

Mobile Intensive Care Unit (MICU) Policies and Procedures (9002.00)

I. GENERAL PROVISIONS:

- A. All Kern County Paramedic Providers shall comply with all MICU inventory requirements specified in the *Provider Mandatory Inventory List* and these policies.
- B. A valid Mobile Intensive Care Unit (MICU) authorization certificate from the Kern County EMS Division (Division) shall be required to operate an ambulance in an advanced life support capacity in Kern County.
- C. No ambulance service may operate an MICU or other unit providing pre-hospital advanced life support in Kern County unless having valid Paramedic Provider authorization from the Division.
- D. The following information shall be provided by the provider for 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;
 - 6. Valid California Highway Patrol inspection certificate or valid California Highway Patrol inspection sheet indicating temporary operating authorization; and
 - 7. Unit call sign.
- E. All MICU inventory requirements shall be fully satisfied and all MICU equipment shall be verified to function properly through inspection before an MICU certificate to operate is issued by the Division.
- F. The Paramedic Provider shall, within reasonable ability to re-supply, ensure that all authorized MICU's to be operated maintain continuous compliance with MICU inventory requirements and these policies.

- G. The Paramedic Provider shall ensure that an adequate security and documentation system is in place for all MICU narcotics by maintaining continuous compliance with all of the following minimum requirements:
1. All MICU narcotics shall only be in the possession of EMT-P provider authorized Paramedic personnel or maintained in a locked cabinet or safe only accessible by EMT-P provider authorized EMT-P personnel.
 2. MICU narcotics shall never be left in an unattended area (responsible Paramedic not present), non-secure area or location.
 3. MICU narcotic set logs shall be maintained up to date and shall be signed with each change of responsible Paramedic personnel (both off-going and on-coming Paramedic staff).
 4. With each MICU narcotic administered to a patient, the EMT-P shall replace the MICU narcotic at the receiving Hospital Emergency Department, unless restocked at station.
 5. Both the responsible Registered Nurse and the Paramedic shall sign the Hospital controlled substance administration record for replacement of the MICU narcotic(s) and the MICU Unit number shall also be documented on the record.
 6. In the event of any MICU narcotic inventory loss or damage, the Paramedic Provider shall immediately investigate the incident, document findings and immediately notify the Division. The Division will investigate the loss, report findings to the issuing pharmacy for necessary referral to the Drug Enforcement Administration and take other actions as necessary.
 7. Initial issuance of MICU narcotics, replacement of any damaged MICU narcotic, or replacement from loss of any MICU narcotic shall be authorized by the Division in writing through the issuing pharmacy prior to issuance or replacement.
 8. A Paramedic Provider may initiate MICU narcotic security and documentation procedures which both meet and exceed these minimum requirements.
- H. There is no maximum limit of inventory items that may be maintained on an MICU. All MICU(s) shall maintain at least the minimum amount of all expendable medical supplies and non-expendable medical supplies and equipment as specified in the *Provider Mandatory Inventory List*, subject to reasonable resupply ability. All MICU equipment shall be properly maintained for proper function. In situations where any MICU inventory item(s) are not available for supply or resupply for any period exceeding

forty-eight (48) hours, the Paramedic Provider shall notify the Division and provide an assessment of the situation. The Division shall grant a temporary variance if such MICU inventory item(s) are not reasonably available and the request is documented in writing.

