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DEPARTMENT

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Emergency Medical Services Division

EMT PROVIDER POLICIES AND PROCEDURES

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TABLE OF CONTENTS

I. PROGRAM DESCRIPTION 2
II. AUTHORITY 2
III. DEFINITIONS..... 3
IV. GENERAL PROVISIONS 3
V. MEDICAL CONTROL..... 4
VI. EMT PROVIDER REQUIREMENTS 5
VII. INVENTORY REQUIREMENTS 8
VIII. EMT PERSONNEL TRAINING..... 9
IX. EMT TRANSFER OF CARE..... 20
X. APPENDIX A – LIST OF NON-TRANSPORT PROVIDERS 21
XI. APPENDIX B - AUTHORIZED GROUND TRANSPORT EMT PROVIDERS..... 2523
XII. APPENDIX C – SUPRALARYNGEAL AIRWAY SKILLS SHEET 2924
XIII. APPENDIX D- NALOXONE (NARCAN) SKILL SHEET 3025
XIV. APPENDIX E- ATROPINE/ PRALIDOXIME CHLORIDE SKILL SHEET 3126
XV. APPENDIX F- EPINEPHRINE AUTO-INJECTOR SKILL SHEET 3227
XVI. APPENDIX G – BASIC LIFE SUPPORT UNIT INSPECTION RECORD..... 3228
XVII. APPENDIX H – OPERATIONAL PLAN..... 3329

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- 12/1/2014 – Revised Policy Implementation
- XX/XX/XX- Added in optional skill items and training requirements

I. PROGRAM DESCRIPTION

- A. The intent of the EMT Provider program is to provide early access to on-site basic life support services, in conjunction with basic life support transport services, and advanced life support EMS system resources.
 - 1. This program is applicable to all of Kern County.
 - 2. Each organization that has been authorized by the Kern County Emergency Medical Services Division (Division) to operate an EMT Provider program (Provider) shall follow all policies and procedures within this document.
- B. The Kern County Emergency Medical Services Division Medical Director (Medical Director) is responsible for medical control of the program, ensuring program compliance with policies and procedures, training program monitoring, quality assurance, and skill proficiency examinations.
- C. These EMT policies and procedures may differ from and are not applicable to a Layperson AED program or Public Safety AED program.
 - 1. Persons operating a layperson program do so under their medical control, as authorized by State law.
 - 2. Providers approved to operate an EMT program by the Division are doing so under the authority of the Medical Director.
- D. Organizations intending to become authorized as a Provider shall be compliant with all provisions of these policies and procedures.
- E. Existing Providers authorized by the Division shall be compliant with these policies and procedures no later than July 1, 2014.

II. AUTHORITY

- A. Health and Safety Code Division 2.5, Sections 1797.109, 1797.170, 1797.178, 1797.196, 1797.200, 1797.208, 1797.214, 1977.215, 1797.220, 1797.221, 1798, 1798.2.
- B. California Code of Regulations, Title 22, Division 9, Chapter 2

III. DEFINITIONS

- A. "Automated external defibrillator" or "AED" means an external defibrillator capable of cardiac rhythm analysis that will charge and deliver a shock, either automatically or by user interaction, after electronically detecting and assessing ventricular fibrillation or rapid ventricular tachycardia.
- B. "Advanced Life Support" or "ALS" means emergency care for sustaining life beyond basic life support, including defibrillation, airway management, and medications.
- C. "Basic Life Support" or "BLS" means emergency care for sustaining life that include CPR, control of bleeding, treatment of shock, stabilization of injuries and wounds, and first aid.
- D. "Emergency Medical Technician" or "EMT" means a person who has successfully completed an EMT course that meets the requirements of Title 22, has passed all required tests, and has been certified by a California EMT certifying entity.
- E. "Paramedic" means an individual who is educated and trained in all elements of prehospital advanced life support and who has a scope of practice to provide advanced life support.

IV. GENERAL PROVISIONS

- A. The purpose of this policy is to define the provider requirements, application procedure and medical control requirements for operation of a Provider in compliance with California Code of Regulations Title 22.
- B. This program is implemented and maintained under the authority of the Division and the Medical Director.

1. A Provider that intends to provide EMT scope procedures shall be authorized as a Provider by the Division.
 2. An authorized Provider shall maintain compliance with applicable policies and procedures.
- C. EMT's shall only function within their scope when on duty and employed by an authorized EMT provider.
- D. Providers must meet the requirements and perform within the scope of practice as outlined by the Division *Emergency Medical Technician (EMT) Protocols and Procedures* and this policy.
- E. These policies and procedures may be revised, modified or deleted at any time by the Division.
- F. These policies are applicable to all BLS providers, including non-transport BLS providers and BLS transport providers.
- G. No entity may operate as a Provider in Kern County unless having valid Provider authorization from the Division.
- H. The Provider must possess a valid agreement with the County as a Provider as part of the EMS system.
- I. If a Provider is an authorized ambulance provider or is an authorized public safety agency these policies shall apply, however, an additional agreement is not necessary.
- J. The Division may charge for regulatory costs incurred as a result of Provider application review, authorization, and re-authorization.
1. The specific fees are based upon Division costs.
 2. Fee amounts shall be as specified in the County Fee Ordinance Chapter 8.13, if applicable.

