Traumatic injuries (blunt or penetrating) with absence of life signs.)

If patient is found to have either asystole or PEA with a rate less than 40 on initial exam, no workup is necessary. The patient may be determined dead. If the patient is found in PEA with a rate greater than 40, base station contact should be made to discuss a field pronouncement. In the interim, resuscitation should be commenced.

If the patient is found to be in ventricular fibrillation or pulseless ventricular tachycardia, resuscitation should be commenced as outlined in Section IIIA above. In this instance, determination of death may then be made based on the patient's lack of response to the BLS and ALS interventions. Traumatic arrest patients in the second or third trimester of pregnancy should be transported immediately with a full resuscitation effort in order to potentially save the fetus.

IV. Causes for Pronouncement of Death (Base Station Physician or Coroner/Deputy Coroner Only)

- A. Instances where a clear determination of death cannot be made.
- B. Instances where the situation surrounding the patient's death are less clear, or when scene conditions, patient history, bystanding family or other circumstances make it prudent for paramedics to seek the counsel and direction of the Base Station Physician.

V. Disposition of the Patient Who Has Been Determined/Pronounced Dead

A. Cases Where Death Is Expected

In cases where a patient has a terminal illness and a valid DNR/DPAHCD, EMS responders may leave the patient with family and/or caregivers. If no responsible party is present on scene, one responder agency should remain on scene until a responsible party – family/caregivers, law enforcement, coroner or coroner’s deputy, or mortuary personnel, etc. – arrives at the scene.

B. Cases Where Death Is Unexpected

In cases where death of the patient is unexpected, one EMS responder agency must stay with the patient until a responsible official agency – law enforcement or coroner/deputy coroner – arrives to take over custody of the body. Steps should be taken to preserve all aspects of the patient’s immediate personal effects, and any other surrounding material that may be needed by the coroner or law enforcement personnel.

C. Disposition of the Patient’s Body

In cases where the patient has been determined/pronounced dead in a public setting, responders should use all means to protect the patient’s privacy and dignity. The patient should be placed in the ambulance when possible, or appropriately covered while awaiting law enforcement and the coroner’s unit.

VI. Definitions:

- A. Absence of life signs is the physical examination of the patient. Palpating pulse for minimum of sixty (60) seconds. Assessing absence of respirations for minimum of sixty (60) seconds.
- B. Asystole is determined by the use of cardiac monitor, attaching leads, and documenting asystole in two (2) leads for a minimum of sixty (60) seconds.
- C. Rigor Mortis- The stiffness seen in corpses. Rigor mortis begins with the muscles of mastication and progresses from the head down the body affecting the legs and feet last. Generally manifested in 1 to 6 hours and a maximum of 6 to 24 hours.
- D. Livor Mortis (Lividity) - Cutaneous dark spots on dependant portions of a corpse. Generally manifested within 1/2 to 2 hours. Reaches maximum presentation in 8 to 12 hours.
- E. DNR – Do Not Resuscitate
- F. POLST – Physician Orders for Life-Sustaining Treatment

SANTA CRUZ COUNTY EMS TRANSFER OF CARE DOCUMENT

Date: / /	On scene time:	Fire Unit #	Run #	AMR Unit #	Run #
Run address:		Medic name:		Medic name:	

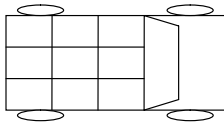
Patient name:	DOB / /	Age:	<input type="checkbox"/> M <input type="checkbox"/> F	Pt. Weight:	Kgs.
Patient address:			Phone:		
Scene conditions:					

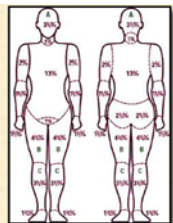
Chief Complaint	Medications	PERSONAL ITEMS/VALUABLES
P		Wheelchr: <input type="checkbox"/> Yes Walker: <input type="checkbox"/> Yes Cane: <input type="checkbox"/> Yes
Q		Hearing Aids: <input type="checkbox"/> Yes <input type="checkbox"/> Left <input type="checkbox"/> Right
R		Dentures: <input type="checkbox"/> Yes Glasses/Contacts: <input type="checkbox"/> Yes
S		Purse/Wallet: <input type="checkbox"/> Yes Watch: <input type="checkbox"/> Yes
T	<input type="checkbox"/> Med list attached <input type="checkbox"/> Meds with patient	<input type="checkbox"/> Other _____ <input type="checkbox"/> None
DNR paperwork presented: <input type="checkbox"/> Yes <input type="checkbox"/> No		Allergies
Primary MD:		

Patient History	<input type="checkbox"/> None <input type="checkbox"/> Unknown <input type="checkbox"/> Abdominal <input type="checkbox"/> Arthritis <input type="checkbox"/> Asthma <input type="checkbox"/> Behavioral <input type="checkbox"/> Cancer <input type="checkbox"/> Cardiac <input type="checkbox"/> CHF <input type="checkbox"/> COPD <input type="checkbox"/> CVA <input type="checkbox"/> Diabetes <input type="checkbox"/> Drugs/ETOH <input type="checkbox"/> HTN <input type="checkbox"/> Renal Failure <input type="checkbox"/> Seizures <input type="checkbox"/> Other: _____
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Cardiac Arrest	Witnessed <input type="checkbox"/> Yes <input type="checkbox"/> No	Time of arrest:	Bystander CPR <input type="checkbox"/> Yes <input type="checkbox"/> No	Time of ALS:
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Stroke	<input type="checkbox"/> Facial droop <input type="checkbox"/> Arm drift <input type="checkbox"/> Slurred speech Symptom Onset Date: / / Time: _____
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Trauma	MAP Hits:	Mechanism	Anatomical	Physiological											
Mechanism of injury: <input type="checkbox"/> Assault <input type="checkbox"/> Auto v Pedestrian _____ mph <input type="checkbox"/> Bicycle <input type="checkbox"/> Bite/Sting <input type="checkbox"/> Burn <input type="checkbox"/> Ejection <input type="checkbox"/> Electrical <input type="checkbox"/> Explosion <input type="checkbox"/> Fall _____ ft. <input type="checkbox"/> Motorcycle _____ mph <input type="checkbox"/> MVA _____ mph <input type="checkbox"/> Near drowning <input type="checkbox"/> Rollover <input type="checkbox"/> Shooting <input type="checkbox"/> Stabbing <input type="checkbox"/> Other _____															
 <div style="display: flex; flex-direction: column; margin-left: 10px;"> <p>Mark patient location with X</p> <p>Mark impact area with arrow</p> <p>Shade damaged areas</p> </div>															
Patient Protection: <input type="checkbox"/> Airbags deployed <input type="checkbox"/> Child safety seat <input type="checkbox"/> Helmet <input type="checkbox"/> Lap belt <input type="checkbox"/> Lap/Shoulder belt <input type="checkbox"/> Unknown <input type="checkbox"/> None <input type="checkbox"/> Other _____															
Glasgow Coma Score															
Not Assessed: <input type="checkbox"/>															
Eyes				Verbal				Motor							
Spon	Voice	Pain	None	Orient.	Conf.	Word	Sound	None	Cmd.	Local	W/drw	Flex	Ext	None	Total
4	3	2	1	5	4	3	2	1	6	5	4	3	2	1	

Assessment Findings / Comments	
<div style="float: right; width: 150px;">  </div>	

Vitals					Monitor	Treatment Type					ID	
Time	B/P	Pulse	RR	O ² sat	BG	Rhythm	Shocks	Meds	Route	Amount	Other	

Received by (signed and printed): _____ <input type="checkbox"/> RN <input type="checkbox"/> MD Facility: <input type="checkbox"/> DH <input type="checkbox"/> WCH <input type="checkbox"/> Other _____
Paramedic (signed and printed): _____



County of Santa Cruz

HEALTH SERVICES AGENCY

POST OFFICE BOX 962, 1080 EMELINE AVENUE SANTA CRUZ, CA 95061-0962

(831) 454-4120 FAX: (831) 454-4272 TDD: (831) 454-4123

EMERGENCY MEDICAL
SERVICES PROGRAM

Policy No. 1170
Reviewed 04/01/2010

Emergency Medical Services Program

Approved

Medical Director

Subject: SANTA CRUZ COUNTY PATIENT CARE RECORD (PCR) AND TRANSFER OF CARE DOCUMENT

I. Purpose

A patient care record shall be completed on every EMS response made by paramedics (EMT-Ps), Emergency Medical Technicians (EMTs), and/or first responders. "Dry run" PCRs shall be completed for responses which do not result in a patient contact. Complete PCRs shall be filed for every response with a patient contact, including PCRs for patients who sign Against Medical Advice (AMA) or Release at Scene (RAS) forms. A patient contact is defined as any prehospital provider offer of assistance or care to a person with a medical complaint or the suspicion of a medical/traumatic complaint.

The California Code of Regulations Title 22, Section 100175 (A) (6) specifies the requirements for the initiation, completion, review, evaluation and retention of a patient care record. The PCR is the permanent legal medical record that documents all aspects of prehospital care or refusal of care. The PCR provides pertinent patient information to other health care providers regarding patient presentation and field care provided. In Santa Cruz County, PCRs also serve as the basis for retrospective quality improvement. The PCR is subject to subpoena and may be used as evidence in litigation within the California court system.

II. Mandatory Charting

All sections of the PCR will be filled out with appropriate information. A separate PCR must be completed for every patient contact. Every agency shall complete a PCR for each patient contact, regardless of which agency provided "first-in" care at the initial contact with the patient, continuing care, or transport. PCRs shall **not** be noted as "primary" or "secondary."

Agencies approved by the County to provide Advanced Life Support (ALS) shall utilize the County's electronic PCR data reporting system. Basic Life Support (BLS) agencies and non-ALS first responders may utilize either paper or electronic PCRs.

Users of the County's electronic data reporting system shall adhere to the County's Internet Usage Policy and shall sign into the secure system with their user name and password. User name, date, and time on printed or faxed PCRs constitute an electronic signature. **PCRs may not be e-mailed.**

A Transfer of Care DOCUMENT (Attachment A) will be initiated by the first arriving responder and continued by ALS providers en route to the receiving hospital for every patient. The Transfer of Care Document will be left with appropriate hospital personnel receiving the patient. The Transfer of Care Document is considered an important part of the chain of clinical care from field to the hospital and will be utilized 100% of the time.

Responders will attempt to provide the following minimal information:

- Patient's name
- Age
- Address
- Medications
- Itemization of all separate personal belongings (these belongings will be signed for on the transfer of care document when hospital personnel take report)
- Chief complaint
- Relevant vital signs
- History of present illness
- Significant interventions
- Patient's relevant responses to interventions
- Critical contact names/numbers

If the patient's medications are present on scene, the medics will bring the medications to the hospital. This will be documented on the Transfer of Care Document.

Electronic Patient Care Records (ePCRs) will be promptly completed following each call 100% of the time.

During periods of system outages users will utilize paper PCRs until the electronic system is restored. Users will enter data from paper PCRs into the electronic system by the end of their next shift after resumption of service.

Copies of the PCR will be distributed as required by the Emergency Medical Services Integration Authority (EMSIA) and the ambulance provider Continuous Quality Improvement plans approved by the EMS Medical Director.

Disciplinary action may be taken by EMSIA, ambulance provider, or the EMS Medical Director for violation of this policy as well as for alteration or falsification of information on the PCR.



ATTACHMENT A
NOT FOR ACTUAL USE
EMSA/CMA DNR FORM
EMERGENCY MEDICAL SERVICES
PREHOSPITAL DO NOT RESUSCITATE (DNR) FORM



PURPOSE

The Prehospital Do Not Resuscitate (DNR) Form has been developed by the California Emergency Medical Services Authority, in concert with the California Medical Association and emergency medical services (EMS) providers, for the purpose of instructing EMS personnel to forgo resuscitation attempts in the event of a patient's cardiopulmonary arrest. Resuscitative measures to be withheld include chest compressions, assisted ventilation, endotracheal intubation, defibrillation, and cardiotoxic drugs. The form does **not** affect the provision of other emergency medical care, including palliative treatment for pain, dyspnea, major hemorrhage, or other medical conditions.

APPLICABILITY

This form was designed for use in **prehospital settings** -- i.e., in a patient's home, in a long-term care facility, during transport to or from a health care facility, and in other locations outside acute care hospitals. However, hospitals are encouraged to honor the form when a patient is transported to an emergency room. California law protects any health care provider (including emergency response personnel) who honors a properly completed Prehospital Do Not Resuscitate Form (or an approved wrist or neck medallion) from criminal prosecution, civil liability, discipline for unprofessional conduct, administrative sanction, or any other sanction, if the provider believes in good faith that the action or decision is consistent with the law and the provider has no knowledge that the action or decision would be inconsistent with a health care decision that the individual signing the request would have made on his or her own behalf under like circumstances. This form does not replace other DNR orders that may be required pursuant to a health care facility's own policies and procedures governing resuscitation attempts by facility personnel. Patients should be advised that their prehospital DNR instruction may not be honored in other states or jurisdictions.

