



San Joaquin County Emergency Medical Services Agency



Thursday, February 9, 2023
0900 – 1100
Robert J. Cabral Agricultural Center
2101 E. Earhart Ave., Calaveras Room
Stockton, CA 95206

SJC EMS ADVISORY COMMITTEE

AGENDA

- I. CALL TO ORDER / INTRODUCTIONS
- II. APPROVAL OF PAST EMS ADVISORY COMMITTEE MEETING MINUTES:
 - a. Review and approval of November 10, 2022 EMS Advisory Committee meeting minutes
- III. OLD BUSINESS:
 - a. APOT/APOD
 - b. EMS System Staffing Updates
 - c. EMS reports to review in future meetings
- IV. NEW BUSINESS:
 - a. Policy review and discussion
 - b. Stakeholder comment period
 - c. Paramedic Skills Review (PSR)
 - d. Paramedic Training Program
- V. EMS SYSTEM REPORTS:
 - a. APOT/APOD
- VI. ANNOUNCEMENTS / GOOD OF THE ORDER:
- VII. NEXT MEETING:
 - a. The next regularly scheduled EMS Advisory Committee meeting is scheduled for May 11, 2023.

VIII. ADJOURNMENT

Attachments:

1. Draft EMS Advisory Committee Meeting Minutes November 10, 2022
2. APOT/APOD Report (2022 Q3 and Q4)
3. APOT Graph 3 years
4. Individual Policies (11 of them including 3202, 3202A)
5. Stakeholder comment form



A DIVISION OF
HEALTH CARE SERVICES
AGENCY

San Joaquin County Emergency Medical Services Agency



EMS Advisory Committee

Thursday, November 10th, 2022 at 0900

MINUTES

Members	Membership Representing	Present	Absent
Jared Bagwell (Co-Chair)	SJCEMSA	X	
Dr. Katherine Shafer (Co-Chair)	SJCEMSA	X	
Nasir Khan	ED RN – Base Hospital - SJGH	X	
Cheryl Heaney-Ordez	ED RN – Receiving Hospital - St. Joseph's Medical Center	X	
Dan Freeman	ED RN – Receiving Hospital - Kaiser Hospital Manteca		X
Brian Hajik	EOA emergency ambulance provider - American Medical Response	X	
John Andrews	EOA emergency ambulance provider - Manteca District Ambulance	X	
Vanessa Herrero	EOA emergency ambulance provider - ECA	X	
Pat Burns	EOA emergency ambulance provider - Ripon Fire	X	
Dennis Bitters	Fire-based emergency ambulance provider - Ripon Fire	X	
Lenard Gutierrez	ALS fire departments or districts - Stockton Fire Department	X	
Ken Johnson	BLS fire departments or districts - Lodi Fire Department	X	
Vince Stroup	Paramedic Non Fire-based ALS emergency ambulance	X	

	providers - Manteca District Ambulance		
Lucas Mejia	EMT Non Fire-based ALS emergency ambulance providers - Manteca District Ambulance	X	
Rich Silva	Emergency Medical Dispatcher - VRECC	X	
Nicholas Taiariol	Law Enforcement - San Joaquin County Sherriff		X
David Weibe (Alternate)	Kaiser Hospital Manteca	X	
EMS Agency Staff	Title	Present	Absent
Don Miles	Office Technician Coordinator	X	
Sophany Bodine	EMS Specialist	X	
Amanda Petroske	EMS Trauma Coordinator	X	
Matthew Esposito	EMS Pre Hospital Care Coordinator	X	
Marissa Matta	EMS Analyst	X	
Guests	Title		
Greg Diederich	SJC Health Care Services Agency Director		
John Muraski	St. Joseph’s Medical Center		

Meeting called to order by at 0900 hours by Co-Chair EMS Director Jared Bagwell.

I. INTRODUCTIONS:

Committee members briefly introduced themselves and summarized their overall experience as an EMS provider in San Joaquin County.

II. APPROVAL OF PAST EMS ADVISORY COMMITTEE MEETING MINUTES:

- a. N/A

III. OLD BUSINESS:

- a. N/A

IV. NEW BUSINESS:

1. EMS Advisory Committee Meeting purpose and proceedings: EMS Director Jared Bagwell went over the general purpose of the proceedings as outlined in the policy and expressed SJCEMSA's primary commitment is to EMS patients and EMS system providers. It was also explained that the meeting is not subject to the Brown Act but parliamentary proceedings and Roberts Rules of Order would be generally followed. Respectful and professional dialogues are the expectation.
2. APOD in San Joaquin County: Committee members were given a copy of the SJCEMSA APOT/APOD report from July – August 2021. SJCEMSA adopted a SMART goal to reduce overall APOT/APOD by 10 percent in San Joaquin County in the next year. Bagwell requested discussion of the observations and challenges from committee members on ADOD in San Joaquin County.
 - a. Cheryl Heaney-Ordez brought up that throughput and admit holds continue to be an issue. Other examples include back-to-back ambulances clustering in the ED. Heaney-Ordez asked about "round robin" procedures in San Joaquin County. Bagwell explained that the overall impact to the other hospitals, the EMS system, and patients does not benefit from those procedures. SJCEMSA will look into other viable policy changes/implementation which focus on keeping low acuity patients out of the ER setting.
 - b. Nasir Khan mentioned SJGH ED uses Tiger Text (i.e. effective communication) that has shown to have been effective in overall ED capacity situational awareness despite staffing shortages. CHCF transfers are also a big impact.
 - c. John Andrews mentioned the APOD issues in San Joaquin County are also affecting first responder agencies all throughout the state.
 - d. Dr. Shafer notified attendees of her plans to address triage issues in regards to transfer of patients.
 - e. Chief Ken Johnson recommended that APOD policies mirror those of Santa Clara County. Dr. Shafer explained that any such changes would have to be subject to a regulatory process.
 - f. Health Care Services Agency Director Greg Diederich also commented on engaging psych alternatives such as crisis intervention services to the scene or to the ED. Other impacts to APOD are pediatric patients being sent to ED rather than being seen at their primary care physicians with respiratory symptoms. Suggest engaging PCP and Medical Society to message.
3. EMS System Policy Review Cycle: Committee members were informed that approximately one-third of EMS policies are in the process of being updated and that the stakeholder comment cycle is 45 days. The next EMS Advisory Committee meeting will be focused on EMS policy review.

- a. Chief Johnson asked if the stakeholder commenting cycle could be extended to 60 days. Discussion on the matter will be addressed in more detail during next EMS Advisory meeting in (Feb. 2023)
4. IFT Resources: Committee informed that EMS will be actively working with local physicians and hospitals to educate/clarify what level of service IFT resources are available and how they can be best used in the EMS system.
 - a. Hajik suggested criteria to be evaluated to include BLS volume, misallocation of CCT, and patient readiness for transfer.
 - b. Dr. Shafer encouraged all to share data and issues as data is the driving factor in policy development and implementation.
5. EMS System Staffing: Discussion was opened for all Committee members to communicate how they are addressing staffing challenges for their respective organizations.
 - a. Hajik relayed how AMR has used scholarship incentives for paramedic training. He also relayed how a large challenge in retaining paramedics has been losing them to pursue other fields, such as nursing.
 - b. Chief Johnson mentioned many personnel are leaving San Joaquin County to work in the Bay Area as they offer higher wages. Additionally, some leave because they suffer from burnout as the career is not the same as what they initially envisioned and many potential candidates have left because of what they consider to be a prolonged onboarding process. Bagwell also agreed that there is some evidence pointing to changes in recruitment needed in EMS.
 - c. Andrews and Chief Dennis Bitters both relayed how many candidates are frustrated with what they consider a lengthy accreditation process. e.g. PAO/PSR classes are scheduled too far apart.
6. Radio Call In Policy – Prehospital to Hospital Communication: Committee members were asked for any discussion on radio call-in procedures.
 - a. Dr. Shafer mentioned draft changes to the radio call in procedure. Removal of the terms “Code 3” and “Code 2”, and “ALS” and “BLS” to be replaced with an “Alert” system to help ED staff better objectively determine acuity of patients coming in. Dr. Shafer also referenced the data from Stroke Committee to show how clarification of Alerts has had a positive effect.

V. EMS SYSTEM REPORTS:

1. APOT / APOD: APOT / APOD to be discussed and compared regularly at EMS Advisory Committee meetings. Committee members asked what other reports they would like to have considered.
 - a. Chief Johnson recommended that overall response times be assessed.
 - b. Dr. Shafer recommended that the ROSC report be considered at committee meetings.
 - c. Bagwell recommended to the committee that specialty care data from Stroke and STEMI data be discussed.

VI. ANNOUNCEMENTS / GOOD OF THE ORDER:

1. Chief Johnson commended the quality of the EMS Annual Report, and would like for the annual EMS symposiums to return. Bagwell will look into such a symposium for 2023.

VII. NEXT MEETING:

1. Attendees informed that the next EMS Advisory Committee meeting is scheduled for February 9, 2023; to be held at the Robert J. Cabral Agricultural Center.

VIII. ADJOURNMENT:

Meeting adjourned by Bagwell 1030.

DRAFT

Ambulance Patient Offload Delay - 2021 Reporting Matrix (Version 05-30-17)
APOT - 1

LEMSA: San Joaquin County EMS Agency
APOT Standard: 20 Minutes

Directions: List all LEMSA authorized 9-1-1 emergency ambulance receiving Hospitals (add rows as needed). Enter the total 9-1-1 emergency ambulance transports (transport denominator) to the hospital and the 90th percentile patient offload time for that hospital in minutes and seconds (00:00), or you may round to the nearest minute. Enter EMS system aggregate totals at the bottom of each month.

Hospital	July		August		September	
	Transports	90th Percentile APOT Time	Transports	90th Percentile APOT Time	Transports	90th Percentile APOT Time
Adventist Lodi Memorial Hospital	631	0:31:08	724	0:34:17	708	0:34:00
Dameron Hospital	600	0:34:25	570	0:35:55	537	0:39:39
Doctors Hospital of Manteca	326	0:26:18	381	0:34:00	367	0:31:05
Kaiser Hospital, Manteca	343	0:26:28	338	0:28:53	282	0:27:21
San Joaquin General Hospital	1,114	0:42:17	1,260	0:39:55	1,135	0:38:22
St. Joseph's Medical Center	1,999	0:50:39	2,238	0:39:44	2,049	0:43:43
Sutter Tracy Community Hospital	321	0:36:44	399	0:37:02	328	0:36:48
EMS System Total (Aggregate)	5,334	0:41:24	5,910	0:37:40	5,406	0:39:13

APOT - 1

LEMSA: (Name)

APOT Standard: (If applicable, enter the APOT Standard implemented by your LEMSA)

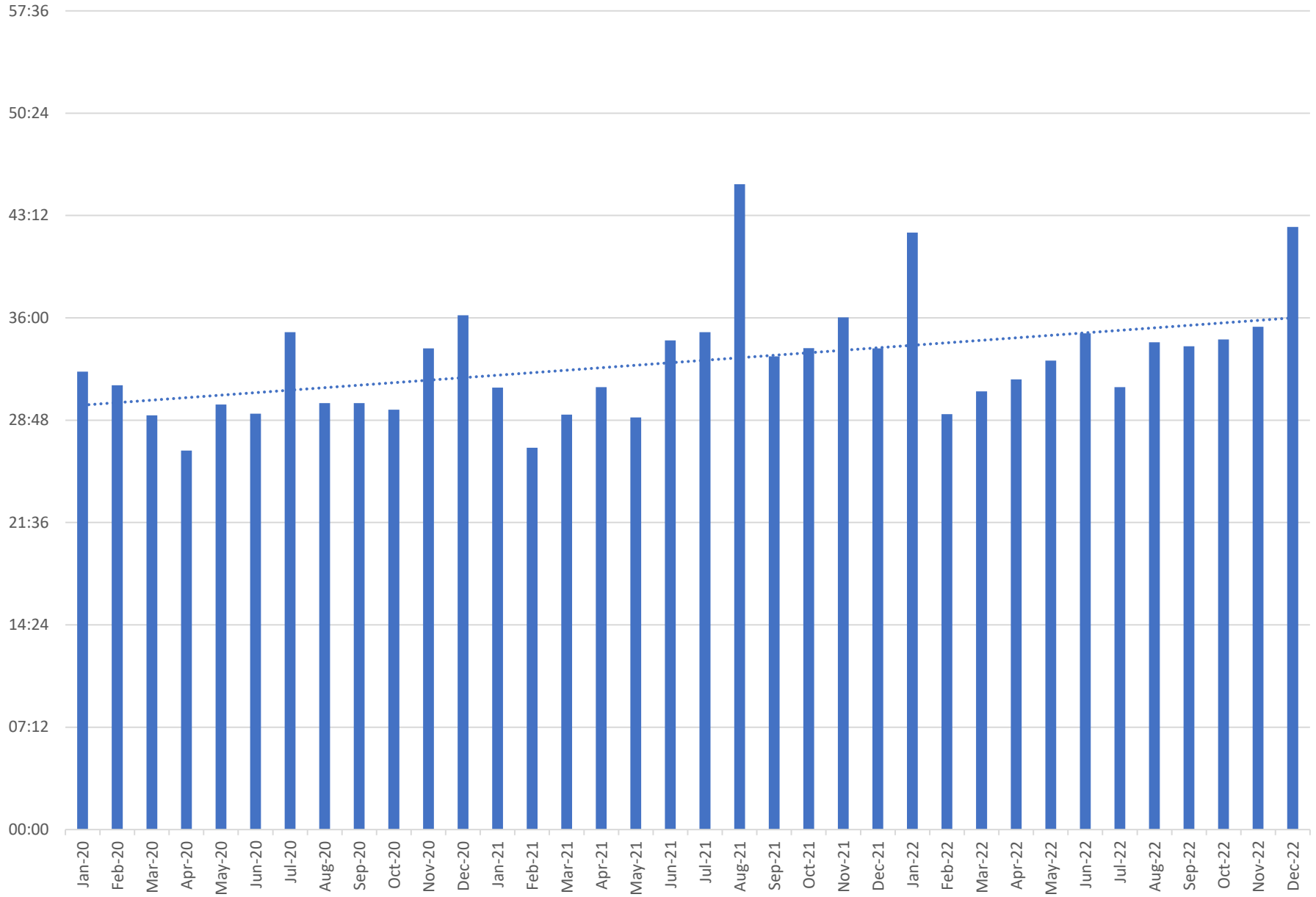
Directions:

List all LEMSA authorized 9-1-1 emergency ambulance receiving Hospitals (add rows as needed). Enter the total 9-1-1 emergency ambulance transports (transport denominator) to the hospital and the 90th percentile patient offload time for that hospital in minutes and seconds (00:00), or you may round to the nearest minute. Enter monthly EMS system totals offloads and 90th percentile for all facilities at the bottom of the reporting spreadsheet.

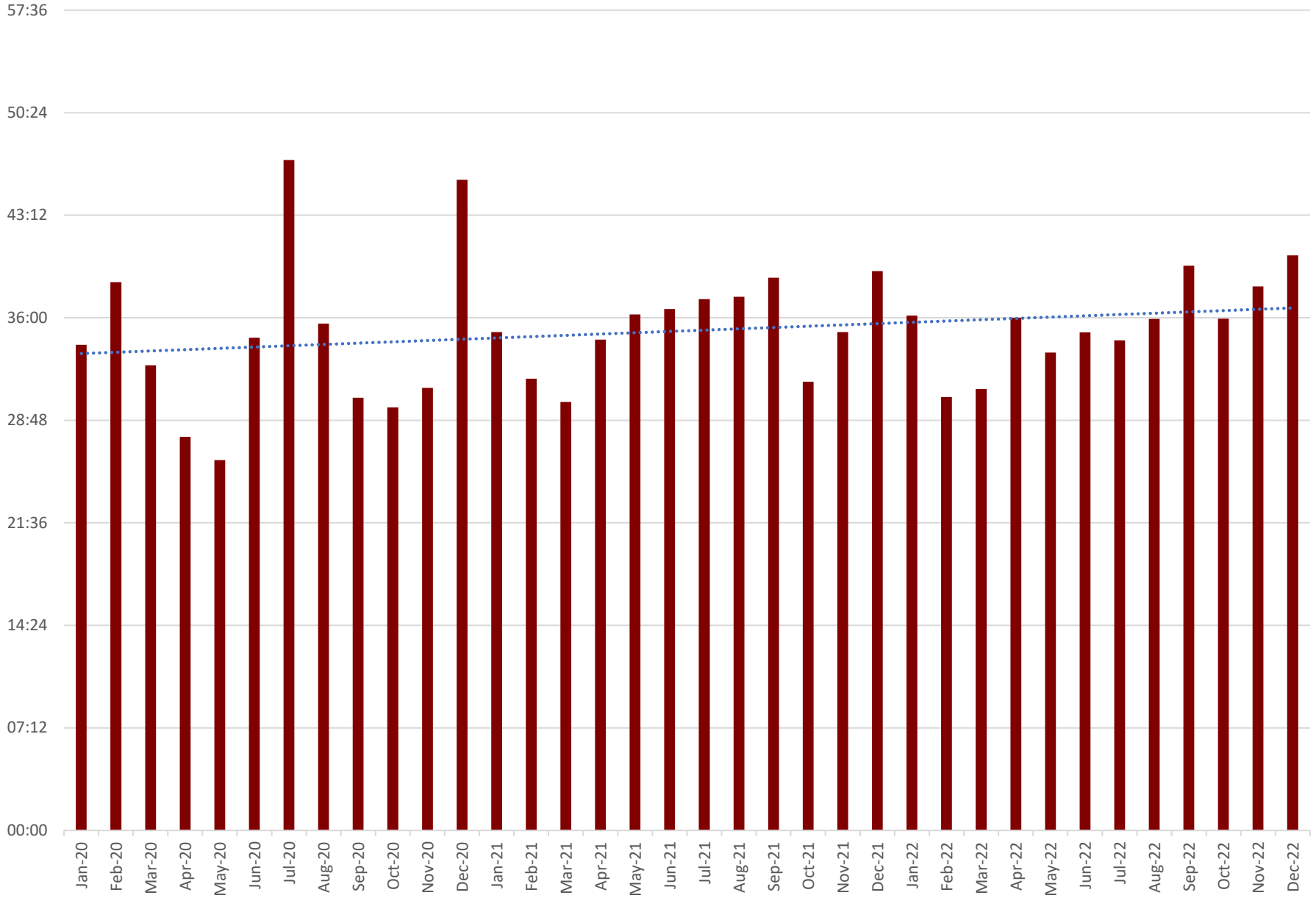
<u>CEMSIS Facility ID</u> (link)	Hospital/Facility Name	October		November		December	
		Offloads	90th Percentile APOT Time	Offloads	90th Percentile APOT Time	Offloads	90th Percentile APOT Time
20247	Adventist Health Lodi Memorial	693	0:34:29	722	0:35:22	783	0:42:24
20094	Dameron Hospital	516	0:35:56	555	0:38:12	556	0:40:23
20098	Doctors Hospital Manteca	367	0:37:46	350	0:32:01	448	0:42:21
20213	Kaiser Permanente, Manteca	317	0:24:23	319	0:28:00	363	0:33:03
20391	San Joaquin General Hospital	1203	0:38:41	1178	0:44:39	1068	0:49:48
20457	St. Joseph's Medical Center of Stockton	2228	0:45:31	2167	0:51:00	2131	0:55:16
20484	Sutter Tracy Community Hospital	335	0:35:36	358	0:44:08	383	0:40:18

EMS System Total (Aggregate)	5659	0:40:15	5649	0:43:54	5732	0:48:41
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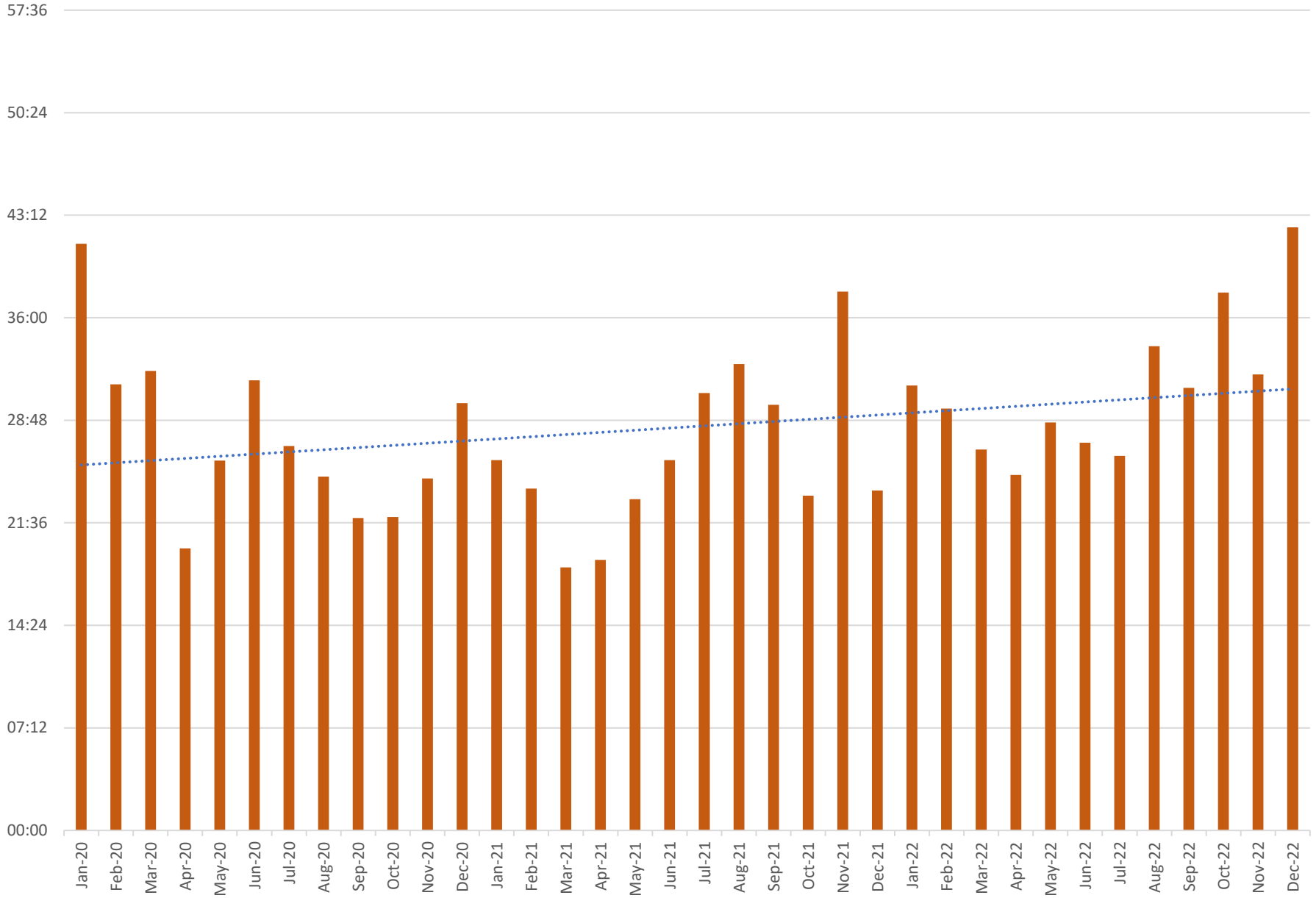
Adventist Health Lodi Memorial