V. MEDICAL CONTROL

- A. Medical control shall be maintained through compliance with these policies and the *Emergency Medical Technician (EMT) Protocols and Procedures*.
- B. The provider may be evaluated by the Division on a case-by-case basis for compliance with these policies and procedures.
- C. The Division Medical Director is responsible for medical control of each approved program. Medical control includes:
 - 1. Ensuring program compliance with policies and procedures
 - 2. Training program monitoring
 - 3. Skill proficiency monitoring and required reporting
 - 4. Quality assurance monitoring
 - 5. Case data reporting
 - 6. Program approval
 - 7. Training program approval
 - 8. Defibrillator equipment authorization
 - 9. Data collection
 - 10. Program evaluation
 - 11. Reporting to the California EMS Authority

VI. EMT PROVIDER REQUIREMENTS

- A. A Provider that intends to provide EMT level of service within the county shall submit a written request to the Division, including an operational plan.
- B. The written request shall include the following:
 - 1. Provider name

2. Contact Information
3. Location of base of operation
4. Level of services currently provided
5. A description of areas and communities within Kern County where EMT level of service is intended to be provided.
6. A description of the population to be served.
7. A list and explanation of any additional rates or charges to the public as a result of providing EMT service
8. Affirmation from an authorized organization representative that the organization will maintain continued compliance with Division policies and procedures.
9. Intended implementation date or verification of preexisting implementation prior to March 1, 2014.
10. The operational plan shall include the items outlined in Appendix [GH](#).

C. The Provider shall, within thirty (30) days, notify the Division in writing of any changes to the information provided in the initial request.

1. The Division shall, within thirty (30) days of receiving the initial request, notify the requesting agency that the request has been received, and shall specify what information, if any, is missing.
2. A request is considered "completed" when the Division has received the following:
 - a. Written Request
 - b. Operational Plan
 - c. Identification of data provider

- d. Request for Use of Med Channels
 - e. Training Program Plan
3. The director of the Division shall render the decision to approve or disapprove the Provider request within thirty (30) days of receipt of the “completed” request.
- D. Any changes to the operational plan after approval as a Provider shall be approved by the Division.
1. An existing Provider shall submit an updated operational plan for approval prior to implementation.
 2. The operational plan should include the items listed in Appendix [GH](#).
 3. Upon approval by the Division the Provider may implement the changes to the operational plan as approved by the Division.
- E. The Provider shall ensure compliance with the initial and on-going training requirements for all EMT’s.
1. The training program and skills verification signers must be approved prior to the initial approval.
 2. Any changes to the training program after implementation shall be approved by the Division.
 3. An existing Provider shall submit an updated training program plan for approval prior to implementation.
 4. Upon approval by the Division the Provider may implement the changes to the training program as approved by the Division.
- F. The Provider shall assist the Division with individual case research if requested.

- G. The Provider shall provide quality assurance monitoring and skills verification every two years to all EMT certified personnel as required by policy.
- H. A Provider authorized by this Division may be placed on probation, suspended or revoked for non-compliance with these policies and procedures.
- I. The Provider shall provide treatment using the Division *Emergency Medical Technician Protocols and Procedures* in compliance with California Code of Regulations, Title 22, Division 9, Chapter 2, §100063.
- J. The Provider shall adhere to and meet documentation and data requirements as outlined by the Division *Patient Care Record Policies and Procedures*.
- K. A Provider shall provide AED service as outline in section VIII, B, ii.
 - 1. AED equipment shall be approved by the Division
 - 2. The provider shall maintain AED equipment in accordance with manufacturer specifications and keep documentation of compliance.
- L. A Provider shall provide expanded scope of practice as outlined in section VIII, C.

VII. INVENTORY REQUIREMENTS

- A. All inventory requirements shall be fully satisfied and all equipment shall be verified to function properly through inspection before an authorization to operate is issued by the Division.
- B. The Provider shall, within reasonable ability to re-supply, ensure that all authorized personnel maintain continuous compliance with inventory requirements.
- C. There is no maximum limit of inventory items that must be maintained by the Provider.
- D. All Providers shall maintain at least the minimum amount of all expendable and non-expendable medical supplies and equipment as specified in [these](#)

Division Provider Mandatory Inventory Policies at all times, subject to reasonable supply ability.

1. In situations where any inventory item(s) are not available for supply or resupply for any period exceeding forty-eight (48) hours, the Provider shall notify the Division and provide an assessment of the situation.
2. The Division may grant a temporary variance if such inventory items are not reasonably available and the request is documented in writing.

E. All equipment shall be properly maintained for proper function.

F. Infection control supplies and equipment shall be maintained in accordance with recommendations of Centers for Disease Control (CDC) and California Occupational Safety and Health Administration (Cal-OSHA) requirements, or upon any specific order from the Kern County Health Officer or Medical Director.

VIII. EMT PERSONNEL TRAINING

A. EMT Certification

1. Personnel who are providing EMT Scope of Practice must have a current EMT certification issued by the State of California.
 - a. Personnel must maintain compliance with Title 22, Division 9, Chapter 2, Article 4 and 5.
 - b. Personnel must maintain compliance with Division policy.
2. Personnel who are providing EMT ~~skills~~optional skills (Supralaryngeal Airways, Naloxone (Narcan), Epinephrine Auto Injector, Atropine and Pralidoxime Chloride) must have a current EMT accreditation issued by the Division.
 - a. Personnel must maintain compliance with Title 22, Division 9, Chapter 2, and Division policy.