INSTRUCTIONS

The Prehospital Do Not Resuscitate (DNR) Form must be signed by the patient or by an appropriate surrogate decision-maker if the patient is unable to make or communicate informed health care decisions. The surrogate should be the patient's legal representative (e.g., a health care agent, a court-appointed conservator, a spouse or other family member) if one exists. The patient's physician must also sign the form, affirming that the patient/surrogate has given informed consent to the DNR instruction.

The **white copy** of the form should be retained by the patient. *The completed form (or the approved wrist or neck medallion — see below) must be readily available to EMS personnel in order for the DNR instruction to be honored.* Resuscitation attempts may be initiated until the form (or medallion) is presented and the identity of the patient is confirmed.

The **goldenrod copy** of the form should be retained by the physician and made part of the patient's permanent medical record.

The pink copy of the form may be used by the patient to order an optional wrist or neck medallion inscribed with the words "DO NOT RESUSCITATE-EMS." The Medic Alert Foundation (1(888)755-1448, 2323 Colorado Avenue, Turlock, CA 95381) is an EMS Authority-approved supplier of the medallions, which will be issued only upon receipt of a properly completed Prehospital Do Not Resuscitate (DNR) Form (together with an enrollment form and the appropriate fee). Although optional, use of a wrist or neck medallion facilitates prompt identification of the patient, avoids the problem of lost or misplaced forms, and is strongly encouraged.

REVOCATION

If a decision is made to revoke the DNR instruction, the patient's physician should be notified immediately and all copies of the form should be destroyed, including any copies on file with the Medic Alert Foundation or other EMS Authority-approved supplier. Medallions and associated wallet cards should also be destroyed or returned to the supplier.

Questions about implementation of the Prehospital Do Not Resuscitate (DNR) Form should be directed to the local EMS agency.

ATTACHMENT B: (SAMPLE INSTRUCTIONS ONLY, NOT A VALID FORM)
EMERGENCY MEDICAL SERVICES
PREHOSPITAL DO NOT RESUSCITATE (DNR) FORM
SERVICIOS MÉDICOS DE EMERGENCIA
FORMA PARA PREVENIR UN INTENTO DE RESUCITACIÓN (DNR) PREVIO A UNA
HOSPITALIZACIÓN

Instrucciones anticipadas para limitar el alcance de la atención médica de emergencia

Yo, _____, solicito atención médica de emergencia limitada como se describe en esta forma.

Entiendo que la forma para prevenir un intento de resucitación (DNR) significa que si mi corazón dejara de latir o si yo dejara de respirar, no se iniciará ningún procedimiento médico para ayudarme a volver a respirar o para que mi corazón funcione de nuevo.

Entiendo que esta decisión no me previene de recibir otro tipo de atención médica de emergencia de parte del personal de servicios médicos de emergencia antes de una hospitalización ni de la atención médica que reciba de un médico antes de mi muerte.

Entiendo que puedo cambiar estas instrucciones en cualquier momento destruyendo esta forma y todas las medallas "DNR".

Doy permiso para que esta forma sea distribuida al personal de atención médica de emergencia, médicos, enfermeras(os) y a todo el personal que sea necesario para cumplir con estas instrucciones.

Por la presente indico mi conformidad con la orden de Prevenir un intento de resucitación (DNR).

Al firmar esta forma, el representante atesta que esta solicitud para no realizar un intento de resucitación concuerda con los deseos expresados de la persona sobre quien trata esta forma y es para el bien de la misma.

Firma del paciente o representante

Fecha

Relación del representante y el paciente

I affirm that this patient/surrogate is making an informed decision and that this directive is the expressed wish of the patient/surrogate. A copy of this form is in the patient's permanent medical record.

In the event of cardiac or respiratory arrest, no chest compressions, assisted ventilations, intubation, defibrillation, or cardiotoxic medications are to be initiated.

Physician Signature

Date

Print Name

Telephone

Address

ESTE DOCUMENTO NO SERÁ ACEPTADO SI EXISTE ALGUNA ENMIENDA O ALTERACIÓN EN EL MISMO

Copia blanca: Para el paciente. Copia amarilla: Para la historia médica del paciente. Copia rosada: Para solicitar una medalla DNR.



SAMPLE - THIS IS NOT A VALID FORM
**EMERGENCY MEDICAL SERVICES
PREHOSPITAL DO NOT RESUSCITATE (DNR) FORM**



An Advance Request to Limit the Scope of Emergency Medical Care

I, _____, request limited emergency care as herein described.
(print patient's name)

I understand DNR means that if my heart stops beating or if I stop breathing, no medical procedure to restart breathing or heart functioning will be instituted.

I understand this decision will **not** prevent me from obtaining other emergency medical care by prehospital emergency medical care personnel and/or medical care directed by a physician prior to my death.

I understand I may revoke this directive at any time by destroying this form and removing any "DNR" medallions.

I give permission for this information to be given to the prehospital emergency care personnel, doctors, nurses or other health personnel as necessary to implement this directive.

I hereby agree to the "Do Not Resuscitate" (DNR) order.

Patient/Surrogate Signature

Date

Surrogate's Relationship to Patient

By signing this form, the surrogate acknowledges that this request to forego resuscitative measures is consistent with the known desires of, and with the best interest of, the individual who is the subject of this form.

I affirm that this patient/surrogate is making an informed decision and that this directive is the expressed wish of the patient/surrogate. A copy of this form is in the patient's permanent medical record.

In the event of cardiac or respiratory arrest, no chest compressions, assisted ventilations, intubation, defibrillation, or cardiotoxic medications are to be initiated.

Physician Signature

Date

Print Name

Telephone

THIS FORM WILL NOT BE ACCEPTED IF IT HAS BEEN AMENDED OR ALTERED IN ANY WAY

PREHOSPITAL DNR REQUEST FORM

White Copy:

To be kept by patient

Yellow Copy:

To be kept in patient's permanent medical record

Pink Copy:

If authorized DNR medallion desired, submit this form with Medic Alert enrollment form to: Medic Alert Foundation, Turlock, CA 95381

California Medical Association
DURABLE POWER OF ATTORNEY FOR HEALTH CARE DECISIONS
(California Probate Code Sections 4600-4753)

WARNING TO PERSON EXECUTING THIS DOCUMENT

This is an important legal document. Before executing this document, you should know these important facts:

This document gives the person you designate as your agent (the attorney-in-fact) the power to make health care decisions for you. Your agent must act consistently with your desires as stated in this document or otherwise made known.

Except as you otherwise specify in this document, this document gives your agent power to consent to your doctor not giving treatment or stopping treatment necessary to keep you alive.

Notwithstanding this document, you have the right to make medical and other health care decisions for yourself so long as you can give informed consent with respect to the particular decision. In addition, no treatment may be given to you over your objection, and health care necessary to keep you alive may not be stopped or withheld if you object at the time.

This document gives your agent authority to consent, to refuse to consent, or to withdraw consent to any care, treatment, service, or procedure to maintain, diagnose, or treat a physical or mental condition. This power is subject to any statement of your desires and any limitations that you include in this document. You may

state in this document any types of treatment that you do not desire. In addition, a court can take away the power of your agent to make health care decisions for you if your agent (1) authorizes anything that is illegal, (2) acts contrary to your known desires or (3) where your desires are not known, does anything that is clearly contrary to your best interests.

This power will exist for an indefinite period of time unless you limit its duration in this document.

You have the right to revoke the authority of your agent by notifying your agent or your treating doctor, hospital, or other health care provider orally or in writing of the revocation.

Your agent has the right to examine your medical records and to consent to their disclosure unless you limit this right in this document.

Unless you otherwise specify in this document, this document gives your agent the power after you die to (1) authorize an autopsy, (2) donate your body or parts thereof for transplant or therapeutic or educational or scientific purposes, and (3) direct the disposition of your remains.

If there is anything in this document that you do not understand, you should ask a lawyer to explain it to you.

1. CREATION OF DURABLE POWER OF ATTORNEY FOR HEALTH CARE

By this document I intend to create a durable power of attorney by appointing the person designated below to make health care decisions for me as allowed by Sections 4600 to 4753, inclusive, of the California Probate Code. This power of attorney shall not be affected by my subsequent incapacity. I hereby revoke any prior durable power of attorney for health care. I am a California resident who is at least 18 years old, of sound mind, and acting of my own free will.

2. APPOINTMENT OF HEALTH CARE AGENT

(Fill in below the name, address and telephone number of the person you wish to make health care decisions for you if you become incapacitated. You should make sure that this person agrees to accept this responsibility. The following may not serve as your agent: (1) your treating health care provider; (2) an operator of a community care facility or residential care facility for the elderly; or (3) an employee of your treating health care provider, a community care facility, or a residential care facility for the elderly, unless that employee is related to you by blood, marriage or adoption, or unless you are also an employee of the same treating provider or facility. If you are a conservatee under the Lanterman-Petris-Short Act (the law governing involuntary commitment to a mental health facility) and you wish to appoint your conservator as your agent, you must consult a lawyer, who must sign and attach a special declaration for this document to be valid.)

I, _____, hereby appoint:
(insert your name)

Name _____

Address _____

Work Telephone (_____) _____ Home Telephone (_____) _____

as my agent (attorney-in-fact) to make health care decisions for me as authorized in this document. I understand that this power of attorney will be effective for an indefinite period of time unless I revoke it or limit its duration below.

(Optional) This power of attorney shall expire on the following date: _____

3. AUTHORITY OF AGENT

If I become incapable of giving informed consent to health care decisions, I grant my agent full power and authority to make those decisions for me, subject to any statements of desires or limitations set forth below. Unless I have limited my agent's authority in this document, that authority shall include the right to consent, refuse consent, or withdraw consent to any medical care, treatment, service, or procedure; to receive and to consent to the release of medical information; to authorize an autopsy to determine the cause of my death; to make a gift of all part of my body; and to direct the disposition of my remains, subject to any instructions I have given in a written contract for funeral services, my will or by some other method. I understand that, by law, my agent may not consent to any of the following: commitment to a mental health treatment facility, convulsive treatment, psychosurgery, sterilization or abortion.

4. MEDICAL TREATMENT DESIRES AND LIMITATIONS (OPTIONAL)

(Your agent must make health care decisions that are consistent with your known desires. You may, but are not required to, state your desires about the kinds of medical care you do or do not want to receive, including your desires concerning life support if you are seriously ill. If you do not want your agent to have the authority to make certain decisions, you must write a statement to that effect in the space provided below; otherwise, your agent will have the broad powers to make health care decisions for you that are outlined in paragraph 3 above. In either case, it is important that you discuss your health care desires with the person you appoint as your agent and with your doctor(s).

(Following is a general statement about withholding and removal of life-sustaining treatment. If the statement accurately reflects your desires, you may initial it. If you wish to add to it or to write your own statement instead, you may do so in the space provided.)

I do not want efforts made to prolong my life and I do not want life-sustaining treatment to be provided or continued: (1) if I am in an irreversible coma or persistent vegetative state; or (2) if I am terminally ill and the use of life-sustaining procedures would serve only to artificially delay the moment of my death; or (3) under any other circumstances where the burdens of the treatment outweigh the expected benefits. In making decisions about life-sustaining treatment under provision (3) above, I want my agent to consider the relief of suffering and the quality of my life, as well as the extent of the possible prolongation of my life.

If this statement reflects your desires, initial here: _____

Other or additional statements of medical treatment desires and limitations: _____

(You may attach additional pages if you need more space to complete your statements. Each additional page must be dated and signed at the same time you date and sign this document.)

5. APPOINTMENT OF ALTERNATE AGENTS (OPTIONAL)

(You may appoint alternate agents to make health care decisions for you in case the person you appointed in Paragraph 2 is unable or unwilling to do so.)

If the person named as my agent in Paragraph 2 is not available or willing to make health care decisions for me as authorized in this document, I appoint the following persons to do so, listed in the order they should be asked:

First Alternate Agent: Name _____

Address _____

Work Telephone (_____) _____ Home Telephone (_____) _____

Second Alternate Agent: Name _____

Address _____

Work Telephone (_____) _____ Home Telephone (_____) _____

USE OF COPIES

I hereby authorize that photocopies of this document can be relied upon by my agent and others as though they were originals.

DATE AND SIGNATURE OF PRINCIPAL

(You must date and sign this power of attorney)

I sign my name to this Durable Power of Attorney for Health Care at _____, _____
(City) (State)

on _____
(Date) (Signature of Principal)

STATEMENT OF WITNESSES

(This power of attorney will not be valid for making health care decisions unless it is either (1) signed by two qualified adult witnesses who are present when you sign or acknowledge your signature or (2) acknowledged before a notary public in California. If you elect to use witnesses rather than a notary public, the law provides that none of the following may be used as witnesses: (1) the persons you have appointed as your agent and alternate agents; (2) your health care provider or an employee of your health care provider; or (3) an operator or employee of an operator of a community care facility or residential care facility for the elderly. Additionally, at least one of the witnesses cannot be related to you by blood, marriage or adoption, or be named in your will.