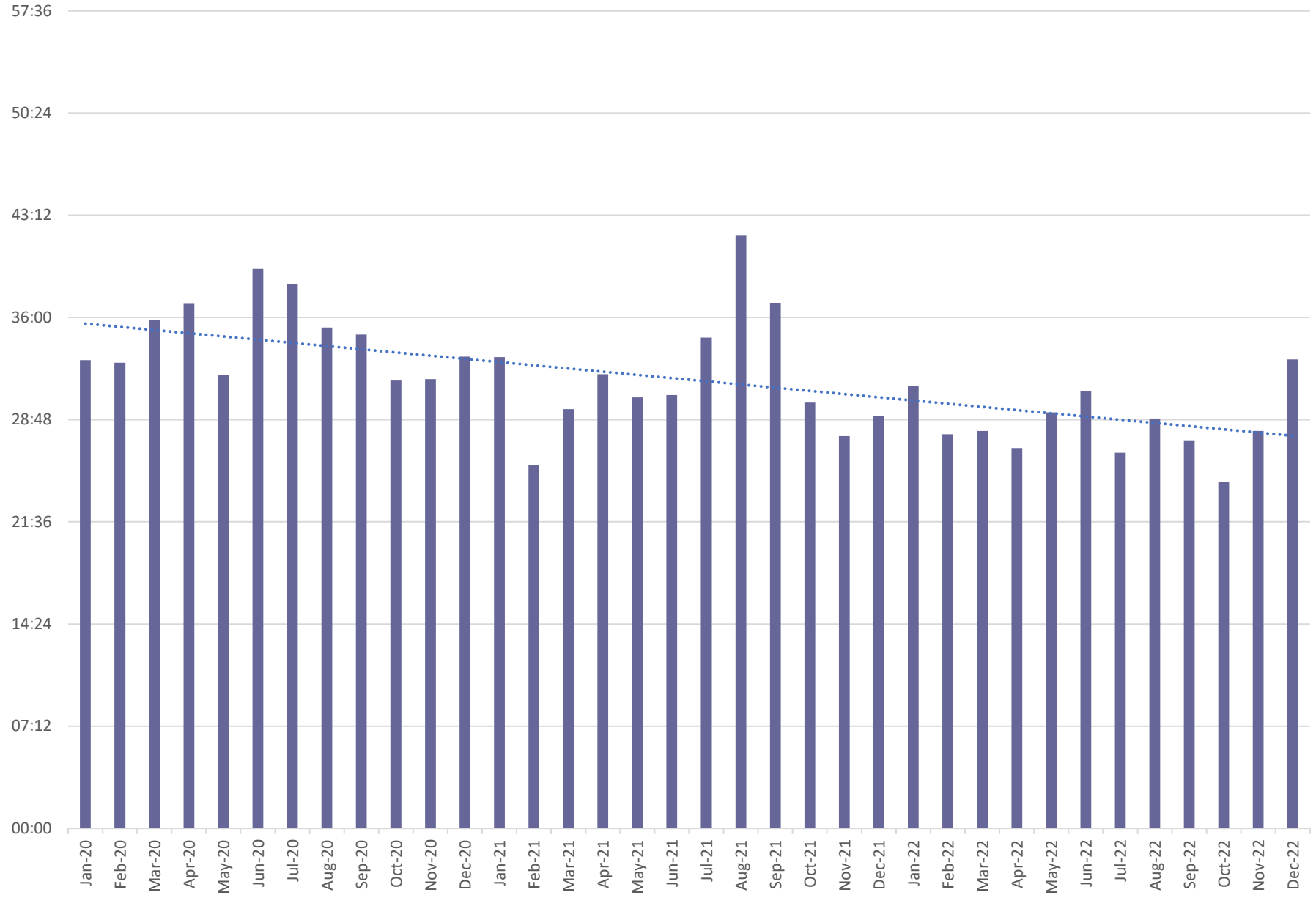
Dameron Hospital



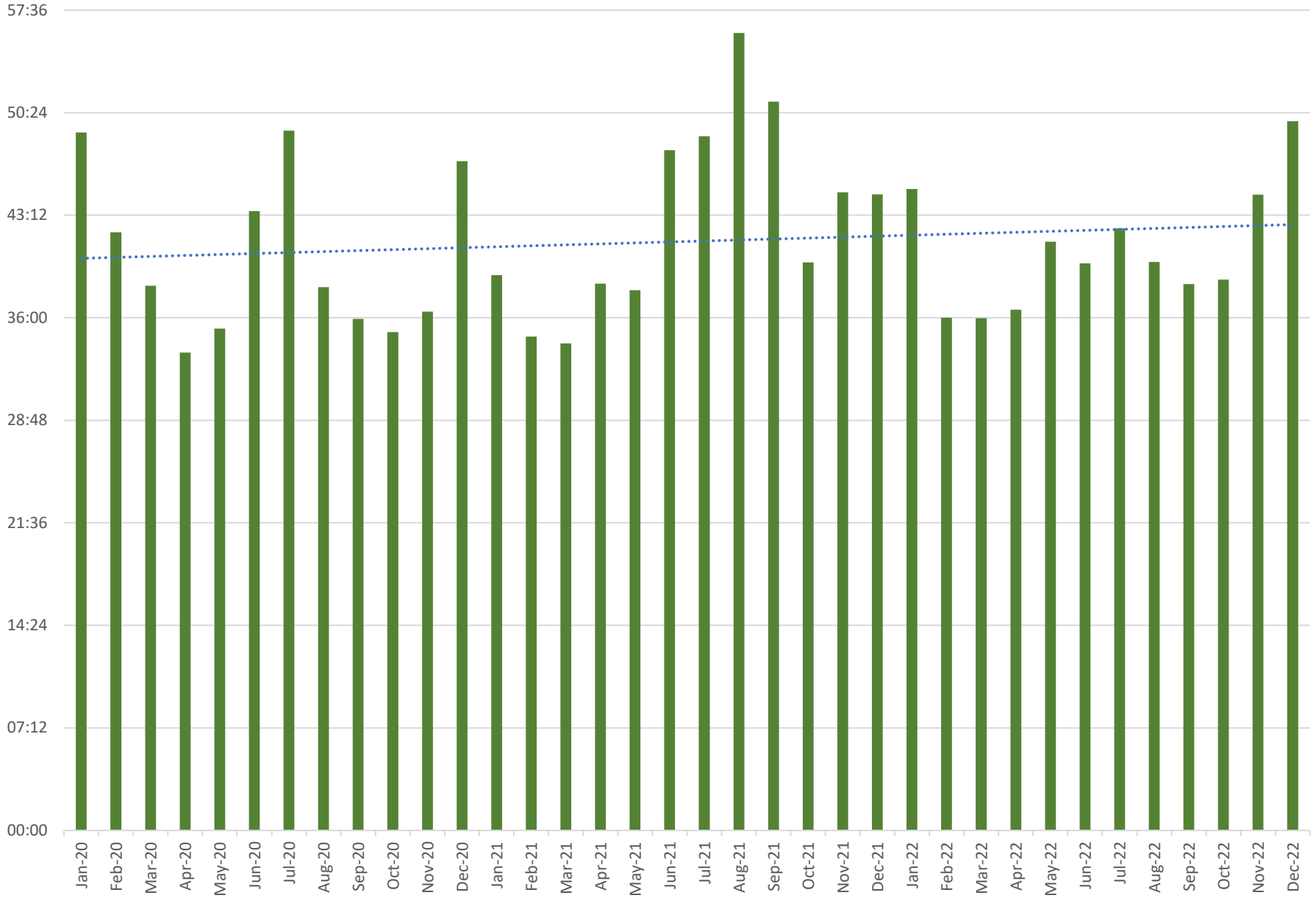
Doctors Hospital of Manteca



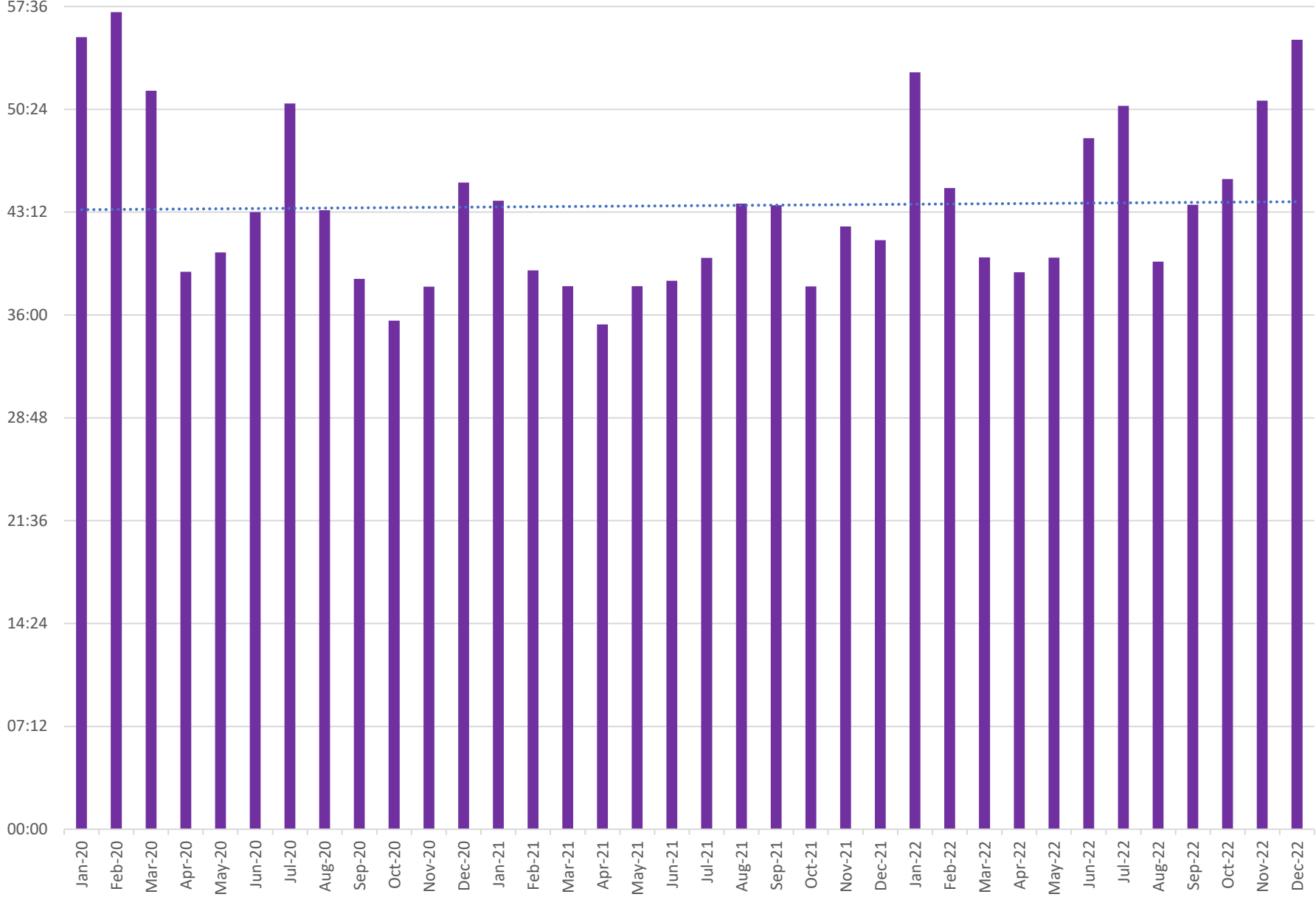
Kaiser Permanente, Manteca



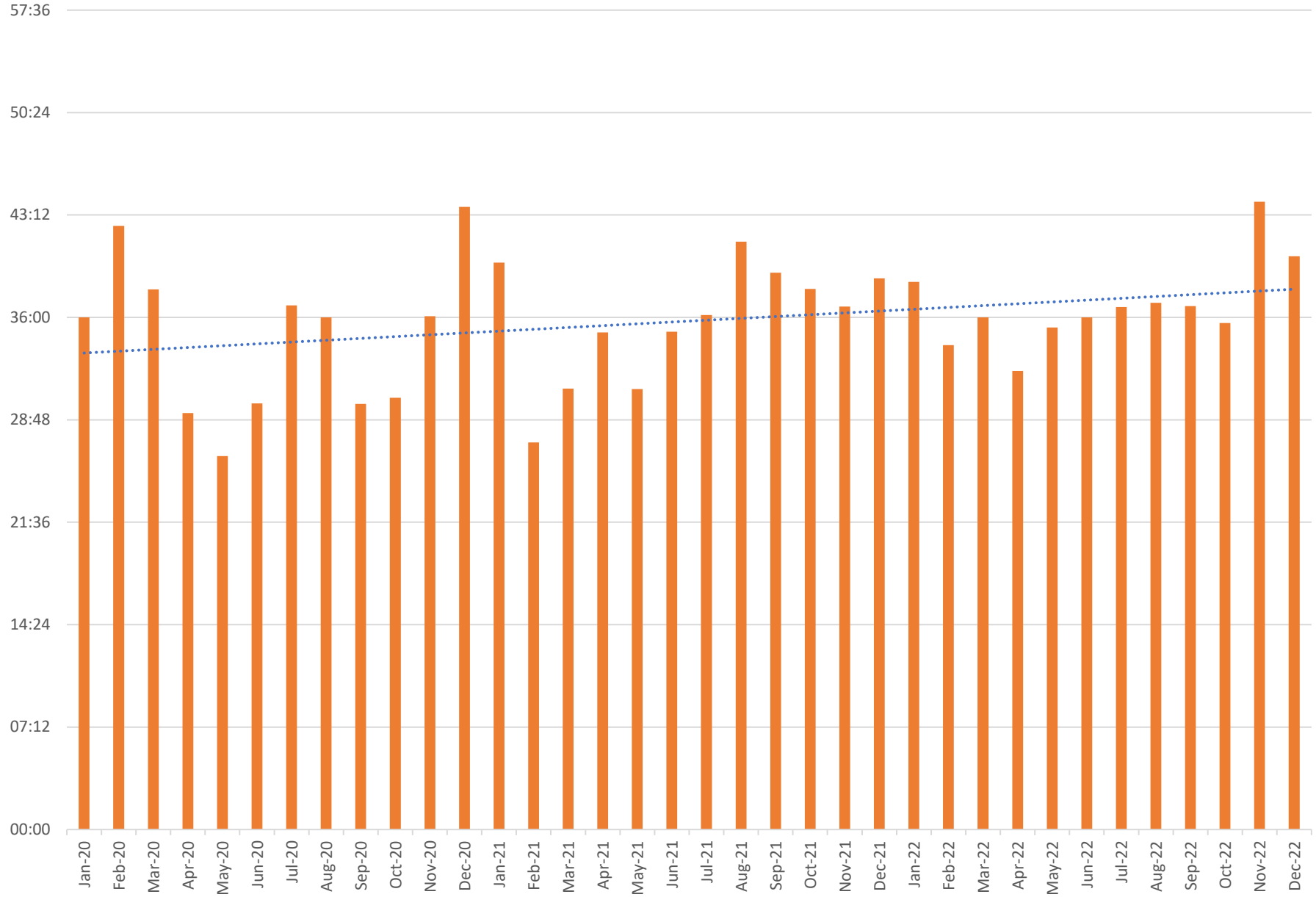
San Joaquin General Hospital



St. Joseph's Medical Center of Stockton



Sutter Tracy Community Hospital



45 Day Public Comment Period – Ending November 21, 2022
 SJCEMSA Comment Responses

POLICY# SECTION # PAGE #	SUBMITTER	COMMENT	RESPONSE
3410	Cheryl Heaney, ED Director	3b...trained and "qualified personnel" - need to define "qualified personnel" For example, staff trained on how to answer the radio and take down the info to pass along to licensed personnel would be "qualified personnel"	Acknowledged. Modifications made to clarify.
3411	Cheryl Heaney, ED Director	Add 2 more types of alerts: ROSC Alert - see attached file for additional medic report info Respiratory Alert - requires vent, bi-pap, eminent intubation	Acknowledged. No changes made. Medical alert encompasses these conditions.
4101	Brian Hajik, Regional Director AMR	Regarding line item speaking to Percutaneous Needle Cricothyroidotomy, our suppliers have advised the Cook Mfg. ENK flow modulator is no longer approved for sale in the US. Alternative kits are available without this brand name. Request consideration to modify language to include "or other approved kits approved by the County Medical Director."	Acknowledged. Modifications made.
4801	Cheryl Heaney, ED Director	repetitive language: 5. PCI and use of fibrinolytics fibrinolytic medications 7. PCI and use of fibrinolytics. footer page numbers show page 8 out of 6 etc...	Acknowledged. Modifications made.
4811	Adrienne Bunyard-Fallquist, Stroke Coordinator KHM	Door to CT time should be in line with Joint Commission standards. Specifically, DSDF.3 c. The hospital has the ability to perform and read a non-contrast computed tomography of the head (head CT) within 45 minutes of patient presentation with stroke symptoms.	Acknowledged. SJCEMSA Policy aligns with 22 CCR § 100270.225.
4985	Brian Carr, Division Chief Stockton Fire Department	Seems long and confusing. Can we shorten it to define APOT. Define an APOD. What pre-hospital personnel responsibility is, regardless of condition of patient, and then hospital/ED staff responsibilities. Keep it short and simple with bullet points outlining the responsibilities.	APOT and APOD definitions are included in the definitions section of policy. Modifications made to clarify prehospital and ED personnel responsibility.

45 Day Public Comment Period – Ending November 21, 2022
 SJCEMSA Comment Responses

POLICY# SECTION # PAGE #	SUBMITTER	COMMENT	RESPONSE
4985	Cheryl Heaney, ED Director	<p>"If receiving hospital personnel deny or unnecessarily delay and emergency patient's entry into the emergency department then EMS personnel are directed to: 1. Transport the patient to the next closest receiving hospital or specialty care center (e.g. STEMI, stroke, trauma); and Report the occurrence pursuant to SJCEMSA Policy No. 6101, Sentinel Event Reporting Requirements. " Modify to: EMS personnel are directed to: 1. Contact their supervisor and notify of the situation. 2. The ambulance supervisor is to contact the ED charge nurse or manager and discuss the plan for off-load. 3. If there is no plan, and no estimated time of off-load that is acceptable, then the patient will be transported to the next closest receiving hospital or specialty care center (e.g. STEMI, stroke, trauma); and Report the occurrence pursuant to SJCEMSA Policy No. 6101, Sentinel Event Reporting Requirements. This creates an EMTALA situation as once pt is on hospital grounds seeking medical care, they are to have an MSE. This all can be avoided with good communication between the ambulance supervisors and ED charge nurse/manager. We have had situations where a few medics were just turning around and leaving without much communication, collaboration, or escalation of concerns to the charge nurse. The ED charge nurse and ambulance supervisors should be involved before any patient is taken from one hospital to another - this is unnecessary, creates further care delays, and can be avoided with good communication.</p>	<p>This section of the policy is about denial of entry not APOT/APOD once patient is in the ED. EMTALA does not pertain to prehospital policies and procedures.</p>

45 Day Public Comment Period – Ending November 21, 2022
SJCEMSA Comment Responses

POLICY# SECTION # PAGE #	SUBMITTER	COMMENT	RESPONSE
5502	Bryan Carr, Division Chief Stockton Fire Department	Would like explanation and history on the role of EMR in the EMS system in San Joaquin County. Would provide better context for re-introducing the EMR scope of practice.	An EMR scope of practice was reintroduced for EMRs still functioning in the county.
5700	Brian Hajik, Regional Director, AMR	Request consideration to add policy permitting the continuation of Total Parental Nutrition (TPN) to the inter-facility ALS scope of practice. Currently we are responding to these at the CCT LOS despite no add'l RN-level interventions being required on many of these trips. Additionally, many of these are long-distance transports which take our CCT out of service for an extended period. CCT is a finite resource and we are currently serving all seven (7) hospitals in-county with priority on the highest acuity patients. With our existing IFT infusion program, this would be a seamless expansion of services to our hospitals and likely to improve response times without a degradation to patient care standards.	Acknowledged. May consider for future protocol revisions.
6102	Bryan Carr, Division Chief Stockton Fire Department	Do not believe that UO definition should include 'exceptional effort or outcome by EMS personnel'. Agree that we should recognize and promote exceptional effort or outcome BUT not under a UO form that is filled with items for possible breach of standard of care; potential harm; medication errors, etc. Create a different form for recognition and promotion of exceptional efforts.	Acknowledged. Modifications made. Separate pathway for exceptional efforts will be developed in the future.
6102	Cheryl Heaney, ED Director	So hospitals will no longer fill out any EMS unusual occurrence reports the way the policy reads. Concerns addressed real time - what if medic is not receptive to feedback/conversation? Is an EMS UO filled out then, or is it just escalated administratively to the respective EMS provider??	Acknowledged. Modifications made. "EMS system participants" is a broad term for both prehospital and hospital. Interpersonal complaints that are not SJCEMSA policy violations shall go to the provider's supervisor.

45 Day Public Comment Period – Ending November 21, 2022
SJCEMSA Comment Responses

POLICY# SECTION # PAGE #	SUBMITTER	COMMENT	RESPONSE
7001	Cheryl Heaney, ED Director	the policy only references EMS personnel reaching the EMS duty officer - hospitals also reach out to the EMS duty officer in certain circumstances - should this be added to the policy?	Acknowledged. Modifications made. "EMS system participants" is a broad term for both prehospital and hospital.