- b. Supralaryngeal airway skills are required as a Provider in Kern County. Additional optional skill items are available for implementation at the discretion of the Provider with Division approval.
- c. To be eligible for accreditation the EMT shall:
 - i. Provide documentation of employment by an approved EMT Provider.
 - ii. Provide original course completion documentation for supralaryngeal airway training to the Division.
 - iii. If EMT is employed by a Provider of additional optional skills, provide original course completion documentation for Naloxone (Narcan), Epinephrine Auto Injector and/or Atropine and Pralidoxime Chloride training to the Division. The above listed course completion documents are dependent upon Provider approval of additional optional skills.
 - iv. Provide proof of valid EMT certification.
 - v. Provide proof of CPR and AED certification.
 - vi. Pay required fees.
- d. Accreditation shall be continuous unless EMT separates from employer or EMT certification lapses.
- e. Supralaryngeal airway Local accreditation expiration dates shall coincide with EMT expiration dates.
 - i. EMT shall provide proof of successful completion of demonstration of skills competency for each Provider approved optional skill for re-accreditation. At a minimum, demonstration of skill competency is required for supralaryngeal airway.

B. CPR and AED

1. All EMT personnel shall be certified in CPR and AED equivalent to the current American Heart Association's Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care at the Healthcare Provider level.
2. EMT Providers shall provide the following:
 - a. Provide orientation of AED
 - b. Ensure maintenance of AED equipment
 - c. Ensure initial certification and, thereafter, continued certification in CPR and AED

C. Supralaryngeal Airways

1. Training in the use of supralaryngeal airway adjuncts shall consist of not less than five (5) hours to result in the EMT being competent in the use of the device and airway control.
2. Supralaryngeal airway training shall be provided in accordance with manufacturer guidelines and Division policy and procedures.
3. Training may be provided by a person certified in the skill and recommended by their employer and approved by the Division as a skills competency verification signer.
4. Initial supralaryngeal airway training shall cover the manufacturer training curriculum and shall contain the following topics and skills:
 - a. Anatomy and physiology of the respiratory system
 - b. Assessment of the respiratory system
 - c. Review of basic airway management techniques, which included manual and mechanical

- d. The role of the supralaryngeal airway adjunct in the sequence of airway control
 - e. Indications and contraindications of the supralaryngeal airway adjuncts
 - f. The role of pre-oxygenation in preparation for the supralaryngeal airway adjuncts
 - g. Supralaryngeal airway adjuncts insertion and assessment of placement
 - h. Methods for prevention of basic skills deterioration
 - i. Alternatives to supralaryngeal airway adjuncts
5. At the completion of initial training, a student shall complete a competency-based written and skills examination for airway management.
- a. The skill examination shall include the following:
 - i. Use of basic airway equipment and techniques
 - ii. Successfully demonstrate the skill using the Supralaryngeal Airway Skill Sheet with a minimum of seventeen points (Appendix E)
 - b. Each student must pass a twenty question written exam approved by the Division with a minimum score of eighty percent
6. Upon successful completion of supralaryngeal airway training the student shall be issued a course completion document that includes the following information:
- a. Student name
 - b. Date(s) and hours of training

- c. Instructor name and signature
 - d. Approved EMT provider company name or CE provider name
7. Employers are responsible for ensuring on-going competency of the employee in the skill of supralaryngeal airways.
- a. Employers conducting supralaryngeal airway training shall maintain course rosters, written and skill exams for a period of four (4) years.
 - b. Competency must be re-evaluated every two (2) years through an approved continuing education provider or the employers approved training program.

D. Atropine/ Pralidoxime Chloride

- 1. Atropine/Pralidoxime Chloride approved providers shall only use pre-packaged products.
- 2. Training in the use of Atropine/ Pralidoxime Chloride shall consist of not less than two (2) hours to result in the EMT being competent in the use of the medication. In addition, basic weapons of mass destruction training is recommended.
- 3. Atropine/ Pralidoxime Chloride training shall be provided in accordance with manufacturer guidelines and Division policy and procedures.
- 4. Initial training shall be provided by a paramedic, registered nurse, nurse practitioner, physician assistant, or physician. Refresher may be provided by a person certified in the skill, recommended by their employer, and approved by the Division as a skills competency verification signer.
- 5. Initial Atropine/ Pralidoxime Chloride training shall cover the manufacturer training curriculum and shall contain the following topics and skills:

- a. Indications
 - b. Contraindications
 - c. Side/adverse effects
 - d. Routes of administration
 - e. Dosages
 - f. Mechanisms of drug action
 - g. Disposal of the contaminated items and sharps
 - h. Medication administration
 - i. Methods for prevention of basic skills deterioration
6. At the completion of initial training, a student shall complete a competency-based written and skills examination for Atropine/ Pralidoxime Chloride administration.
- a. The written and skill examination shall include the following:
 - i. Assessment of when to administer these medications.
 - ii. Managing a patient before and after administering these medications.
 - iii. Using universal precautions and body substance isolation procedures during medication administration.
 - iv. Demonstrating aseptic technique during medication administration.
 - v. Demonstrate the preparation and administration of medications by the intramuscular route.
 - vi. Proper disposal of contaminated items and sharps.

b. Each student must pass a twenty question written exam approved by the Division with a minimum score of eighty percent. The skill sheet is located in Appendix E

7. Upon successful completion of Atropine/ Pralidoxime Chloride training the student shall be issued a course completion document that includes the following information:

a. Student name.

b. Date(s) and hours of training.

c. Instructor name and signature.

d. Approved EMT provider company name or CE provider name.