- I. MICU narcotics shall be maintained within the minimum limits specified in these policies. The Division may provide temporary authorization to operate an MICU with a reduced MICU narcotic inventory.
- J. The Paramedic Provider may request temporary MICU operating authorization through the Division for situations involving temporary MICU mechanical repairs or unavailability causing negative impact to area MICU coverage. In such circumstances the Division shall require that all MICU inventory items are moved to the temporary unit, obtain the vehicle license number and vehicle call sign. The Division may provide verbal temporary MICU operating authorization after all requirements are met. Temporary MICU operating authorization shall be limited to a maximum of two weeks duration. The Paramedic Provider shall notify the Division when temporary MICU operating authorization is no longer necessary.
- K. The Paramedic Provider shall provide written notice to the Division of any MICU chassis replacement, purchase of a Division authorized MICU from another service, sale or deletion of an authorized MICU from the Paramedic Provider fleet. The Paramedic Provider shall also provide written notice to the Division of any permanent downgrade of an authorized MICU to basic life support level.
- L. The Division may inspect any MICU(s) or Paramedic Provider(s) for compliance to these policies. MICU authorization or Paramedic Provider authorization may be placed on probation, suspended or revoked by the Division for non-compliance to these policies. The Division shall use applicable sections of investigative and due process procedures contained in Ordinance Code 8.12. and Ordinance 8.12. Regulations and Policies.
- M. Infection control supplies and equipment shall be maintained in accordance with recommendations of Centers for Disease Control (CDC) and Occupational Safety and Health Administration (OSHA) requirements.
- N. All MICU shall be capable of performing 12-Lead EKG and possess capability of digitally transmitting 12-Lead patient data to each STEMI Receiving Center hospital in accordance with following time line, or sooner:
 - 1. All frontline advanced life support, 911 responding ambulances (a minimum of 3 ambulances per operational area) shall be capable of performing 12-Lead EKG by July 1, 2014.

2. All remaining advanced life support ambulances shall be capable of performing 12-Lead EKG by July 1, 2015.
3. All advanced life support ambulances shall be capable of transmitting 12-Lead EKG patient data to each STEMI Receiving Center hospital by July 1, 2016.

Revision Listing:

02/15/1992 - Revised to Current Format
11/01/1992 - Revised Inventory Amounts
08/15/1995 - Revised Inventory Items and Amounts
06/10/1997 - Revised Inventory Items - EMT-P Scope of Practice Additions
12/18/1998 – Revised Inventory Items & Amounts – Hospital Restock Change
11/15/2001 – Revised Inventory Items and Amounts
07/04/2004 – Increase minimum stock of midazolam to 12.0mg.
06/01/2010 – Add Amiodarone, MAD, ET confirmation, and ET securing device to stock.
11/19/2012 – Revised “Department” to “Division”. Remove-Procaïnamide, blood tubes, Combitube, oxygen mask (simple), scalpel, electrode gel, remove inventory list from appendix; Add- King Airway, pediatric non-rebreather mask, pediatric defibrating pads, bandage shears, petroleum gauze, multi-trauma dressing, medication labels, N-95 masks, restraints, vest, oral glucose, bulb syringe
05/13/2013 – Add 12 Lead EKG with transmit capability, remove Pitocin.
10/01/2013 – Removed Furosemide (Lasix) from inventory
08/15/2014- Added Atrovent, Fentanyl and Zofran to the inventory. Changed Normal Saline to isotonic balanced salt solutions. Added devices that are department approved.
7/01/2015 – Removed Minimum Inventory requirements and placed into a separate document

APPENDIX ONE: MOBILE INTENSIVE CARE UNIT INSPECTION RECORD

INSPECTION DATE:	APPROVED PARAMEDIC PROVIDER: YES [] NO []
PARAMEDIC 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 []	NO []	
CURRENT VEHICLE INSURANCE (ATTACH COPY):	YES []	NO []	
NAME OF CARRIER:	POLICY NUMBER:		

CURRENT CALIFORNIA HIGHWAY PATROL INSPECTION CERTIFICATE	YES []	NO []
AND/OR APPROVED INSPECTION SHEET (ATTACH COPY):	YES []	NO []
CURRENT MICU MEDICAL SUPPLY AND EQUIPMENT		
REQUIREMENTS SATISFIED (COPY ATTACHED):	YES []	NO []
GROUND AMBULANCE SIZE, CONFIGURATION & PERFORMANCE		
STANDARDS MET:	YES []	NO []
ALL PRECEDING REQUIREMENTS SATISFIED:	YES []	NO []
DISCREPANCY(IES) NOTED:	YES []	NO []

SUMMARY OF DISCREPANCY(IES):

CONCLUSION:

EMS DIVISION REPRESENTATIVE NAME:

EMS DIVISION REPRESENTATIVE SIGNATURE:

DATE APPROVED: