

***Paramedic First Responder Policies and Procedures- Kern County Fire
Department Station 58-Pine Mountain Club (6006.00)***

I. GENERAL PROVISIONS:

- A. The Paramedic First Responder program is an optional prehospital advanced life support program administered by the EMS Division (Division) through the Kern County Fire Department (KCFD) as an authorized Paramedic First Responder (Paramedic FR) Provider. The program functions in accordance with state and county paramedic rules, regulations, policies, procedures, protocols, and operates under medical control and authority of the Division medical director. The Paramedic FR program is limited in scope to responses of KCFD Station 58, based in Pine Mountain Club.
- B. Paramedic FR services are authorized to be used when indicated for all responses within the Station 58 response area and for KCFD Station 58 responses as the second-in resource outside the primary Station 58 response area. The Paramedic FR program is to be staffed by a minimum of one licensed and locally accredited paramedic continuously. The paramedic and Paramedic FR MICU supplies and equipment can be deployed from an engine or patrol vehicle assigned to KCFD Station 58. Deployment of the one paramedic as a single responder to an incident should be avoided, unless no reasonable alternatives exist.
- C. The primary purpose of the Paramedic FR program is to provide expedient prehospital advanced life support (ALS) response and care prior to ambulance scene arrival at emergency medical calls; or to provide support for an ambulance already at scene which may require additional emergency medical personnel, equipment, supplies; or resources for medical operations, communication and patient care. Additionally, the Paramedic FR program is intended to provide closest ALS response from whichever ALS unit is closest, or immediate ALS access and care to patients in areas inaccessible to an ambulance.
- D. A Division authorized Paramedic FR provider is limited to prehospital first responder BLS and ALS care. KCFD shall not provide patient transport services within the County. EMT-1 or Paramedic level transport services shall only be provided by a contracted ambulance service in accordance with Ordinance Code 8.12.
- E. The Paramedic FR program entails use of specially equipped and trained paramedic(s) in the first responder, non-transport capacity. The Paramedic FR operates from an emergency response vehicle that is not to be used for patient transport.

- F. The Paramedic FR vehicle shall have and maintain valid emergency vehicle authorization from the California Highway Patrol and valid Paramedic FR MICU authorization from the Division. The Paramedic FR MICU shall only be operated in a Paramedic FR capacity when staffed by a minimum of one paramedic that meets the requirements as specified in these policies.
- G. Specific ALS supplies and equipment, including MICU narcotics, medications, needles, advanced airway equipment and ALS level monitoring equipment shall only be accessible to paramedic-level personnel for patient use. If a paramedic is not available, such ALS supplies and equipment shall not be used or accessible by other non-paramedic personnel.
- H. Use of Paramedic FR shall not be construed, interpreted or allowed to replace or modify in anyway, transportation resources maintained by a Kern County ambulance service. The Paramedic FR program shall be operated as an adjunct to the EMS system and not to replace any existing level of services.

II. PARAMEDIC FIRST RESPONDER SCOPE OF PRACTICE:

- A. The Paramedic FR is authorized to provide prehospital advanced life support within the scope of practice allowed by the State of California and the Division according to these policies and procedures.
- B. The Paramedic FR is authorized to provide prehospital advanced life support skills and procedures according to paramedic treatment protocols authorized by the Division medical director. This authorization shall be commensurate with the Paramedic FR MICU advanced life support supplies and equipment inventory specified in these policies.
- C. The Paramedic FR shall comply with all paramedic rules, regulations, policies, procedures and protocols at all times.
- D. The Paramedic FR shall coordinate appropriate planning, notification, response, communications and use of local EMS resources.