(SPECIAL RULES FOR SKILLED NURSING FACILITY RESIDENTS: If you are a patient in a skilled nursing facility, you must have a patient advocate or ombudsman sign both the statement of witnesses below and the declaration on the following page. You must also have a second qualified witness sign below or have this document acknowledged before a notary public.)

I declare under penalty of perjury under the laws of California that the person who signed or acknowledged this document is personally known to me to be the principal, or that the identity of the principal was proved to me by convincing evidence;* that the principal signed or acknowledged this durable power of attorney in my presence, that the principal appears to be of sound mind and under no duress, fraud, or undue influence; that I am not the person appointed as attorney in fact by this document; and that I am not the principal's health care provider, an employee of the principal's health care provider, the operator of a community care facility or a residential care facility for the elderly, nor an employee of an operator of a community care facility or residential care facility for the elderly.

First Witness: Signature _____

Print name _____

Date _____

Residence Address _____

Second Witness: Signature _____

Print name _____

Date _____

Residence Address _____

(AT LEAST ONE OF THE ABOVE WITNESSES MUST ALSO SIGN THE FOLLOWING DECLARATION)

I further declare under penalty of perjury under the laws of California that I am not related to the principal by blood, marriage, or adoption, and, to the best of my knowledge I am not entitled to any part of the estate of the principal upon the death of the principal under a will now existing or by operation of law.

Signature: _____

*The law allows one or more of the following forms of identification as convincing evidence of identity: a California driver's license or identification card or U.S. passport that is current or has been issued within five years, or any of the following if the document is current or has been issued within five years, contains photograph and description of the person named on it, is signed by the person, and bears a serial or other identifying number: a foreign passport that has been stamped by the U.S. Immigration and Naturalization Service; a driver's license issued by another state or by an authorized Canadian or Mexican agency; or an identification card issued by another state or by any branch of the U.S. armed forces. If the principal is a patient in a skilled nursing facility, a patient advocate or ombudsman may rely on the representations of family members or the administrator or staff of the facility as convincing evidence of identity if the patient advocate or ombudsman believes that the representations provide a reasonable basis for determining the identity of the principal.

SPECIAL REQUIREMENT: STATEMENT OF PATIENT ADVOCATE OR OMBUDSMAN

(If you are a patient in a skilled nursing facility, a patient advocate or ombudsman must sign the Statement of Witnesses above and must also sign the following declaration.)

I further declare under penalty of perjury under the laws of California that I am a patient advocate or ombudsman as designated by the State Department of Aging and am serving as a witness as required by subdivision (e) of Probate Code Section 4701.

Signature: _____ Address: _____
Print Name: _____
Date: _____

CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC

(Acknowledgment before a notary public is not required if you have elected to have two qualified witnesses sign above. If you are a patient in a skilled nursing facility, you must have a patient advocate or ombudsman sign the Statement of Witnesses on page 3 and the Statement of Patient Advocate or Ombudsman above)

State of California)

)ss.

County of _____)

On this _____ day of _____, in the year _____,

before me, _____
(here insert name and title of the officer)

personally appeared _____
(here insert name of principal)

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to this instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

(Signature of Notary Public)

NOTARY SEAL

COPIES

YOUR AGENT MAY NEED THIS DOCUMENT IMMEDIATELY IN CASE OF AN EMERGENCY. YOU SHOULD KEEP THE COMPLETED ORIGINAL AND GIVE PHOTOCOPIES OF THE COMPLETED ORIGINAL TO (1) YOUR AGENT AND ALTERNATE AGENTS, (2) YOUR PERSONAL PHYSICIAN, AND (3) MEMBERS OF YOUR FAMILY AND ANY OTHER PERSONS WHO MIGHT BE CALLED IN THE EVENT OF A MEDICAL EMERGENCY. THE LAW PERMITS THAT PHOTOCOPIES OF THE COMPLETED DOCUMENT CAN BE RELIED UPON AS THOUGH THEY WERE ORIGINALS.

HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROVIDERS AS NECESSARY

EMSA #111 B
(Effective 4/1/2011)

Physician Orders for Life-Sustaining Treatment (POLST)

First follow these orders, then contact physician. This is a Physician Order Sheet based on the person's current medical condition and wishes. Any section not completed implies full treatment for that section. A copy of the signed POLST form is legal and valid. POLST complements an Advance Directive and is not intended to replace that document. Everyone shall be treated with dignity and respect.

Patient Last Name:	Date Form Prepared:
Patient First Name:	Patient Date of Birth:
Patient Middle Name:	Medical Record #: (optional)

A **CARDIOPULMONARY RESUSCITATION (CPR):** *If person has no pulse and is not breathing. When NOT in cardiopulmonary arrest, follow orders in Sections B and C.*

Check One

- Attempt Resuscitation/CPR** (Selecting CPR in Section A **requires** selecting Full Treatment in Section B)
- Do Not Attempt Resuscitation/DNR** (Allow Natural Death)

B **MEDICAL INTERVENTIONS:** *If person has pulse and/or is breathing.*

Check One

- Comfort Measures Only** Relieve pain and suffering through the use of medication by any route, positioning, wound care and other measures. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. **Transfer to hospital only if comfort needs cannot be met in current location.**
- Limited Additional Interventions** In addition to care described in Comfort Measures Only, use medical treatment, antibiotics, and IV fluids as indicated. Do not intubate. May use non-invasive positive airway pressure. Generally avoid intensive care.
- Transfer to hospital only if comfort needs cannot be met in current location.**
- Full Treatment** In addition to care described in Comfort Measures Only and Limited Additional Interventions, use intubation, advanced airway interventions, mechanical ventilation, and defibrillation/ cardioversion as indicated. **Transfer to hospital if indicated. Includes intensive care.**

Additional Orders: _____

C **ARTIFICIALLY ADMINISTERED NUTRITION:** *Offer food by mouth if feasible and desired.*

Check One

- No artificial means of nutrition, including feeding tubes. Additional Orders: _____
- Trial period of artificial nutrition, including feeding tubes. _____
- Long-term artificial nutrition, including feeding tubes. _____

D **INFORMATION AND SIGNATURES:**

Discussed with: Patient (Patient Has Capacity) Legally Recognized Decisionmaker

Advance Directive dated _____ available and reviewed → Health Care Agent if named in Advance Directive:

Advance Directive not available

Name: _____

No Advance Directive

Phone: _____

Signature of Physician

My signature below indicates to the best of my knowledge that these orders are consistent with the person's medical condition and preferences.

Print Physician Name:

Physician Phone Number:

Physician License Number:

Physician Signature: (required)

Date:

Signature of Patient or Legally Recognized Decisionmaker

By signing this form, the legally recognized decisionmaker acknowledges that this request regarding resuscitative measures is consistent with the known desires of, and with the best interest of, the individual who is the subject of the form.

Print Name:

Relationship: (write self if patient)

Signature: (required)

Date:

Address:

Daytime Phone Number:

Evening Phone Number:

SEND FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED

HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROVIDERS AS NECESSARY

Patient Information

Name (last, first, middle):	Date of Birth:	Gender: M F
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Health Care Provider Assisting with Form Preparation

Name:	Title:	Phone Number:
-------	--------	---------------

Additional Contact

Name:	Relationship to Patient:	Phone Number:
-------	--------------------------	---------------

Directions for Health Care Provider

Completing POLST

- Completing a POLST form is voluntary. California law requires that a POLST form be followed by health care providers, and provides immunity to those who comply in good faith. In the hospital setting, a patient will be assessed by a physician who will issue appropriate orders.
- POLST does not replace the Advance Directive. When available, review the Advance Directive and POLST form to ensure consistency, and update forms appropriately to resolve any conflicts.
- POLST must be completed by a health care provider based on patient preferences and medical indications.
- A legally recognized decisionmaker may include a court-appointed conservator or guardian, agent designated in an Advance Directive, orally designated surrogate, spouse, registered domestic partner, parent of a minor, closest available relative, or person whom the patient's physician believes best knows what is in the patient's best interest and will make decisions in accordance with the patient's expressed wishes and values to the extent known.
- POLST must be signed by a physician and the patient or decisionmaker to be valid. Verbal orders are acceptable with follow-up signature by physician in accordance with facility/community policy.
- Certain medical conditions or treatments may prohibit a person from residing in a residential care facility for the elderly.
- If a translated form is used with patient or decisionmaker, attach it to the signed English POLST form.
- Use of original form is strongly encouraged. Photocopies and FAXes of signed POLST forms are legal and valid. A copy should be retained in patient's medical record, on Ultra Pink paper when possible.

Using POLST

- Any incomplete section of POLST implies full treatment for that section.

Section A:

- If found pulseless and not breathing, no defibrillator (including automated external defibrillators) or chest compressions should be used on a person who has chosen "Do Not Attempt Resuscitation."

Section B:

- When comfort cannot be achieved in the current setting, the person, including someone with "Comfort Measures Only," should be transferred to a setting able to provide comfort (e.g., treatment of a hip fracture).
- Non-invasive positive airway pressure includes continuous positive airway pressure (CPAP), bi-level positive airway pressure (BiPAP), and bag valve mask (BVM) assisted respirations.
- IV antibiotics and hydration generally are not "Comfort Measures."
- Treatment of dehydration prolongs life. If person desires IV fluids, indicate "Limited Interventions" or "Full Treatment."
- Depending on local EMS protocol, "Additional Orders" written in Section B may not be implemented by EMS personnel.

Reviewing POLST

It is recommended that POLST be reviewed periodically. Review is recommended when:

- The person is transferred from one care setting or care level to another, or
- There is a substantial change in the person's health status, or
- The person's treatment preferences change.

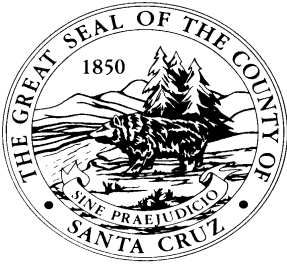
Modifying and Voiding POLST

- A patient with capacity can, at any time, request alternative treatment.
- A patient with capacity can, at any time, revoke a POLST by any means that indicates intent to revoke. It is recommended that revocation be documented by drawing a line through Sections A through D, writing "VOID" in large letters, and signing and dating this line.
- A legally recognized decisionmaker may request to modify the orders, in collaboration with the physician, based on the known desires of the individual or, if unknown, the individual's best interests.

This form is approved by the California Emergency Medical Services Authority in cooperation with the statewide POLST Task Force.

For more information or a copy of the form, visit www.caPOLST.org.

SEND FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED



County of Santa Cruz

HEALTH SERVICES AGENCY

POST OFFICE BOX 962, 1080 EMELINE AVENUE SANTA CRUZ, CA 95061-0962

(831) 454-4120 FAX: (831) 454-4272 TDD: (831) 454-4123

EMERGENCY MEDICAL
SERVICES PROGRAM

Policy No. 1190

April 1, 2012

Emergency Medical Services Program

Approved

Medical Director

Subject: GUIDELINES FOR EMS PERSONNEL REGARDING DO NOT RESUSCITATE
(DNR) ORDERS/DIRECTIVES

I. Authority and References:

- A. California EMS Authority Publication #111, Guidelines for EMS Personnel Regarding Do Not Resuscitate (DNR) Directives, March 1993, second edition.
- B. California Probate Code § 4600 and following on Advanced Directives.
- C. California Probate Code Section 4780 - 4785

II. Purpose:

To establish criteria for EMS field personnel in Santa Cruz County to withhold resuscitative measures.

This policy applies to both adult and pediatric patients.

III. Definitions:

- A. Do not resuscitate (DNR) means that no resuscitative measures are performed on a patient. Resuscitative measures include: (i) chest compressions, (ii) defibrillation, (iii) assisted ventilation, (iv) endotracheal intubation, and (v) cardiotoxic drugs. Patients shall receive palliative treatment other than resuscitative measures (e.g., for airway obstruction, pain, dyspnea, major hemorrhage, etc.), as appropriate and in accordance with Santa Cruz County EMS Agency BLS and ALS treatment protocols and policies.
- B. Absent vital signs: Absence of respirations and absence of carotid pulse.

- C. Emergency Medical Services Prehospital Do Not Resuscitate (DNR) Form: Form approved by the California Emergency Medical Services Authority (EMSA) and the California Medical Association (CMA) that permits patients to request that EMS not perform resuscitative measures on them. (See Section V.)
- D. Physician Orders for Life-Sustaining Treatment (POLST): This form stipulates levels of care to be delivered to the patient. It is signed by the patient/patient's representative and the patient's physician. POLST stipulates whether or not resuscitation should be performed in the event of cardiac arrest, and, if the patient is alive, the level of care to be provided. For the purposes of prehospital medical care provision, only Sections A and B needs to be evaluated.
- E. DNR Medallion: Medal or permanently imprinted insignia worn by a patient which has been manufactured and distributed in accordance with EMSA and CMA DNR requirements. The medallion/medal is imprinted with the words "Do Not Resuscitate, EMS." (See Section V.)

