

***Paramedic First Responder Policies and Procedures-
(6004.00)***

PURPOSE:

The primary purpose of the Paramedic-FR Program is to provide expedient ALS response and care prior to transport unit scene arrival at emergency medical calls and/or to provide support for a transport unit already at scene which may require additional emergency medical personnel, equipment, supply; or resources for medical operations, communication and patient care. Additionally, the Paramedic-FR Program is intended to provide closest ALS response when the Paramedic-FR unit is closest or can provide the shortest response to an EMS call and immediate ALS access and care to patients in areas inaccessible to an ambulance.

AUTHORITY:

This policy is administered under the authority of Health and Safety Code Sections 1797.107, 1797.172, 1797.173, 1798, and California Code of Regulations, Title 22, Division 9, Chapter 4, Sections 100145.

I. GENERAL PROVISIONS

- A. The Paramedic First Responder Program is an optional prehospital advanced life support program administered by the Kern County EMS Division (Division) through Division authorized Kern County Paramedic First Responder (Paramedic-FR) Providers. 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.
- B. A Kern County EMS Division authorized Paramedic First Responder Provider is limited to prehospital first responder BLS and ALS patient care and shall not provide patient transport services within the County of Kern. EMT-1 or Paramedic level transportation services shall only be provided by a Kern County Ambulance Service Permittee in accordance with Kern County Ordinance Code 8.12. and Ordinance Code 8.12. Regulations and Policies.
- C. The Paramedic-FR Program entails utilization of specially equipped and trained Paramedic(s) in the first responder, non-transport patient care capacity with valid state Paramedic licensure and local Paramedic accreditation. The Paramedic-FR operates from an emergency response vehicle that is not to be used for patient transport.

- D. 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 (1) Paramedic that meets Paramedic-FR qualification and training requirements as specified in these policies.
- E. Use of Paramedic-FR shall not be construed, interpreted or allowed to replace or modify in any way transportation resources maintained by a Kern County Paramedic Provider or a Kern County Ambulance Service Permittee. The Paramedic-FR program shall be operated as an adjunct to the Kern County EMS System and not to replace or supplant 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 and specially refined for Paramedic-FR function.
- C. The Paramedic-FR shall comply with all Kern County Paramedic rules, regulations, policies, procedures and protocols at all times.
- D. The Paramedic-FR shall coordinate appropriate planning, notification, response, communications and utilization of local EMS resources.

III. PARAMEDIC FIRST RESPONDER PROVIDER

- A. Valid Kern County EMS 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. A provider wishing to be authorized as a Paramedic-FR Provider shall provide a written application to the Division. The written application shall include a thorough description of unit(s), Paramedic-FR personnel qualifications and

training, staffing, and availability with commitment to comply with Paramedic-FR policies and procedures.

- D. To be eligible for Paramedic-FR Provider authorization all of the following minimum requirements shall be met:
1. Be an existing EMT-1 First Responder Provider within Kern County authorized by the Division;
 2. Have a Medical Director responsible for all controlled substances and Quality Improvement.
 3. Have and maintain a Paramedic-FR training program which complies with the provisions of these policies and procedures;
 4. Have and maintain at least one (1) Paramedic-FR MICU authorized by the Division;
 5. Have and maintain a quality improvement mechanism for the Paramedic-FR program to ensure proper utilization and quality of care; and
 6. Have and maintain records, reports and Paramedic-FR activity data according to these policies.
- E. An authorized Paramedic-FR Provider shall ensure the Paramedic-FR program is continually operated according to these policies and procedures. The Division may terminate Paramedic-FR Provider 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 Kern County Paramedic accreditation.
- B. A Paramedic-FR shall receive a minimum of four (4) hours training in Paramedic-FR policies and procedures, Paramedic-FR scope of practice, and the EMS system before being authorized to operate 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 Paramedic-FR policies and procedures, orientation in communications systems, Scene Control Policy, EMS resource utilization, ambulance service operating areas and prehospital care capability, dispatch and stand-by procedures, EMS aircraft utilization, multi-casualty incident and Med-Alert operations.

- C. The Paramedic-FR Provider shall maintain records of Paramedic personnel that have completed Paramedic-FR training and are authorized to operate in a Paramedic-FR capacity and shall maintain an active listing on file at the Division.
- D. The Division may withdraw Paramedic-FR authorization at any time for non-compliance with policies and procedures. The Division may also establish re-authorization training requirements or mandatory Paramedic-FR education sessions.
- E. Paramedic-FR programs shall maintain sufficient Paramedic Preceptors to train new paramedics and ensure skills maintenance of existing Paramedics
- F. Paramedic FR Preceptor candidates shall participate in the Division Preceptor program to obtain and maintain Preceptor accreditation.

V. PARAMEDIC FIRST RESPONDER ACTIVATION AND RESPONSE

- A. The Paramedic-FR Provider shall ensure appropriate staffing, deployment, and utilization of all Paramedic-FR units.
- 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 requested by on-scene medical, fire or law enforcement personnel.
- C. Non-emergent activity, movement and positioning of Paramedic-FR unit(s) shall be at the discretion of the Paramedic-FR Provider within their jurisdiction.
- D. The Paramedic-FR unit shall be responded to medical emergencies by the Paramedic FR-Provider dispatch center in accordance with the *Emergency Medical Services Dispatch Policies and Procedures*.

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 health 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 transport paramedic, as required by the Division *Scene Control Policy*.