8. Employers are responsible for ensuring on-going competency of the employee in the skill of Atropine/ Pralidoxime Chloride administration.

a. Employers conducting Atropine/ Pralidoxime Chloride administration training shall maintain course rosters, written and skill exams for a period of four (4) years.

b. Competency must be re-evaluated every two (2) years through an approved continuing education provider or the employers approved training program.

E. Naloxone (Narcan)

1. Training in the use of Naloxone (Narcan) shall consist of not less than two (2) hours to result in the EMT being competent in the administration of naloxone (Narcan) and managing a patient of a suspected narcotic overdose.

2. Naloxone (Narcan) training shall be provided in accordance with manufacturer guidelines and Division policy and procedures.

3. Initial training shall be provided by a paramedic, registered nurse, nurse practitioner, physician assistant, or physician. Refresher may be provided by a person certified in the skill, recommended by their employer, and approved by the Division as a skills competency verification signer.

4. Initial naloxone (Narcan) training shall cover the manufacturer training curriculum and shall contain the following topics and skills:
 - a. Common causative agents
 - b. Assessment findings
 - c. Management to include but not be limited to:
 - i. Respiratory system
 - ii. Airway considerations
 - iii. Seizure activity
 - iv. Altered mental status
 - v. Combative Patient
 - d. Need for appropriate personal protective equipment and scene safety awareness
 - e. Division EMT Protocols applicable to the administration of naloxone
 - f. Profile of Naloxone to include, but not be limited to:
 - i. Indications
 - ii. Contraindications
 - iii. Side/adverse effects
 - iv. Routes of administration
 - v. Dosages
 - vi. Mechanisms of drug action
 - vii. Calculating drug dosages
 - viii. Medical asepsis

d. Approved EMT provider company name or CE provider name

7. Employers are responsible for ensuring on-going competency of the employee in the skill of naloxone (Narcan) administration.

a. Employers conducting naloxone (Narcan) administration training shall maintain course rosters, written and skill exams for a period of four (4) years.

b. Competency must be re-evaluated every two (2) years through an approved continuing education provider or the employers approved training program.

F. Epinephrine Auto-Injector

1. Training in the use of Epinephrine Auto-Injector shall consist of not less than two (2) hours to result in the EMT being competent in the administration of epinephrine and managing a patient of a suspected anaphylactic reaction and experiencing severe asthma symptoms.

2. Epinephrine Auto-Injector training shall be provided in accordance with manufacturer guidelines and Division policy and procedures.

3. Initial training shall be provided by a paramedic, registered nurse, nurse practitioner, physician assistant, or physician. Refresher may be provided by a person certified in the skill, recommended by their employer, and approved by the Division as a skills competency verification signer.

4. Initial Epinephrine Auto-Injector training shall cover the manufacturer training curriculum and shall contain the following topics and skills:

a. Common causative agents

b. Assessment findings

c. Management to include but not be limited to:

i. Airway considerations

ii. Altered mental status

iii. Nervous/agitated patient

- d. Need for appropriate personal protective equipment and scene safety awareness
- e. Division EMT Protocols applicable to the administration of epinephrine
- f. Profile of epinephrine to include, but not be limited to:

- i. Indications

- ii. Contraindications

- iii. Side/adverse effects

- iv. Administration by auto-injector

- v. Dosages

- vi. Mechanisms of drug action

- vii. Medical asepsis

- viii. Disposal of the contaminated items and sharps

- ix. Methods for prevention of basic skills deterioration

5. At the completion of initial training, a student shall complete a competency-based written and skills examination for epinephrine auto-injector administration.

- a. The written and skill examination shall include the following:

- i. Assessment of when to administer epinephrine auto-injector.

- ii. Managing a patient before and after administering epinephrine.

- iii. Using universal precautions and body substance isolation procedures during medication administration

X. APPENDIX A – LIST OF NON-TRANSPORT PROVIDERS

A. Authorized Providers

1. AERA Energy
2. Chevron
3. ~~Occidental at Elk Hills~~ [California Resources Co.](#)
4. Bakersfield City Fire Department
5. California City Fire Department
6. Kern County Fire Department
7. Kern County Sheriff Department

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XI. APPENDIX B – NON-TRANSPORT EMT PROVIDER MINIMUM EQUIPMENT

A. The following medical supplies and equipment shall be maintained for the non-transporting EMT:

- 1. Diagnostic Equipment: _____ Amount
 - a. Blood Pressure Cuff – Adult _____ (1)
 - b. Blood Pressure Cuff – Pediatric _____ (1)
 - c. Stethoscope _____ (1)
 - d. Pen Light _____ (1)

- 2. Trauma Medical Supplies/Equipment: _____ Amount
 - a. Medical Shears/Scissors _____ (1)
 - b. Bandages 4x4 Single Packages _____ (30 sponges)
 - c. Bandages 5x9 _____ (5)
 - d. Trauma Dressing 10x30 _____ (1)
 - e. Bandage Triangle _____ (1 box)
 - f. Occlusive Dressing _____ (2)
 - g. Eye Dressings _____ (2)
 - h. 4" Gauze Roll Bandages _____ (6)
 - i. Adhesive Tape 2" Roll _____ (2)
 - j. Adhesive Bandages (i.e. Band-Aids) _____ (10)
 - k. Ammonia Inhalants _____ (1 box)
 - l. Cotton Swabs _____ (1 box)
 - m. Saline, Irrigation _____ (1 liter)
 - n. Cold Packs _____ (2)
 - o. Burn Towels _____ (2)