III. PARAMEDIC FIRST RESPONDER PROVIDER:

- A. Valid Division authorization as a Paramedic FR provider shall be required for a provider to operate the Paramedic FR program.
- B. Paramedic FR provider authorization shall immediately be terminated if the provider is unable to provide personnel meeting the requirements of these policies, or the program is terminated.
- C. The Paramedic FR provider shall maintain continuous compliance with the following minimum requirements:
 1. The deployment plan included in Attachment A of these policies;

2. Maintain a valid agreement with the Division for prehospital basic and advanced life support consistent with California Code of Regulations Title 22, Article 7, Section 100167 entitled "Paramedic Service Provider" and applicable provisions of the California Health and Safety Code;
 3. Be an existing EMT-1 First Responder provider within Kern County authorized by the Division;
 4. Have and maintain a Division approved Paramedic FR training program;
 5. Have and maintain at least one Division approved Paramedic FR MICU;
 6. Maintain Paramedic FR coverage within the defined response area on a continuous 24 hour per day, seven day per week basis. MICU supplies and equipment for the Paramedic FR program shall be based at KCFD Station 58. The Paramedic FR Provider may provide a mobile back-up set of MICU supplies and equipment to improve efficiency in area coverage from outside the KCFD Station 58 area and to provide additional ALS supplies and equipment;
 7. Maintain compliance with Paramedic FR response time standards. The first 6 months of operation is an assessment period, and full compliance during the assessment period is not required;
 8. Have and maintain a Paramedic FR quality improvement program to ensure proper deployment, operation, use, and skills competency; and
 9. Have and maintain Paramedic FR records, reports and activity data according to these policies.
- D. KCFD shall ensure this program is continually operated according to these policies and procedures. The Division may terminate program authorization for non-compliance to these policies and procedures.

IV. PARAMEDIC FIRST RESPONDER QUALIFICATIONS, ACCREDITATION AND TRAINING:

- A. The Paramedic FR shall have and maintain active local paramedic accreditation.
- B. The paramedics assigned to Station 58 shall receive a minimum of four hours training in these policies and procedures, scope of practice, and the EMS system before operating in a Paramedic FR capacity. The training shall only be provided by Division authorized instructors. Paramedic FR training shall at minimum include a thorough briefing in these policies and procedures, orientation in communications systems, Scene Control Policy, EMS resource use, ambulance service operating areas, ambulance service performance standards and prehospital care capability, dispatch and stand-by procedures, EMS aircraft use policy, and multi-casualty incident and Med-Alert operations.

- C. The Paramedic FR Provider shall maintain records of paramedic personnel that have completed this training and are authorized to operate in a Paramedic FR capacity. KCFD shall provide and maintain an active listing of the personnel to the Division.
- D. The Division may establish re-authorization training requirements or mandatory Paramedic FR re-education sessions.
- E. Paramedic FR personnel will be required to maintain compliance with frequency of ALS skill or continuous paramedic competency requirements once such requirements are implemented in the EMS system. The Paramedic FR provider may develop, implement and maintain internal ALS skill or continuous paramedic competency requirements in coordination with the Division.

V. PARAMEDIC FIRST RESPONDER ACTIVATION AND RESPONSE:

- A. KCFD shall ensure appropriate staffing, deployment, and use of each Paramedic FR unit.
- B. The Paramedic FR unit may be used in either a first responder capacity (prior to ALS transport arrival) or in a backup or support capacity, when appropriate.
- C. Non-emergent activity, movement, and positioning of Paramedic FR unit shall be at the discretion of KCFD within the Station 58 response area. Non-emergent activity, movement, or positioning of a Paramedic FR unit outside the KCFD Station 58 response area to provide ALS level services is prohibited unless specifically authorized through the Division.
- D. The Paramedic FR unit shall operate in the appropriate response mode, as specified by the AMPDS/County EMD Protocols, or as otherwise requested by on-scene medical, fire, or law enforcement personnel.

VI. PARAMEDIC FIRST RESPONDER SCENE OPERATIONS:

- A. First Responder Capacity:
 - 1. First responder capacity means the Paramedic FR unit is the first medical unit or first ALS level unit arriving at scene.
 - 2. In a first responder capacity, the Paramedic FR is expected to assume patient care authority. Upon arrival of an ALS ambulance, the Paramedic FR shall provide a verbal report and patient care authority shall automatically transition with transfer of care to the ambulance paramedic, as required by the Division – Scene Control Policies. The ambulance paramedic may delegate this responsibility to a Paramedic FR at the ambulance paramedic’s discretion.