IV. Other Advance Health Care Directives

- A. Another legal instrument, which may be encountered, is the California Durable Power of Attorney for Health Care (DPAHC) found in Civil Code Sections 2430-2445. This document allows individuals to appoint an "attorney-in-fact" to make health care decisions for them if they become incapacitated. (Note that the attorney-in-fact is prohibited from consenting to certain treatments, including placement in a mental health facility, convulsive therapy, psychosurgery, sterilization and abortion.) The document also allows written specification of what types of treatment or the intensity of care (including a DNR order) an individual would desire if they were unable to make decisions for themselves. Decisions by the attorney-in-fact must be within the limits set by the individual, if any, when they complete the DPAHC.

The DPAHC is four (4) pages long, although not all sections must be completed. Health care providers, including emergency responders, respecting the decisions of the attorney-in-fact or written instructions in the DPAHC are provided immunity from criminal prosecution, civil liability, or professional disciplinary action.

Providers may be directed to respect the decisions made by an attorney-in-fact at the scene of an emergency when the patient is unable to make decisions for her/himself. Providers may respect directions found written in the DPAHC regarding withholding or providing resuscitation. Written information in the DPAHC gives health care providers direction as to the patient's wishes and may be valuable in assessing whether to proceed with resuscitation.

- B. "Living Wills": There are a variety of "living wills" available from many sources. While these may communicate to the provider some sense of the patient's wishes regarding resuscitation, the wide variety of these documents, and the inability to confirm the legitimacy of the orders, make them unsuitable for emergency use without prior confirmation. However, a Base Hospital may elect to use a living will in guiding a patient's therapy. When in doubt, the provider should contact the Base Hospital.
- C. "Declaration": Another document is the "Declaration" found in the California Natural Death Act (Health and Safety Code Sections 7185-7194.5). This instrument is a declaration to physicians by adult patients directing the withholding or withdrawal of life sustaining procedures in a terminal condition or permanent unconscious state. The directive only applies to incurable and irreversible conditions that "without the administration of life-sustaining treatment, will within reasonable medical judgment, result in death within a relatively short time." Two physicians must examine the patient and certify his/her condition in writing, the patient cannot be pregnant at the time the

declaration is honored, and the instrument must be witnessed by two individuals who are subject to certain limitations. Life-sustaining treatment includes any medical procedure or intervention, including hydration and nutrition that serves only to prolong the process of dying or an irreversible coma or persistent vegetative state. The Declaration should be viewed largely as a directive to the physician and other health care providers regarding the patient's wishes; however, it is not as suitable for use in prehospital care as standardized DNR directives, or even the DPAHC.

V. Attachments

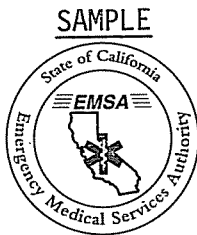
Attachment A: California Emergency Medical Services Authority/California Medical Association statewide prehospital DNR Form. NOTE: SAMPLE ONLY. THIS IS NOT A VALID FORM.

Attachment B: California Emergency Medical Services Authority/California Medical Association statewide prehospital DNR Form - Spanish instructions version. NOTE: SAMPLE ONLY. THIS IS NOT A VALID FORM.

Attachment C: List of DNR medallion manufacturers approved by the California EMS Authority.

Attachment D: California Medical Association form; Durable Power of Attorney for Health Care Decisions, 1996.

Attachment E: 2014 California POLST Form



ATTACHMENT A
NOT FOR ACTUAL USE
EMSA/CMA DNR FORM
EMERGENCY MEDICAL SERVICES
PREHOSPITAL DO NOT RESUSCITATE (DNR) FORM



PURPOSE

The Prehospital Do Not Resuscitate (DNR) Form has been developed by the California Emergency Medical Services Authority, in concert with the California Medical Association and emergency medical services (EMS) providers, for the purpose of instructing EMS personnel to forgo resuscitation attempts in the event of a patient's cardiopulmonary arrest. Resuscitative measures to be withheld include chest compressions, assisted ventilation, endotracheal intubation, defibrillation, and cardiotoxic drugs. The form does **not** affect the provision of other emergency medical care, including palliative treatment for pain, dyspnea, major hemorrhage, or other medical conditions.

APPLICABILITY

This form was designed for use in **prehospital settings** -- i.e., in a patient's home, in a long-term care facility, during transport to or from a health care facility, and in other locations outside acute care hospitals. However, hospitals are encouraged to honor the form when a patient is transported to an emergency room. California law protects any health care provider (including emergency response personnel) who honors a properly completed Prehospital Do Not Resuscitate Form (or an approved wrist or neck medallion) from criminal prosecution, civil liability, discipline for unprofessional conduct, administrative sanction, or any other sanction, if the provider believes in good faith that the action or decision is consistent with the law and the provider has no knowledge that the action or decision would be inconsistent with a health care decision that the individual signing the request would have made on his or her own behalf under like circumstances. This form does not replace other DNR orders that may be required pursuant to a health care facility's own policies and procedures governing resuscitation attempts by facility personnel. Patients should be advised that their prehospital DNR instruction may not be honored in other states or jurisdictions.

INSTRUCTIONS

The Prehospital Do Not Resuscitate (DNR) Form must be signed by the patient or by an appropriate surrogate decision-maker if the patient is unable to make or communicate informed health care decisions. The surrogate should be the patient's legal representative (e.g., a health care agent, a court-appointed conservator, a spouse or other family member) if one exists. The patient's physician must also sign the form, affirming that the patient/surrogate has given informed consent to the DNR instruction.

The **white copy** of the form should be retained by the patient. *The completed form (or the approved wrist or neck medallion — see below) must be readily available to EMS personnel in order for the DNR instruction to be honored.* Resuscitation attempts may be initiated until the form (or medallion) is presented and the identity of the patient is confirmed.

The **goldenrod copy** of the form should be retained by the physician and made part of the patient's permanent medical record.

The **pink copy** of the form may be used by the patient to order an optional wrist or neck medallion inscribed with the words "DO NOT RESUSCITATE-EMS." The Medic Alert Foundation (1(888)755-1448, 2323 Colorado Avenue, Turlock, CA 95381) is an EMS Authority-approved supplier of the medallions, which will be issued only upon receipt of a properly completed Prehospital Do Not Resuscitate (DNR) Form (together with an enrollment form and the appropriate fee). Although optional, use of a wrist or neck medallion facilitates prompt identification of the patient, avoids the problem of lost or misplaced forms, and is strongly encouraged.

REVOCATION

If a decision is made to revoke the DNR instruction, the patient's physician should be notified immediately and all copies of the form should be destroyed, including any copies on file with the Medic Alert Foundation or other EMS Authority-approved supplier. Medallions and associated wallet cards should also be destroyed or returned to the supplier.

Questions about implementation of the Prehospital Do Not Resuscitate (DNR) Form should be directed to the local EMS agency.

ATTACHMENT B: (SAMPLE INSTRUCTIONS ONLY, NOT A VALID FORM)

EMERGENCY MEDICAL SERVICES
PREHOSPITAL DO NOT RESUSCITATE (DNR) FORM

SERVICIOS MÉDICOS DE EMERGENCIA
FORMA PARA PREVENIR UN INTENTO DE RESUCITACIÓN (DNR) PREVIO A UNA
HOSPITALIZACIÓN

Instrucciones anticipadas para limitar el alcance de la atención médica de emergencia

Yo, _____, solicito atención médica de emergencia limitada como se describe en esta forma.

Entiendo que la forma para prevenir un intento de resucitación (DNR) significa que si mi corazón dejara de latir o si yo dejara de respirar, no se iniciará ningún procedimiento médico para ayudarme a volver a respirar o para que mi corazón funcione de nuevo.

Entiendo que esta decisión no me previene de recibir otro tipo de atención médica de emergencia de parte del personal de servicios médicos de emergencia antes de una hospitalización ni de la atención médica que reciba de un médico antes de mi muerte.

Entiendo que puedo cambiar estas instrucciones en cualquier momento destruyendo esta forma y todas las medallas "DNR".

Doy permiso para que esta forma sea distribuida al personal de atención médica de emergencia, médicos, enfermeras(os) y a todo el personal que sea necesario para cumplir con estas instrucciones.

Por la presente indico mi conformidad con la orden de Prevenir un intento de resucitación (DNR).

Al firmar esta forma, el representante atesta que esta solicitud para no realizar un intento de resucitación concuerda con los deseos expresados de la persona sobre quien trata esta forma y es para el bien de la misma.

Firma del paciente o representante

Fecha

Relación del representante y el paciente

I affirm that this patient/surrogate is making an informed decision and that this directive is the expressed wish of the patient/surrogate. A copy of this form is in the patient's permanent medical record.

In the event of cardiac or respiratory arrest, no chest compressions, assisted ventilations, intubation, defibrillation, or cardiotoxic medications are to be initiated.

Physician Signature

Date

Print Name

Telephone

Address

ESTE DOCUMENTO NO SERÁ ACEPTADO SI EXISTE ALGUNA ENMIENDA O ALTERACIÓN EN EL MISMO

Copia blanca: Para el paciente. Copia amarilla: Para la historia médica del paciente. Copia rosada: Para solicitar una medalla DNR.



SAMPLE - THIS IS NOT A VALID FORM
EMERGENCY MEDICAL SERVICES
PREHOSPITAL DO NOT RESUSCITATE (DNR) FORM



An Advance Request to Limit the Scope of Emergency Medical Care

I, _____, request limited emergency care as herein described.
 (print patient's name)

I understand DNR means that if my heart stops beating or if I stop breathing, no medical procedure to restart breathing or heart functioning will be instituted.

I understand this decision will **not** prevent me from obtaining other emergency medical care by prehospital emergency medical care personnel and/or medical care directed by a physician prior to my death.

I understand I may revoke this directive at any time by destroying this form and removing any "DNR" medallions.

I give permission for this information to be given to the prehospital emergency care personnel, doctors, nurses or other health personnel as necessary to implement this directive.

I hereby agree to the "Do Not Resuscitate" (DNR) order.

 Patient/Surrogate Signature

 Date

 Surrogate's Relationship to Patient

By signing this form, the surrogate acknowledges that this request to forego resuscitative measures is consistent with the known desires of, and with the best interest of, the individual who is the subject of this form.

I affirm that this patient/surrogate is making an informed decision and that this directive is the expressed wish of the patient/surrogate. A copy of this form is in the patient's permanent medical record.

In the event of cardiac or respiratory arrest, no chest compressions, assisted ventilations, intubation, defibrillation, or cardiotoxic medications are to be initiated.

 Physician Signature

 Date

 Print Name

 Telephone

THIS FORM WILL NOT BE ACCEPTED IF IT HAS BEEN AMENDED OR ALTERED IN ANY WAY

PREHOSPITAL DNR REQUEST FORM

White Copy: To be kept by patient
 Yellow Copy: To be kept in patient's permanent medical record
 Pink Copy: If authorized DNR medallion desired, submit this form with Medic Alert enrollment form to: Medic Alert Foundation, Turlock, CA 95381

ATTACHMENT D
California Medical Association
DURABLE POWER OF ATTORNEY FOR HEALTH CARE DECISIONS
(California Probate Code Sections 4600-4753)

WARNING TO PERSON EXECUTING THIS DOCUMENT

This is an important legal document. Before executing this document, you should know these important facts:

This document gives the person you designate as your agent (the attorney-in-fact) the power to make health care decisions for you. Your agent must act consistently with your desires as stated in this document or otherwise made known.

Except as you otherwise specify in this document, this document gives your agent power to consent to your doctor not giving treatment or stopping treatment necessary to keep you alive.

Notwithstanding this document, you have the right to make medical and other health care decisions for yourself so long as you can give informed consent with respect to the particular decision. In addition, no treatment may be given to you over your objection, and health care necessary to keep you alive may not be stopped or withheld if you object at the time.

This document gives your agent authority to consent, to refuse to consent, or to withdraw consent to any care, treatment, service, or procedure to maintain, diagnose, or treat a physical or mental condition. This power is subject to any statement of your desires and any limitations that you include in this document. You may

state in this document any types of treatment that you do not desire. In addition, a court can take away the power of your agent to make health care decisions for you if your agent (1) authorizes anything that is illegal, (2) acts contrary to your known desires or (3) where your desires are not known, does anything that is clearly contrary to your best interests.

This power will exist for an indefinite period of time unless you limit its duration in this document.

You have the right to revoke the authority of your agent by notifying your agent or your treating doctor, hospital, or other health care provider orally or in writing of the revocation.

Your agent has the right to examine your medical records and to consent to their disclosure unless you limit this right in this document.

Unless you otherwise specify in this document, this document gives your agent the power after you die to (1) authorize an autopsy, (2) donate your body or parts thereof for transplant or therapeutic or educational or scientific purposes, and (3) direct the disposition of your remains.

If there is anything in this document that you do not understand, you should ask a lawyer to explain it to you.