PURPOSE:

-The purpose of this policy is to define the requirements and elements of ~~for ALS~~ medical communications between prehospital personnel paramedics and Base Hospitals or Receiving Hospitals in the prehospital environment.

AUTHORITY: Health and Safety Code, Division 2.5 Section 1797.220, 1798 et seq.

DEFINITIONS:

- A. "Base Hospital" and "Disaster Control Facility (DCF)" means a facility in San Joaquin County designated by SJCEMSA to perform the functions of a base hospital ~~San Joaquin General Hospital~~ which is responsible for directing the prehospital care system in accordance with the policies and procedures of the SJCEMSA EMS Agency.
- B. "Receiving Hospital" means a licensed general acute care hospital with a permit for basic or comprehensive emergency services authorized by SJCEMSA to receive patients from the prehospital environment.

POLICY:

~~B.~~ It is the policy of SJCEMSA to require prompt and effective two-way prehospital communication between prehospital personnel and the Base Hospital or Receiving Hospitals.

PROCEDURE

- I. Paramedics may only accept on-line medical direction from a MICN or Base Hospital Physician (BHP) from a SJCEMSA designated Base Hospital ~~San Joaquin General Hospital~~.
- II. When conducting radio communication between the field and a Receiving Hospital, no patient names, or other patient identifying information shall be used, except at the request of the physician and with the patient's approval.

~~Terms such as "Code three" or "Code two" are driving conditions and shall not be used to describe patient condition.~~

~~Terms such as "ALS" or "BLS" shall not be used to describe the care or treatment~~

Effective: July 1, 2023

Supersedes:

Approved: Signature on file
Medical Director

Signature on file
EMS Administrator

~~provided or patient severity.~~

III. Standard patient presentations to the ~~B~~base ~~H~~hospital or ~~R~~receiving ~~H~~hospital should be kept to sixty (60) seconds or less.

~~IV.~~ Base ~~H~~hospital contact shall be made as required by SJCEMSA EMS Agency policies and when prehospital personnel need to consult with a MICN or BHP.

~~IV.~~

~~V.~~ ALS Communications:

~~V.~~ Paramedics Prehospital personnel shall use the med-net radio to make ~~base~~ hospital contact. -If radio failure occurs or radio communication cannot be established the ~~p~~Prehospital ~~personnel~~paramedic may contact the ~~B~~base ~~H~~hospital or Receiving Hospital by using a cellphone or landline phone on the assigned recorded telephone line.

~~A.~~ VIII. Field to Hospital

~~B.~~ 1. Paramedics using telephone communication with the base hospital shall submit a Med-Net Radio Problem Report Form to the EMS Agency within 24 hours of occurrence.

ALS Communications shall be classified as follows:

C.

1. MCI Pre Alert: The primary responding ambulance or ambulance provider supervisor shall notify the DCF in the event of a potential multi-casualty incident (MCI) or disaster. This notification shall be made as soon as an ambulance is dispatched to the incident. Early notification allows the DCF to obtain accurate bed and surgeon availability.

4.

2. ALS Early Notification/Alert Report: Should be brief and last no longer than sixty (60) seconds 20 to 30 seconds one (1) to two (2) minutes in duration with minimal questioning. The purpose of the ~~ALS A~~Early Notification/Alert Report is to provide the ~~B~~base or ~~R~~receiving ~~H~~hospital with notice to prepare appropriately for the specific conditions of the patient.

a. Prehospital ALS pPersonnel ~~should consider the~~shall use the Alert Report of this report format in the following situations:

i. Trauma, STEMI, Sstroke, Sepsis, or Medical Aalert.

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Supersedes:

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EMS Administrator

- ii. Obstetric patient with imminent delivery.
 - iii. ~~Uncontrolled life-threatening condition(s).~~
 - iv. ~~Patient report or transport or both will be delayed.~~
 - v. ~~iii.~~ Potential impact on emergency department operations such as the need for decontamination.
- b. The ~~ALS Early Notification~~/Alert Report format is a “heads up” type of report, which ~~the treating paramedic shall provide any member of the transport team may provide.~~ An MICN ~~or Receiving H~~hospital nurse is ~~not~~ required to accept these reports.
- b. ~~However, base and receiving hospitals shall ensure that only qualified personnel with proper training are used in field to hospital communications.~~
3. ~~Advisory Standard Report~~: Called in to the ~~R~~receiving ~~H~~hospital as an “information only” report ~~and used for patients when standing orders have been followed, treatment has been rendered, and the patient is or has been stabilized and no further orders or direction is required.~~
- a. ~~At a minimum,~~ the prehospital provider administering patient care shall provide an ~~advisory standard~~ report to either the ~~B~~base ~~H~~hospital or ~~R~~receiving ~~H~~hospital (as appropriate) for all patients transported.
 - b. ~~Base and R~~receiving ~~H~~hospitals shall ensure that only trained and qualified personnel receive ~~Alert Reports~~ advisory reports.
 - c. ~~For use with patients in the following situations:~~
 - i. ~~b.~~ ~~BLS t~~Treatment has been rendered and the patient has stabilized and/or no further order or direction is required.
 - ii. ~~SALS standing orders have been implemented by a Paramedic and the patient has stabilized and/or no further order or direction is required.~~
 - iii. ~~—~~
 - iv. ~~—~~
4. ~~Base Hospital/ALS Consultation Report~~:
- a. Report format used when:
 - i. A patient’s medical condition requires that the paramedic seek medical direction or advice from the base physician or MICN.
 - ii. A patient is refusing treatment or transport against medical advice (AMA) after a patient has already received a BLS (e.g. oral glucose) or ALS intervention (e.g. naloxone) or if in the opinion of

Effective: July 1, 2023

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- the attending paramedic the patient has a medical condition requiring transport to a receiving hospital.
- iii. Assistance is needed with unusual patient presentation or to resolve disagreements between paramedics about patient treatment.
 - b. This type of consultation report is directed to the base hospital regardless of patient's intended destination.
 - c. The attending paramedic shall make this report personally unless prevented by the need to provide immediate patient care.
 - ~~d. If the patient destination is not the base hospital where the patient report was called, it is the responsibility of the base hospital to provide a patient report to the receiving hospital where the patient is being transported.~~

VI. Report Format, EMS Policy No. 3411, ALS Radio Report Format.

Effective: -July 1, 2023

Supersedes:

Approved: Signature on file
Medical Director

Signature on file
EMS Administrator

SAN JOAQUIN COUNTY
EMERGENCY MEDICAL SERVICES AGENCY

TITLE: PREHOSPITAL FIELD TO HOSPITAL
ALS REPORT FORMATS ~~Radio Report Formats~~ DRAFT

EMS Policy No. 3411

Initial MCI Report	Advisory Report to a Receiving Hospital	Base Hospital Report/ALS Consultation Report
<ol style="list-style-type: none"> 1. Confirm or cancel the MCI Alert. 2. Location of incident. 3. Name of incident, e.g. Blackjack Incident. 4. MCI position title, e.g. Blackjack Medical Group Supervisor. 5. Incident Type: <ol style="list-style-type: none"> a. Trauma. b. Medical. c. Hazmat. 6. Approximate number of patients. 7. Estimated time triage will be complete. 	<ol style="list-style-type: none"> 1. Unit ID. 2. Name and level (EMT or paramedic) of person making report. 3. Trauma, MCI, STEMI or Stroke Alert, if indicated. 4. Transport Code 2 or 3. 5. Patient age, gender, weight(s). 6. Chief complaint. 7. History of incident. 8. Trauma Triage Criteria met (if applicable). 9. Pertinent medical history. 10. Pertinent medications. 	<ol style="list-style-type: none"> 1. Unit ID. 2. Name and level (EMT or paramedic) of person seeking orders. 3. <u>Request for consultation/orders needed (State reason for calling)</u> 4. Trauma, MCI, STEMI or Stroke Alert, if indicated 5. Transport Code 2 or 3. 6. Patient age, gender, weight. 7. Chief Complaint. 8. History of incident. 9. Trauma Triage Criteria met (if applicable).
<p>Second MCI Report</p>		

DRAFT

Effective: ~~July 1, 2023~~ July 1, 2014
Supersedes: ~~January~~ July 1, 2012 2014

Approved: Signature on file
Medical Director

Signature on file
EMS Administrator

TITLE: PREHOSPITAL FIELD TO HOSPITAL
ALS-REPORT FORMATS~~Radio Report Formats~~ DRAFT

EMS Policy No. 3411

<p>8. Total number of patients and their triage categories:</p> <p>a. Immediate</p> <p> 1) Adult.</p> <p> 2) Pediatric.</p> <p>b. Delayed.</p> <p>c. Minor.</p> <p>Note: Patient transport should begin as soon as any immediate patient(s) are ready for transport and destinations are determined by Control Facility or standing orders.</p> <p>Don't delay transport of immediate patients waiting for destinations for all patients.</p>	<p>11. Vital signs to include: blood pressure, pulse, respirations, pulse oximetry.</p> <p>12. Level of Consciousness</p> <p>13. Treatment provided</p> <p>14. Patient response to treatment.</p> <p>15. Estimated time of arrival to receiving hospital</p>	<p>10. Patient Condition (e.g. stable, improving, worsening).</p> <p>11. Vital Signs to include: blood pressure, pulse, respirations, pulse oximetry and Glasgow Coma Scale (best eye, motor, and verbal)</p> <p>12. Interventions:</p> <p> a. BLS Treatment rendered and patient response.</p> <p> b. ALS Standing Orders implemented and patient response.</p> <p>13. Primary survey (LOC, skin signs).</p> <p>14. Secondary Physical Exam.</p> <p>15. Past medical history/PMD.</p> <p>16. Medications/allergies.</p> <p>17. Estimated time of arrival to receiving hospital.</p>
<p>May Receive Prehospital Report:</p> <p>MICN or Base Physician ONLY!</p>	<p>May Receive Prehospital Report:</p> <p>Any Receiving Hospital Medical Personnel</p>	<p>May Receive Prehospital Report:</p> <p>MICN or Base Physician ONLY!</p>

PURPOSE:

-The purpose of this policy is to define the elements requirements for prehospital medical reporting between prehospital personnel aramedics and Bbase or Rreceiving Hhospitals.

AUTHORITY: Health and Safety Code, Division 2.5 Section 1797.220, 1798 et seq.

Effective: July 1, 2023~~TBD~~July 1, 2014
Supersedes: January~~July 1, 2012~~2014

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Medical Director

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EMS Administrator

DEFINITIONS:

- A. “Base Hospital” and “Disaster Control Facility (DCF)” means a facility in San Joaquin County designated by SJCEMSA to perform the functions of a Base Hospital~~General Hospital~~ which is responsible for directing the prehospital care system in accordance with the policies and procedures of the SCJEMSA~~EMS Agency.~~
- B. “Receiving Hospital” means a licensed general acute care hospital with a permit for basic or comprehensive emergency services authorized by SJCEMSA to receive patients from the prehospital environment.
- C. “Medical Alert” means a patients needing immediate physician intervention and bedding at the receiving hospital~~or is rapidly deteriorating.~~
- D. “Trauma Alert” means patients meeting major trauma triage criteria outlined in EMS Policy No. 5210, Major Trauma Triage Criteria.
- E. “Stroke Alert” means patients meeting stroke alert criteria listed in EMS Policy No. 5201, Medical patient destination.
- F. “STEMI Alert” means patients meeting STEMI alert criteria listed in EMS Policy No. 5201, Medical patient destination.
- G. “Sepsis Alert” means patients meeting Septic Shock criteria listed in EMS Policy No 5700, Advanced Life Support Treatment Protocols, AGEN-01.
- ~~—“Pertinent History” means only medical history that is needed to assist in the bedding determination~~
- H.

POLICY:

It is the policy of SJCEMSA to require specific elements to be included in field to hospital medical reporting for standard and effective communication to appropriately triage patients prior to arrival to a hospital.

PROCEDURE:

~~— Reports shall follow the outline listed below.~~

- I. Terms such as “Code three” or “-Code two” are driving conditions and should all not be used to describe patient condition.
- II. Terms such as “ALS” or “BLS” should all-not be used to describe the care or treatment provided or patient severity.

~~— All, and field medical reports treatment performed shall be reported in the format listed below.~~

Effective: July 1, 2023~~TBD~~ July 1, 2014
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III.

<u>Alert Reports</u>	<u>Standard Report</u>
<ol style="list-style-type: none"> 1. <u>Unit ID.</u> 2. <u>Name and Level (EMT or Paramedic) of person making report.</u> 3. <u>Alert type:</u> <ol style="list-style-type: none"> a. <u>Medical Alert or,</u> b. <u>Trauma Alert or,</u> c. <u>Stroke Alert or,</u> d. <u>STEMI Alert or,</u> e. <u>Sepsis Alert.</u> 4. <u>Patient age.</u> 5. <u>Gender.</u> 6. <u>Level of Consciousness.</u> 7. <u>Chief Complaint.</u> 8. <u>Pertinent History.</u> 9. <u>Additional alert specific information:</u> <ol style="list-style-type: none"> a. <u>Medical Alert or,</u> <ol style="list-style-type: none"> i. <u>Pertinent history.</u> b. <u>Trauma Alert or,</u> <ol style="list-style-type: none"> i. <u>Mechanism of injury,</u> ii. <u>Physical findings,</u> iii. <u>Trauma triage criteria meet.</u> c. <u>Stroke Alert or,</u> <ol style="list-style-type: none"> i. <u>Last known well time</u> ii. <u>Blood glucose.</u> d. <u>STEMI Alert or,</u> <ol style="list-style-type: none"> i. <u>Onset time,</u> ii. <u>12 Lead findings.</u> e. <u>Sepsis Alert.</u> <ol style="list-style-type: none"> i. <u>Systemic inflammatory response criteria meet,</u> ii. <u>Infection type</u> 10. <u>Last set of vital signs:</u> <ol style="list-style-type: none"> a. <u>Blood pressure,</u> b. <u>Pulse rate,</u> c. <u>Respiratory rate,</u> 	<ol style="list-style-type: none"> 1. <u>Unit ID.</u> 2. <u>Name and Level (EMT or Paramedic) of person making report.</u> 3. <u>Patient age.</u> 4. <u>Gender.</u> 5. <u>Level of Consciousness.</u> 6. <u>Chief Complaint.</u> 7. <u>Pertinent History</u> 8. <u>Last set of vital signs:</u> <ol style="list-style-type: none"> a. <u>Blood pressure,</u> b. <u>Pulse rate,</u> c. <u>Respiratory rate,</u> d. <u>SpO2,</u> 9. <u>Treatment provided.</u> 10. <u>Estimated time of arrival.</u>

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<p><u>d. SpO2,</u> <u>e. EtCO2, if applicable.</u> <u>11. Treatment provided.</u> <u>12. Estimated time of arrival.</u></p>	
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DRAFT

PURPOSE:

The purpose of this policy is to standardize and establish par levels for the medication and equipment available on EMS response vehicles in San Joaquin County.

AUTHORITY:

Health and Safety Code, Division 2.5, Sections 1797.197, 1797.197a, 1797.206, 1797.220, 1798; California Code of Regulations, Title 22, Division 9, Chapter 2 Section 100063, 100063.1, 100064, and Chapter 4 Sections 100145, 100146, 100168, 100170.

DEFINITIONS:

- A. "Advanced Life Support" or "ALS" means special services designed to provide definitive prehospital emergency medical care, including, but not limited to, cardiopulmonary resuscitation, cardiac monitoring, cardiac defibrillation, advanced airway management, intravenous therapy, administration of specified drugs and other medicinal preparations, and other specified techniques and procedures administered by authorized personnel under the direct supervision of a base hospital as part of the organized EMS system at the scene of an emergency, during transport to an acute care hospital, during inter-facility transfer, and while in the emergency department of an acute care hospital until responsibility is assumed by the emergency or other medical staff of that hospital.
- B. "AMB" means ambulance.
- C. "Basic life support" or "BLS" means emergency first aid and cardiopulmonary resuscitation procedures which, as a minimum, include recognizing respiratory and cardiac arrest and starting the proper application of cardiopulmonary resuscitation to maintain life without invasive techniques until the patient may be transported or until advanced life support is available.
- D. "EMS Service Providers" means those ambulance services, fire departments, fire districts or other entities operating within the organized EMS system.
- E. "EMS Response Vehicle" means all ambulances and any fire apparatus or other motor vehicle used to respond to EMS requests for service.
- F. "EMT Enhanced Skills" means those items specified in EMS Policy No. 2360, EMT Scope of Practice as EMT Enhanced Skills.
- G. "NA" means not authorized.
- H. "NR" means not required.
- I. "NT" means a non-transport EMS response vehicle.
- J. "Par Level" means the minimum quantity of an item stocked at the beginning of a shift and replenished during the shift if below the par level.

TITLE: **EMS RESPONSE VEHICLE MEDICATION AND EQUIPMENT ~~response Vehicle~~
Medication and Equipment _____ EMS Policy No. **4101****

- K. "Organized EMS System" means those entities included in the San Joaquin County EMS Agency's EMS Plan as submitted to the Emergency Medical Services Authority pursuant to Health and Safety Code § 1797.254.
- L. "SJCEMSA" means the San Joaquin County Emergency Medical Services (EMS) Agency, which is the designated local emergency medical services agency for San Joaquin County.

POLICY:

It is the policy of SJCEMSA to standardize and require minimum levels of medical equipment and medications for EMS response vehicles working in the San Joaquin County EMS system.

PROCEDURE:

- I. EMS Service Providers are required to develop a vehicle inspection procedure to ensure compliance with this policy at the start of each shift including a written record of each daily inspection for each EMS vehicle maintained in an auditable format. Records shall be maintained for a minimum of six months. EMS service providers shall require each attending paramedic or EMT to conduct an inspection of their assigned EMS response vehicle at the beginning of their shift.
- II. The attending paramedic or EMT on each EMS response vehicle is responsible for ensuring that all medications and equipment are present at the beginning of each shift, that all equipment is functioning properly, and that all battery-powered devices are charged.
- III. Medications, supplies, and equipment shall be stored in accordance with the manufacturer's recommendation unless otherwise specified in this policy. The use of expired medications and supplies is prohibited.
- IV. The quantities specified are minimum quantities except for controlled substances which are maximum quantities.
- V. EMS service providers shall have and maintain appropriate state and federal approvals for point of care testing including a waiver form from the Centers for Medicare and Medicaid Services, pursuant to the Clinical Laboratory Improvement Amendments (CLIA), for laboratory devices including testing to measure lab values in the prehospital setting as follows:
 - A. BLS NT and BLS AMB for finger stick glucose.

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EMS Administrator

TITLE: **EMS RESPONSE VEHICLE MEDICATION AND EQUIPMENT** ~~response Vehicle~~
Medication and Equipment _____ EMS Policy No. **4101**

- B. ALS NT and ALS AMB for finger stick glucose, capnometry, capnography, and carbon monoxide.
- VI. EMS service providers that are unable to maintain medication or equipment par levels required in this policy due to ongoing or imminent national medication and equipment shortages shall complete and submit Form 4101A Medication Shortage Mitigation and Response Strategies.
- VII. EMS service providers that request a waiver from medication or equipment par levels of this policy shall complete and submit Form 4101B, Request for Waiver of Requirements.