- 3. Childbirth Supplies: _____ Amount
 - a. Emergency OB Kit _____ (1)
 - b. Bulb Syringe (may be in OB kit) _____ (1)
 - c. Umbilical Cord Clamps (may be in OB kit) _____ (1)
 - d. APGAR Score Card _____ (1)

- 4. Pathogen Supplies: _____ Amount
 - a. Red Biohazard Bag _____ (1)
 - b. Sharps Container _____ (1)
 - c. Antimicrobial Hand Wipes _____ (2)
 - d. Gloves, Sterile _____ (4 pair)
 - e. Gloves, Non-Sterile _____ (1 box)
 - f. Goggles _____ (1)

- g. Surgical N-95 masks/Surgical Masks (2 each)
- h. Gown (1 each)
- i. Cleaning Supplies, 10% bleach or equivalent(1 bottle)

5. Miscellaneous Supplies: Amount
- a. Paper Pad (1)
 - b. Pen (1)
 - c. Ring Cutter with extra Blades (1)
 - d. Triage Tags (10)
 - e. Emesis basins or bag (1)
 - f. Thermometer, oral (EMS approved device) (1)
 - g. High-Visibility Vest
Class 2 or 3 ANSI/ISEA 107:2004 (1 per crew member)

6. Airway & Oxygenation: Amount
- a. Ventilation Bag – Adult with Reservoir/Mask (1)
 - b. Ventilation Bag – Child with Reservoir/Mask (1)
 - c. Ventilation Bag – Infant with Reservoir/Mask (1)
 - d. OPA Infant (1)
 - e. OPA Child (1)
 - f. OPA Adult (1)
 - g. Bite Stick (1)
 - h. Suction, Portable with Catheters (1 set)
 - i. Supralaryngeal Airways –
(Lrg, Med, Small) Adult (1 each)
 - j. Oxygen Tank Portable, w/ Liter Flow Regulator
(D-Tank at 1000PSI minimum) (1)
 - k. Non-Rebreather Masks – Pediatric (1)
 - l. Non-Rebreather Masks – Adult (1)
 - m. Nasal Cannulas (1)

7. Immobilization Equipment & Supplies: Amount
- a. Backboard or Equivalent with 4 Straps (1)
 - b. Cervical Extrication Collars (Adult xs-Ig)(1 each or 2 multisize)
 - c. Cervical Extrication Collars (Pediatric) (1 multisize)
 - d. Head Immobilization Device (1 set)
 - e. Occipital Scalp Pads (1 set)
 - f. Splints – Arm (Can be SAM style) (1)

~~g. Splints— Leg (Can be SAM style) (1)~~

~~8. AED Equipment & Supplies: _____ Amount~~

~~a. Automatic External Defibrillator (1)~~

~~b. AED Electrode Pads (2 sets)~~

~~c. Razor (1)~~

~~The provider shall maintain AED equipment in accordance with manufacturer specifications and Health and Safety Code Division 2.5, Section 1797.196.~~

~~9. Radio Communications: _____ Amount~~

~~a. UHF radio with all Med Channels currently licensed to Kern County (i.e. Med 9 and Med 7; repeat and simplex) and all currently licensed interoperability channels (i.e. XKE, UCALL) (1)~~

~~10. Medications: _____ Amount~~

~~a. Aspirin (325mg) (1 bottle)~~

~~b.a. Oral Glucose (15gm) (1 tube)~~

XII.XI. APPENDIX ~~C-B~~ - AUTHORIZED GROUND TRANSPORT EMT PROVIDERS

~~A. Care Ambulance Services~~

~~B.A. Delano Ambulance Service~~

~~C.B. Hall Ambulance Service~~

~~D. Kern Ambulance Service~~

~~E.C. Liberty Ambulance Service~~

~~F.D. Edwards Air Force Base~~

~~G.E. China Lake Naval Weapons Station~~

~~H.F. Antelope Valley Ambulance~~

~~I.G. US Borax Ambulance~~

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XIII. APPENDIX D – TRANSPORT BLS PROVIDER MINIMUM EQUIPMENT REQUIREMENTS

A. The following medical supplies and equipment shall be maintained on-board the ambulance when in service as a BLS Transport Ambulance.

1. Diagnostic Equipment: Amount
 - a. Blood Pressure Cuff – Adult (2)
 - b. Blood Pressure Cuff –
 Pediatric, Infant, Obese (1 each)
 - c. Stethoscope (2)
 - d. Pen Light (1)

2. Trauma Medical Supplies/Equipment: Amount
 - a. Medical Shears/Scissors (1)
 - b. Bandages 4x4 Single Packages (30 sponges)
 - c. Bandages 5x9 (5)
 - d. Trauma Dressing 10x30 (1)
 - e. Bandage Triangle (1 box)
 - f. Occlusive Dressings (2)
 - g. Eye Dressings (4)
 - h. 4" Gauze Roll Bandages (6)
 - i. Adhesive Tape 2" Roll (2)
 - j. Adhesive Bandages (i.e. Band-Aids) (10)
 - k. Ammonia Inhalants (1 box)
 - l. Cotton Swabs (1 box)
 - m. Saline, Irrigation (2 liter)
 - n. Cold Packs (3)
 - o. Glucose Tubes (1)
 - p. Burn Towels (2)

3. Childbirth Supplies: Amount
 - a. Emergency OB Kit (1)
 - b. Bulb Syringe (may be in OB kit) (1)
 - c. Umbilical Cord Clamps (may be in OB kit) (1)
 - d. APGAR Score Card (1)