1. CREATION OF DURABLE POWER OF ATTORNEY FOR HEALTH CARE

By this document I intend to create a durable power of attorney by appointing the person designated below to make health care decisions for me as allowed by Sections 4600 to 4753, inclusive, of the California Probate Code. This power of attorney shall not be affected by my subsequent incapacity. I hereby revoke any prior durable power of attorney for health care. I am a California resident who is at least 18 years old, of sound mind, and acting of my own free will.

2. APPOINTMENT OF HEALTH CARE AGENT

(Fill in below the name, address and telephone number of the person you wish to make health care decisions for you if you become incapacitated. You should make sure that this person agrees to accept this responsibility. The following may not serve as your agent: (1) your treating health care provider; (2) an operator of a community care facility or residential care facility for the elderly; or (3) an employee of your treating health care provider, a community care facility, or a residential care facility for the elderly, unless that employee is related to you by blood, marriage or adoption, or unless you are also an employee of the same treating provider or facility. If you are a conservatee under the Lanterman-Petris-Short Act (the law governing involuntary commitment to a mental health facility) and you wish to appoint your conservator as your agent, you must consult a lawyer, who must sign and attach a special declaration for this document to be valid.)

I, _____, hereby appoint:
(insert your name)

Name _____

Address _____

Work Telephone (_____) _____ Home Telephone (_____) _____

as my agent (attorney-in-fact) to make health care decisions for me as authorized in this document. I understand that this power of attorney will be effective for an indefinite period of time unless I revoke it or limit its duration below.

(Optional) This power of attorney shall expire on the following date: _____

3. AUTHORITY OF AGENT

If I become incapable of giving informed consent to health care decisions, I grant my agent full power and authority to make those decisions for me, subject to any statements of desires or limitations set forth below. Unless I have limited my agent's authority in this document, that authority shall include the right to consent, refuse consent, or withdraw consent to any medical care, treatment, service, or procedure; to receive and to consent to the release of medical information; to authorize an autopsy to determine the cause of my death; to make a gift of all part of my body; and to direct the disposition of my remains, subject to any instructions I have given in a written contract for funeral services, my will or by some other method. I understand that, by law, my agent may not consent to any of the following: commitment to a mental health treatment facility, convulsive treatment, psychosurgery, sterilization or abortion.

4. MEDICAL TREATMENT DESIRES AND LIMITATIONS (OPTIONAL)

(Your agent must make health care decisions that are consistent with your known desires. You may, but are not required to, state your desires about the kinds of medical care you do or do not want to receive, including your desires concerning life support if you are seriously ill. If you do not want your agent to have the authority to make certain decisions, you must write a statement to that effect in the space provided below; otherwise, your agent will have the broad powers to make health care decisions for you that are outlined in paragraph 3 above. In either case, it is important that you discuss your health care desires with the person you appoint as your agent and with your doctor(s).)

(Following is a general statement about withholding and removal of life-sustaining treatment. If the statement accurately reflects your desires, you may initial it. If you wish to add to it or to write your own statement instead, you may do so in the space provided.)

I do not want efforts made to prolong my life and I do not want life-sustaining treatment to be provided or continued: (1) if I am in an irreversible coma or persistent vegetative state; or (2) if I am terminally ill and the use of life-sustaining procedures would serve only to artificially delay the moment of my death; or (3) under any other circumstances where the burdens of the treatment outweigh the expected benefits. In making decisions about life-sustaining treatment under provision (3) above, I want my agent to consider the relief of suffering and the quality of my life, as well as the extent of the possible prolongation of my life.

If this statement reflects your desires, initial here: _____

her or additional statements of medical treatment desires and limitations: _____

(You may attach additional pages if you need more space to complete your statements. Each additional page must be dated and signed at the same time you date and sign this document.)

5. APPOINTMENT OF ALTERNATE AGENTS (OPTIONAL)

(You may appoint alternate agents to make health care decisions for you in case the person you appointed in Paragraph 2 is unable or unwilling to do so.)

If the person named as my agent in Paragraph 2 is not available or willing to make health care decisions for me as authorized in this document, I appoint the following persons to do so, listed in the order they should be asked:

First Alternate Agent: Name _____

Address _____

Work Telephone (_____) _____ Home Telephone (_____) _____

Second Alternate Agent: Name _____

Address _____

Work Telephone (_____) _____ Home Telephone (_____) _____

USE OF COPIES

I hereby authorize that photocopies of this document can be relied upon by my agent and others as though they were originals.

SPECIAL REQUIREMENT: STATEMENT OF PATIENT ADVOCATE OR OMBUDSMAN

(If you are a patient in a skilled nursing facility, a patient advocate or ombudsman must sign the Statement of Witnesses above and must also sign the following declaration.)

I further declare under penalty of perjury under the laws of California that I am a patient advocate or ombudsman as designated by the State Department of Aging and am serving as a witness as required by subdivision (e) of Probate Code Section 4701.

Signature: _____ Address: _____
Print Name: _____
Date: _____

CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC

(Acknowledgment before a notary public is not required if you have elected to have two qualified witnesses sign above. If you are a patient in a skilled nursing facility, you must have a patient advocate or ombudsman sign the Statement of Witnesses on page 3 and the Statement of Patient Advocate or Ombudsman above)

State of California)
)ss.
County of _____)
On this _____ day of _____, in the year _____,
before me, _____
(here insert name and title of the officer)
personally appeared _____
(here insert name of principal)

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to this instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

(Signature of Notary Public)

NOTARY SEAL

COPIES

YOUR AGENT MAY NEED THIS DOCUMENT IMMEDIATELY IN CASE OF AN EMERGENCY. YOU SHOULD KEEP THE COMPLETED ORIGINAL AND GIVE PHOTOCOPIES OF THE COMPLETED ORIGINAL TO (1) YOUR AGENT AND ALTERNATE AGENTS, (2) YOUR PERSONAL PHYSICIAN, AND (3) MEMBERS OF YOUR FAMILY AND ANY OTHER PERSONS WHO MIGHT BE CALLED IN THE EVENT OF A MEDICAL EMERGENCY. THE LAW PERMITS THAT PHOTOCOPIES OF THE COMPLETED DOCUMENT CAN BE RELIED UPON AS THOUGH THEY WERE ORIGINALS.

HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTHCARE PROVIDERS AS NECESSARY



EMSA #111 B
(Effective 10/1/2014)*

Physician Orders for Life-Sustaining Treatment (POLST)

First follow these orders, then contact physician.

A copy of the signed POLST form is a legally valid physician order. Any section not completed implies full treatment for that section. **POLST complements an Advance Directive and is not intended to replace that document.**

Patient Last Name:	Date Form Prepared:
Patient First Name:	Patient Date of Birth:
Patient Middle Name:	Medical Record #: (optional)

A CARDIOPULMONARY RESUSCITATION (CPR): *If patient has no pulse and is not breathing. If patient is NOT in cardiopulmonary arrest, follow orders in Sections B and C.*

- Check One
- Attempt Resuscitation/CPR** (Selecting CPR in Section A **requires** selecting Full Treatment in Section B)
- Do Not Attempt Resuscitation/DNR** (Allow Natural Death)

B MEDICAL INTERVENTIONS: *If patient is found with a pulse and/or is breathing.*

- Check One
- Full Treatment** – primary goal of prolonging life by all medically effective means.
In addition to treatment described in Selective Treatment and Comfort-Focused Treatment, use intubation, advanced airway interventions, mechanical ventilation, and cardioversion as indicated.
- Trial Period of Full Treatment.**
- Selective Treatment** – goal of treating medical conditions while avoiding burdensome measures.
In addition to treatment described in Comfort-Focused Treatment, use medical treatment, IV antibiotics, and IV fluids as indicated. Do not intubate. May use non-invasive positive airway pressure. Generally avoid intensive care.
- Request transfer to hospital only if comfort needs cannot be met in current location.**
- Comfort-Focused Treatment** – primary goal of maximizing comfort.
Relieve pain and suffering with medication by any route as needed; use oxygen, suctioning, and manual treatment of airway obstruction. Do not use treatments listed in Full and Selective Treatment unless consistent with comfort goal. **Request transfer to hospital only if comfort needs cannot be met in current location.**

Additional Orders: _____

C ARTIFICIALLY ADMINISTERED NUTRITION: *Offer food by mouth if feasible and desired.*

- Check One
- Long-term artificial nutrition, including feeding tubes. Additional Orders: _____
- Trial period of artificial nutrition, including feeding tubes. _____
- No artificial means of nutrition, including feeding tubes. _____

D INFORMATION AND SIGNATURES:

- Discussed with:** Patient (Patient Has Capacity) Legally Recognized Decisionmaker
- Advance Directive dated _____, available and reviewed → Healthcare Agent if named in Advance Directive:
Name: _____
Phone: _____
- Advance Directive not available
- No Advance Directive

Signature of Physician

My signature below indicates to the best of my knowledge that these orders are consistent with the patient's medical condition and preferences.

Print Physician Name:	Physician Phone Number:	Physician License Number:
Physician Signature: (required)		Date:

Signature of Patient or Legally Recognized Decisionmaker

I am aware that this form is voluntary. By signing this form, the legally recognized decisionmaker acknowledges that this request regarding resuscitative measures is consistent with the known desires of, and with the best interest of, the patient who is the subject of the form.

Print Name:	Relationship: (write self if patient)	
Signature: (required)	Date:	
Mailing Address (street/city/state/zip):	Phone Number:	Office Use Only:

SEND FORM WITH PATIENT WHENEVER TRANSFERRED OR DISCHARGED

HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTHCARE PROVIDERS AS NECESSARY

Patient Information

Name (last, first, middle):	Date of Birth:	Gender: M F
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Healthcare Provider Assisting with Form Preparation

N/A if POLST is completed by signing physician

Name:	Title:	Phone Number:
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Additional Contact

None

Name:	Relationship to Patient:	Phone Number:
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Directions for Healthcare Provider

Completing POLST

- **Completing a POLST form is voluntary.** California law requires that a POLST form be followed by healthcare providers, and provides immunity to those who comply in good faith. In the hospital setting, a patient will be assessed by a physician who will issue appropriate orders that are consistent with the patient's preferences.
- **POLST does not replace the Advance Directive.** When available, review the Advance Directive and POLST form to ensure consistency, and update forms appropriately to resolve any conflicts.
- POLST must be completed by a healthcare provider based on patient preferences and medical indications.
- A legally recognized decisionmaker may include a court-appointed conservator or guardian, agent designated in an Advance Directive, orally designated surrogate, spouse, registered domestic partner, parent of a minor, closest available relative, or person whom the patient's physician believes best knows what is in the patient's best interest and will make decisions in accordance with the patient's expressed wishes and values to the extent known.
- A legally recognized decisionmaker may execute the POLST form only if the patient lacks capacity or has designated that the decisionmaker's authority is effective immediately.
- POLST must be signed by a physician and the patient or decisionmaker to be valid. Verbal orders are acceptable with follow-up signature by physician in accordance with facility/community policy.
- If a translated form is used with patient or decisionmaker, attach it to the signed English POLST form.
- Use of original form is strongly encouraged. Photocopies and FAXes of signed POLST forms are legal and valid. A copy should be retained in patient's medical record, on Ultra Pink paper when possible.

Using POLST

- Any incomplete section of POLST implies full treatment for that section.

Section A:

- If found pulseless and not breathing, no defibrillator (including automated external defibrillators) or chest compressions should be used on a patient who has chosen "Do Not Attempt Resuscitation."

Section B:

- When comfort cannot be achieved in the current setting, the patient, including someone with "Comfort-Focused Treatment," should be transferred to a setting able to provide comfort (e.g., treatment of a hip fracture).
- Non-invasive positive airway pressure includes continuous positive airway pressure (CPAP), bi-level positive airway pressure (BiPAP), and bag valve mask (BVM) assisted respirations.
- IV antibiotics and hydration generally are not "Comfort-Focused Treatment."
- Treatment of dehydration prolongs life. If a patient desires IV fluids, indicate "Selective Treatment" or "Full Treatment."
- Depending on local EMS protocol, "Additional Orders" written in Section B may not be implemented by EMS personnel.

Reviewing POLST

It is recommended that POLST be reviewed periodically. Review is recommended when:

- The patient is transferred from one care setting or care level to another, or
- There is a substantial change in the patient's health status, or
- The patient's treatment preferences change.

Modifying and Voiding POLST

- A patient with capacity can, at any time, request alternative treatment or revoke a POLST by any means that indicates intent to revoke. It is recommended that revocation be documented by drawing a line through Sections A through D, writing "VOID" in large letters, and signing and dating this line.
- A legally recognized decisionmaker may request to modify the orders, in collaboration with the physician, based on the known desires of the patient or, if unknown, the patient's best interests.

This form is approved by the California Emergency Medical Services Authority in cooperation with the statewide POLST Task Force.

For more information or a copy of the form, visit www.caPOLST.org.