Table 1: ALS and BLS Common Equipment and Supplies	Par Level			
	BLS		ALS	
	NT	AMB	NT	AMB
Airway Management				
In ambulance oxygen source, minimum of 500 PSI with a wall mounted regulator	NR	1	NR	1
Portable oxygen - D or E size cylinders, minimum of 200 PSI, with regulator	1	1	1	1
Spare Portable oxygen - D or E size cylinders, minimum of 1800 PSI	1	1	1	1
Wall mount suction device	NR	1	NR	1
Battery powered suction unit	1	1	1	1
Suction catheters with control for each size Fr 6, 8, 10, 12, 14, 18	1	1	1	1
Connecting tubing for suction units	2	2	2	2
Yankauer Tonsil Tip Suction Catheter	2	2	2	2
Disposable bag valve device - adult, with appropriate connector masks	2	2	2	2
Disposable bag valve device – pediatric, with appropriate connector masks for child and infant	1	1	1	1
Tube of water soluble lubricating jelly (or multiple single use packets)	1	1	1	1
Oropharyngeal Airway Kit (adult, child, infant) each size 0 – 9	1	1	1	1
Tongue blade for use in inserting child and infant OPA	1	1	1	1
Nasopharyngeal Airways, each size Fr 20, 24, 28, 32, 36	1	1	1	1
Nasal Cannula, pediatric	1	1	1	2
Nasal Cannula, adult	2	2	3	3
Adult Non-rebreather oxygen mask	2	2	2	3

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Table 1: ALS and BLS Common Equipment and Supplies	Par Level			
	BLS		ALS	
	NT	AMB	NT	AMB
Pediatric Non-rebreather oxygen mask	2	1	1	2
Adult laryngoscope handle with alkaline batteries or 2 disposable handles	NA	NA	1	1
Pediatric laryngoscope handle with alkaline batteries or 2 disposable handles	NA	NA	1	1
Spare alkaline batteries for laryngoscope handle	NA	NA	2	2
Disposable Macintosh laryngeal blades each size: #1, #2, #3, #4	NA	NA	1	1
Disposal Miller laryngeal blades each size: #0, #1, #2, #3, #4	NA	NA	1	1
Magill Forceps – Adult and Pediatric	NA	NA	1	1
Endotracheal tubes each size: 4.0, 4.5, 5.0, 5.5, 6.0, 6.5, 7.0, 7.5, 8.0, 8.5	NA	NA	1	2
ET tube holder	NA	NA	1	2
Disposable endotracheal tube introducers	NA	NA	2	2
Endotracheal tube stylet	NA	NA	1	2
End tidal CO2 device, adult	NA	NA	1	2
End tidal CO2 device, pediatric	NA	NA	1	2
Nebulizer mask	0	0	1	1
Saline humidifier	1	1	1	1
Breath actuated nebulizer	NA	NA	1	2
Needle and catheter for pleural decompression: 10 or 14 gauge 3.25 inch needle (with Betadine swab, tape, and 10 ml syringe)	NA	NA	4	4
Percutaneous Needle Cricothyroidotomy insertion kit, which includes: 10 ml syringe, Translaryngeal jet ventilator device with push-button and high-pressure tubing with locking device (Adult), 10 <u>or</u> - 12 gauge needle for adult, and Betadine swab, or Enk Oxygen Flow Modulator set, (Adult), and Betadine swab.	NA	NA	1	1
iGel Airway each size 3.0, 4.0, 5.0	NA	NA	2	2
iGel Airway each size 1.0,1.5, 2.0, 2.5	NA	NA	2	2
Pneumatic Continuous Positive Airway Pressure (CPAP) device	NA	NA	1	NA
Zoll Z series™ ventilator with CPAP and/or BiPAP	NA	NA	NA	1
Adult Ventilator Circuits	NA	NA	NA	3
CPAP mask compatible with Zoll Z series™ ventilator each size large and extra large	NA	NA	NA	3

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Table 1: ALS and BLS Common Equipment and Supplies	Par Level			
	BLS		ALS	
	NT	AMB	NT	AMB
Inline Hepa Filter	NA	NA	1	2
Assessment and Treatment				
Stethoscope	1	1	1	2
Penlight	1	1	1	1
Blood pressure cuff: thigh, adult, child, infant	1 ea	1 ea	1 ea	1 ea
Patient thermometer (temporal or noncontact)	1	1	1	1
Pulse oximetry device approved by the Food and Drug Administration (FDA);	1	1	1	1
Blood glucose measuring device approved by the FDA with multiple test strips	NA	NA	1	1
Length based pediatric resuscitation tape	NR	NR	1	1
Cardiac monitor with defibrillation/pacing/12 lead capable	NA	NA	1	1
Pediatric defibrillation equipment	NA	NA	1	1
ECG electrodes all patient sizes	NA	NA	6	9
Automated External Defibrillator – Compliant with the current AHA Guidelines and capable of delivering both adult and pediatric shocks	1	1	NR	NR
AED cables and pads for sizes adult and pediatric	1	1	NR	NR
Piston style mechanical compression device	1	0	1	0
Bandage shears (heavy duty)	1	1	1	2
Rolls of tape, size 1" or 2" or 3" Hypoallergenic (Transpore/paper)	2	2	2	2
Emesis basins	NR	2	NR	2
Bed pan/fracture pan	NR	1	NR	1
Urinal	NR	1	NR	1
OB Kit, which includes: (1) pair of sterile gloves, (1) drape sheet, (2) umbilical clamps, (4) disposal towels, (2) O.B. towelettes, (1) bulb syringe, (2) alcohol preps, (1) O.B. sterile pad (1) plastic bag for placenta, (2) twist ties, (1) receiving blanket, (3) gauze sponges, (pk/2)	1	1	1	1
Ring Cutter	1	1	1	1
Soft ankle/wrist restraints	0	4	0	4

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Table 1: ALS and BLS Common Equipment and Supplies	Par Level			
	BLS		ALS	
	NT	AMB	NT	AMB
Trauma				
Board for use in extrication	1	1	1	1
One or more of the following for use in patient movement on scene: collapsible litter, pole-less litter, soft or tarp litter, or stokes litter	1	1	1	1
Scoop stretcher	0	1	0	1
Kendrick Immobilization Device (KED) or similar device approved by the EMS Agency	1	1	1	1
Pediatric immobilization device	0	0	0	1
X-Collars™	4	4	4	4
Soft cervical collars – small pediatric	2	2	2	2
Adult traction splint for femur	1	1	1	1
Pediatric traction splint for femur or adult traction splint that adjusts to pediatric size	1	1	1	1
Rigid splints for splinting each extremity	1	2	1	2
Sterile burn sheets	2	2	2	4
Occlusive dressings	2	2	2	4
2 x 2 gauze pads Sterile	0	0	4	8
4 x 4 gauze pads Sterile	10	10	10	10
Hemostatic dressings: Quick Clot Combat Gauze LE; or Quick Clot, EMS Rolled Gauze, 4x4 Dressing, Trauma Pad; or Celox Gauze, Z-Fold Hemostatic Gauze; or Celox Rapid, Hemostatic Z-Fold Gauze	2	2	2	2
Trauma dressings	2	2	2	4
Gauze roll type bandages, size 2 or 4 or 6	2	2	2	4
Triangular bandages	1	1	1	2
Instant ice packs	2	2	2	8
Trauma Tourniquets: SOF Tactical Tourniquet or the Combat Application Tourniquet (CAT)	4	4	4	4
General Equipment				
San Joaquin County Map Book (current within 2 years) or GPS Equivalent	1	1	1	1
Map book for assigned response zones or district (current within 1 year) or GPS Equivalent	1	1	1	1
Battery operated flashlight	1	1	1	1
Functional environmental controls for heat and air conditioning for	NR	1	NR	1

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Table 1: ALS and BLS Common Equipment and Supplies	Par Level			
	BLS		ALS	
	NT	AMB	NT	AMB
the patient compartment.				
Patient compartment door latches operable from inside and outside.	NR	1	NR	1
Patient sheets (disposable)	0	2	0	4
Patient blankets (disposable)	1	2	1	2
Patient pillows	0	2	0	2
Ambulance gurney with mattress, capable of elevating the head, feet, and adjustable to several levels.	0	1	0	1
VHF and UHF mobile radio with minimum of 45-watt power located in the driver's compartment programmed to communicate with dispatch, hospitals, and other responding units to include the following frequencies: SJC Med Net channels 1 through 8, SJC HEAR, and Cal Cord.	NR	1	1	1
UHF control head, microphone and speaker installed in each ambulance's patient compartment to communicate with the base and receiving hospitals.	NR	1	NR	1
San Joaquin County EMS Agency BLS Protocols	1	1	1	1
San Joaquin County EMS Agency ALS Protocols	NR	NR	1	1
Field Operations Guide ICS 420-1 (<i>FOG Manual</i>), current edition	1	1	1	1
START triage tags	50	20	50	50
MCI Vests - Medical Group Supervisor, Triage Unit Leader (minimum)	0	0	1	1
Infection Control				
Bottle of instant hand sanitizer (alcohol based) or box of disinfectant wipes for human use.	1	2	1	2
Biohazard bags (various sizes recommended)	2	3	3	5
Commercial Biohazard spill kit or equivalent	1	1	1	1
Covered waste container	0	1	0	1
Needle disposal system, which is OSHA compliant	1	1	1	1
Antibacterial disinfectant solution	1	1	1	1
Latex free gloves in sizes small, medium, large, extra-large.	1 box	1 box	1box	1 box
Isolation Kit including: (2) Gowns, (2) N95 or N100 respirators, (2) eye/face splash guards. Must have sizes sufficient for all staff necessary to meet OSHA requirements.	3	2	3	2

Table 2: BLS Specific Medications, Supplies, and Equipment	Par Level	
	BLS NT	BLS AMB
Epinephrine auto-injector (adult) 0.3mg	1	1
Epinephrine auto-injector (pediatric) 0.15mg	1	1
Naloxone preload syringe	2	1
Mucosal Atomizer Device	2	1
Glucose for oral administration (tube)	1	1
Saline/Sterile Water Irrigating	2000 ml	2000 ml
Glucometer with spare batteries	1	1
Glucometer test strips	25	25
Aspirin chewable 81 mg tablets	1 bottle	1 bottle
Dial-a-Flow or equivalent	NA	1

Table 3: ALS Specific Medications, Supplies, and Equipment	Par Level	
	ALS NT	ALS AMB
Acetaminophen – liquid for oral administration	2,600 mg	2,600 mg
Adenosine for injection	30 mg	30 mg
Albuterol Aerosolized Solution 2.5 mg each	4	8
Aspirin, chewable 81 mg tablets	1 bottle	1 bottle
Atropine for injection	3 mg	6 mg
Atrovent (Ipratropium bromide HFA) 0.5 mg packets	2	3
Diphenhydramine for injection	50 mg	100 mg
Diphenhydramine – liquid for oral administration	50 mg	100 mg
Calcium Chloride for injection	0	1 gm
Dextrose 50% for injection or; Dextrose 10% solution in 250 ml bags for injection	50 gm or (3) 250 ml bags of 10% solution or combination	75 gm or (2) 250 ml bags of 10% solution or combination
Dopamine for injection	0	400 mg
Epinephrine 1:1,000 for injection	2 mg	4 mg
Epinephrine 1:10,000 for injection	4 mg	8 mg
Fentanyl for injection	300 mcg	500 mcg
Glucose for oral administration (tube)	2	2
Ibuprofen – liquid for oral administration	1,600 mg	1,600 mg
Lidocaine for injection	400 mg	400 mg
Magnesium Sulfate for injection	4 gm	8 gm
Midazolam for injection	10 mg	20 mg
Morphine Sulfate for injection	20 mg	40 mg

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Table 3: ALS Specific Medications, Supplies, and Equipment	Par Level	
	ALS NT	ALS AMB
Naloxone for injection	2 mg	4 mg
Nitroglycerin spray (minimum of 60 metered doses) or Tablet 1/150 gr	1 bottle	2 bottles
IV Normal Saline 250ml (maintained at manufacturer's recommended temperature range)	4	4
IV Normal Saline 1000ml bags (maintained at a range of 2 degrees within normal body temperature)	2	2
IV warming system capable of maintaining two 1000ml bags at a range of 2 degrees within normal body temperature	1	1
IV Normal Saline 500ml or 1000ml bags (maintained at manufacturer's recommended temperature range)	4000 ml	8000 ml
Normal saline for injection 10ml or 20 ml vials or preloads	4	4
Saline/Sterile Water 1000ml Irrigating	2	5
Ondansetron – Packet of 2 x 4mg oral disintegrating tablets	8 mg	16 mg
Ondansetron for injection	0	16 mg
Sodium Bicarbonate for injection	50 mEq	100mEq
IV start kit, which contains: – (2) Alcohol or Chlorhexidine wipes, (1) Roll tape, 3/4", (2) – 2" x 2" gauze sponge, (1) ID label, (1) Providone iodine prep, (1) Adhesive bandage, (1) Latex Free Tourniquet, (1) OpSite Dressing (or equivalent)	3	8
Disposable razors	2	2
IV catheters each size: 16ga, 18ga, 20ga, 22ga	2	5
IV catheters each size: 14ga, 24ga	2	2
Hypodermic needles each size: 20ga, 21ga, 22ga, 23ga, 25ga	2	5
Disposable syringes each size: 1ml sub-q, 3ml, 5ml/6ml, 10ml/12ml	2	3
Disposable syringes each size: 20ml/30ml	1	2
EZ-IO drill	0	1
EZ-IO Needles each size: 15mm, 25mm	0	1
Betadine solution or swabs	2	4
Solution administration set, Macro drip	2	4
Solution administration set, Micro drip	1	2
IV extension tubing	2	4
Secondary IV infusion kit	2	4
Medication added labels	2	4
Saline locks	2	4
Dial-a-Flow or equivalent	1	1
1000ml Pressure infusion bag or equivalent	1	1

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Medical Director

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EMS Administrator

TITLE: EMS RESPONSE VEHICLE MEDICATION AND EQUIPMENT ~~response Vehicle~~
Medication and Equipment _____ EMS Policy No. 4101

Table 3: ALS Specific Medications, Supplies, and Equipment	Par Level	
	ALS NT	ALS AMB
Mucosal Atomizer Device	2	2

Table 4 Optional Equipment	Par Level	
	ALS NT	ALS AMB
<u>Non C Channel Video Laryngoscope with photo or video recording ability</u> <u>*Must be approved by medical director prior to being put into service.</u>	<u>1</u>	<u>1</u>

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Medical Director

Signature on file
EMS Administrator

PURPOSE:

The purpose of this policy is to establish requirements for designation as a STEMI Receiving Center (SRC) in San Joaquin County.

AUTHORITY:

Health and Safety Code, Division 2.5, Sections 1797.67, 1797.88, 1797.220, 1798, and 1798.170; California Code of Regulations, Title 22, Division 9, Chapter 7.1.

DEFINITIONS:

- A. “STEMI Receiving Center” or “SRC” means a licensed general acute care facility that meets the requirements for designation as set forth by the San Joaquin County EMS Agency and is able to perform a PCI.
- A.B. “Cardiac Catheterization Team” means the specially trained health care professionals that perform percutaneous coronary intervention. It may include, but is not limited to, an interventional cardiologist, mid-level practitioners, registered nurses, technicians, and other ~~hospital personnel needed to perform PCI~~ health care professionals.
- B.C. “Interventional Cardiologist” means a physician credentialed by the SRC.
- C.D. “Percutaneous Coronary Intervention” or “PCI” means a procedure used to open or widen a narrowed or blocked coronary artery to restore blood flow supplying the heart, usually done on an emergency basis for a STEMI patient.
- D.E. “PCI Procedure Success” means achievement of tThrombolysis in Myocardial Infarction (TIMI) Grade III flow. To ~~of <30% residual diameter stenosis of all treated lesions as assessed by visual inspection or Quantitative Coronary Analysis (QCA), without an in-hospital major adverse cardiac event (death, MI, or repeat coronary revascularization of the target lesion). Note: For some device interventions (e.g., balloon angioplasty), achievement of <50% diameter stenosis by visual inspection or QCA is an acceptable definition for procedure success.~~
- E.F. “SJCEMSA” means the San Joaquin County Emergency Medical Services (EMS) Agency.
- F.G. “STEMI” means ST Segment Elevation Myocardial Infarction and refers to a clinical syndrome defined by symptoms of myocardial infarction in association with ST-segment elevation on electrocardiogram. ~~an abnormal finding in a 12-Lead ECG that is indicative of coronary artery perfusion blockage.~~
- G. ~~“STEMI Receiving Center” or “SRC” means a licensed general acute care hospital facility that meets with the capability to perform PCI which has satisfied the requirements for designation as set forth by the San Joaquin County EMS Agency and is able to perform PCI.~~

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H. “STEMI Team” means the clinical personnel, support personnel, and administrative staff that function together as part of the hospital’s STEMI program.

I. “Door-to-Balloon” means the time interval as measured from the time the patient arrives at the hospital emergency department until restoration of blood flow (PCI).

J. “Door-to-Needle” means the time interval as measured from the time the patient arrives at the hospital emergency department until initiation of fibrinolytic therapy.

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POLICY:

It is the policy of SJCEMSA to require specific criteria for designation of STEMI Receiving Centers in San Joaquin County.

PROCEDURE:

I. Designation Criteria:

A. Hospital Services:

~~A.~~

1. Hold a special permit from the California Department of Public Health (CDPH) for Basic or Comprehensive Emergency Medical Services.

~~2.~~ Hold a special permit from CDPH for a Cardiac Catheterization Laboratory ~~with laboratory~~

~~2.3.~~ Maintain services available for diagnosis and treatment of STEMI patients to operate 24 hours per day, 7 days per week, 365 days per year.

~~3.4.~~ Hold a special permit from CDPH for Cardiovascular Surgery Service.

~~4.5.~~ Intra-aortic balloon pump capability available to operate 24 hours per day, 7 days per week, 365 days per year.

~~5.6.~~ Have in place policies and procedures for the automatic acceptance of any STEMI patient being transferred from a non-SRC designated hospital ~~another acute hospital~~ in San Joaquin County.

~~7.~~ Agree to be responsible for all expenses related to participation as a designated SRC, including the costs associated with reception and transmission of 12-lead ECG transmission by ambulance.

~~6.8.~~ Capability to receive and interpret 12 lead ECG transmissions from the field SJCEMSA Advanced Life Support providers 24 hours per day, 7 days per week, 365 per year.

~~7.9.~~ Have a single-call activation system to activate the Cardiac Catheterization Team directly.

B. Required Hospital Personnel:

~~B.~~

1. SRC Medical Director

a. The hospital shall designate a medical director for the STEMI program who shall be a physician certified by the

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American Board of Internal Medicine (ABIM) with current ABIM sub-specialty certification in Cardiovascular Disease, who will ensure compliance with SRC standards and perform ongoing Quality Improvement (QI) as part of the hospital QI Program.

b. The SRC Medical Director must be a credentialed member of the medical staff with PCI privileges.

~~b.~~

2. SRC Program Manager:

~~2.~~

a. ~~The SRC shall designate~~ A fulltime STEMI ~~a~~ program manager ~~for the STEMI program who is~~ shall be a registered nurse with qualifications including evidence of educational preparation and clinical experience in the care of STEMI patients and the administrative ability. ~~-The STEMI program manager must have sufficient authority to perform the multidisciplinary nature of the job reporting directly to the director of nursing or higher within the organization.~~

~~a. experience in Emergency Medicine or Cardiovascular Care, who shall assist the SRC Medical Director to ensure compliance with SRC standards and the QI program.~~

3. Physician Consultants:

~~3.~~

a. The SRC shall maintain a daily roster of the following on-call physicians:

i. Interventional Cardiologists who shall be available to arrive at the catheterization lab within thirty (30) minutes of a STEMI alert/activation.

ii. Cardiovascular Surgeon available to provide on-site cardiac surgery.

4. The SRC will submit a list of Cardiologists with active PCI privileges to SJCEMSA annually.

~~b.~~

~~5. Cardiovascular Lab Coordinator:~~

~~a. The SRC shall have a Cardiovascular Lab Coordinator who shall assist the SRC Medical Director and SRC Program Manager to ensure compliance with SRC standards and the QI Program.~~

6. Intra-aortic balloon pump staff(s).

~~c.~~

~~7.~~

d. Appropriate cardiac catheterization nursing and support

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personnel.

~~8.~~
C. Required Clinical Capabilities:

C.

1. Perform a minimum of 36 primary (emergency) PCI procedures and ~~2050~~ total (emergency plus elective) PCI procedures annually to qualify as an SRC.

~~2.~~ ~~The SRC's Interventional cardiologists perform a minimum number of PCI procedures per year as established by the SRC.~~

~~3-2.~~ An Intra Aortic Balloon Pump shall be available on site 24 hours per day, 7 days per week, 365 days per year with a person capable of operating this equipment.

~~4-3.~~ The Cardiac Catheterization Laboratory shall be operable 24 hours per day, 7 days per week, and 365 days per year.

~~5.~~ ~~Capability to receive and interpret 12 lead ECG transmissions from the field 24 hours per day, 7 days per week, 365 per year.~~

~~Meet clinical benchmarks as defined in the provisions set forth in the written agreement with SJCEMSA.~~

~~4.~~ Coronary angiography.

~~5.~~ PCI and use of fibrinolytics/fibrinolytic medications.

~~6.~~ Acceptance of all patients transported by ambulance with a field clinical impression of an acute myocardial infraction.

~~6.~~

~~7.~~ PCI and use of fibrinolytics.

~~7.~~

~~8.~~

D. Required Hospital Policies:

D.

1. Cardiac interventionalist activation.

2. Cardiac catheterization team activation requirement.

a. The SRC shall initiate in-hospital STEMI alerts that fully activate the cardiac catheterization lab for prehospital patients upon notification received from a paramedic who has reported that a ~~patient's ECG indicates the presence of STEMI in accordance with~~ patient meets SJCEMSA's requirements for STEMI alerts. Such in-hospital activation may be delayed up to five (5) minutes pending receipt and interpretation of the transmitted prehospital ECG by the ED physician.

b. The SRC shall not be required to initiate a STEMI alert upon

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a determination by a physician that a patient's ECG does not indicate STEMI.

3. ~~STEMI contingency plans for personnel and equipment to address simultaneously arriving STEMI patients~~Process in place for the treatment and triage of simultaneously arriving STEMI patients.
4. Protocols for the identification of STEMI patients that include applicability in the intensive care/coronary care unit, Cath lab and the emergency department.
5. ~~Coronary angiography.~~
6. ~~PCI and use of fibrinolytics.~~
- 7.5. Interfacility transfer STEMI policies/protocols.
- 8.6. Criteria for patients to receive emergency angiography or emergent fibrinolysis based upon physician decisions for individual patients.
9. ~~Adoption of goals for internal process components that affects the time to Primary PCI.~~
10. ~~Acceptance of all patients transported by ambulance with a field clinical impression of an acute myocardial infarction.~~
11. ~~Written job descriptions and organizational structure clarifying the relationship between the STEMI medical director, STEMI program manager, and the STEMI Team.~~

E. Quality Improvement Program:

- ~~E.~~ 1. Written internal quality improvement plan/program that minimally reviews and collects 100 percent of outcome data for STEMI patients that includes:
 - a. Emergency CABG rate (result of procedure failure or complication).
 - b. Vascular complications (access site, transfusion, or operative intervention required).
 - c. ~~Cerebrovascular accident rate (peri-procedure).~~
 - d.c. Sentinel event, system organization issue review and resolution processes.
 - e.d. In-hospital mortality for PCI patients.
 - f.e. In-hospital mortality for all myocardial infarction patients (STEMI and non-STEMI).
 - g.f. PCI Procedure Success Rate.
 - h. ~~Number of Coronary Artery Bypass procedures that were not pre-scheduled.~~
2. Participation in prehospital STEMI related educational activities.
- 2.3. Participation in community STEMI prevention activities and educational outreach.

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4. The SRC shall participate in SJCEMSA's quality improvement processes related to the STEMI critical care system.
- ~~3.5.~~ Establish a STEMI Quality Improvement Committee that reviews STEMI processes, outcomes, ~~and~~ individual cases and quality assurance supporting patient safety on an ongoing basis with at least quarterly meetings. An SJCEMSA representative shall be assigned to attend all aspects of such meetings.
- ~~_____The SRC shall participate in SJCEMSA's quality improvement processes related to the STEMI critical care system.~~
- ~~4.~~

II. SRC Program Evaluation:

A. The SJCEMSA shall evaluate ongoing SRC program(s) based upon the following minimum standards:

- ~~A.~~
1. Clinical Process Performance Standards.
 - a. Availability of catheterization lab staff to perform duties within thirty (30) minutes of activation.
 - b. Door-to-needle time of less than 30 minutes for patients not sent for PCI but who receive thrombolytics.
 - c. Door-to-balloon time:
 - i. Of less than 90 minutes for patients with a pre-alert notification of a positive prehospital 12-lead ECG;
 - ii. Of less than 90 minutes for walk-in patients or patients arriving by ambulance without a pre-alert STEMI notification.
 - d. Outcome measures and process will be assessed initially in the survey process and monitored on an ongoing basis.
 2. Data Collection, Submission, and Reporting:
 - a. Submission of data to SJCEMSA as specified in EMS Policy No. 6381 in a manner and form approved by the SJCEMSA by no later than ~~sixtyfourty-five~~ (4560) days from the end of each month.
 - b. Submission of quarterly aggregate reports to the EMS Agency as specified in EMS Policy No. 6381, in a manner and form approved by SJCEMSA, by no later than the 90 days following the end of the reporting period:
 - i. January, February, March.
 - ii. April, May, June.
 - iii. July, August, September.