4. Pathogen Supplies: Amount
 - a. Red Biohazard Bag (10)
 - b. Sharps Container (1)
 - c. Antimicrobial Hand Wipes (2)

- d. Gloves, Sterile (4 pair)
- e. Gloves, Non-Sterile (1 box)
- f. Goggles or shield (2)
- g. N-95 masks/Surgical Masks (4 each)
- h. Gown (2)
- i. Cleaning Supplies,
10% bleach or equivalent (2 bottles)

5. Miscellaneous Supplies: Amount
- a. Paper Pad (1)
 - b. Pen (1)
 - c. Ring Cutter with extra Blades (1)
 - d. Triage Tags (10)
 - e. Bedpan (1)
 - f. Urinal (1)
 - g. Emesis basins or bag (3)
 - h. Padded ankle/wrist restraints (soft) (4)
 - i. DOT Emergency Response Guide—
Haz Mat Guide (1)
 - j. Thermometer, oral (EMS approved device) (1)
 - High-Visibility Vest ANSI/ISEA 107:2004 (1 per crew
member)

6. Airway & Oxygenation: Amount
- a. Ventilation Bag - Adult with Reservoir/Mask (1)
 - b. Ventilation Bag - Child with Reservoir/Mask (1)
 - c. Ventilation Bag - Infant with Reservoir/Mask (1)
 - d. OPA Complete Set (meets CHP regulations)(1)
 - e. Bite Stick/Tongue Depressors (2)
 - f. Suction, Portable with Catheters (1 set)
 - g. Suction Catheter (10, 18 fr.) (2)
 - h. Suction Tubing (2)
 - i. Rigid Suction Catheter (Yankhauer) (2)
 - j. Supralaryngeal Airways—
(Lrg, Med, Small) Adult (1 each)
 - k. Oxygen Tank Portable , w/ Liter Flow Regulator
(D-Tank at 500PSI minimum) (1 set)
 - l. Oxygen Tank — Extra, Portable
(D-Tank at 1000PSI minimum) (1)
 - m. Oxygen Tank — Large, fixed (500PSI) (1)

- n. Oxygen Nasal Cannula – Adult (2)
- o. Non-Rebreather Masks – Pediatric (2)
- p. Non-Rebreather Masks – Adult (2)

7. Immobilization Equipment & Supplies: _____ Amount

- a. Backboard or Equivalent with 4 Straps (2)
- b. Kendrick Extrication Device or Equivalent (1)
- c. Cervical Extrication Collars
 - i. (Adult xs, sm, reg, lg or →) (4 each or 4 multisize)
- d. Cervical Extrication Collars (Pediatric) (2 or 2 multisize)
- e. Head Immobilization Device (2 set)
- f. Occipital Scalp Pads (1 set)
- g. Skeletal Traction Device – Femur (1)
- h. Splints – Arm (2)
- i. Splints – Leg (2)

8. AED Equipment & Supplies: _____ Amount

- a. Automatic External Defibrillator (1)
- b. AED Electrode Pads (2 sets)
- c. Razor (1)

The provider shall maintain AED equipment in accordance with manufacturer specifications and Health and Safety Code Division 2.5, Section 1797.196.

9. Radio Communications: _____ Amount

- a. UHF radio with all Med Channels currently licensed to Kern County (i.e. Med 9 and Med 7; repeat and simplex) and all currently licensed interoperability channels (i.e. XKE, UCALL) (1 portable)
- b. UHF radio with all Med Channels currently licensed to Kern County (i.e. Med 9 and Med 7; repeat and simplex) and all currently licensed interoperability channels (i.e. XKE, UCALL) (1 fixed)

10. Medications: _____ Amount

- a. Aspirin 325 mg (1 bottle)
- b. Oral Glucose 15g (2 tubes)

XIV.XII. APPENDIX EC – SUPRALARYNGEAL AIRWAY SKILLS SHEET

Candidate: _____

Examiner: _____ Date: _____

Takes or verbalizes body substance isolation procedures	1	
Checks for response	1	
Opens the airway manually	1	
Checks breathing (Minimum 5 seconds; maximum 10 seconds)	1	
Gives 2 breaths (1 second each)	1	
Checks carotid pulse (Minimum 5 seconds; maximum 10 seconds)	1	
Elevates tongue, inserts simple adjunct [oropharyngeal or nasopharyngeal airway]	1	
NOTE: Examiner informs candidate no gag reflex is present and patient accepts adjunct		
Attaches oxygen reservoir to bag-valve mask device and connects to high flow oxygen regulator	1	
Ventilates patient at a rate of 10-12/minute with appropriate volumes	1	
NOTE: After 30 seconds, examiner auscultates and reports breath sounds are present and equal bilaterally and insertion of the King airway is indicated. The examiner must now take over ventilation.		
Directs assistant to pre-oxygenate patient	1	
Checks/prepares airway device	1	
Lubricates the beveled distal tip and posterior aspect of the tube [may be verbalized]	1	
NOTE: Examiner to remove OPA and move out of the way when candidate is prepared to insert device.		
Positions head in the "sniffing position"	1	
Holds mouth open and applies chin lift	1	
Inserts airway, rotating from the lateral to midline position, until proximal opening of gastric access lumen (LTSD model) or the base of connector (LTD model) is aligned with teeth or gums.	1	
Inflates cuffs with the minimum volume necessary to seal the airway at the peak ventilatory pressure.	1	
Attaches/directs attachment of BVM to the 15 mm connector.	1	
While gently bagging patient to assess ventilation, simultaneously withdraws the airway until ventilation is easy and free flowing	1	
Confirms placement and ventilation by observing chest rise, auscultation over the epigastrium, and bilaterally over each lung	1	
NOTE: Examiner confirms adequate chest rise, absent sounds over the epigastrium, equal bilateral breath sounds consistent with correct placement.		
Secures airway with a commercial device while continuing ventilatory support.	1	
Reconfirms airway placement after the device is secured.	1	
Continues ventilation with appropriate volumes	1	
Passing Score: 17	22	