SEND FORM WITH PATIENT WHENEVER TRANSFERRED OR DISCHARGED



County of Santa Cruz

HEALTH SERVICES AGENCY

POST OFFICE BOX 962, 1080 EMELINE AVENUE SANTA CRUZ, CA 95061-0962

(831) 454-4120 FAX: (831) 454-4272 TDD: (831) 454-4123

EMERGENCY MEDICAL
SERVICES PROGRAM

Policy No. 1200
Revised 01/07

Emergency Medical Services Program

Approved

Medical Director

Subject: ORGAN DONOR INFORMATION

To establish guidelines for EMS field personnel to meet requirements that they search for organ donor information on adult patients for whom death appears imminent, as required by Health & Safety Code, Section 7152.5(b)(3).

I. Definitions:

A. Reasonable Search

A brief attempt by EMS field personnel to locate documentation that may identify a patient as a potential organ donor, or one who has refused to make an anatomical gift. This search shall be limited to a wallet or purse that is on or near the individual 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 precedence over patient care/treatment.

B. Imminent Death

A condition wherein illness or injuries are of such severity that, in the opinion of EMS field 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.

II. Policy/Procedure:

- A. When EMS field personnel encounter a patient that appears to fit the criteria for field determination of death or field pronouncement (see Policy #1140), they shall attempt a "reasonable search" of the patient's belongings to determine if the individual carries information indicating the patient's status as an organ donor. This search must be done in the presence of a witness, preferably a public safety officer.
- B. Treatment and transport of the patient remains the highest priority for field personnel. This search shall not interfere with patient care or transport.
- C. Field personnel shall notify the receiving hospital personnel if organ donor information is discovered.

- D. Any organ donor document that is discovered should be transported to the receiving hospital with the patient unless it is requested by the investigating law enforcement officer. In the event that no transport is made, any document should remain with the patient.
- E. Field personnel should briefly note the results of the search, notification of hospital, and witness name(s), on the EMS Prehospital Care Record (PCR).
- F. If a member of the patient's immediately 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 may be considered to satisfy the requirement.



County of Santa Cruz

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EMERGENCY MEDICAL
SERVICES PROGRAM

Policy No. 1220
Reviewed 01/07

Emergency Medical Services Program

Approved

Medical Director

Subject: EMERGENCY MEDICAL DISPATCH (EMD) POLICY

I. PHILOSOPHY

This policy is intended to promulgate emergency medical dispatch (EMD) standards that establish EMD training criteria, a process for certification, recertification, continuing education requirements, and a process for quality assurance.

Standardization allows for the limited resources to provide training, certification, testing and personnel certification review efficiently.

This policy is not intended, in any way, to impose upon local communications centers a requirement to be EMD capable. The policy, however, does establish standards for communication centers that do choose to implement an EMD program.

II. DEFINITION

An emergency medical dispatcher is any person employed by an agency providing emergency medical dispatch services who has successfully completed an EMD training program approved by the local emergency medical services agency.

III. TRAINING STANDARD

A. Course Requirement

1. Curriculum

Courses must use EMD curriculum and associated texts on emergency medical dispatch as approved by the National Academy of Emergency Medical Dispatch.

2. Course Length

The course must be a minimum of twenty-four (24) hours in length of which two (2) hours may be designated for testing.

3. The course must provide training in the following topics:

<u>Unit Number</u>	<u>Identification</u>	<u>Minimum Allocation of Time for Teaching</u>
1.	Medical dispatcher Orientation	4 hours
2.	Medical Dispatch protocols	10 hours
3.	Medical / legal factors	2 hours
4.	Scenarios, drills and practice	4 hours
5.	Written and practical Testing	2 hours
6.	Comprehensive implementation	2 hours

Additional training may be required which includes, but is not limited to basic telecommunications, obtaining information from callers, allocation of local EMS resources, multi-casualty incidents and disaster procedures.

The local EMSA may exempt the EMD candidate from sections of the course based upon the candidate's prior experience. As an example, communications centers just entering the EMD program may have experienced dispatchers who may not need training in some sections.

IV. COURSE INSTRUCTOR REQUIREMENTS

A. Units 1-6

Must be taught by an EMD Instructor certified through the National Academy of Emergency Medical Dispatch.

B. Additional Training

Instructor qualifications to teach additional training topics must, at a minimum, be:

1. A recognized instructor who has completed an instructor development course, and
2. One (1) year experience in the respective level of practice or expertise.

C. Guest Instructors

EMD Instructors may use guest lecturers at their discretion and under their immediate supervision for any section.

D. Proctoring Requirements

During course practicum instructor student ratio shall not exceed 1:4.

Proctors may be course instructors or certified EMD's. Certified EMD's who proctor need not have taken an instructor course although this would be desirable.

V. EMD CERTIFICATION REQUIREMENTS

A. Certification

1. Minimum age of 18.
2. High school diploma or GED.
3. Successfully completed an EMS approved EMD course.
4. Currently certified in first aid (Red Cross Standard American First-Aid or equivalent).
5. Passed a CPR course (American Heart Association/American Red Cross course or equivalent).
6. Successful completion and documentation of quality checks of calls handled by the EMD.
7. Sponsored by a department or agency that has responsibility for dispatching emergency medical resources.
8. Pay a reasonable fee that may be assessed to defray administrative costs associated with certification.

B. Certification by Challenge

EMD may be challenged by persons who meet criteria established in Section V of this policy and passes a local EMS agency approved written and practical exam.

C. CTO Training/Coaching

After completion of the EMD course, EMDs will receive no less than 40 hours of supervised on-the-job training and coaching with an EMD certified Communications Training Officer (CTO).

VI. RECERTIFICATION

Recertification as an EMD shall be every two (2) years.

- A. Requirements for recertification shall be as follows:
1. Current certificate in CPR (American Heart Association/American Red Cross course or equivalent).
 2. Current certification in first aid (American Red Cross Standard First Aid or equivalent).
 3. Completed 24 hours of continuing education – see Section VII.
 4. Pay fee assessed to cover expenses associated with recertification.
 5. Be employed by an agency or department that has responsibility for dispatching emergency medical resources.
 6. Successful completion and documentation of quality checks of calls handled by the EMD.

VII. CONTINUING EDUCATION REQUIREMENTS

Certified EMD's must acquire a minimum of twenty-four (24) hours of continuing education within two (2) years. Continuing education hours are obtained on an actual hour basis and shall include the following:

- A. A minimum of eight (8) hours of in-house EMD tape reviews every two (2) years.
- B. Four (4) hours of recertification in CPR (American Heart Association/American Red Cross course or equivalent).
- C. The remainder of the hours as determined by the individual within the agency that is responsible for training may be obtained by:
1. Ride-a-longs associated with emergency medical response.
 2. Proctoring of EMD training.
 3. Didactic including lectures, courses, workshops, seminars, films, etc. relevant to EMD principles and practices.
 4. Attendance at first aid training as necessary to maintain certification.
 5. Attendance at base station tape critiques.

6. Demonstration or practice sessions utilizing telecommunications equipment and/or EMD adjuncts.
7. Local training, planning or management meetings scheduled to review EMS procedures and/or communications.
8. Outreach presentations to community groups and user agencies.
9. EMT level course for recertification. A maximum of four (4) hours may be applied towards EMD recertification.
10. Volunteer work at local EMS agencies. A maximum of four (4) hours may be applied towards EMD recertification.

All continuing education hours approved by the individual within the agency that is responsible for training must be documented. Failure to provide documentation of attendance in approved CE programs may result in denial of recertification by local EMS agency.

VIII. CERTIFICATE REVIEW PROCESS

Certification as an EMD is done by local Emergency Medical Services Medical Director by authority of Health and Safety Code, Section 2.5, subsections 1797.62, 1797.72, 1797.78, 1797.90, 1797.200, 1797.204, 1797.252, 1798 et al.

Therefore, in all aspects, a certified EMD is considered to be subject to certificate review process by the local EMSA as defined in the Health and Safety Code, Division 2.5, Chapter 7, Section 1797.200, 1797.204, 1797.206 and 1797.208.

IX. QUALITY ASSURANCE REQUIREMENTS FOR COMMUNICATIONS CENTERS WHICH IMPLEMENT AN EMD PROGRAM

A quality assurance process needs to be in place to track the performance of the EMD system, identify problem areas and recommend appropriate corrective action, and identify and recognize areas of exemplary performance.

The quality assurance process should be performed by representatives of the County agencies affected by EMD.

A. Committee Composition

1. Chairperson
The Chairperson of the Quality Assurance (QA) Committee will be the County Emergency Medical Services Medical Director, or an alternate may be selected by him/her.
2. EMS Program Manager
The EMS Program Manager or his/her designee shall be a member.

3. Communications Center
One Communications dispatcher/middle management representative, training coordinator, and one public safety dispatcher will be members of the QA Committee.
4. Contract Paramedic Provider
The local EMS County contract paramedic provider agency having transport capability will appoint one representative to serve on the Committee.
5. Fire Representative
One representative of the local fire agencies will be selected by the County Fire Chief's Association and serve as a member of the Committee.
6. Law Enforcement
One representative of all law enforcement agencies will be selected by the Santa Cruz County Law Enforcement Chiefs' Association.
7. PSAP's
A representative from each PSAP within the county.

Each of the representatives in categories 3, 4, and 5 will serve for a term of 1 year. Individuals may be reappointed to the position by their respective agencies for consecutive annual terms of service.

B. Authority

Since the EMD medical policies are operable under the signature and medical license of the County EMS Medical Director, any unresolved disputes or disagreements which may occur during committee deliberations will ultimately be resolved by decision of the EMS Medical Director.

C. Committee Process

Three types of QA activities will be performed: retrospective review, concurrent review, and prospective program review.

1. Retrospective Review
Retrospective review will be performed by the following process:
 - a) A random selection of calls for the previous period will be audited. Cases to be reviewed may be selected from among the following categories:
 - 1) calls in which pre-arrival instructions were given;
 - 2) calls determined to be of a difficult nature, and marked for review on the EMD run cards:

And

- 3) calls in which the dispatcher performed optimally.
 - b) Any calls which involved the dispatch process and which generated an incident report or comments regarding pre-hospital patient care will be subject to review. Such reports or comments may be generated by local EMS agency, pre-hospital care personnel, members of the QA Committee, communications super-visors or administration.
 - c) All calls which were deemed by any emergency medial care agency to involve an over or under response as determined by the EMD process will be reviewed to assess the appropriateness of response as determined by EMD.
2. Concurrent review activities will consist of periodic review of END personnel credentialing, compliance with the continuing education requirements of the EMD position, and review of any proposed changes in EMS policies.
 3. Prospective review activities will be periodic, at least annually, review of the current EMD cards, existing EMD policies, and the EMD certification curriculum.

D. Committee Findings

The Committee will report its findings to the County EMS Medical Director in a manner to protect the findings from discovery. Such reports will be prepared on a quarterly basis and will include evaluations of the cases reviewed, problems encountered and data collected by the communications center (number of calls, their classification, and direction of contact with caller).

E. Recommendations

1. Training

The Committee may recommend topics and instructors for in-service training of EMD staff.

2. Personnel

The Committee shall not recommend punitive action or commendations for EMD's, but will provide feedback to the communication center's administration and local EMS agency.

F. Frequency of Meetings

The QA Committee will meet at least quarterly. It may meet more frequently at the request of any one of the Committee members.



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EMERGENCY MEDICAL
SERVICES PROGRAM

Policy No. 1230
Reviewed 6/09

Emergency Medical Services Program

Approved

Medical Director

Subject: HOSPITAL DIVERSION (By-Pass) POLICY

I. POLICY:

There is a need for ambulance diversion procedure when a hospital is temporarily experiencing the effects of overcrowding or depleted staffing resources.

If, in the event that all hospitals are on diversion simultaneously, the patient shall be transported to the nearest, most accessible, hospital regardless of the hospital diversion status.

Each hospital will have in effect an ambulance diversion contingency plan, which is approved by the Emergency Department Medical and Nursing Directors and Hospital Administration, with which to manage respective overcrowding or overwhelmed resource scenarios.

II. PROCEDURE:

- A. Any patient deemed "in extremis" will be transported to the nearest, appropriate ED. All Santa Cruz County hospital ED's will accept patients "in extremis" regardless of diversion status.
- B. Intrafacility transfers, i.e. those within one hospital system, shall be transported to the ED within the hospital system regardless of that hospital's diversion status.
- C. Since the diversion status of a hospital is subject to change at any time, each facility is responsible to immediately update EMSsystem when there is any change in its status which may affect ambulance traffic. NetCom will monitor ED diversions per policy.
- D. A facility's status at the time the ambulance begins transport (wheels of ambulance are turning) will apply to that transport regardless of any subsequent status changes.
- E. When the decision is made to declare Code Yellow or Code Red status, EMSsystem will be updated immediately. All ambulance units will automatically be paged by EMSsystem to notify them of a change to hospital diversion status.
- F. The restricted status hospital will contact the other hospital's ED directly to advise them of the restricted status.
- G. If subsequent update of diversion status is not made by the hospital, EMSsystem will notify the hospital at two hour intervals for Code Red status, six hour intervals for Code Yellow status;

and every 24 hours for Code Green status via audible alert to prompt the facility to evaluate and re-verify the facility's current diversion status.