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iv. October, November, December.

3. Have and agree to utilize and maintain a dedicated telephone line in the emergency department for communications with prehospital emergency medical care personnel.
4. Have and agree to utilize EMResource™ on a dedicated computer in the emergency department for reporting facility status and participating in receiving patients from multi-casualty incidents (MCIs).
- ~~3.5.~~ The hospital's ability to consistently avoid ambulance patient offload delays and transfer of care in the emergency department for all ambulance patients in accordance with SJCEMSA requirements.
- ~~4.6.~~ The hospital's compliance with the terms of the SRC agreement and SJCEMSA policies, procedures and protocols.

III. Designation Process:

- A. Designation as a SRC is open to all acute care hospitals in San Joaquin that can meet criteria for designation. Interested acute care hospitals may apply for SRC designation by submitting a complete SRC application packet to the EMS Agency. SRC application packets will be made available upon request to the EMS Agency.
- B. SJCEMSA shall review the SRC application and arrange a site survey to evaluate the applicant's SRC program.
- C. SJCEMSA shall notify applicants of compliance with SRC designation criteria no later than 60 days following the site survey. ~~SJCEMSA will offer applicants meeting criteria an opportunity to enter into a Applicants meeting criteria will be offered an opportunity to enter into a~~ written agreement ~~approving designating~~ their ~~SRC acute care hospital program as a SRC~~ for a period up to ~~43~~ years. ~~SJCEMSA will provide applicants not meeting criteria with a written summary of deficiencies Applicants not meeting criteria for designation will be provided with a written summary of deficiencies.~~
- D. Designation is contingent upon payment of the annual ~~STEMI center SRC~~ designation and monitoring fee established by ~~the San Joaquin~~ County. Failure to pay the designation and monitoring fee shall result in the automatic suspension of SRC program designation.
- E. SJCEMSA may deny, suspend, or revoke the designation of a SRC for failure to maintain compliance with designation criteria or the failure of the acute care hospital to comply with any SJCEMSA policies, procedures, or protocols.

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PURPOSE:

The purpose of this policy is to establish requirements for ~~receiving hospital~~ designation as a Primary Stroke Center (PSC) in San Joaquin County.

AUTHORITY:

Health and Safety Code, Division 2.5, Section 1797.67, ~~1797.88, 1797.220, -1798, 1798.101, 1798.105~~ and 1798.170; California Code of Regulations, Title 22, Division 9, Chapter 7.24.

DEFINITIONS:

- A. ~~“Primary Stroke Center” or “PSC” means a hospital that treats acute stroke patients and identifies patients who may benefit from transfer to a higher level of care when clinically warranted and that meets the requirements for designation as set forth by the San Joaquin County EMS Agency.~~
- A. “Clinical Stroke Team” means a team of healthcare professionals who provide care for the stroke patient and may include, but is not limited to, neurologists, neuro-interventionalists, neurosurgeons, anesthesiologists, emergency medicine physicians, registered nurses, advanced practice nurses, physician assistants, pharmacists, ~~radiologic~~ technologists.
- B. ~~“Primary Stroke Center” or (“PSC”) means a receiving hospital that treats acute stroke patients and identifies patients who may benefit from transfer to a higher level of care when clinically warranted, has met the standards of the Center for Medicaid and Medicare Services (CMS), is accredited as a Primary Stroke Center by The Joint Commission, and that meets the requirements for designation as set forth by the San Joaquin County EMS Agency. has been designated as a PSC by the SJCEMSA.~~
- C. ~~“Receiving Hospital” means a licensed acute care hospital, with a comprehensive or basic emergency permit, that is approved by the SJCEMSA to participate in the EMS system.~~
- ~~D.C.~~ “SJCEMSA” means the San Joaquin County Emergency Medical Services (EMS) Agency.
- ~~E.D.~~ “Stroke” means a condition of impaired blood flow to a patient’s brain resulting in brain dysfunction, most commonly through vascular occlusion or hemorrhage.
- F. ~~“Stroke Call Roster” means a schedule of licensed health professionals available twenty-four (24) hours a day, seven (7) days a week for the care of stroke patients.~~
- G. ~~“Stroke Program” means an organizational component of the hospital~~

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- specializing in the care of stroke patients.
- ~~H. "Stroke Program Manager" means a registered nurse or qualified individual designated by the hospital with the responsibility for monitoring and evaluating the care of stroke patients and the coordination of performance improvement and patient safety programs for the stroke center in conjunction with the stroke medical director.~~
- ~~I.E. "Suspected Stroke Patient" means a potential acute stroke patient diagnosis based off an assessment from a prehospital personnel or member of a clinical stroke team.~~
- ~~F. "Telehealth" means the mode of delivering health care services and public health via information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management, and self-management of a patient's health care while the patient is at the originating site and the health care provider is at a distant site.~~
- ~~G. "Door-to-CT" means the time interval as measured from the time the patient arrives at the hospital emergency department until initiation of Computer Tomography (CT) scanning or equivalent neuro-imaging.~~
- ~~H. "Door-to-needle" means the time interval as measured from the time the patient arrives at the hospital emergency department until initiation of thrombolytic therapy.~~
- ~~J.~~

POLICY:

It is the policy of SJCEMSA to require specific criteria for designation of Primary Stroke Centers in San Joaquin County.

PROCEDURE:

- ~~I. Designation as a PSC is open to all receiving hospitals in San Joaquin that can meet criteria for designation. Interested receiving hospitals may apply for PSC designation by submitting a complete PSC application packet to the SJCEMSA. PSC application packets are available upon request.~~
- ~~II. A receiving hospital requesting designation as a PSC shall apply to the SJCEMSA and follow the application process.~~
- ~~I. Designation Criteria:~~
- ~~III.~~
- A. Hospital Services:

A.1. Hold a special permit from the California Department of Public

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- Health (CDPH) ~~as an acute care facility providing for~~ Basic or Comprehensive Emergency Medical Services.
- ~~B. Enter into a written agreement with SJCEMSA identifying the roles and responsibilities of a PSC.~~
- ~~2. Maintain services available for diagnosis and treatment of suspected stroke patients -24 hours per day, 7 days per week, 365 days per year.~~
- ~~C.3. Have in place policies and procedures for the automatic acceptance of any to Agree to accept all pre-hospital suspected stroke patients meeting acute stroke triage criteria and the automatic acceptance of all any acute suspected stroke patients being transferred from other a non-PSC designated hospitals in San Joaquin County.~~
- ~~D.1. Provide a plan for triage and treatment of multiple simultaneously presenting acute stroke patients.~~
- ~~E. Meet PSC Designation Requirements as defined in the SJCEMSA PSC Designation Criteria Application and Evaluation Matrix. This criteria includes:~~
- ~~1. Hospital Services including:~~
- ~~a.4. Maintain a valid and current accreditation certification as a PSC by The Joint Commission as a PSC.~~
- ~~b. Written policies to assure reliable notification of prehospital personnel of CT inoperability consistent with SJCEMSA destination policy.~~
- ~~c. Contingency plans in the event of disruption to CT services.~~
- ~~d. Stroke diagnosis and treatment capacity twenty four (24) hours a day, seven (7) days a week, three hundred and sixty five days per year including neuro-imaging services, and laboratory services.~~
- ~~e.5. Acute care rehabilitation services.~~
- ~~f. A permit from CDPH to provide neurosurgical, neurointerventional radiology services or accreditation as a Comprehensive Stroke Center from The Joint Commission:~~
- ~~i. If the PSC has no neurosurgical / neurointerventional radiology capability, the PSC must have policies in place that ensure emergency transport of the patient to a facility capable of providing neurosurgical / neurointerventional radiologist services within two (2) hours of decision to transfer to a higher level of care.~~
- ~~ii. If the PSC has no neurosurgical / neurointerventional~~

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~~radiology capability, the PSC must have a written transfer agreement with one or more hospitals with a permit from CDPH to provide neurosurgical/ neurointerventional radiology services or accreditation as a Comprehensive Stroke Center from The Joint Commission.~~

B. Required Hospital Personnel including:

2.1. PSC Medical Director

- a. ~~A The hospital shall designate a Stroke Mmedical Ddirector~~ who is a board-certified neurologist, neurosurgeon, interventional neuro-radiologist, or emergency physician who is board certified or board eligible in neurology, neurosurgery, endovascular neurosurgical radiology, or other board-certified physician with sufficient experience and expertise in managing patients with acute cerebral vascular disease as determined by the hospital credentials committee.

2. PSC Program Manager:

- b. ~~A fulltime stroke program manager who is a registered nurse with qualifications including evidence of educational preparation and clinical experience in the care of Stroke patients and the administrative ability. The PSC program manager shall be designated by the hospital with the responsibility for monitoring and evaluating the care of stroke patients and the coordination of performance improvement and patient safety programs for the stroke center in conjunction with the stroke medical director. PSC Registered Nurse (RN) Program Manager with the following responsibilities:~~

- ~~i. Supports Stroke Medical Director Functions.
ii. Acts as the EMS Stroke Program Liaison.
iii. Assures EMS Facility Stroke data sharing.
iv. Manages EMS Facility Stroke QI activities.
v. Authority and accountability for Stroke QI.
vi.a. Facilitates timely feedback to the EMS providers.~~

- ~~c.3. A clinical stroke team, available to see in person or via telehealth, a patient identified as a potential acute stroke patient for assessment and treatment of a patient identified as a potential acute stroke~~

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~~patient within 15 minutes following the patient's arrival at the hospital's emergency department or within 15 minutes following a diagnosis of a patient's potential acute stroke~~
Clinical Stroke Team:

~~d.a.~~ A clinical stroke team available to see in person or via telehealth a patient identified as a potential acute stroke patient
~~At a minimum the clinical stroke team and~~ shall consist of:

- i. A neurologist, neurosurgeon, interventional neuro-radiologist who is board certified or board eligible in neurology, neurosurgery, endovascular neurosurgical radiology with sufficient experience and expertise in managing patients with acute cerebral vascular disease as determined by the hospital credentials committee. When telehealth is being used the clinical stroke team shall include an attending physician assigned to the patient capable of managing care.
- ii. A registered nurse, physician assistant or nurse practitioner capable of caring for acute stroke patients.

b. A designated PSC shall have an on-call policy and monthly published call schedule of board certified neurologists, neurosurgeons, or interventional neuro-radiologists serving on the clinical stroke team.

~~e.~~

C. ~~Clinical Performance Capabilities~~Required Clinical Capabilities:

~~3.~~

~~a.~~ Adequate staff, equipment and training to perform rapid evaluation, triage and treatment in the Emergency Department (ED) of acute stroke patients, including timely evaluation of brain imaging.

~~b.~~ Standardized stroke care pathway.

~~c.a.~~ ~~Quality assurance system supporting patient safety.~~

~~4.~~ Clinical Performance Standards:

1. A clinical stroke team, available to see in person or via telehealth, a patient identified as a potential acute stroke patient within 15 minutes following the patient's arrival at the hospital's emergency department or within 15 minutes following a diagnosis of a patient's potential acute stroke.

~~a.~~ A clinical stroke team, available to see in person or via telehealth, a suspected stroke patient within 15 minutes.

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- ~~b.2.~~ CT scanning or equivalent neuro-imaging shall be initiated within twenty-five (25) minutes for suspected stroke patients.
- ~~e.3.~~ Neuro-imaging studies shall be reviewed within forty five (45) minutes for suspected stroke patients by a physician with appropriate expertise.
 - ~~d.a.~~ Other imaging shall be available within a clinically appropriate timeframe and shall at a minimum, include:
 - i. Magnetic Resonance Imaging (MRI).
 - ii. CTA and/or Magnetic resonance angiography (MRA)
 - iii. Trans Esophageal Endoscopy or Trans Tracheal Endoscopy.
- ~~e.4.~~ If teleradiology is used in image interpretation, all staffing and staff qualification shall remain in effect and be documented by the hospital.
- 5. Laboratory services capability that is available twenty-four (24) hours a day, seven (7) days a week, three hundred and sixty-five (365) days per year, such that services may be performed~~must be capable of being performed~~ within forty-five (45) minutes following the patient's arrival at the hospital's emergency department or within forty-five (45) minutes following a diagnosis of a patient's potential acute stroke~~of suspected acute stroke patients at the emergency department.~~

D. Required Hospital Policies:

- 1. Process in place for the treatment of simultaneously arriving potential stroke patients. ~~Provide a plan for triage and treatment of multiple simultaneously presenting acute stroke patients.~~
- 2. Written policies to assure reliable notification of prehospital personnel of CT inoperability consistent with SJCEMSA destination policy.
- 3. Contingency plans in the event of disruption to CT services.
- 4. If the PSC has no neurosurgical / neurointerventional radiology capability, the PSC must have policies in place that ensure emergency transport of the patient to a facility capable of providing neurosurgical / neurointerventional radiologist services within two (2) hours of decision to transfer to a higher level of care.
- 5. If the PSC has no neurosurgical / neurointerventional radiology capability, the PSC must have a written transfer agreement with one or more hospitals with an permit from CDPH to provide

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neurosurgical / neurointerventional radiology services or accreditation as a Comprehensive Stroke Center from The Joint Commission.

6. -Standardized stroke care pathway.

f.

E. Quality Improvement Program/Performance Improvement:

1. Written internal quality improvement plan/program that minimally reviews and collects 100 percent of outcome data for stroke patients receiving tissue plasminogen activator (tPA) or tenecteplase (TNK) that includes:
 - a. Sentinel event, system organization issue review and resolution processes.
 - b. In-hospital mortality for patients receiving tPA or TNK.
 - c. Patient deaths related to administration of tPA or TNK.
 - ~~5-d.~~ Patient complications related to administration of tPA or TNK.
2. Participation in prehospital stroke related educational activities.
3. Participation in community stroke prevention activities and educational outreach.
4. The PSC shall participate in SJCEMSA's quality improvement processes related to the Stroke System of Care.
5. Establish a stroke quality improvement committee that reviews stroke processes, outcomes, individual cases, and quality assurance supporting patient safety on an ongoing basis with at least quarterly meetings. An SJCEMSA representative shall be assigned to attend all aspects of such meetings.

II. PSC Program Evaluation:

A. The SJCEMSA shall evaluate ongoing PSC program(s) based upon the following minimum standards:

1. Clinical Process Performance Standards.
 - a. Door-to-CT time of less than 25 minutes.
 - b. Door-to-Needle time of ninety (90) minutes of arrival at hospital emergency department.
 - c. Outcome measures and process will be assessed initially in

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- the survey process and monitored on an ongoing basis.
- a. ~~Systematic Prehospital Review Program~~
 - i. ~~Written QI plan or program description for EMS transported stroke patients supporting:~~
 - ~~Timely prehospital feedback.~~
 - ~~Prehospital provider education~~
 - ~~Cooperative Stroke System QI data management.~~
 - ii. ~~Participation in prehospital stroke education.~~
- ~~Participation in community stroke prevention activities and educational outreach.~~
- Quality assurance system supporting patient safety.
- iii.
- ~~6.2. Data Collection, Submission, and Reporting:~~
- a. ~~Submission of data to SJCEMSA as specified in EMS Policy No. 6382, in a manner and form approved by SJCEMSA, by no later than sixty (60) days from the end of each month.~~
 - a.b. ~~Enrollment and participation in the California Stroke Registry / California Coverdell Program (CSR/CCP).~~
 - b. ~~Participation in SJCEMSA Stroke Data Collection to include:~~
 - i. ~~Monthly submission of Stroke System QI Committee Data Reports.~~
 - ii. ~~Individual patient outcome data upon request.~~
 - iii. ~~Health Information Exchange (HIE).~~
- ~~7. Communications:~~
- a. ~~Have and agree to utilize and maintain two-way telecommunications equipment, as specified by the San Joaquin County EMS Agency, capable of direct two-way voice communications with prehospital emergency medical care personnel in the San Joaquin County EMS system.~~
 - b.3. ~~Have and agree to utilize and maintain a dedicated telephone line in the emergency department for communications with prehospital emergency medical care personnel.~~
- ~~4. Have and agree to utilize EMResource™ on a dedicated computer in the emergency department for reporting facility status and participating in receiving patients from multi-casualty incidents (MCIs).~~
- ~~5. The hospital's ability to consistently avoid ambulance patient offload delays and transfer of care in the emergency department for all ambulance patients in accordance with SJCEMSA requirements.~~
- ~~e.6. The hospital's compliance with the terms of the PSC agreement and SJCEMSA policies, procedures and protocols.~~

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- d. ~~Agree to digitally record and provide the SJCEMSA with remote access to all radio and telephone medical control communications, maintain such recordings for a time period specified by the SJCEMSA, and use such recordings exclusively for EMS CQI activities.~~

IV.III. Designation Process:

- A. ~~Designation as a PSC is open to all acute hospitals in San Joaquin that can meet criteria for designation. Interested receiving acute care hospitals shall may submit a complete application packet and application fee to the SJCEMSA. The hospital shall submit as part of its application copies of all hospital policies and procedures related to the provisions of stroke services.~~ apply for PSC designation by submitting a complete PSC application packet to the EMS Agency. PSC application packets will be made available upon request to the EMS Agency.
- B. The SJCEMSA shall review the PSC application and arrange a site survey to evaluate the applicant's PSC program.
- C. The SJCEMSA shall notify applicants of compliance with SRC designation criteria no later 60 days following the site survey. -SJCEMSA will offer applicants meeting criteria an opportunity to enter into a written agreement designating their acute care hospital as a PSC for a period up to 3 years. SJCEMSA will provide applicants not meeting criteria with a written summary of deficiencies.
- D. Designation is contingent upon payment of the annual PSC designation and monitoring fee established by San Joaquin County. -Failure to pay the designation and monitoring fee shall result in the automatic suspension of PSC designation.
- E. ~~SJCEMSA may deny, suspend, or revoke the designation of a PSC for failure to maintain compliance with designation criteria or the failure of the receiving hospital~~ acute care hospital to comply with any of the SJCEMSA policies, procedures, or protocols.

E.

Effective: ~~XXXXXX July 1, 2023~~ September 1, 2022 19

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Supersedes: ~~September~~ July 1, 201947

Approved: Signature on file
Medical Director

Signature on file
EMS Administrator

TITLE: ~~TRANSFER OF PATIENT CARE~~
~~-IN THE EMERGENCY DEPARTMENT~~ transfer of Patient Care in the
Emergency Department EMS
Policy No. **4985**

PURPOSE:

The purpose of this policy is to establish a process for the transfer of patient care in the emergency department that provides for patient safety while reducing ~~the likelihood of~~ ambulance patient offload delays and the occurrence of ambulance clusters.

AUTHORITY:

Health and Safety Code, Division 2.5, Sections 1797.52, 1797.120, 1797.220, 1797.225, 1798, 1798.170.

BACKGROUND:

Receiving hospitals are obligated pursuant to the federal Emergency Medical Treatment and Active Labor Act (EMTALA) to promptly provide each patient arriving at the receiving hospital with an appropriate medical screening examination and necessary stabilizing treatment for emergency medical conditions and labor within the hospital's capability and capacity. The Centers for Medicare and Medicaid (CMMS) issued S&C-06-21 stating that refusing EMS requests to transfer patient care may result in a violation of EMTALA and raises serious concerns for patient care and the provision of emergency services in a community.

DEFINITIONS:

- ~~A. "Ambulance Arrival at the Emergency Department" means the time the ambulance stops at the location outside the hospital emergency department where the patient will be unloaded from the ambulance.~~
- ~~B.A.~~ "Ambulance Cluster" means five (5) or more ambulances simultaneously experiencing APOD at the same receiving hospital.
- ~~C.B.~~ "Ambulance Patient Offload Time (APOT)" means the time interval between the arrival of an ambulance patient at an emergency department and the time the patient is transferred to an emergency department gurney, bed, chair or other acceptable location and the emergency department assumes the responsibility for care of the patient.
- ~~D.C.~~ "Ambulance Patient Offload Time (APOT) Standard" means a twenty (20) minute time interval by which APOT shall be completed.
- ~~E. "Ambulance Transport" means the transport of a patient from the prehospital~~

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Supersedes: n/a

Approved: Signature on file
Medical Director

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EMS Administrator

SAN JOAQUIN COUNTY
EMERGENCY MEDICAL SERVICES AGENCY

TITLE: TRANSFER OF PATIENT CARE
IN THE EMERGENCY DEPARTMENT ~~transfer of Patient Care in the~~
~~Emergency Department~~ EMS
Policy No. 4985

- ~~EMS system by emergency ambulance to a receiving hospital.~~
- ~~F.D.~~ "Ambulance Patient Offload Delay (APOD)" or "Non-Standard Patient Offload Time" means the occurrence of an APOT that exceeds the APOT Standard of twenty (20) minutes.
- ~~G.~~ ~~"Clock Start" means the timestamp that captures when APOT begins.~~
- ~~H.~~ ~~"Clock Stop" means the timestamp that captures when APOT ends.~~
- ~~I.E.~~ "Emergency Department Medical Personnel" or "ED Medical Personnel" means a physician, mid-level practitioner, or registered nurse.
- ~~J.F.~~ "EMS Personnel" means the paramedic, emergency medical technician-I, ~~emergency medical technician-II~~, authorized registered nurse, or physician responsible for a patient's out of hospital patient care, ~~and ambulance transport.~~
- ~~K.G.~~ "Receiving Hospital" means a licensed acute care hospital with a comprehensive or basic emergency permit that is approved by the California Department of Public Health (CDPH) and authorized by the San Joaquin County EMS Agency (SJCEMSA) to participate in the EMS system.
- ~~L.H.~~ "Transfer of Patient Care" means the transition of patient care responsibility from EMS personnel to receiving hospital ED Medical Personnel and a verbal patient report if given.
- ~~M.~~ ~~"Verbal Patient Report" means a direct in person verbal exchange of pertinent patient information between EMS Personnel and ED Medical Personnel.~~

POLICY:

It is the policy of SJCEMSA to require hospitals and prehospital personnel to promptly and effectively transfer patient care from prehospital personnel gurney to appropriate hospital personnel.

PROCEDURE:

- I. Receiving hospitals shall develop and implement policies and processes that facilitate the prompt and appropriate transfer of patient care from EMS personnel to ED medical personnel within the emergency department to minimize the occurrence of an APOD and ambulance clusters.