3. The Paramedic FR is expected to establish medical control, complete scene and patient assessment and initiate BLS/ALS patient treatment intervention according to Paramedic Policies and Procedures and Paramedic Treatment Protocols as the patient condition necessitates. The Paramedic FR is expected to initially bring necessary medical equipment and supplies to the patient for appropriate overall patient care management; avoid making patient contact, then leaving for equipment.
4. The normal focus of the Paramedic FR program is to provide immediate care until an ALS ambulance arrives, transfer of patient care responsibility occurs, and the Paramedic FR rapidly becomes available for additional responses or use. In certain hazardous materials or heavy rescue cases warranting specialized personal protective equipment and precautions, the transition of patient care responsibility may be delayed until the ambulance paramedic is able to safely access the patient.
5. The Paramedic FR shall provide a verbal report to the ambulance paramedic upon arrival. The report shall include the following patient information at minimum:
 - a. Chief complaint(s) and/or problem(s);
 - b. Signs and symptoms;
 - c. Vital signs;
 - d. Patient history; and
 - e. BLS, ALS treatment provided and patient response to treatment.
6. If a BLS ambulance arrives at scene and ALS patient care procedures are indicated, initiated or carried out, the Paramedic FR must continue ALS care and bring necessary equipment and supplies from the Paramedic FR unit to manage and attend the patient during transport to an ALS ambulance or the hospital.
7. During a multi-casualty or mass casualty incident, the Paramedic FR may use a BLS ambulance for patient transport when ALS procedures have been initiated, if an ALS ambulance is not reasonably available, or the patient(s) require rapid transport and the situation clearly indicates that the Paramedic FR remain at scene to administer ALS level care to additional patients. The paramedic should attempt to obtain concurrence of this decision from the Division.

B. Paramedic FR Backup or Support Capacity:

1. Paramedic FR backup or support capacity means that an ambulance paramedic is already on scene and the Paramedic FR arrives as an

additional ALS resource. In this situation the Paramedic FR is to assist with patient care, at the discretion of the ambulance paramedic.

VII. EMS RESOURCE USE:

- A. The Paramedic FR shall be responsible for prudent notification, response and efficient use of all EMS resources in conjunction with the Scene Control Policy. During Med-Alert operations, the Paramedic FR shall coordinate EMS resource use and patient distribution in communication and coordination with the Division on-call duty officer.

VIII. DOCUMENTATION AND QUALITY IMPROVEMENT PROGRAM:

- A. The Paramedic FR shall complete an electronic patient care record in accordance with ePCR Policies and Procedures for every emergency medical response (with or without patient contact) and for each individual patient contact. Completed patient care records shall be submitted electronically to the Division in accordance with ePCR Policies and Procedures.
- B. The Paramedic FR should provide a brief written patient care report to ambulance personnel, when possible, before start of patient transport. This is in addition to a patient care report that shall be completed and submitted according to Division requirements.
- C. The Paramedic FR provider shall provide incident reports, related data or program evaluations to the Division, upon request.
- D. KCFD and the Division will participate in quarterly case reviews of the Paramedic FR program. The case reviews shall entail review of all patient contacts during the previous quarter and overall effectiveness of the program.
- E. The Division shall be notified in advance of any anticipated changes in the Paramedic FR program regarding unit(s), use, personnel, or functions. KCFD shall monitor the program for overall operational and medical quality improvement.
- F. KCFD shall participate in the EMS system-wide quality improvement program, as it is expanded and further developed, along with all other ALS providers, as requested by the Division.

IX. REQUIRED PARAMEDIC FIRST RESPONDER MICU EQUIPMENT AND SUPPLIES:

- A. The Paramedic FR provider shall be responsible to maintain a complete inventory of required Paramedic FR MICU equipment and supplies as specified in the *Provider Mandatory Inventory List*. ALS ambulance providers have no obligation to assist in Paramedic FR supply or re-supply.