- ___ Interrupts ventilations for greater than 30 seconds at any time.
- ___ Failure to voice and ultimately provide high oxygen concentrations.
- ___ Ventilates patient at a rate greater than 12 breaths per minute.
- ___ Failure to provide adequate volumes per breath [maximum 2 errors/minute permissible].
- ___ Failure to insert the airway to the proper depth to provide easy and free flowing ventilation.
- ___ Failure to inflate cuffs to maintain airway seal.
- ___ Failure to remove the syringe immediately after inflation of cuffs.
- ___ Failure to confirm proper placement by observing chest rise, epigastric and bilateral lung auscultation.
- ___ Inserts any adjunct in a manner dangerous to patient.

XIII. APPENDIX D- NALOXONE (NARCAN) SKILL SHEET

Candidate: _____

Examiner: _____ Date: _____

	Points Possible	Points Awarded
Takes or verbalizes body substance isolation procedures	1	
Elicits patient allergies, medical history	1	
Appropriately determines the need for Narcan (Suspected narcotic overdose, altered mental status, respiratory depression or seizure activity without history)	1	
Obtain vital signs: respiratory rate (Must less then 8RPM to administer), pulse rate, pupils, skin signs	1	
Note: Examiner will inform the candidate of patients vital signs		
Checks label for correct name, concentration, expiration date	1	
Inspects medication for discoloration, particles	1	
Prepare medication		
Rechecks correct drug	1	
Gently administer medication into nose via atomizer (Split dose between nostrils)	1	
Maintains aseptic technique throughout procedure	1	
Disposes of syringe in proper container	1	
Monitors patient for desired or undesired effects	1	

Candidate must pass with a minimum score of 9 and no critical fail criteria: _____ Total Score: _____

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- _____ Failure to take or verbalize appropriate standard precautions
- _____ Failure to appropriately determine the need for Narcan.
- _____ Failure to check medication for expiration date.
- _____ Failure to check medication for cloudiness or discoloration.
- _____ Failure to split dose between nostrils.
- _____ Failure to properly discard syringe into appropriate container.
- _____ Uses or orders a dangerous or inappropriate intervention.

XIV. APPENDIX E- ATROPINE/ PRALIDOXIME CHLORIDE SKILL SHEET

Candidate: _____

Examiner: _____ Date: _____

	Points Possible	Points Awarded
Takes or verbalizes body substance isolation procedures	1	
Elicits patient allergies, medical history	1	
Appropriately determines the need for nerve-agent poisoning antidote, assessing patient's level of nerve agent exposure (Mild, Moderate, Severe)	1	
Obtain vital signs: respiratory rate, pulse rate, blood pressure, pupils, skin signs	1	
Note: Examiner will inform the candidate of patient's vital signs		
Contact medical control for authorization as indicated in protocol	1	
Checks label for correct name, concentration, expiration date	1	
Inspects medication for discoloration, particles	1	
Removes safety cap from the auto-injector	1	
Chooses and cleanses injection site appropriately (Thigh)	1	
Rechecks correct drug	1	
Holds injector against site for a minimum of the ten (10) seconds	1	
Note: Examiner confirms ten second hold of auto-injector		
Massages the site for (10) seconds	1	
Maintains aseptic technique throughout procedure	1	
Disposes of needle and syringe in proper container	1	
Monitors patient for desired or undesired effects	1	

Candidate must pass with a minimum score of 12 and no critical fail criteria. Total Score: _____

- _____ Failure to take or verbalize appropriate standard precautions
- _____ Failure to appropriately determine the need for nerve-agent poisoning antidote.
- _____ Failure to ask if patient has already taken any antidotes for this event
- _____ Failure to check medication for expiration date.
- _____ Failure to check medication for cloudiness or discoloration.
- _____ Failure to select appropriate injection site.
- _____ Failure to hold the injector against the site for a minimum of 10 seconds.
- _____ Failure to properly discard auto-injector into appropriate container.
- _____ Uses or orders a dangerous or inappropriate intervention.

XV. APPENDIX F- EPINEPHRINE AUTO-INJECTOR SKILL SHEET

Candidate: _____

Examiner: _____ Date: _____

	Points Possible	Points Awarded
Takes or verbalizes body substance isolation procedures	1	
Elicits patient allergies, explains procedure	1	
Appropriately determines the need for epinephrine auto-injector (Patient exhibit anaphylactic reaction including shock and/or respiratory insufficiency)	1	
Obtain vital signs: respiratory rate, pulse rate, blood pressure, pupils, skin signs	1	
Note: Examiner will inform the candidate of patient's vital signs		
Checks label for correct name, concentration, expiration date	1	
Inspects medication for discoloration, particles	1	
Removes safety cap from the auto-injector	1	
Chooses and cleanses injection site appropriately (Thigh)	1	
Rechecks correct drug	1	
Holds injector against site for a minimum of the ten (10) seconds	1	
Note: Examiner confirms ten second hold of auto-injector		
massages the site for (10) seconds	1	
Maintains aseptic technique throughout procedure	1	
Disposes of needle and syringe in proper container	1	
Monitors patient for desired or undesired effects	1	

Candidates must pass with a minimum score of 10 and no critical fail criteria outlined below. Total Score: _____

- _____ Failure to take or verbalize appropriate standard precautions
- _____ Failure to appropriately determine the need for epinephrine auto-injector.
- _____ Failure to check medication for expiration date.
- _____ Failure to check medication for cloudiness or discoloration.
- _____ Failure to select appropriate injection site.
- _____ Failure to hold the injector against the site for a minimum of 10 seconds.
- _____ Failure to properly discard auto-injector into appropriate container.
- _____ Uses or orders a dangerous or inappropriate intervention.