- ~~II.~~ Receiving hospitals shall at a minimum require ED medical personnel to:
~~II.~~

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IN THE EMERGENCY DEPARTMENT ~~transfer of Patient Care in the~~
~~Emergency Department~~ EMS
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- A. Provide EMS personnel a safe area within the emergency department in direct sight of ED medical personnel where the EMS personnel may temporarily wait to transfer patient care.
- ~~A.B.~~ Promptly acknowledge the arrival of each patient arriving by ambulance.
- ~~B.C.~~ If transfer of care is not immediate, provide attending EMS personnel with an estimated time transfer of care will occur.
- ~~C.D.~~ Promptly but not later than 20 minutes of arrival accept the transfer of patient care from EMS personnel including the movement of the patient from the ambulance gurney to an emergency department bed, Emergency Department (ED) ED chair, or ED waiting room.
- ~~D.E.~~ Promptly accept a verbal patient report from attending EMS personnel.
- ~~E.F.~~ Not delay the transfer of care and the movement of patients off of ambulance gurneys. ~~due to emergency department staffing shortages or nurse staffing ratios.~~

III. Receiving hospital shall during any occurrence of APOD:

~~III.~~

- ~~A.~~ ~~Provide EMS personnel a safe area within the emergency department in direct sight of ED medical personnel where the EMS personnel may temporarily wait to transfer patient care.~~
- ~~B.A.~~ Provide attending EMS personnel with an estimated time ED medical personnel will accept the transfer of patient care.
- ~~C.B.~~ Inform EMS personnel, including supervisors, of the actions the receiving hospital is taking to resolve APOD.
- ~~D.C.~~ Actively engage in APOD mitigation.
- ~~E.D.~~ Activate the receiving hospital's surge plan anytime an ambulance cluster occurs. The surge plan shall remain activated until all APODs are resolved.

IV. EMS personnel responsibilities for transfer of patient care:

- ~~IV.~~ ~~EMS personnel shall work cooperatively with ED medical personnel to ensure the timely and appropriate transfer of patient care and take actions that minimize APOD and ambulance clusters. In order to prevent the likelihood of an APOD EMS personnel shall:~~
- ~~A.~~ ~~Provide the receiving hospital with early notification by med-net radio during transport.~~

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Supersedes: n/a

Approved: Signature on file
Medical Director

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EMS Administrator

TITLE: ~~TRANSFER OF PATIENT CARE~~
~~IN THE EMERGENCY DEPARTMENT~~ transfer of Patient Care in the
Emergency Department ——— EMS
Policy No. **4985**

- ~~B.A.~~ Work cooperatively with the ED medical personnel to promptly transfer patient care.
- ~~C.B.~~ When appropriate for the patient's condition walk-in ambulatory patients or use an emergency department wheelchair rather than the ambulance gurney. If ED medical personnel are not immediately available to accept the transfer of patient care of an ambulatory or wheelchair patient then EMS personnel provide a verbal patient report to the ED triage nurse and place the patient in the ED waiting area.
- ~~V.~~ When transferring patient care EMS personnel shall:
- ~~A.C.~~ Provide a verbal patient report to ED medical personnel at time of transfer of care.
- ~~B.D.~~ Accurately record clock stop the transfer of patient care time in the ambulance service provider's electronic patient care record.
- ~~C.~~ While waiting to transfer patient care begin writing the electronic patient care record and prepare the ambulance to return to service.
- ~~D.~~ Promptly return to service without delay.
- ~~E.~~ Exceptions:
- ~~1.~~ If ED medical personnel are unavailable to receive or refuse to accept the verbal patient report then submit a copy of the electronic patient care record, or submit a written interim patient care report to the ED unit clerk, and return to service.
- ~~E.~~ service. If receiving hospital personnel deny or unnecessarily delay and emergency patient's entry into the emergency department then EMS personnel are directed to:
- ~~1.~~ Transport the patient to the next closest receiving hospital or specialty care center (e.g. STEMI, stroke, trauma); and
Report the occurrence pursuant to SJCEMSA Policy No. 6101, Sentinel Event Reporting Requirements.
- ~~2.~~
- ~~2.~~ Record clock stop as the time the ambulance is returned to service.
- ~~VI.V.~~ If APOD occurs EMS personnel may move their patient from the ambulance gurney to any available ED bed, ED hallway chair, or ED waiting area as appropriate for the patient's condition and current medical needs without waiting to obtain ED medical personnel direction.

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Supersedes: n/a

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TITLE: TRANSFER OF PATIENT CARE
-IN THE EMERGENCY DEPARTMENT ~~ransfer of Patient Care in the~~
Emergency Department _____ EMS
Policy No. **4985**

~~VII.~~VI. Responsibility for Patient Care:

- A. Prior to the transfer of patient care EMS personnel have a duty to continue monitoring the patient and to provide medical treatment including advanced life support until responsibility is assumed by ED medical personnel or other medical staff of the receiving hospital.
- B. While waiting to transfer patient care EMS personnel shall continue to actively assess the patient and document vital signs and treatment in the electronic patient care record.
- C. If ED medical personnel or other medical staff examine the patient or initiate medical treatment while the patient remains on the ambulance gurney then the receiving hospital has assumed responsibility for all further patient care whether or not the patient is moved to an emergency department bed, ED chair, or ED waiting room. After such an occurrence the duty for EMS personnel to care for the patient ends and EMS personnel no longer have an obligation to continue monitoring or providing medical treatment to the patient on behalf of the receiving hospital. Such occurrences shall be documented by EMS personnel in the electronic patient care record.

VII. Emergency ambulance service providers may develop processes to expedite the return to service of ambulances that are experiencing APOD. These processes may include an employee of the emergency ambulance service provider assuming responsibility for patient care from EMS personnel experiencing APOD as follows:

~~VIII.~~

- A. The ratio of care shall not exceed:
 - 1. One paramedic to monitor and provide patient care to a maximum of five patients requiring advanced or basic life support.
 - 2. One emergency medical technician (EMT) to monitor and provide patient care to a maximum of five patients requiring basic life support.
- B. The transporting EMS personnel shall document the assumption of patient care by the hallway paramedic or EMT in the electronic patient care record.
- C. The hallway paramedic or EMT shall while waiting to transfer patient care continue to actively assess the patients under their care and document vital signs and treatment in the electronic patient care record.

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SAN JOAQUIN COUNTY
EMERGENCY MEDICAL SERVICES AGENCY

TITLE: TRANSFER OF PATIENT CARE
-IN THE EMERGENCY DEPARTMENT ~~ransfer of Patient Care in the~~
~~Emergency Department~~ EMS
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~~IX. This policy supersedes previously issued memorandums and direction regarding the transfer of patient in the emergency department.~~

DRAFT

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Supersedes: n/a

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Medical Director

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EMS Administrator

**San Joaquin County
Emergency Medical Services Agency**



BLS Scope of Practice Summary

AUTHORITY: Division 2.5, Health and Safety Code, Sections 1797.220 & 1798 et al.

Procedures	Special Considerations	EMR	EMT	EEMT
Patient assessment		Yes	Yes	Yes
Obtain vital signs	BP, pulse, resp, etc.	Yes	Yes	Yes
Perform CPR and external airway maneuvers	Chest compressions, abdominal thrusts, back blows	Yes	Yes	Yes
Oropharyngeal airway		Yes	Yes	Yes
Nasopharyngeal airway		Yes	Yes	Yes
Bag valve mask device		Yes	Yes	Yes
Oxygen devices	Cannula, mask, tubing	Yes	Yes	Yes
Suction devices	Manual and mechanical	Yes	Yes	Yes
Splints	Soft, rigid	Yes	Yes	Yes
Traction splints		No	Yes	Yes
Spinal immobilization	X collar, KED, etc.	Yes	Yes	Yes
AED		Yes	Yes	Yes
Assist with childbirth		Yes	Yes	Yes
Assist with ALS procedures	Under paramedic direction	No	Yes	Yes
Monitor IV infusions	Isotonic solutions (NS, LR) and D5W (inter-facility transfers)	No	Yes	Yes
Monitor indwelling IV lines	Excluding arterial lines	No	Yes	Yes

EMR = Emergency Medical Responder

EMT = Emergency Medical Technician

EEMT = Enhanced Skills Emergency Medical Technician

Effective: July 1, 2023
Revised: November 1, 2013

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Approved: _____
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EMS Administrator

Procedures, cont.	Special Considerations	EMR	EMT	EEMT
Monitor gastrostomy tubes		No	Yes	Yes
Monitor foley catheters		No	Yes	Yes
Monitor tracheostomy tubes		No	Yes	Yes
Monitor nasogastric tubes		No	Yes	Yes
Monitor Heparin locks		No	Yes	Yes
Determine Blood Glucose level		No	No	Yes
Monitor SpO2		No	Yes	Yes
Medications	Special Considerations	EMR	EMT	EEMT
Oxygen		Yes	Yes	Yes
Oral Glucose	BLS personnel are not authorized to use glucometers to determine blood glucose levels	No	Yes	Yes
Mark I Kits	Nerve agent exposure only and only trained personnel	No	Yes	Yes
Assisting patients with administering their own prescribed medications:	<ul style="list-style-type: none"> • Inhalers • Allergic reaction kits (epinephrine kit) • Sublingual Nitroglycerine 	No	Yes	Yes
Naloxone		No	No	Yes
Aspirin		No	No	Yes
Epinephrine Auto Injector Adult and Pediatric		No	No	Yes

EMR = Emergency Medical Responder

EMT = Emergency Medical Technician

EEMT = Enhanced Skills Emergency Medical Technician

Effective: July 1, 2023
 Revised: November 1, 2013

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Approved: _____
 Medical Director

 EMS Administrator

PURPOSE: The purpose of this policy is to outline a process for reporting addressing non-sentinel event issues occurring between individuals within the EMS system.

AUTHORITY: Health and Safety Code, Division 2.5 Section 1797.220 & 1798 et seq.

DEFINITIONS:

“Unusual Occurrence” means any of the following:

- a. Breach of any standard of care or care outside scope of practice;
- b. Key equipment failure;
- c. Deviation from EMS policy that have potential to result in patient, EMS personnel, or public harm;
- d. Clinical treatment or medication administration errors that have potential to result in patient, EMS personnel, or public harm;
- e. Suspected violations of Health and Safety Code;
- f. Actual or potential injury to a patient or EMS personnel;
- g. Exceptional effort or outcome by EMS personnel;
- h. Any occurrence that EMS personnel perceive as benefiting from SJCEMSA review.

POLICY:

It the policy of SJCEMSA to maintain a recognition and reporting process of unusual occurrences within the EMS system to ensure effective process improvement and to reduce or mitigate future negative occurrences. EMS personnel shall report Unusual Occurrences to SJCEMSA in accordance with this policy.

PROCEDURE:

- I. This policy reflects the EMS Agency’s commitment of improvement through process ownership by all EMS personnel system participants and involved parties. EMS Prehospital personnel experiencing misunderstandings or disagreements in the course of field operations that do not rise to the level of Unusual Occurrence reporting to SJCEMSA (which may include emergency medical dispatch, on scene operations and hospital related operational issues) are expected to resolve such issues:
 - A. As soon as possible after the call;
 - B. In person or by telephone with the involved party or parties;
 - C. Among the participants;
 - ~~D.~~ At a mutually convenient time and location.

Effective: July 1, 2023
Supersedes: July 1, 2010

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- D.
- II. ~~EMS personnel shall report Unusual Occurrences to SJCESMA by completing and submitting Documentation: The individual, crew leader, or supervisor that made the initial complaint shall complete and submit at the~~ Unusual Occurrence Report Form (Appendix 6102A) online from the SJCEMSA website <https://www.sjgov.org/department/ems/unusual-occurrences-form> or scanned copy sent to the SJCEMSA Duty Officer email emsdutyofficer@sjgov.org to the complainant provider's CQI coordinator within three (3) working days of the incident. EMS personnel submitting an Unusual Occurrence Report Form shall also include all applicable supporting documentation. The provider's CQI coordinator shall review and submit the completed form to the EMS Agency's CQI Coordinator within five (5) working days of receipt of the form.
- III. Confidentiality: The EMS Unusual Occurrence Reporting Process is part of the CQI process and all interactions that occur under the guidance of this policy are confidential.

Effective: July 1, 2023
Supersedes: July 1, 2010

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Medical Director

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EMS Administrator

PURPOSE:

The purpose of this policy is to outline the procedure for EMS Duty Officer call intake and EMS Duty Officer notification.

AUTHORITY:

Health and Safety Code, Division 2.5, Section 1797.220 & 1798 et seq.;

DEFINITIONS:

- A. "SJCEMSA" means the San Joaquin County Emergency Medical Services (EMS) Agency, which is the designated local emergency medical services agency for San Joaquin County
- B. "EMS Duty Officer" means SJCEMSA on call EMS Duty Officer.
- C. "EMS Dispatch" means the SJCEMSA designated emergency ambulance dispatch center responsible for EMS Duty Officer call intake and notification.

POLICY:

It is the policy of SJCEMSA to provide 24 hour a day EMS Duty Officer coverage to assist and guide on EMS system issues as needed and to provide immediate EMS disaster response.

PROCEDURE:

- A. The on call EMS Duty Officer will ensure EMS Dispatch has the proper EMS Duty Officer logged on in CAD for each rotation.
- B. Although a complete list of potential and actual events is not possible, EMS Dispatch shall notify the EMS Duty Officer immediately when the following types of incidents occur:
 - 1. Mass Casualty Incidents (MCIs) of ten (10) patients or more;
 - 2. Any evacuation of a medical facility (actual or planned or potential);
 - 3. Facility physical plant issues (such as power failure);
 - 4. Any significant actual or potential issue or failure with the EMS System;
 - 5. Serious injury or death of EMS System personnel;
 - 6. Any incident or event that produces significant or potentially significant impact on the local EMS System;
 - 7. Any incident or event that is likely to attract media attention;

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- 8. Other incidents as determined necessary by EMS System supervisory staff.

- C. EMS personnel requesting notification or call back from the EMS Duty Officer shall call EMS Dispatch at **209-238-8339**. EMS Personnel shall provide as much information as appropriate to EMS Dispatch including contact information.

- D. EMS Dispatch shall receive and properly document any requests for EMS Duty Officer notification and immediately notify the EMS Duty Officer.

- E. EMS Dispatch shall call the EMS Duty Officer by phone for every notification unless otherwise instructed.

- F. If EMS Dispatch cannot reach the EMS Duty Officer after 5 minutes or immediately as needed, EMS Dispatch shall contact the EMS Administrator via contact information in CAD.

DRAFT

PURPOSE:

The purpose of this policy is to establish a process for emergency medical dispatch (EMD) approval and uniform EMS resource response assignments using the Medical Priority Dispatch System (MPDS) through the coordinated and authorized use of MPDS.

AUTHORITY: Health and Safety Code, Division 2.5, Section 1797.220, 1797.223, 1798. et seq.

DEFINITIONS:

- A. "Ambulance Service Provider" means an entity holding a permit to operate an emergency advanced life support ambulance service in San Joaquin County.
- B. "Emergency Medical Dispatch (EMD)" means a series of components that allow the dispatcher to triage calls, send appropriate resources with the appropriate response, and provide pre-arrival/post-dispatch instructions as needed.
- C. "Emergency Medical Responder (EMR)" means a basic life support (BLS) or ALS non-transport vehicle operated by an EMR provider.
- D. "EMR Provider" means an organization authorized by SJCEMSA to participate in the EMS system for the purpose of providing non-transport prehospital patient care.
- E. "Fire" means public safety fire service resources separate from their role as an EMR.
- F. "MPDS" means the Medical Priority Dispatch System.
- G. "NAED" means the National Academies of Emergency Dispatch.
- H. "NRLS" means an emergency response without delay not requiring or using emergency red lights and siren except as may be required for scene access.
- I. "RLS" means an emergency response without delay using emergency red lights and siren as appropriate for driving conditions.
- J. "SJCEMSA" means the San Joaquin County Emergency Medical Services (EMS) Agency.
- K. "Valley Regional Emergency Communications Center" or "VRECC" means the EMD center operated by American Medical Response and designated as the EMS dispatch center for all of San Joaquin County.

POLICY:

- I. EMD Approval and use of MPDS:
 - A. EMD shall be accomplished using the MPDS and shall be used on all

Effective: August 1 2021
Supersedes: July 1, 2017

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Medical Director

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EMS Administrator

medical calls received for the EMS System. MPDS must be incorporated into medical call processing procedures in accordance with SJCEMSA policies and procedures and in accordance with IAED standards at all times.

- B. EMD and MPDS shall only be used upon written statement of compliance from the SJCEMSA.
- C. A PSAP desiring to begin a new EMD service must first apply and be approved by SJCEMSA prior to implementation of EMD or MPDS.
- D. PSAPs performing EMD shall submit a plan for performing EMD using MPDS to the SJCEMSA. At a minimum the plan for EMD shall address all of the following requirements:
 - 1. Compliance with all SJCEMSA policies and procedures.
 - 2. Adherence to the standards outlined in ASTM F-1258 Standard Practice for Emergency Medical Dispatch, ASTM F-1552 Standard Practice for Training Instructor Qualification and Certification Eligibility of Emergency Medical Dispatchers, and ASTM F-1560 Standard Practice for Emergency Medical Dispatch Management.
 - 3. Ability to obtain, within 1 year of authorization, and continuously maintain medical Accredited Center of Excellence (ACE) recognition from the IAED.
 - 4. Use of the current MPDS and ProQA versions (within one year of release).
 - 5. Submit to the SJCEMSA for approval, and maintain, internal written policies and procedures that address the following:
 - a. Emergency call surge and "Urgent Disconnect" procedures;
 - b. Internal EMD orientation, continued dispatch education, and MPDS CQI programs.
 - c. Ensuring third party caller interrogation procedures.
 - d. Ensuring language translation procedures.
 - e. Ensuring back-up/continuity of operation plan (COOP).
 - 6. Digitally record and maintain all EMS related radio channels and phone lines for a period of not less than 90 days for CQI purposes.
 - 7. Demonstrate that CAD interfaces are fully integrated among all other authorized MPDS centers and emergency ambulance dispatch centers in San Joaquin County with the following minimum functionality:
 - a. Bilateral C2C open interface with real time comment sharing.

- b. Synchronization with time server for accurate time stamp continuity through all interfaces.
 - c. Ability to share MPDS determinants immediately.
 - d. Ability to correctly request, and subsequently update ambulance response based on MPDS determinant.
 - 8. Maintain all personnel EMD certification and training records for four years.
 - 9. Actively participate in required San Joaquin County CQI activities and programs.
 - 10. Provide timely accurate data and reports to the SJCEMSA as requested, including but not limited to, monthly ProQA EMD case review reports and AQUA reports.
- E. SJCEMSA shall review and approve or deny a plan for EMD within sixty (60) days of receiving a complete plan for EMD. If a plan for EMD is denied SJCEMSA will specify the reason for denial and suggest potential corrections to assist the applying organization prior to resubmission.

II. MPDS Operations:

- A. MPDS Determinant Levels reflect the number and type of resource(s) needed for each situation based on EMD interrogation and shall be performed in accordance with this policy.
- B. MPDS use shall only be performed by SJCEMSA authorized center(s) and shall process requests for emergency ambulance and EMR resources in accordance with the assignments established by this policy in Appendix 3202A. Any Fire based EMR that chooses to respond to MPDS assignments differently than prescribed in this policy shall submit to the SJCEMSA their EMS response plans and methodology, including any subsequent modifications, ten (10) days prior to implementation for efficient EMS System planning.
- C. Emergency ambulances resources shall be dispatched to EMS requests only after MPDS call processing has appropriately reached a determinant code based on an EMD interrogation.
- D. Once the location of the medical emergency is known, if the MPDS determinant cannot be determined through caller interrogation and case entry within 120 seconds, the EMD shall assign a default override

determinant of "Delta."

- E. Emergency ambulance resources shall not be unnecessarily delayed in circumstances when law enforcement has determined responder life-safety prevails and the use of the MPDS is not possible. In those cases, EMS calls shall be sent immediately for emergency ambulance dispatch through C2C interfaces, or other means, with instructions and information available for proper emergency ambulance dispatch.
 - F. All emergency ambulance responses are subject to cancelation or modification as determined by additional information or patient condition changes as determined by MPDS.
 - G. All emergency ambulance responses are subject to reassignment of a closer available emergency ambulance resource or to a higher Level (acuity) call as determined by the MPDS determinant Level methodology and the emergency ambulance dispatcher. Reassignment of a closer emergency ambulance resource shall only be done when the following conditions exist:
 - 1. The call reassignment presents a clear and obvious response time reduction to a higher Level (acuity) call of a DELTA or ECHO only, or;
 - 2. The reassignment from a lower Level (acuity) call will not subject unnecessary risk to a patient of the lower Level (acuity) response.
 - H. All emergency ambulance response levels are subject to modification based upon on scene EMR evaluation of a patient condition. However, a PSAP or on scene EMR is prohibited from requesting a higher emergency ambulance response level to reduce a perceived extended response.
 - I. Notification of these response changes outlined above shall be made immediately to all affected Emergency Ambulance Dispatch Centers and Public Safety Dispatch centers involved.
- III. SJCEMSA approves MPDS response and mode assignments for chief complaint Protocol 33 – Transfer / Interfacility / Palliative Care, as specified in this section and Appendix 3202A.

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Supersedes: July 1, 2017

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- A. Protocol 33 applies to requests from non-acute care hospital medical facilities with onsite medical personnel that have performed an assessment of the patient and are requesting transport to an emergency department. Protocol 33 should be used to process requests for ambulance service received from the following types of health facilities: same day surgery centers, skilled nursing facilities, hospice facilities, and palliative home care with an onsite physician or registered nurse. Protocol 33 shall not be used for processing requests from dental offices and dental surgery centers.
 - B. Protocol 33 should be used for processing requests for ambulance service for patients at CHCF and DVI.
 - C. Basic Life Support (BLS) ambulances may be used to respond to Protocol 33 Alpha level determinants.
 - D. Based on the availability of ALS and BLS ambulances and the needs of the EMS system the authorized emergency ambulance dispatch center may delay dispatch of an ambulance for a Protocol 33 Alpha level determinant without priority symptoms as follows:
 - 1. Alpha Acuity I may be held for up to 30 minutes.
 - 2. Alpha Acuity II may be held for up to 60 minutes.
 - 3. Alpha Acuity III may be held for up to 90 minutes.
 - E. Any ambulance response to Protocol 33 Alpha level determinants may be pre-arranged or scheduled at the request of the transferring facility.
- IV. Approved EMD and MPDS centers shall report compliance with this policy to SJCEMSA.
- V. SJCEMSA may modify response and mode assignments and authorize the use of BLS staffed and equipped ambulances to respond to requests for service in the EMS system.