3. The Paramedic-FR is expected to establish medical control, complete scene and patient assessment and initiate BLS/ALS patient treatment intervention according to Kern County Paramedic Policies and Procedures and Kern County 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 cases warranting specialized personal protective equipment precautions and training (hazardous materials, heavy rescue or tactical operations) the Paramedic-FR transition of care responsibility to the ALS ambulance Paramedic may be delayed until the ALS ambulance Paramedic is able to safely access the patient.
5. The Paramedic-FR shall provide a verbal report to the ALS ambulance Paramedic upon arrival which includes 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 bring necessary equipment and supplies from the Paramedic-FR unit to manage the patient and attend the patient during transport to an ALS ambulance or the hospital. ALS to BLS Handoff shall only occur as specified in the paramedic protocol.
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.

B. Paramedic-FR Backup or Support Capacity:

1. Paramedic-FR backup or support capacity means that an ALS ambulance Paramedic is already on scene and the Paramedic-FR arrives on scene as an additional ALS level resource. In this situation the Paramedic-FR is to assist and at the discretion of the ALS ambulance Paramedic or incident commander.

VII. EMS RESOURCE UTILIZATION

- A. The Paramedic-FR shall be responsible for prudent notification, response and efficient utilization of all EMS resources in conjunction with the Scene Control Policy. During Med-Alert operations, the Paramedic-FR shall coordinate incident communications and resource utilization through the Kern County EMS Division.

VIII. DOCUMENTATION AND QUALITY ASSURANCE

- A. The Paramedic-FR shall complete a Kern County Patient Care (PCR) Data and Narrative Record in accordance with Kern County PCR Policies and Procedures for every public agency or 911 response (with or without patient contact) and for each individual patient contact. Completed PCR's shall be referred to the Division in accordance with Kern County PCR Policies and Procedures.
- B. For each case of patient transport, a copy of the ePCR shall be sent by facsimile or electronic means to the receiving hospital within one (1) hour of the start of patient transport. Emergency activity may reasonably preclude meeting the one (1) hour time requirement, but in no case shall the ePCR submission to the receiving hospital exceed twelve (12) hours.
- C. The Paramedic-FR provider shall provide Paramedic-FR incident reports, documentation, data or Paramedic-FR program evaluations to the Division upon request.
- D. The Division shall be notified in advance of any anticipated changes in Paramedic-FR unit(s), Paramedic-FR utilization, Paramedic-FR personnel or function of the Paramedic-FR program and shall monitor the program for operational and medical quality assurance.

- E. The Paramedic-FR provider shall allow Division personnel to ride-a-long for the purpose of direct observation of FR operations.

IX. REQUIRED PARAMEDIC FIRST RESPONDER MICU EQUIPMENT AND SUPPLIES

- A. The Paramedic-FR and Paramedic-FR Provider shall be responsible to maintain a complete inventory of required Paramedic-FR MICU equipment and supplies (Paramedic-FR MICU Inventory) as specified in the *Provider Mandatory Inventory List*.
- B. A Paramedic-FR unit shall be inspected and designated by the Division as an Paramedic-FR MICU prior to use in an Paramedic-FR capacity. In order to be designated as a Paramedic-FR MICU, the unit shall meet all Paramedic-FR MICU 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 and Paramedic-FR Provider shall be responsible for the care and maintenance of all Paramedic-FR MICU inventory. Paramedic-FR unit(s) MICU inventory shall also be subject to inspection by the Division. The Paramedic-FR Provider may obtain temporary authorization from the Division to operate another emergency vehicle in a Paramedic-FR MICU capacity.
- E. The following information shall be provided by the Paramedic-FR provider for Paramedic-FR MICU inspection by the Division:
 - 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. Unit call sign.

PARAMEDIC-FR MOBILE INTENSIVE CARE UNIT
INSPECTION RECORD

INSPECTION DATE: / /

APPROVED PARAMEDIC-FR PROVIDER: YES NO

PARAMEDIC-FR PROVIDER SERVICE:

NAME OF OWNER(S):

SERVICE AREA:

PRIMARY ADDRESS:

CITY: ZIP CODE:

PHONE () -

UNIT DESIGNATION: _____ 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 #: _____

CURRENT CALIFORNIA HIGHWAY PATROL INSPECTION
CERTIFICATE AND/OR APPROVED INSPECTION SHEET
(ATTACH COPY) YES NO

CURRENT MICU MEDICAL SUPPLY AND EQUIPMENT YES NO

REQUIREMENTS SATISFIED (COPY ATTACHED) YES NO

ALL PRECEDING REQUIREMENTS SATISFIED: YES NO
SUMMARY OF DISCREPANCY(IES):

CONCLUSION:

EMS DIVISION REPRESENTATIVE NAME:

EMS DIVISION REPRESENTATIVE SIGNATURE:

DATE APPROVED: / /

Revision Log:

08/03/1999 – Initial Draft

09/15/1999 – Second Draft

10/20/1999 – Finalized

11/15/2001 – Addition of transcutaneous cardiac pacing, midazolam, and inventory adjustments

07/15/2004 - Increase minimum stock of midazolam to 12.0 mg

06/01/2010 – Added Amiodarone, MAD, ET confirmation, and ET securing device to inventory

10/01/2013 – Removed medication Furosemide from inventory and updated cover

08/15/2014 – Added Atrovent, Zofran, Fentanyl, oral glucose, multi-trauma dressing, petroleum gauze, shears, pulse oximetry. Remove pitocin, procainamide, electrode jell. Changed normal saline to isotonic balanced salt solution, pacing electrodes to multi-function pads. Removed outdated dispatch language, remove ICS position mandates. Added reference to *Emergency Medical Services Dispatch Policies and Procedures*, and *Scene Control Policy*

12/01/2015 - Removed the Mandatory Inventory List and placed in separate document

4/18/2018 – Removed California City from document. Added Division ride-a-long mandate, changed “may” to “shall” in dispatch statement.

8/1/2018 – All three ALS First Responder policies merged into one document.