XV.XVI. APPENDIX G – BASIC LIFE SUPPORT UNIT INSPECTION RECORD

BASIC LIFE SUPPORT UNIT INSPECTION RECORD

Kern County Emergency Medical Services Division
 EMT Provider Policies and Procedures
 Revised: Draft

INSPECTION DATE:	APPROVED EMT TRANSPORT PROVIDER: YES <input type="checkbox"/> NO <input type="checkbox"/>
EMT PROVIDER SERVICE:	
PRIMARY BUSINESS ADDRESS:	
CITY:	ZIP CODE:
PHONE: ()	
NAME OF OWNER(S):	OPERATIONAL AREA:

UNIT IDENTIFICATION: _____	MODEL: _____	YEAR: _____	LICENSE
NUMBER: _____	V.I.N.: _____		
CURRENT VEHICLE REGISTRATION (ATTACH COPY): YES <input type="checkbox"/> NO <input type="checkbox"/>			
CURRENT VEHICLE INSURANCE (ATTACH COPY): YES <input type="checkbox"/> NO <input type="checkbox"/>			
NAME OF CARRIER:	POLICY NUMBER:		

CURRENT CALIFORNIA HIGHWAY PATROL INSPECTION CERTIFICATE	YES <input type="checkbox"/> NO <input type="checkbox"/>
AND/OR APPROVED INSPECTION SHEET (ATTACH COPY):	YES <input type="checkbox"/> NO <input type="checkbox"/>
CURRENT EMT TRANSPORT PROVIDER MEDICAL SUPPLY AND EQUIPMENT	
REQUIREMENTS SATISFIED (COPY ATTACHED):	YES <input type="checkbox"/> NO <input type="checkbox"/>
GROUND AMBULANCE SIZE, CONFIGURATION & PERFORMANCE	
STANDARDS MET:	YES <input type="checkbox"/> NO <input type="checkbox"/>
ALL PRECEDING REQUIREMENTS SATISFIED:	YES <input type="checkbox"/> NO <input type="checkbox"/>
DISCREPANCY(IES) NOTED:	YES <input type="checkbox"/> NO <input type="checkbox"/>

SUMMARY OF DISCREPANCY(IES):

CONCLUSION:

EMS DEPARTMENT REPRESENTATIVE NAME:

EMS DEPARTMENT REPRESENTATIVE SIGNATURE:

DATE APPROVED:

XVI.XVII. APPENDIX H – OPERATIONAL PLAN

A. The operational plan should include a detailed description of the program.

B. At a minimum, it should include the following:

1. The organizational structure
 - a. What position is in charge of the EMS program?
 - b. How does the EMT fit into the organization structure?
 - a. If the organization has a medical director provide the following:
 - i. Contact information
 - ii. Qualifications
 - iii. Duties
2. Provide the organization's contacts to the Division
 - a. Person in charge of EMT program
 - b. Contact point in emergency situations
3. Preparation
 - a. Inventory
 - i. What process is in place to acquire and maintain inventory?
 - ii. How often is the inventory checked?
 - iii. How will items be restocked?
 - iv. When will AED checks take place?
 - v. What will the procedure be for maintaining and checking AEDs?
 - b. Vehicle
 - i. Maintenance schedule
 - ii. Is there a back-up vehicle?
 - iii. Is the vehicle marked with identification as EMT?
 - c. Operational Times
 - i. When are EMTs on duty?
 - ii. How is this determined when an EMT will be on duty?
 - d. Staffing
 - i. How many EMTs are on duty?
 - ii. How is it determined how many are on duty?
 - iii. Provide an updated staff list
4. Operations
 - a. Unit Positioning
 - i. Does the unit roam?
 - ii. Is the unit stationed at a given location?
 - iii. Is the unit posted?
 - iv. If there is a unique model describe.

- v. How do you determine which unit responds?
- vi. Is the closest unit responded?
- b. Notification
 - i. How does the customer access the services?
 - ii. Who is notified in an emergency?
 - iii. How are they notified?
 - iv. How does that person respond?
 - v. If a dispatch center is used, how are the units notified?
 - vi. When is ECC notified of the emergency?
- c. Treatment/Transport
 - i. Who determines when an ambulance responds?
 - ii. How is it determined to take a patient to a rendezvous point or wait for the ambulance?
 - iii. In what situations are the patients moved?
- d. Communications Plan
 - i. Describe the communications used
 - ii. When will communications with ambulance be established?
- e. Identify Access Points for EMS
 - i. Landing Zones
 - ii. Gates or Roadways for rendezvous points
 - iii. EMT office or staging locations
- 5. After Action Processes
 - a. Data
 - i. Identify how reports be conducted
 - ii. What system will be used to deliver information to the database?
 - b. QI Process
 - i. Describe your internal QI review process