EMS Policy No. 3202, Medical Priority Dispatch System Use and Assignments, Appendix A
 Effective June 24, 2022

MPDS Code	Descriptor	Ambulance	EMR	JRUG	LFD	SFD	SSJCFA	LMFD/MFD
01	Abdominal Pain/Problems							
1D01	Abd Pain: Not Alert	RLS	RLS	RLS	RLS	RLS	RLS	RLS
1D02	Abd Pain: Ashen or Gray color reported ≥ 50	RLS	RLS	RLS	RLS	RLS	RLS	RLS
1C01	Abd Pain: Suspected aortic aneurysm ≥ 50	RLS	RLS	RLS	RLS	RLS	RLS	RLS
1C02	Abd Pain: Diagnosed aortic aneurysm	RLS	RLS	RLS	RLS	RLS	RLS	RLS
1C03	Abd Pain: Fainting or near fainting ≥ 50	RLS	RLS	RLS	RLS	RLS	RLS	RLS
1C04	Abd Pain: Female with fainting or near fainting 12-50	RLS	RLS	RLS	RLS	RLS	RLS	RLS
1C05	Abd Pain: Males with pain above navel ≥ 35	RLS	RLS	RLS	RLS	RLS	RLS	RLS
1C06	Abd Pain: Females with pain above navel ≥ 45	RLS	RLS	RLS	RLS	RLS	RLS	RLS
1A01	Abd Pain: Abdominal Pain	NRLS	No EMR	No Response	No Response	No Response	RLS	RLS
1A02	Abd Pain: Testicle or groin (male)	NRLS	No EMR	No Response	No Response	No Response	RLS	RLS
02	Allergies (Reactions)/Envenomation (Stings, Bites)							
2E01	Allergies/Envenom: Ineffective Breathing	RLS	RLS	RLS	RLS	RLS	RLS	RLS
2D01	Allergies/Envenom: Not Alert	RLS	RLS	RLS	RLS	RLS	RLS	RLS
2D02	Allergies/Envenom: Difficulty Speaking between Breaths	RLS	RLS	RLS	RLS	RLS	RLS	RLS
2D03	Envenomation: Swarming attack (bees, wasps, hornets, etc.)	RLS	RLS	RLS	RLS	RLS	RLS	RLS

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2D04	Envenomation: Snakebite	RLS	RLS	RLS	RLS	RLS	RLS	RLS
2C01	Allergies/Envenom: Difficulty breathing or swallowing	RLS	RLS	RLS	RLS	RLS	RLS	RLS
2C02	Allergies/Envenom: History of severe allergic reaction	RLS	RLS	RLS	RLS	RLS	RLS	RLS
2B01	Allergies/Envenom: Unknown status/Other codes not applicable	RLS	RLS	RLS	RLS	No Response	RLS	RLS
2A01	Allergies: No difficulty breathing or swallowing (rash, hives, or itching may be present)	NRLS	No EMR	No Response	No Response	No Response	RLS	RLS
2A02	Envenomation: Spider bite	NRLS	No EMR	No Response	No Response	No Response	RLS	RLS
03	Animal Bites/Attacks							
3D01	Animal Bite: Arrest	RLS	RLS	RLS	RLS	RLS	RLS	RLS
3D02	Animal Bite: Unconscious	RLS	RLS	RLS	RLS	RLS	RLS	RLS
3D03	Animal Bite: Not Alert	RLS	RLS	RLS	RLS	RLS	RLS	RLS
3D04	Animal Bite: Chest or Neck Injury (with difficulty breathing)	RLS	RLS	RLS	RLS	RLS	RLS	RLS
3D05	Animal Bite: Dangerous body area	RLS	RLS	RLS	RLS	RLS	RLS	RLS
3D06	Animal Bite: Large animal	RLS	RLS	RLS	RLS	RLS	RLS	RLS
3D07	Animal Bite: Exotic animal	RLS	RLS	RLS	RLS	RLS	RLS	RLS
3D08	Animal Bite: Mauling or multiple animals	RLS	RLS	RLS	RLS	RLS	RLS	RLS
3D09	Animal Bite: Attack in progress	RLS	RLS	RLS	RLS	RLS	RLS	RLS
3B01	Animal Bite: Poss. Dangerous body area	RLS	RLS	RLS	RLS	RLS	RLS	RLS
3B02	Animal Bite: Serious hemorrhage	RLS	RLS	RLS	RLS	RLS	RLS	RLS
3B03	Animal Bite: Unknown Status/ other codes not applicable	RLS	RLS	RLS	RLS	RLS	RLS	RLS

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3A01	Animal Bite: Not dangerous body area	NRLS	No EMR	No Response	No Response	No Response	RLS	RLS
3A02	Animal Bite: Non-Recent (≥6hrs) injuries (without pri sympt)	NRLS	No EMR	No Response	No Response	No Response	No Response	RLS
3A03	Animal Bite: Superficial injuries	NRLS	No EMR	No Response	No Response	No Response	No Response	RLS
04	Assault/Sexual Assault/Stun Gun							
4D01	Assault: Arrest	RLS	RLS	RLS	RLS	RLS	RLS	RLS
4D02	Assault: Unconscious	RLS	RLS	RLS	RLS	RLS	RLS	RLS
4D03	Assault: Not alert	RLS	RLS	RLS	RLS	RLS	RLS	RLS
4D04	Assault: Chest or neck injury (with difficulty breathing)	RLS	RLS	RLS	RLS	RLS	RLS	RLS
4D05	Assault: Multiple victims	RLS	RLS	RLS	RLS	RLS	RLS	RLS
4B01s	Assault: Poss. Dangerous body area	RLS	RLS	RLS	RLS	No Response	RLS	RLS
4B01a,t	Assault: Poss. Dangerous body area	NRLS	NRLS	NRLS	NRLS	No Response	RLS	RLS
4B02	Assault: Serious hemorrhage	RLS	RLS	RLS	RLS	No Response	RLS	RLS
4B03	Assault: Unknown status/Other codes not applicable	NRLS	NRLS	NRLS	NRLS	No Response	RLS	RLS
4A01	Assault: Not dangerous body area with deformity	NRLS	No EMR	No Response	No Response	No Response	RLS	RLS
4B02	Assault/Sexual Assault: Not dangerous body area	NRLS	No EMR	No Response	No Response	No Response	RLS	RLS
4A03	Assault/Sexual Assault: Non-Recent (>6hrs) injuries (without pri sympt)	NRLS	No EMR	No Response	No Response	No Response	No Response	RLS
05	Back Pain (Non- Traumatic or Non-Recent Trauma)							

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5D01	Back Pain: Not Alert	RLS	RLS	RLS	RLS	No Response	RLS	RLS
5D02	Back Pain: Ashen or gray color reported ≥ 50	RLS	RLS	RLS	RLS	No Response	RLS	RLS
5C01	Back Pain: Suspected aortic aneurysm ≥ 50	RLS	RLS	RLS	RLS	No Response	RLS	RLS
5C02	Back Pain: Diagnosed aortic aneurysm	RLS	RLS	RLS	RLS	No Response	RLS	RLS
5C03	Back Pain: Fainting or near fainting ≥ 50	RLS	RLS	RLS	RLS	No Response	RLS	RLS
5C04	Back Pain: Difficulty breathing	RLS	RLS	RLS	RLS	No Response	RLS	RLS
5A01	Back Pain: Non-traumatic back pain	NRLS	No EMR	No Response	No Response	No Response	RLS	RLS
5A02	Back Pain: Non-Recent (≥ 6 hrs) injuries (without pri sympt)	NRLS	No EMR	No Response	No Response	No Response	No Response	RLS
06	Breathing Problem							
6E01	Breathing Prob: Ineffective Breathing	RLS	RLS	RLS	RLS	RLS	RLS	RLS
6D01	Breathing Prob: Not Alert	RLS	RLS	RLS	RLS	RLS	RLS	RLS
6D02	Breathing Prob: Difficulty Speaking btw breaths	RLS	RLS	RLS	RLS	RLS	RLS	RLS
6D03	Breathing Prob: Changing color	RLS	RLS	RLS	RLS	RLS	RLS	RLS
6D04	Breathing Prob: Clammy or cold sweats	RLS	RLS	RLS	RLS	RLS	RLS	RLS
6D05	Breathing Prob: Tracheostomy (obvious distress)	RLS	RLS	RLS	RLS	RLS	RLS	RLS
6C01	Breathing Prob: Abnormal Breathing	NRLS	NRLS	NRLS	NRLS	No Response	RLS	RLS
6C02	Breathing Prob: Tracheostomy (no obvious distress)	NRLS	NRLS	NRLS	NRLS	No Response	No Response	RLS
07	Burns(Scalds)/Explosion (Blast)							

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7E01	Burns: Person on Fire	RLS	RLS	RLS	RLS	RLS	RLS	RLS
7D01	Burns: Multiple victims	RLS	RLS	RLS	RLS	RLS	RLS	RLS
7D02	Burns: Arrest	RLS	RLS	RLS	RLS	RLS	RLS	RLS
7D03	Burns: Unconscious	RLS	RLS	RLS	RLS	RLS	RLS	RLS
7D04	Burns: Not alert	RLS	RLS	RLS	RLS	RLS	RLS	RLS
7D05	Burns: Difficulty Speaking btw breaths	RLS	RLS	RLS	RLS	RLS	RLS	RLS
7C01	Burns: Fire with person inside	RLS	RLS	RLS	RLS	RLS	RLS	RLS
7C02	Burns: Difficulty breathing	RLS	RLS	RLS	RLS	RLS	RLS	RLS
7C03	Burns: Burns ≥ 18% body area	RLS	RLS	RLS	RLS	RLS	RLS	RLS
7C04	Burns: Significant facial burns	RLS	RLS	RLS	RLS	RLS	RLS	RLS
7B01	Burns/Explosion: Blast injuries (without pri sympt)	NRLS	NRLS	NRLS	NRLS	No Response	RLS	RLS
7B02	Burns: Unknown status/Other codes not applicable	NRLS	NRLS	NRLS	NRLS	No Response	RLS	RLS
7A01	Burns: Burns < 18% body area	NRLS	NRLS	NRLS	NRLS	RLS	RLS	RLS
7A02	Burns: Fire alarm (unknown situation)		EFD	EFD	EFD	EFD	EFD	EFD
7A03	Burns: Minor burns	NRLS	No EMR	No Response	No Response	No Response	RLS	RLS
7A04	Burns: Sunburn	NRLS	No EMR	No Response	No Response	No Response	No Response	RLS
7A05	Burns: Non-Recent (≥6hrs) injuries (without pri sympt)	NRLS	No EMR	No Response	No Response	No Response	No Response	RLS
08	Carbon Monoxide/Inhalation/Hazmat/CBRN							
8D01	CO: Arrest	RLS	RLS	RLS	RLS	RLS	RLS	RLS
8D02	CO: Unconscious	RLS	RLS	RLS	RLS	RLS	RLS	RLS
8D03	CO: Not alert	RLS	RLS	RLS	RLS	RLS	RLS	RLS
8D04	CO: Difficulty Speaking btw breaths	RLS	RLS	RLS	RLS	RLS	RLS	RLS

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8D05	CO: Multiple victims	RLS	RLS	RLS	RLS	RLS	RLS	RLS
8D06	CO: Unknown status/other codes not applicable	RLS	RLS	RLS	RLS	RLS	RLS	RLS
8C01	CO: Alert with difficulty breathing	RLS	RLS	RLS	RLS	RLS	RLS	RLS
8B01	CO: Alert without difficulty breathing	NRLS	NRLS	NRLS	NRLS	No Response	RLS	RLS
8Q01	CO: CO detector alarm(scene contact without pri sympt)	EFD	EFD	EFD	EFD	EFD	EFD	EFD
8Q02	CO: CO detector alarm (alarm only, no scene contact)	EFD	EFD	EFD	EFD	EFD	EFD	EFD
09	Cardiac or Respiratory Arrest/Death							
9E01	Cardiac Arrest: Not breathing at all	RLS	RLS	RLS	RLS	RLS	RLS	RLS
9E02	Cardiac Arrest: Uncertain breathing	RLS	RLS	RLS	RLS	RLS	RLS	RLS
9E03	Cardiac Arrest: Hanging	RLS	RLS	RLS	RLS	RLS	RLS	RLS
9E04	Cardiac Arrest: Strangulation	RLS	RLS	RLS	RLS	RLS	RLS	RLS
9E05	Cardiac Arrest: Suffocation	RLS	RLS	RLS	RLS	RLS	RLS	RLS
9D01	Cardiac Arrest: Ineffective breathing	RLS	RLS	RLS	RLS	RLS	RLS	RLS
9D02	Cardiac Arrest: Obvious or expected death questionable (a-h; x-z)	RLS	RLS	RLS	RLS	RLS	RLS	RLS
9B01a-e	Cardiac Arrest: Obvious death unquestionable (a-h)	Refer to Law/EFD	NRLS	NRLS	NRLS	No Response	RLS	RLS
9B01f-h	Cardiac Arrest: Obvious death unquestionable (a-h)	NRLS	NRLS	NRLS	NRLS	No Response	RLS	RLS
9Q01	Cardiac Arrest: Expected death unquestionable (x-z)	NRLS	NRLS	NRLS	NRLS	No Response	RLS	RLS
10	Chest Pain/Chest Discomfort (Non-Traumatic)							
10D01	Chest Pain: Not alert	RLS	RLS	RLS	RLS	RLS	RLS	RLS

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10D02	Chest Pain: Difficulty Speaking btw breaths	RLS	RLS	RLS	RLS	RLS	RLS	RLS
10D03	Chest Pain: Changing color	RLS	RLS	RLS	RLS	RLS	RLS	RLS
10D04	Chest Pain: Clammy or cold sweats	RLS	RLS	RLS	RLS	RLS	RLS	RLS
10D05	Chest Pain: Heart attack or angina history	RLS	RLS	RLS	RLS	RLS	RLS	RLS
10C01	Chest Pain: Abnormal breathing	RLS	RLS	RLS	RLS	RLS	RLS	RLS
10C02	Chest Pain: Cocaine	RLS	RLS	RLS	RLS	No Response	RLS	RLS
10C03	Chest Pain: Breathing normally \geq 35	RLS	RLS	RLS	RLS	RLS	RLS	RLS
10A01	Chest Pain: Breathing normally $<$ 35	NRLS	NRLS	NRLS	No Response	No Response	RLS	RLS
11	Choking							
11E01	Choking: Complete obstruction/Ineffective breathing	RLS	RLS	RLS	RLS	RLS	RLS	RLS
11D01	Choking: Abnormal breathing (Partial obstruction)	RLS	RLS	RLS	RLS	RLS	RLS	RLS
11D02	Choking: Not alert	RLS	RLS	RLS	RLS	RLS	RLS	RLS
11A01	Choking: Not choking now(can talk/cry, is alert & breathing normally)	NRLS	NRLS	NRLS	No Response	No Response	RLS	RLS
12	Convulsions/Seizures							
12D01	Seizures: Not breathing	RLS	RLS	RLS	RLS	RLS	RLS	RLS
12D02	Seizures: Continuous or multiple seizures	RLS	RLS	RLS	RLS	RLS	RLS	RLS
12D03	Seizures: Agonal/ineffective breathing	RLS	RLS	RLS	RLS	RLS	RLS	RLS
12D04	Seizures: Effective breathing not verified \geq 35	RLS	RLS	RLS	RLS	RLS	RLS	RLS
12C01	Seizures: Focal/Absence seizures (not alert)	RLS	RLS	RLS	RLS	RLS	RLS	RLS

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12C02	Seizures: Pregnancy	RLS	RLS	RLS	RLS	RLS	RLS	RLS
12C03	Seizures: Diabetic	RLS	RLS	RLS	RLS	RLS	RLS	RLS
12C04	Seizures: Not seizing now & effective breathing verified (>6, confirmed no seizure disorder)	RLS	RLS	RLS	RLS	RLS	RLS	RLS
12C05	Seizures: History of stroke or brain tumor	RLS	RLS	RLS	RLS	RLS	RLS	RLS
12C06	Seizures: Overdose/Poisoning (ingestion)	RLS	RLS	RLS	RLS	RLS	RLS	RLS
12C07	Seizures: Atypical seizure	RLS	RLS	RLS	RLS	RLS	RLS	RLS
12B01	Seizures: Effective breathing not verified < 35	NRLS	NRLS	NRLS	NRLS	No Response	RLS	RLS
12A01	Seizures: Not seizing now & effective breathing verified (known seizure disorder)	NRLS	No EMR	No Response	No Response	No Response	RLS	RLS
12A02	Seizures: Not seizing now & effective breathing verified (seizure disorder unknown)	NRLS	No EMR	No Response	No Response	No Response	RLS	RLS
12A03	Seizures: Not seizing now & effective breathing verified (≤ 6, confirmed no seizure disorder)	NRLS	No EMR	No Response	No Response	No Response	RLS	RLS
12A04	Seizures: Focal/Absence seizure	NRLS	No EMR	No Response	No Response	No Response	RLS	RLS
12A05	Seizures: Impending Seizure (aura)	NRLS	No EMR	No Response	No Response	No Response	RLS	RLS
13	Diabetic Problems							
13D01	Diabetic: Unconscious	RLS	RLS	RLS	RLS	RLS	RLS	RLS
13C01	Diabetic: Not alert	RLS	RLS	RLS	RLS	RLS	RLS	RLS
13C02	Diabetic: Abnormal behavior	RLS	RLS	RLS	RLS	RLS	RLS	RLS
13C03	Diabetic: Abnormal breathing	RLS	RLS	RLS	RLS	RLS	RLS	RLS

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13A01	Diabetic: Alert and behaving normally	NRLS	No EMR	No Response	No Response	No Response	No Response	RLS
14	Drowning/Near Drowning/Diving/Scuba Accident							
14E01	Drowning: Arrest (out of water)	RLS	RLS	RLS	RLS	RLS	RLS	RLS
14E02	Drowning: Underwater (Domestic rescue)	RLS	RLS	RLS	RLS	RLS	RLS	RLS
14D01	Drowning: Unconscious	RLS	RLS	RLS	RLS	RLS	RLS	RLS
14D02	Drowning: underwater (Specialized rescue)	RLS	RLS	RLS	RLS	RLS	RLS	RLS
14D03	Drowning: Stranded (Specialized rescue)	RLS	RLS	RLS	RLS	RLS	RLS	RLS
14D04	Drowning: Just resuscitated and/or defibrillated (external)	RLS	RLS	RLS	RLS	RLS	RLS	RLS
14D05	Drowning: Not alert	RLS	RLS	RLS	RLS	RLS	RLS	RLS
14D06	Drowning: Suspected neck injury	RLS	RLS	RLS	RLS	RLS	RLS	RLS
14C01	Drowning: Alert with abnormal breathing	RLS	RLS	RLS	RLS	RLS	RLS	RLS
14B01	Drowning: Alert and breathing normally (injuries or in water)	RLS	RLS	RLS	RLS	RLS	RLS	RLS
14B02	Drowning: Obvious Death (submersion \geq 6hrs)	No Response refer to EFD	EFD	EFD	EFD	EFD	EFD	EFD
14B03	Drowning: Unknown status/other codes not applicable	RLS	RLS	RLS	RLS	RLS	RLS	RLS
14A01	Drowning: Alert and breathing normally (no injuries & out of water)	NRLS	NRLS	NRLS	No Response	No Response	RLS	RLS
15	Electrocution/Lighting							
15E01	Electrocution: Not breathing/Ineffective breathing	RLS	RLS	RLS	RLS	RLS	RLS	RLS
15D01	Electrocution: Multiple victims	RLS	RLS	RLS	RLS	RLS	RLS	RLS

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15D02	Electrocution: Unconscious	RLS	RLS	RLS	RLS	RLS	RLS	RLS
15D03	Electrocution: Not disconnected from power	RLS	RLS	RLS	RLS	RLS	RLS	RLS
15D04	Electrocution: Power not off or hazard present	RLS	RLS	RLS	RLS	RLS	RLS	RLS
15D05	Electrocution: Extreme fall (\geq 30ft/10m)	RLS	RLS	RLS	RLS	RLS	RLS	RLS
15D06	Electrocution: Long fall	RLS	RLS	RLS	RLS	RLS	RLS	RLS
15D07	Electrocution: Not alert	RLS	RLS	RLS	RLS	RLS	RLS	RLS
15D08	Electrocution: Abnormal breathing	RLS	RLS	RLS	RLS	RLS	RLS	RLS
15D09	Electrocution: Unknown status/other codes not applicable	RLS	RLS	RLS	RLS	RLS	RLS	RLS
15C01	Electrocution: Alert and breathing normally	NRLS	NRLS	NRLS	NRLS	No Response	RLS	RLS
16	Eye Problems/Injuries							
16D01	Eye Prob: Not alert	RLS	RLS	RLS	RLS	RLS	RLS	RLS
16B01	Eye Prob: Severe eye injuries	RLS	RLS	RLS	RLS	RLS	RLS	RLS
16A01	Eye Prob: Moderate eye injuries	RLS	RLS	RLS	RLS	RLS	RLS	RLS
16A02	Eye Prob: Minor eye injuries	NRLS	No EMR	No Response	No Response	No Response	No Response	RLS
16A03	Eye Prob: Medical eye problems	NRLS	No EMR	No Response	No Response	No Response	No Response	RLS
17	Falls							
17D01	Fall: Extreme all (\geq 30ft/10m)	RLS	RLS	RLS	RLS	RLS	RLS	RLS
17D02	Fall: Arrest	RLS	RLS	RLS	RLS	RLS	RLS	RLS
17D03	Fall: Unconscious	RLS	RLS	RLS	RLS	RLS	RLS	RLS
17D04	Fall: Not alert	RLS	RLS	RLS	RLS	RLS	RLS	RLS
17D05	Fall: Chest or neck injury (with difficulty breathing)	RLS	RLS	RLS	RLS	RLS	RLS	RLS