- H. In the event of Code Yellow, CT Scanner temporarily out of service, EMS personnel will contact the affected ED, as soon as possible in regards to accepting or diverting any patient which may meet clinical presentations beyond the current capabilities of the affected ED (i.e. patient with suspected CVA and hospital CT scanner is down for maintenance). The on-duty ED MD or MICN will notify the EMS unit whether the ED will be able to accept the patient or not.
- I. It is each hospital's responsibility; via the ED charge nurse or a nursing supervisor, to immediately update EMS system relative to change in hospital diversion status.
- J. A hospital may close to all patients (both walk-in and ambulance) if the facility or a portion of the facility is in a state of Internal Disaster as defined by the California Department of Health Services. In such cases, the facility shall attempt to change to Black (Internal Disaster) status via EMS system. If it is not possible to change the status via this method, contact NetCom immediately. The facility shall report this status to the Department of Health Services in accordance with applicable requirements.

III. DEFINITIONS:

- A. **CODE GREEN:** Hospital is open to all ambulance traffic.
- B. **CODE YELLOW:** Reflects that the CT scanner is out of service. This is a temporary condition, which potentially impacts the reception of certain types of patients requiring an emergency CT scan (symptoms of acute stroke or closed head injury).
- C. **CODE RED:** Reflects a temporary condition in which a facility is so acutely busy that reception of additional patients might adversely affect the care of patients already being treated.
- D. **CODE BLACK:** Hospital is experiencing an "Internal Disaster" and is unable to accept any patients, both walk-in and those transported by ambulance. The hospital shall report this status as soon as possible to the County Health Officer and to the California Department of Health according to Title 22 of the California Code of Regulations, Section 70737.
- E. **EXTREMIS:** Pending respiratory or cardiac arrest, or experiencing respiratory or cardiac arrest. Patient physiological presentation unsuitable for prolonged transport to next, closest ED.

NOTE* NOTE*NOTE*NOTE*NOTE*NOTE*NOTE*NOTE*NOTE*NOTE*NOTE

With regard to Code Red status and patients presenting in extremis (or near extremis): This patient is always transported to the nearest, appropriate ED unless the hospital is on Code Black diversion status.



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EMERGENCY MEDICAL
SERVICES PROGRAM

Policy No. 1250
Reviewed 01/07

Emergency Medical Services Program

Approved

Medical Director

Subject: INTERFACILITY TRANSFER POLICY

I. PURPOSE

To provide guidelines for interfacility transfers within Santa Cruz County.

II. AUTHORITY

Title 22, Article 2, Section 100063 and Section 100145.

III. PROCEDURE

- A. EMT-Is and Paramedics are approved to perform interfacility transfers within their scope of practice as defined by Title 22 and Santa Cruz County Policies and Protocols.
- B. In all cases requiring patient care exceeding the scope of practice of an EMT-I or EMT-P, a physician or nurse, and appropriate ancillary equipment supplies or equipment, must attend the patient in the patient compartment during the entire transfer.



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EMERGENCY MEDICAL
SERVICES PROGRAM

Policy No. 1260
Reviewed 01/07

Emergency Medical Services Program

Approved

Medical Director

Subject: MEDICAL MANAGEMENT AT HAZARDOUS MATERIALS INCIDENTS

I. Policy

A. Purpose:

The procedure described herein outlines specific medical response procedures and responsibilities once an incident involving hazardous materials (Haz Mat) has been identified.

B. Definitions:

1. Hot Zone (HZ)

Also known as the Exclusion Zone. This is an area in a Haz Mat incident in which contamination exists or is thought to exist. EMS and rescue personnel in this zone must be properly trained and equipped to perform duties in a Haz Mat environment. Such duties may include the use of specialized personal protective equipment and breathing apparatus. In most instances this will mean only the members of a Hazardous Materials Response Team will enter this zone.

2. Warm Zone (WZ)

Also known as the Contamination Reduction Zone. This is an area in a Haz Mat incident adjacent to the HZ where decontamination of personnel and patients occurs. Only those personnel who are properly trained and equipped for the use of specialized personal protection equipment, breathing apparatus and decontamination procedures are allowed in this zone.

3. Cold Zone (CZ)

Also known as the Support Zone. This is an area in a Haz Mat incident where it is designated that no contamination exists. This area is safe for command and support functions without the use of special protective equipment or breathing apparatus. It is in the CZ where the staging of personnel and apparatus takes place as well as the placement of treatment areas and other necessary functions.

C. Objectives:

1. To outline a plan of coordinated medical response to victims of hazardous materials incidents.
2. To provide specific responsibility assignments to responding ambulances as well as medical control as established via the Base Station Hospitals in Santa Cruz County.
3. To provide a guideline for patient, personnel and equipment policies, decontamination, protective measures and treatment.

D. Operational Principles For Hazardous Material Rescue Operations:

1. There is a direct relationship between the kind of hazardous material and the amount of hazardous material and resultant illness. Exposure can lead to injury or death.
2. On-scene personnel safety takes priority over any immediate rescue or resuscitation concerns.
3. Pre-hospital health care providers will be unable to respond to other emergencies until decontamination of involved equipment and personnel has been accomplished.

II. Activation

- A. This procedural plan will be activated as soon as first responders have either, by suspicion or confirmation, learned of a release of hazardous materials and possible exposure of person(s) to that material.
- B. Hospital Notification

In all cases, hospitals should immediately be made aware of any hazardous materials involved as soon as known by the first responding paramedic ambulance. This early alert will allow the hospitals to prepare for the eventuality of receiving patients from the incident. This notification should be accomplished even if it appears no person has received exposure. This pre-notification also allows lead-time to set up appropriate facilities in the event of the need for decontamination on hospital grounds.

First Responding Ambulance

1. Once a hazardous material incident has been either suspect or identified with human exposure, activation of the formal ICS Multiple Casualty Incident Plan should be considered.
2. If the ambulance is the first responder, the crew should immediately notify Net-Com to alert all incoming emergency vehicles.

At a minimum, this notification should include:

- a) type of substance, if known;
- b) extent of contamination;
- c) prevailing wind direction;
- d) nearest location and suggested access routes for staging; and
- e) an advisement to Net-Com to activate the appropriate hazardous materials response team.

This information will minimize unnecessary and inadvertent exposure to other public safety personnel and equipment.

3. Thereafter, the ambulance personnel will assume a safe distance. Assistance in determining a safe distance at which to stage can be obtained by utilizing the most current Department of Transportation *Emergency Response Guidebook*. Special care should be taken to evaluate if the first responding crew has also been contaminated due to proximity to the potential Haz-Mat area.

Note: Ambulance personnel shall not use special protective gear or breathing apparatus, nor enter the Hot Zone, or the Warm Zone unless such personnel are specially trained and equipped.

Treatment and Transportation

Only properly trained and equipped Entry or Stand-By Rescue Team members should bring patients from the HZ through the WZ to the CZ. Basic First Aid and BLS treatment may be administered in the HZ and WZ (such as oxygen treatment, bandaging, spinal immobilization, CPR and BLS airway maneuvers). All ALS treatment should be held off until the patient has been cleared.

It is imperative that all contaminated patients are completely decontaminated by the Decontamination Unit prior to any ALS treatment or transport.



TRANSPORT OUT OF COUNTY

- I. Philosophy:
 - A. Unless otherwise specified herein, 911 patients transported by ground should remain in Santa Cruz County.
 1. Patients may request transport to either Dominican Hospital or Watsonville Community Hospital, unless otherwise prohibited by Santa Cruz County EMS Policy.
 2. Patients “in extremis” must be transported to the closest appropriate receiving facility
 - B. Physiologic and/or Anatomic Trauma patients will be automatically transferred to an out-of county trauma center using the appropriate mode of transport in accordance with Policy 7050 *Trauma Patient Transport And Hospital Destination*.
 - C. Patients may be transported to a facility located outside of Santa Cruz County in accordance with Section II below.
- II. Minimum criteria for out-of-county ground transport:
 - A. Each of the following conditions shall be met:
 1. The patient is stable (no respiratory or cardiovascular instability)
 2. There remains an adequate reserve of ambulances to handle expected call volume
 3. Paramedic Supervisor authorization is provided.
 4. Reasons for out-of-county transport are clearly documented on the PCR.
 5. Transfers are limited to the following facilities:
 - a) Natividad Medical Center (Trauma)
 - b) El Camino Hospital Los Gatos
 - c) Good Samaritan Hospital (STEMI/Stroke)
 - d) Santa Clara Valley Medical Center (Trauma/Burn/Neuro/STEMI/Stroke)
 - e) Regional Medical Center (Trauma/STEMI/Stroke)
 - f) Stanford University Hospital (Trauma/STEMI/Stroke)
 - g) St. Louise Hospital
 - h) Salinas Valley Memorial Hospital (STEMI)



- i) Community Hospital of the Monterey Peninsula
 - j) Hazel Hawkins Hospital
- B. If each of the minimum criteria under Section IIA cannot be met the patient cannot be transported by ground out-of-county
- C. EMS units must expedite return to Santa Cruz County upon completion of the call. Netcom should be notified when a unit is available within Santa Cruz County boundaries.
- D. This policy does not apply to inter-facility or routine transfers or “state of emergency” situations.



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EMERGENCY MEDICAL
SERVICES PROGRAM

Policy No. 1300
Reviewed 01/07

Emergency Medical Services Program

Approved

Medical Director

Subject: GUIDELINES FOR MEDICAL MUTUAL AID (AMBULANCES)

I. PURPOSE

To determine a course of action when medical mutual aid is requested from a neighboring county(s), or when requesting mutual aid from a neighboring county(s) to assist with an emergency in Santa Cruz County.

Request From Another County for EMS Resources

The Duty Paramedic Supervisor will evaluate the request based on the following criteria:

1. Nature of request i.e. emergent, non-emergent, mass casualty, etc.
2. Impact of disaster has been evaluated locally and a determination has been made that local resources may be released to other areas.
3. Location of request i.e. county bordering Santa Cruz County at the time of request.
4. Number of available units in Santa Cruz County at the time of the request.
5. Feasibility of calling off-duty personnel to respond to mutual aid request or backfill for Santa Cruz County.
6. Length of time requested unit(s) will be available to Santa Cruz County.
7. At no time will less than 3 units remain in Santa Cruz County and/or will more than 2 on-duty units be sent out of County to a single, mutual aid request.
8. The Deputy Director and/or Operations Coordinator of the contract paramedic service will be contacted immediately by the Paramedic Supervisor anytime that Santa Cruz County resources are sent out of County on a mutual aid request, aside from the normal requests i.e. North Monterey County, West Santa Clara County, South Santa Clara County.

9. Based on the magnitude and nature of the request, the Deputy Director and/or Operations Coordinator may elect to contact the EMS Program Manager and/or his designee, to apprise him of the situation immediately.
10. In any event, a written report describing the mutual aid response will be filed with the Santa Cruz County EMS Agency, no later than 72 hours after the event.
11. Non-urgent requests or requests for mutual aid to locations with a travel time of >1 hour should be handled by off-duty personnel, whenever possible. Authorization from the Deputy Director, or his designee, is required prior to allocating these resources.

Request to Another County for Resources to Be Sent To Santa Cruz County

The need for requesting mutual aid resources should be based on the following criteria:

1. Nature and magnitude of event i.e. emergency, non-emergent, mass casualty, etc.
2. Utilization of local resources, including fire department BLS transport-capable units, should be considered prior to requesting assistance from other counties. Out-of-County mutual aid may be requested by the Incident Commander.
3. Availability of off-duty personnel/equipment.
4. All requests for mutual aid should be made through County Communications, who in turn will contact the appropriate dispatch agency for assistance.
5. All requests for mutual aid should be made by or in conjunction with the Incident Commander, if appropriate.
6. Medical aid requests should first be directed to adjacent counties and then only after all local resources have been committed.
7. If more resources are needed than is available from adjacent counties, the Incident Commander in conjunction with the County Communications and County EMS officials will consider contacting the “Regional Disaster Medical Health Coordinator” (RDMHC), who is located in Contra Costa County. This official can access the Office of Emergency Services at the Regional and State levels to request mutual aid resources.
8. In conjunction with the Incident Commander, establish a “staging area” for incoming resources.
9. Consider “splitting crews”, where appropriate, so that out-of-County resources have a local crew member, who is familiar with the area, hospital locations, etc.
10. Time permitting, the EMS Program Manager or his designee should be contacted, so that he can make the official request for medical resources from another county(s).
11. The Deputy Director and/or Operations Coordinator should be contacted immediately upon request for mutual aid resources for Santa Cruz County, excepting the normal requests i.e. Santa Clara County response to Santa Cruz mountains area, etc.
12. In any event, a written report describing the mutual aid request will be filed with the Santa Cruz County EMS Agency no later than 72 hours after the event.



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EMERGENCY MEDICAL
SERVICES PROGRAM

Policy No. 1340
April 1, 2012

Emergency Medical Services Program

Approved

Medical Director

Subject: SUSPECTED ELDER AND DEPENDENT ADULT ABUSE REPORTING

I. Authority:

California Welfare and Institutions Code (W&I), Sections 15600-15659. Any health practitioner shall make a report regarding known or suspected cases of abuse and neglect of elder and dependent adults.