- B. A Paramedic FR unit shall be inspected and designated by the Division as a Paramedic FR MICU prior to use in a Paramedic FR capacity. In order to be designated as a Paramedic FR MICU, the unit shall meet all inventory requirements and pass Division inspection.
- C. The Paramedic FR MICU inventory should be configured in the Paramedic FR unit for efficient removal and transport to the patient or incident site.
- D. The Paramedic FR provider shall be responsible for the appropriate maintenance of all Paramedic FR MICU inventory. Paramedic FR unit(s) MICU inventory shall also be subject to inspection at any time by the Division. The Paramedic FR provider may obtain temporary authorization from the Division to operate a substitute emergency vehicle in a Paramedic FR MICU capacity.
- E. The following information shall be provided for Paramedic FR MICU inspection:
 - 1. Vehicle make, model, year;
 - 2. Vehicle license number (if not available because of new vehicle - vehicle identification number will suffice);
 - 3. Vehicle identification number;
 - 4. Valid vehicle registration;
 - 5. Valid vehicle insurance documentation, name of carrier and policy number; and
 - 6. Unit call sign.
- F. KCFD will work diligently with the contracted ambulance provider serving the Pine Mountain Club area in an attempt to achieve full compatibility with Paramedic FR supplies and equipment items, for the continuity of patient care and to provide for maximum efficiency of patient exchange. Pacing/defibrillation pads/cables should be compatible to allow for rapid patient connection/exchange. Intravenous tubing should be compatible so that venipuncture is only performed once, thereby avoiding repeated punctures due to IV tubing incompatibility. If compatibility issues arise that affect patient care, the Division may mandate the use of specific equipment items.

Revision Listing:

11-20-2008 – Initial Draft
12-04-2008 – Revised Draft
12-08-2008 – Revised Draft
12-23-2008 – Revised Draft, preliminary response time goals.
01-12-2009 – Final Draft
01-30-2009 – Revised Final Draft
02-17-2009 – Final Plan approved by BOS, for implementation on Mar. 1, 2009
09-15-2009 – Revised response time zones and other minor revisions – BOS approved.
06/01/2010 – Add Amiodarone, MAD, ET confirmation, and ET securing device to stock.
10/01/2013 – Removed the medication Furosemide (Lasix) from inventory
08/15/2014- Added Ativan, Atrovent, Fentanyl and Zofran, oral glucose. Removed Procainamide and Pitocin.
Removed blood tubes, scalpel, simple mask. Changed Normal Saline to isotonic balanced salt solution,
combitube changed to King Airway. Added medication label, bulb syringe pulse oximetry, optional
equipment and supplies,
12/01/2015 – Removed the mandatory inventory list and placed in a separate document

Attachment A: Deployment Plan – Paramedic FR KCFD Station 58

Requirement: Submit to the Division and maintain a written Paramedic FR deployment plan which shall include a thorough description of unit(s), Paramedic FR personnel qualifications and training, staffing, and availability. The written Paramedic FR deployment plan shall include a commitment to comply with Paramedic FR policies and procedures.

Description of Unit(s):

Includes all vehicles assigned to KCFD Station 58. Division authorized MICU supplies and equipment 'caches' may be moved as indicated from the patrol, engine or other apparatus assigned to KCFD Station 58. KCFD Safety-2, when staffed by a Paramedic FR according to these policies, will maintain an Division authorized MICU supplies and equipment cache to provide for back-up Paramedic FR coverage for KCFD Station 58 responses.

Paramedic FR Personnel Qualifications and Training:

In accordance with these policies.

Staffing:

A licensed paramedic, with training according to these policies, 24 hours a day 365 days a year. The intention is to staff the position with an employee at the rank of firefighter unless a firefighter is unavailable. Should this occur the automated staffing system will fill the position following the approved algorithm. The automated staffing system is also the KCFD approved system for filling sick and vacation leave. If the paramedic employee at station 58 is away from the station for any period greater than 2 hours, the position may be backfilled at the discretion of the duty Chief.

Availability:

24 hours a day, 365 days a year. The Paramedic FR assigned to KCFD Station 58 is a single resource. If assigned to an incident, the Paramedic FR is not available and an immediate back-up is not in place. If the Paramedic FR has to attend a patient in transport, the Paramedic FR may be unavailable for an extended timeframe, in some cases up to 2 or 3 hours. In these cases, Paramedic FR coverage in the area is not available unless KCFD is able to deploy a Paramedic FR back-up to the area.

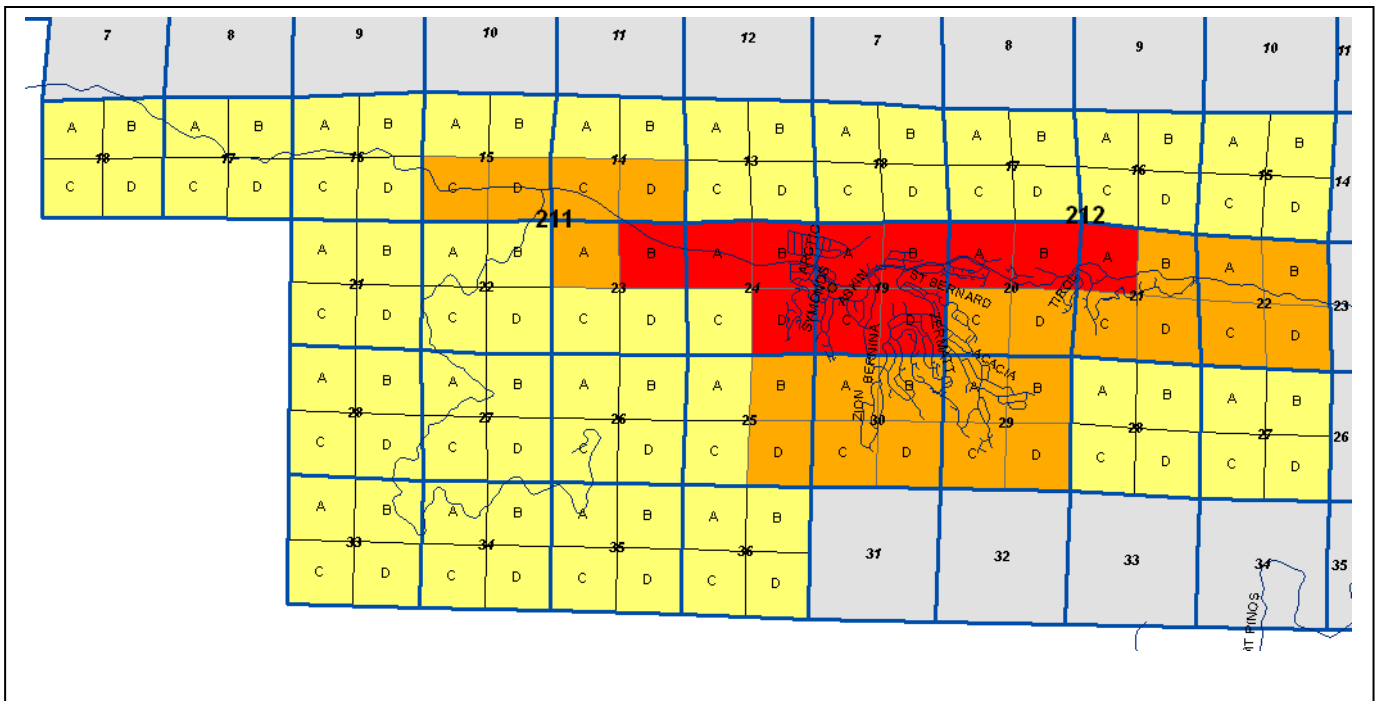
Commitment to Comply with Policies:

Reference the agreement between the Division and KCFD that is Board of Supervisors approved.

Contact Information:

The paramedic supervisor will be the contact point for EMS issues related to ALS and BLS contacts. The position currently specified is the Safety-2 position in KCFD Fire Training. This person will supervise and manage the paramedics for the KCFD Paramedic FR program.

Attachment B: Response Time Standards Map – Paramedic FR KCFD Station 58
 (Revised September 15, 2009)



LEGEND

Zone A: A minimum of 90% of all hot EMS responses from ECC call time to Paramedic FR scene arrival time within 8 minutes, 59 seconds for each calendar month. 100% of all hot EMS responses from ECC call time to Paramedic FR scene arrival time within 12 minutes, 59 seconds for each calendar month.

Zone B: A minimum of 90% of all hot EMS responses from ECC call time to Paramedic FR scene arrival time within 15 minutes, 59 seconds for each calendar month. 100% of all hot EMS responses from ECC call time to Paramedic FR scene arrival time within 20 minutes, 59 seconds for each calendar month.

Zone C: Zone C hot responses are generally located in wilderness areas that may or may not be accessible by typical ground vehicles. The Paramedic FR provider is expected to make a best effort in response time performance to incidents located in Zone C.