II. Definitions:

1. "Elder abuse" means physical abuse, neglect, financial abuse, abandonment, isolation, abduction, or other treatment with resulting physical harm or pain or mental suffering, or the deprivation by a care custodian of goods and services which are necessary to avoid physical harm or mental suffering (W&I 15610.07).
2. "Elder" means any person residing in the state 65 years of age or older (W&I 15610.27).
3. "Dependent adult" means any person residing in the state between the ages 18-64 who has physical or mental limitations which restrict his or her ability to carry out normal activities or to protect his or her rights. In addition, "Dependent Adult" includes any person between the ages of 18 and 64 who is admitted as an inpatient to a 24-hour health facility (W&I 15610.23 (b)). This includes a person who has physical or developmental disabilities or whose physical or mental capacities have diminished with age (W&I 15610.07).
4. "Reasonable suspicion" means a credible concern that elder abuse may have occurred based on an analysis of facts gathered from an incident or observation.
5. "Long-term care ombudsman" means the State Long-Term Care Ombudsman, local ombudsman coordinators, and other persons currently certified as ombudsmen by the Department of Aging (W&I 15610.50.)

III. Agencies Receiving Reports:

It is the responsibility of each individual provider to ensure that suspected elder abuse is reported in a timely fashion.

If there is a threat to the patient that must be handled immediately, or suspicion that a crime has been committed, EMS personnel should request that Law Enforcement respond to the scene.

If the abuse has occurred in a long-term care facility, except a state mental health hospital or a state developmental center, the report shall be made to the Long-Term Care Ombudsman (W&I 15630(b, 1,A). In all other instances Adult Protective Services should be notified.

If the individual provider is not sure of whom to contact in order to report suspected elder or dependent adult abuse a report can be made to the Long-Term Care Ombudsman who will refer the report to the appropriate agency.

The reporting duties are individual and no supervisor or administrator may impede or inhibit the reporting duties. No provider who reports suspected abuse shall be held civilly or criminally liable for any report required or authorized (W&I 15634).

IV. Reporting Procedure:

1. Initial Report:

A verbal report must be given to Adult Protective Services, a Law Enforcement Agency, or the Long-Term Care Ombudsman immediately or as soon as possible (i.e. on arrival in the emergency department) by telephone or in person.

Adult Protective Services
Phone: 454-4101 (APS)
Toll-free – 1-866-580-HELP (4357)

Law Enforcement Agency
Notify through NetCom

Long-Term Care Ombudsman
Phone: 429-1913
Fax: 429-9102

Or call Netcom.

The telephone report shall include the following:

- Name of person making the report
- Name of victim
- Present location of the elder

- Nature and extent of injury or abuse
- Information that led reporting party to suspect elder abuse

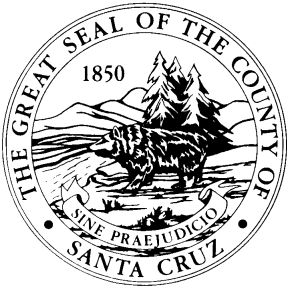
2. Written Referral Report:

Providers will also fill out a report of suspected dependent adult/elder abuse (SOC 341) in all cases of suspected dependent adult/elder abuse. A written report must be filed within two working days. Referral forms (SOC 341) are available in each Emergency Department and should be completed before end of shift and given to the charge nurse.

The written report will also be delivered or faxed to Adult Protective Services, the appropriate Law Enforcement Agency, or the Long-Term Care Ombudsman. In cases reported to Law, it is encouraged that the Long-Term Care Ombudsman also be contacted.

V. Two or more persons reporting:

When two or more persons who are required to report elder abuse are present and jointly have knowledge of a suspected instance of abuse, and when there is agreement among them, the verbal and written reports may be made by one individual. A paramedic may make such an agreement with the Emergency Department nurse or physician. Any individual who has knowledge that the designated person failed to file the appropriate reports shall file these reports in accordance with the law (W&I 15630).



County of Santa Cruz

HEALTH SERVICES AGENCY

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EMERGENCY MEDICAL
SERVICES PROGRAM

Policy No. 1500
Reviewed 01/07

Emergency Medical Services Program

Approved

Medical Director

Subject: NERVE GAS ANTIDOTES

This policy outlines the criteria for use of nerve gas antidotes in Santa Cruz County.

I. Indications For Nerve Gas Antidotes

Nerve gas antidote auto-injectors are to be used when first responder personnel are exposed to nerve gas agents (e.g. Sarin, Soman, Tabun, VX) and have signs and symptoms of nerve gas exposure. These antidotes are not given prophylactically. Indications for auto-injection of nerve gas antidote include the following signs and symptoms (mnemonic SLUDGE)

Salivation
Lacrimation
Urination
Defecation
Gastrointestinal pain and gas
Emesis

II. Policy

All fire service first responders and emergency ambulance personnel will receive training in the signs and symptoms of nerve gas exposure and auto-injection of nerve gas antidotes to include a review of the signs and symptoms of nerve gas exposure and hands-on practice performing auto-injection of nerve gas antidotes. Any law enforcement agency that wants to provide its personnel with auto-injection nerve gas antidotes will provide its personnel with the same training. The EMS Medical Director will approve a fire service agency or emergency ambulance provider to receive nerve gas auto-injectors upon documentation of the required training. The EMS medical director may require refresher training.

The EMS Agency recommends that each first response vehicle and ambulance be equipped with 3 Mark I kits (one atropine, one 2-PAM) and 1 CANA (Valium) per person per vehicle. The inventory shall be checked and documented each shift along with remaining pharmaceutical inventory. The manufacturer states that auto-injectors should not be subjected to extremes of temperature.

The Mark I autoinjector kit includes Atropine 2mg/0.7 ml and 2-PAMCl 600mg/2ml. The CANA autoinjector includes Valium 10mg/2ml.



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EMERGENCY MEDICAL
SERVICES PROGRAM

Policy No. 1501
Reviewed 01/07

Emergency Medical Services Program

Approved

Medical Director

Subject: CYANIDE ANTIDOTES

This policy outlines the criteria for use of cyanide antidotes in Santa Cruz County.

I. Indications for Cyanide Antidotes

Cyanide antidotes are to be used when first responder personnel are exposed to cyanide and have signs and symptoms of cyanide exposure. These antidotes are not given prophylactically.

Indications for use of cyanide antidotes include the following signs and symptoms:

Signs:

Transient hyperpnea, followed by seizures, apnea, cardiac collapse
Tremor
Normal pupils
Diaphoresis
Cyanosis

Symptoms:

Exposure to vapor or liquid that may smell like "bitter almonds"
Upper airway and/or eye irritation
Flushing
Headache
Anxiety
Agitation
Vertigo
Weakness
Nausea
Muscle trembling

Provide high flow O₂, monitor, IV/IO NS, Amyl Nitrate inhalers (only) from cyanide kit if available or sodium thiosulfate IV (adult 12.5grams, child 0.4 mg/kg), intubate if apneic. Do not use IV nitrite from cyanide kit.

II. Policy

All fire service first responders and emergency ambulance personnel will receive training in the signs and symptoms of cyanide exposure and use of cyanide antidotes to include a review of the signs and symptoms of cyanide exposure. The EMS Medical Director will approve a fire service agency or emergency ambulance provider to receive cyanide antidotes upon documentation of the required training and successful completion of a post test. The EMS medical director may require refresher training.



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EMERGENCY MEDICAL
SERVICES PROGRAM

Policy No. 1600

April 1, 2012

Emergency Medical Services Program

Approved

Medical Director

Subject: STEMI IDENTIFICATION, TRANSMISSION, AND HOSPITAL DESTINATION FROM THE FIELD

I. Criteria for 12-Lead ECG Acquisition

A. Chest pain /anginal equivalent symptoms

- 1) Chest pain consistent with Acute Coronary Syndrome (ACS). Suspicion of ACS is primarily based upon patient history: chest discomfort, jaw pain, arm pain, neck pain, or other anginal equivalent symptoms.
- 2) Be alert to patients likely to present with atypical symptoms or "silent AMIs": women, the elderly, and diabetics. Atypical symptoms may include non-pulmonary shortness of breath, syncope, dizziness, diaphoresis, nausea/vomiting, altered level of consciousness, severe fatigue.
- 3) Patients with chronic SOB such as a COPD may be included if there are additional new symptoms such as dizziness, weakness, diaphoresis, nausea/vomiting or ALOC.

B. Consider 12-lead when the following conditions are present:

- 1) Arrhythmias
- 2) Cardiogenic pulmonary edema
- 3) Cardiogenic shock
- 4) Post cardiac arrest (ROSC)
- 5) Age 80 or older with any type of medical complaint.

II. Acquire 12-Lead ECG as Indicated

- A. See Policy 5900 - 12-Lead ECG Procedure
- B. Document 12-Lead ECG acquired on PCR (A-12)

III. Criteria for Identifying a STEMI

A STEMI is indicated when 12-Lead ECG interpretation Indicates (**meets ST Elevation MI criteria**).

IV. Criteria for ECG Transmission/STEMI Center Communication

- A. When ECG interpretation indicates an acute MI (**meets ST Elevation MI criteria**), transmit ECG to STEMI Receiving Center and make a verbal report to the receiving ED as soon as possible.
- B. The verbal report to the STEMI Center will include the following:
 - ETA to the STEMI Receiving Hospital
 - Patient age and gender
 - Chief Complaint, including duration of complaint (PQRST)
 - Vital Signs
 - Significant physical findings
 - ECG interpretation (**meets ST Elevation MI criteria**)
 - Field treatments and response to treatments
 - Patient's cardiologist (if known)
- C. Document transmission of ECG (T12)

V. Hospital Destination

- A. **All patients for whom the ECG meets ST Elevation MI criteria; the ECG shall be transmitted to the STEMI Receiving Center and the patient shall be transported directly to the STEMI Receiving Center.** The STEMI Receiving Center will accept these patients except when experiencing an internal disaster or in the event there are no cardiac catheterization services available, regardless of ICU/CCU or ED status. If the STEMI Receiving Center has no cardiac catheterization services available, transport the patient to the closest ED.
- B. **All patients who have had an ECG that does not indicate acute ST Elevation MI will be transported to the local receiving hospital (Watsonville Community Hospital in South County, Dominican Hospital in North County) and it is not required that the ECG be transmitted.**
- C. When STEMI interpretation is less clear, ECG transmission is optional and will depend upon factors discussed in the **Note** below
- D. Specifically, when **paramedics in South County** have an **ECG that does not indicate STEMI, but still elect to transmit**, they should **transmit the patient's ECG to WCH** and make verbal contact for medical direction regarding the transport destination.
- E. ROSC STEMI patients from South County may be too unstable to transport directly to Dominican Hospital. Crews should evaluate the relative stability of the ROSC patient and call Dominican Hospital before transporting to verify Dominican staff agrees to accept the patient. Unstable ROSC patients in South County should be transported to WCH.

Note:

STEMI identification may be complicated by various ECG "imitators" or by various conditions such as left bundle branch block, paced rhythms, the presence of pericarditis, etc. In these instances, paramedics will depend on the clinical evaluation of the patient, and proceed with ECG transmission and radio contact with the local receiving hospital (Watsonville Community Hospital in South County, Dominican Hospital in North County) for clarification and guidance.

VI. Paramedic Documentation

- A.** When an ECG is acquired in the field, PCR documentation should reflect the findings of the ECG (A-12). When an ECG is transmitted to a hospital, PCR documentation should reflect this (T-12).
- B.** A copy of the field ECG will be attached to the TOC and delivered with the patient.
- C.** When an ECG is acquired in the field (whether or not the ECG indicates a STEMI), the verbal communication between the Paramedic Unit and the Base Hospital will be recorded for CQI purposes, even if the Base Hospital is not a STEMI Receiving Hospital.
- D.** No patient name is to be placed on the field ECG. Instead, use the patients initials (last name, First name) and the last 4 digits of the run number entered under ID number.



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EMERGENCY MEDICAL
SERVICES PROGRAM

Policy No. 1700
March 1, 2013

Emergency Medical Services Program

Approved

Medical Director

Subject: **GUIDELINES FOR SPECIAL PROJECTS**

I. PURPOSE

To establish guidelines for the implementation of special EMS projects in Santa Cruz County. Examples of special projects include: injury prevention efforts, trial studies of medications or procedures, alternate patient destinations, changes in scope of practice.

A. Special projects shall be presented to the EMS Medical Director and considered for the Santa Cruz County EMS system under the following circumstances:

1. Projects anticipate an increase in the quality of patient care, and/or create system efficiencies, and/or reduction in costs.
2. Projects clearly fall within current regulatory guidelines.
3. Projects include an evaluation component to help determine the value of continuing the project.
4. Projects clearly demonstrate no risk to the public's safety.

B. Periodic reviews of the efficacy of special projects may result in continuing, expanding or cessation of the project, as determined by the EMS Medical Director.