Attachment C: Response Time Standards

Preliminary response time goals were established on an interim basis for the first six months of operation to examine actual response time performance data results. The objective was to analyze results and implement finalized response time standards that are reasonable and attainable. The preliminary response time zones shown on Attachment B were determined to be unattainable and were revised effective September 15, 2009 by Board of Supervisors approval. The following provides a description of the response time standards:

- A. Monthly response time standards are benchmarks for Paramedic FR response time performance within the defined response areas as specified in the map contained in Attachment B. Response time standards are applicable to all lights and siren emergency (hereinafter referred to as “hot”) responses to all EMS related incidents located within the KCFD Station 58 response area. EMS related incidents are defined as all medical aid responses, all rescue responses, and all incidents involving Paramedic FR BLS or ALS level patient contacts. The monthly Paramedic FR response time standards are as follows:
1. Zone A: A minimum of 90% of all hot EMS responses from ECC call time to Paramedic FR scene arrival time within 8 minutes, 59 seconds for each calendar month. 100% of all hot EMS responses from ECC call time to Paramedic FR scene arrival time within 12 minutes, 59 seconds for each calendar month.
 2. Zone B: A minimum of 90% of all hot EMS responses from ECC call time to Paramedic FR scene arrival time within 15 minutes, 59 seconds for each calendar month. 100% of all hot EMS responses from ECC call time to Paramedic FR scene arrival time within 20 minutes, 59 seconds for each calendar month.
 3. Zone C: Zone C hot responses are generally located in wilderness areas that may or may not be accessible by typical ground vehicles. The Paramedic FR provider is expected to make a best effort in response time performance to incidents located in Zone C.
- B. The Division will analyze monthly response time performance. If the response time standards are not met, the KCFD will analyze each response that did not meet the response time standard and provide the reason(s) for non-compliance. If an exception is authorized by the Division, the response will be reported as in compliance. If a response time exception is not authorized by the Division, the response will be reported as out of compliance. Response time exceptions are as follows:
1. Weather conditions that cause unavoidable response time delay including snow, flood conditions, or extreme poor visibility.
 2. Off-roadway incident location where a ground response vehicle cannot be reasonably expected to access the incident.

3. Hazardous conditions that unavoidably delay response time such as fire, hazardous materials; or incidents that warrant staging and law enforcement intervention prior to call location arrival.
 4. Other instances that cause unavoidable response time delay at the discretion of the Division (including mandatory training).
- C. Mechanical vehicle failure, a lapse in staffing, response from outside the area, staff illness or injury, dispatch error, or response error are the responsibility of the Paramedic FR provider and shall not be considered for response time exceptions by the Division.
- D. Monthly response time data, including the monthly activity report, shall be reported to the Division by the 15th of each month for the preceding month. Monthly response time performance will be analyzed by the Division and reported on a regular basis to the Paramedic FR provider. A summary report will be posted on the Division website. Monthly response time performance standards are benchmarks for objective measurement of response time performance and to provide a basis for quality improvement. The response time standards are subject to annual review by the provider and the Division.
- E. Non-lights and siren (hereinafter referred to as “cold”) responses to EMS related incidents will not be subject to response time performance standards at this time. However, cold EMS responses shall be included in the monthly activity report described below.
- F. The monthly activity report shall include each of the following:
1. All hot or cold responses located within the KCFD Station 58 response area. This includes calls in which KCFD Station 58 may not have been available and response was provided by another KCFD station.
 2. All Paramedic FR hot or cold responses located outside the KCFD Station 58 response area, in which a resource from KCFD Station 58 was dispatched, or participated in the incident.
 3. Each EMS-related response shall include the following data items:
 - a. Incident date
 - b. ECC call time
 - c. EMD code
 - d. Incident location description
 - e. Map key, section and quarter-section coordinates
 - f. Incident type
 - g. KCFD unit(s) deployed
 - h. Paramedic FR unit deployed (Y/N)

- i. Location Paramedic FR unit deployed from (map key-section-quarter)
 - j. Paramedic FR unit scene arrival time
 - k. Patient contact (Y/N)
 - l. Response notes (as appropriate) to include all available details of any requested response time standard exception.
- G. The monthly activity data report shall be submitted to the Division in an electronic format, as specified by the Division.