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17D06	Fall: Long fall	RLS	RLS	RLS	RLS	RLS	RLS	RLS
17B01 suffix P	Fall: Possibly dangerous body area	RLS	RLS	RLS	RLS	RLS	RLS	RLS
17B01 suffix A,E,G,J or none	Fall: Possibly dangerous body area	NRLS	NRLS	NRLS	NRLS	No Response	RLS	RLS
17B02 suffix P	Fall: Serious hemorrhage	RLS	RLS	RLS	RLS	RLS	RLS	RLS
17B02 suffix A,E,G,J or none	Fall: Serious hemorrhage	NRLS	NRLS	NRLS	NRLS	RLS	RLS	RLS
17B03 suffix P	Fall: Unknown status/other codes not applicable	RLS	RLS	RLS	RLS	RLS	RLS	RLS
17B03 suffix A,E,G,J or none	Fall: Unknown status/other codes not applicable	NRLS	NRLS	NRLS	NRLS	No Response	RLS	RLS
17A01 suffix P	Fall: Not dangerous body area with deformity	RLS	RLS	RLS	RLS	RLS	RLS	RLS
17A01 suffix A,E,G,J or none	Fall: Not dangerous body area with deformity	NRLS	NRLS	NRLS	NRLS	No Response	RLS	RLS
17A02 suffix P	Fall: Not dangerous body area	RLS	RLS	RLS	RLS	RLS	RLS	RLS
17A02 suffix A,E,G,J or none	Fall: Not dangerous body area	NRLS	NRLS	NRLS	No Response	No Response	RLS	RLS

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17A03 suffix P	Fall: Non-recent (\geq 6hrs) (without pri sympt)	RLS	RLS	RLS	RLS	No Response	RLS	RLS
17A03 suffix A,E,G,J or none	Fall: Non-recent (\geq 6hrs) (without pri sympt)	NRLS	NRLS	NRLS	No Response	No Response	No Response	RLS
17A04	Fall: Public assist (no injuries and no pri sympt)	No response refer to EFD	EFD	EFD	EFD	EFD	EFD	EFD
18	Headache							
18C01	Headache: Not alert	RLS	RLS	RLS	RLS	No Response	RLS	RLS
18C02	Headache: Abnormal breathing	RLS	RLS	RLS	RLS	No Response	RLS	RLS
18C03	Headache: Speech problems	RLS	RLS	RLS	RLS	No Response	RLS	RLS
18C04	Headache: Sudden onset of severe pain	RLS	RLS	RLS	RLS	No Response	RLS	RLS
18C05	Headache: Numbness	RLS	RLS	RLS	RLS	No Response	RLS	RLS
18C06	Headache: Paralysis	RLS	RLS	RLS	RLS	No Response	RLS	RLS
18C07	Headache: Change in behavior (\leq 3hrs)	RLS	RLS	RLS	RLS	No Response	RLS	RLS
18B01	Headache: Unknown status/other codes not applicable	NRLS	No EMR	No Response	No Response	No Response	No Response	RLS
18A01	Headache: Breathing normally	NRLS	No EMR	No Response	No Response	No Response	No Response	RLS
19	Heart Problems/A.I.C.D							
19D01	Heart Prob: Not alert	RLS	RLS	RLS	RLS	RLS	RLS	RLS

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MPDS Code	Descriptor	Ambulance	EMR	JRUG	LFD	SFD	SSJCFA	LMFD/MFD
19D02	Heart Prob: Difficulty speaking btw breaths	RLS	RLS	RLS	RLS	RLS	RLS	RLS
19D03	Heart Prob: Changing color	RLS	RLS	RLS	RLS	RLS	RLS	RLS
19D04	Heart Prob: Clammy or cold sweats	RLS	RLS	RLS	RLS	RLS	RLS	RLS
19D05	Heart Prob: Just resuscitated and/or defibrillated (external)	RLS	RLS	RLS	RLS	RLS	RLS	RLS
19C01	Heart Prob: Firing of A.I.C.D	RLS	RLS	RLS	RLS	RLS	RLS	RLS
19C02	Heart Prob: Abnormal breathing	RLS	RLS	RLS	RLS	RLS	RLS	RLS
19C03	Heart Prob: Chest pain/discomfort \geq 35	RLS	RLS	RLS	RLS	RLS	RLS	RLS
19C04	Heart Prob: Cardiac history	RLS	RLS	RLS	RLS	RLS	RLS	RLS
19C05	Heart Prob: Cocaine	RLS	RLS	RLS	RLS	RLS	RLS	RLS
19C06	Heart Prob: Heart rate < 50 bpm or \geq 130 bpm (without pri sympt)	RLS	RLS	RLS	RLS	RLS	RLS	RLS
19C07	Heart Prob: Unknown status/other codes not applicable	RLS	RLS	RLS	RLS	RLS	RLS	RLS
19A01	Heart Prob: Heart rate \geq 50 bpm or < 130 bpm (without pri sympt)	NRLS	NRLS	NRLS	No Response	No Response	RLS	RLS
19A02	Heart Prob: Chest pain/discomfort < 35 (without pri sympt)	NRLS	NRLS	NRLS	No Response	No Response	RLS	RLS
20	Heat/Cold Exposure							
20D01	Heat/Cold Exp: Not alert	RLS	RLS	RLS	RLS	RLS	RLS	RLS
20D02	Heat/Cold Exp: Multiple victims (with pri sympt)	RLS	RLS	RLS	RLS	RLS	RLS	RLS
20C01	Heat/Cold Exp: Heart attack or angina history	RLS	RLS	RLS	RLS	RLS	RLS	RLS
20B01	Heat/Cold Exp: Change in skin color	NRLS	No EMR	No Response	No Response	No Response	RLS	RLS
20B02	Heat/Cold Exp: Unknown status/other codes not applicable	NRLS	No EMR	No Response	No Response	No Response	RLS	RLS

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20A01	Heat/Cold Exp: Alert	NRLS	No EMR	No Response	No Response	No Response	RLS	RLS
21	Hemorrhage/Lacerations							
21D01	Hemorrhage/Lac: Arrest	RLS	RLS	RLS	RLS	RLS	RLS	RLS
21D02	Hemorrhage/Lac: Unconscious	RLS	RLS	RLS	RLS	RLS	RLS	RLS
21D03	Hemorrhage/Lac: Not alert	RLS	RLS	RLS	RLS	RLS	RLS	RLS
21D04	Hemorrhage/Lac: Dangerous hemorrhage	RLS	RLS	RLS	RLS	RLS	RLS	RLS
21D05	Hemorrhage/Lac: Abnormal bleeding	RLS	RLS	RLS	RLS	RLS	RLS	RLS
21C01	Hemorrhage/Lac: Hemorrhage through Tubes	RLS	RLS	RLS	RLS	RLS	RLS	RLS
21C02	Hemorrhage/Lac: Hemorrhage of dialysis fistula	RLS	RLS	RLS	RLS	RLS	RLS	RLS
21C03	Hemorrhage/Lac: Hemorrhage from varicose veins	RLS	RLS	RLS	RLS	RLS	RLS	RLS
21B01	Hemorrhage/Lac: Possibly dangerous hemorrhage	NRLS	No EMR	No Response	No Response	No Response	RLS	RLS
21B02	Hemorrhage/Lac: Serious hemorrhage	RLS	RLS	RLS	RLS	RLS	RLS	RLS
21B03	Hemorrhage/Lac: Bleeding disorder	NRLS	No EMR	No Response	No Response	No Response	RLS	RLS
21B04	Hemorrhage/Lac: Blood thinners	NRLS	No EMR	No Response	No Response	No Response	RLS	RLS
21A01	Hemorrhage/Lac: Not dangerous hemorrhage	NRLS	No EMR	No Response	No Response	No Response	RLS	RLS
21A02	Hemorrhage/Lac: Minor hemorrhage	NRLS	No EMR	No Response	No Response	No Response	RLS	RLS
22	Inaccessible Incident/Other Entrapments (non- traffic)							

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22D01	Trapped: Mechanical/Machinery/Object Entrapment	RLS	RLS	RLS	RLS	RLS	RLS	RLS
22D02	Trapped: Trench collapse	RLS	RLS	RLS	RLS	RLS	RLS	RLS
22D03	Trapped: Structure collapse	RLS	RLS	RLS	RLS	RLS	RLS	RLS
22D04	Trapped: Confined space entrapment	RLS	RLS	RLS	RLS	RLS	RLS	RLS
22D05	Trapped: Inaccessible terrain situation	RLS	RLS	RLS	RLS	RLS	RLS	RLS
22D06	Trapped: Mudslide/ Avalanche	RLS	RLS	RLS	RLS	RLS	RLS	RLS
22B01 suffix B or Y	Trapped: No longer trapped (unknown injuries)	RLS	RLS	RLS	RLS	No Response	RLS	RLS
22B01 suffix A,M, X or unknown	Trapped: No longer trapped (unknown injuries)	NRLS	NRLS	NRLS	NRLS	No Response	RLS	RLS
22B02 suffix B or Y	Trapped: Peripheral entrapment only	RLS	RLS	RLS	RLS	RLS	RLS	RLS
22B02 suffix A,M, X or unknown	Trapped: Peripheral entrapment only	No response refer to EFD	EFD	EFD	EFD	EFD	EFD	EFD
22B03 suffix B or Y	Trapped: Unknown status (investigation)/ other codes not applicable	RLS	RLS	RLS	RLS	RLS	RLS	RLS
22B03 Suffix A,M, X or unknown	Trapped: Unknown status (investigation)/ other codes not applicable	No response refer to EFD	EFD	EFD	EFD	EFD	EFD	EFD
22A01	Trapped: No longer trapped (no injuries)	No response refer to EFD	EFD	EFD	EFD	EFD	EFD	EFD
23	Overdose/Poisoning (ingestion)							

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23D01	OD/Poison: Unconscious	RLS	RLS	RLS	RLS	RLS	RLS	RLS
23D02	OD/Poison: Changing color	RLS	RLS	RLS	RLS	RLS	RLS	RLS
23C01	OD/Poison: Not alert	RLS	RLS	RLS	RLS	RLS	RLS	RLS
23C02	OD/Poison: Abnormal breathing	RLS	RLS	RLS	RLS	RLS	RLS	RLS
23C03	OD/Poison: Antidepressants (tricyclic)	RLS	RLS	RLS	RLS	RLS	RLS	RLS
23C04	OD/Poison: Cocaine, methamphetamine (or derivatives)	RLS	RLS	RLS	RLS	No Response	RLS	RLS
23C05	OD/Poison: Narcotics (heroin, morphine, methadone, Oxycodone, etc.)	RLS	RLS	RLS	RLS	RLS	RLS	RLS
23C06	OD/Poison: Acid or alkali (lye)	RLS	RLS	RLS	RLS	RLS	RLS	RLS
23C07	OD/Poison: Unknown status/other codes not applicable	RLS	RLS	RLS	RLS	RLS	RLS	RLS
23C08	OD/Poison: Poison control request for response	RLS	RLS	RLS	RLS	RLS	RLS	RLS
23B01	OD/Poison: Overdose (without pri sympt)	NRLS	NRLS	NRLS	No Response	No Response	RLS	RLS
23Q01	OD/Poison: Poisoning (without pri sympt)	Refer to poison control	No EMR	No Response	No Response	No Response	RLS	RLS
24	Pregnancy/Childbirth/Miscarriage							
24D01	Childbirth: Breech or cord	RLS	RLS	RLS	RLS	RLS	RLS	RLS
24D02	Childbirth: Head visible/out	RLS	RLS	RLS	RLS	RLS	RLS	RLS
24D03	Childbirth: Imminent delivery (\geq 6 months/24 weeks)	RLS	RLS	RLS	RLS	RLS	RLS	RLS
24D04	Childbirth: 3 rd Trimester hemorrhage	RLS	RLS	RLS	RLS	RLS	RLS	RLS
24D05	Childbirth: High risk complications	RLS	RLS	RLS	RLS	RLS	RLS	RLS
24D06	Childbirth: Baby born (complications with baby)	RLS	RLS	RLS	RLS	RLS	RLS	RLS

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24D07	Childbirth: Baby born (complications with mother)	RLS	RLS	RLS	RLS	RLS	RLS	RLS
24C01	Childbirth: 2 nd Trimester hemorrhage or miscarriage	RLS	RLS	RLS	RLS	RLS	RLS	RLS
24C02	Childbirth: 1 st Trimester serious hemorrhage	RLS	RLS	RLS	RLS	RLS	RLS	RLS
24C03	Childbirth: Abdominal pain/cramping (< 6 months/24 weeks and no fetus or tissue)	RLS	RLS	RLS	RLS	RLS	RLS	RLS
24C04	Childbirth: Baby born (no complications)	RLS	RLS	RLS	RLS	RLS	RLS	RLS
24B01	Childbirth: labor (delivery not imminent, \geq 6 months/24 weeks)	NRLS	No EMR	No Response	No Response	No Response	RLS	RLS
24B02	Childbirth: Unknown status/other codes not applicable	NRLS	No EMR	No Response	No Response	No Response	RLS	RLS
24A01	Childbirth: 1 st Trimester hemorrhage or miscarriage	NRLS	No EMR	No Response	No Response	No Response	RLS	RLS
24Q01	Childbirth: Water broken (no contractions or presenting parts)	NRLS	No EMR	No Response	No Response	No Response	RLS	RLS
25	Psychiatric/Abnormal Behavior/Suicide Attempt							
25D01	Psyc: Not alert	RLS	RLS	RLS	RLS	No Response	RLS	RLS
25D02	Psyc: Dangerous hemorrhage	RLS	RLS	RLS	RLS	No Response	RLS	RLS
25D03	Psyc: Near hanging, strangulation, or suffocation (alert with difficulty breathing)	RLS	RLS	RLS	RLS	No Response	RLS	RLS
25B01	Psyc: Serious hemorrhage	RLS	RLS	RLS	RLS	No Response	RLS	RLS

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25B02	Psyc: Non-serious or minor hemorrhage	NRLS	NRLS	No Response	No Response	No Response	RLS	RLS
25B03	Psyc: Threatening suicide	NRLS	NRLS	No Response	No Response	No Response	RLS	RLS
25B04	Psyc: Jumper (threatening)	No response refer to law/EFD	EFD	NRLS	NRLS	No Response	RLS	RLS
25B05	Psyc: Near hanging, strangulation, or suffocation (alert without difficulty breathing)	NRLS	NRLS	No Response	No Response	No Response	RLS	RLS
25B06	Psyc: Unknown status/other codes not applicable	NRLS/ALS or BLS	NRLS	No Response	No Response	No Response	RLS	RLS
25A01	Psyc: Non-suicidal and alert	NRLS/ALS or BLS	NRLS	No Response	No Response	No Response	No Response	RLS
25A02	Psyc: Suicidal (not threatening) and alert	NRLS/ALS or BLS	NRLS	No Response	No Response	No Response	No Response	RLS
26	Sick Person (Specific Diagnoses)							
26D01	Sick Person: Not alert	RLS	RLS	RLS	RLS	RLS	RLS	RLS
26C01	Sick Person: Altered level of consciousness	RLS	RLS	RLS	RLS	RLS	RLS	RLS
26C02	Sick Person: Abnormal breathing	RLS	RLS	RLS	RLS	No Response	RLS	RLS
26C03	Sick Person: Sickle cell crisis/Thalassemia	RLS	RLS	RLS	RLS	No Response	RLS	RLS
26C04	Sick Person: Autonomic dysreflexia/hyperreflexia	RLS	RLS	RLS	RLS	No Response	RLS	RLS
26B01	Sick Person: Unknown status/other codes not applicable	NRLS/ALS or BLS	No EMR	No Response	No Response	No Response	RLS	RLS
26A01	Sick Person: No pri sympt	NRLS/ALS or BLS	No EMR	No Response	No Response	No Response	RLS	RLS

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26A02-12	Sick Person: Non- pri complaints	NRLS/ALS or BLS	No EMR	No Response	No Response	No Response	RLS	RLS
26Ω 2-28 (1 to 3; 5 to 8; 10 to 28	Sick Person: Non- pri complaints	NRLS/ALS or BLS	No EMR	No Response	No Response	No Response	RLS	RLS
26Ω (9)	Sick Person: Non-pri complaints (request to cut off ring)	No response refer to EFD	NRLS	NRLS	NRLS	NRLS	RLS	RLS
26Ω (4)	Sick Person: Non –pri complaints (can't sleep)	No EMS response refer to primary care physician	No EMR	No Response	No Response	No Response	No Response	RLS
27	Stab/Gunshot/Penetrating Trauma							
27D01	Stab/GSW/Penetrates: Arrest	RLS	RLS	RLS	RLS	RLS	RLS	RLS
27D02	Stab/GSW/Penetrates: Unconscious	RLS	RLS	RLS	RLS	RLS	RLS	RLS
27D03	Stab/GSW/Penetrates: Not alert	RLS	RLS	RLS	RLS	RLS	RLS	RLS
27D04	Stab/GSW/Penetrates: Central wounds	RLS	RLS	RLS	RLS	RLS	RLS	RLS
27D05	Stab/GSW/Penetrates: Multiple wounds	RLS	RLS	RLS	RLS	RLS	RLS	RLS
27D06	Stab/GSW/Penetrates: Multiple victims	RLS	RLS	RLS	RLS	RLS	RLS	RLS
27B01	Stab/GSW/Penetrates: Non-recent (≥ 6hrs) single central wound	NRLS	NRLS	NRLS	NRLS	No Response	RLS	RLS
27B02	Stab/GSW/Penetrates: Known single peripheral wound	NRLS	NRLS	NRLS	NRLS	No Response	RLS	RLS
27B03	Stab/GSW/Penetrates: Serious hemorrhage	RLS	RLS	RLS	RLS	RLS	RLS	RLS
27B04	Stab/GSW/Penetrates: Unknown status/other codes not applicable	NRLS	NRLS	NRLS	NRLS	No Response	RLS	RLS
27B05	Stab/GSW/Penetrates: Obvious death	No response refer to law/EFD	NRLS	NRLS	NRLS	No Response	RLS	RLS

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27A01 suffix X, Y	Stab/GSW/Penetrates: Non- recent (\geq 6hrs) peripheral wounds (without pri sympt)	NRLS	NRLS	NRLS	No Response	No Response	RLS	RLS
27A01 suffix S,G,P,I	Stab/GSW/Penetrates: Non- recent (\geq 6hrs) peripheral wounds (without pri sympt)	NRLS/ALS or BLS	No EMR	No Response	No Response	No Response	RLS	RLS
28	Stroke (CVA)/Transient Ischemic Attack (TIA)							
28C01 suffix C, D, E, F, I, J, L, M, X, Y, Z	Stroke/TIA: Not alert	RLS	RLS	RLS	RLS	RLS	RLS	RLS
28C01 suffix H, K, T, greater than 8 hrs	Stroke/TIA: Not alert	NRLS	NRLS	NRLS	NRLS	No Response	RLS	RLS
28C02 suffix C, D, E, F, I, J, L, M, X, Y, Z	Stroke/TIA: Abnormal breathing	RLS	RLS	RLS	RLS	RLS	RLS	RLS
28C02 suffix H, K, T, greater than 8 hrs	Stroke/TIA: Abnormal breathing	NRLS	NRLS	NRLS	NRLS	No Response	RLS	RLS
28C03 suffix C,	Stroke/TIA: Sudden speech problems	RLS	RLS	RLS	RLS	RLS	RLS	RLS

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D, E, F, I, J, L, M, X, Y, Z								
28C03 suffix H, K, T, greater than 8 hrs	Stroke/TIA: Sudden speech problems	NRLS	NRLS	NRLS	NRLS	No Response	RLS	RLS
28C04 suffix C, D, E, F, I, J, L, M, X, Y, Z	Stroke/TIA: Sudden weakness or numbness (one side)	RLS	RLS	RLS	RLS	RLS	RLS	RLS
28C04 suffix H, K, T, greater than 8 hrs	Stroke/TIA: Sudden weakness or numbness (one side)	NRLS	NRLS	NRLS	NRLS	No Response	RLS	RLS
28C05 suffix C, D, E, F, I, J, L, M, X, Y, Z	Stroke/TIA: Sudden paralysis or facial droop (one side)	RLS	RLS	RLS	RLS	RLS	RLS	RLS
28C05 suffix H, K, T, greater than 8 hrs	Stroke/TIA: Sudden paralysis or facial droop (one side)	NRLS	NRLS	NRLS	NRLS	No Response	RLS	RLS
28C06 suffix C, D, E, F, I,	Stroke/TIA: Sudden loss of balance or coordination	RLS	RLS	RLS	RLS	RLS	RLS	RLS

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J, L, M, X, Y, Z								
28C06 suffix H, K, T, greater than 8 hrs	Stroke/TIA: Sudden loss of balance or coordination	NRLS	NRLS	NRLS	NRLS	No Response	RLS	RLS
28C07 suffix C, D, E, F, I, J, L, M, X, Y, Z	Stroke/TIA: Sudden vision problems	RLS	RLS	RLS	RLS	RLS	RLS	RLS
28C07 suffix H, K, T, greater than 8 hrs	Stroke/TIA: Sudden vision problems	NRLS	NRLS	NRLS	NRLS	No Response	RLS	RLS
28C08 suffix C, D, E, F, I, J, L, M, X, Y, Z	Stroke/TIA: Sudden onset of severe headache	RLS	RLS	RLS	RLS	RLS	RLS	RLS
28C08 suffix H, K, T, greater than 8 hrs	Stroke/TIA: Sudden onset of severe headache	NRLS	NRLS	NRLS	NRLS	No Response	RLS	RLS
28C09 suffix C, D, E, F, I,	Stroke/TIA: Stroke history	RLS	RLS	RLS	RLS	RLS	RLS	RLS

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J, L, M, X, Y, Z								
28C09 suffix H, K, T, greater than 8 hrs	Stroke/TIA: Stroke history	NRLS	NRLS	NRLS	NRLS	No Response	RLS	RLS
28C10 suffix C, D, E, F, I, J, L, M, X, Y, Z	Stroke/TIA:TIA (mini-stroke)history	RLS	RLS	RLS	RLS	RLS	RLS	RLS
28C010 suffix H, K, T, greater than 8 hrs	Stroke/TIA:TIA (mini-stroke)history	NRLS	NRLS	NRLS	NRLS	No Response	RLS	RLS
28C11 suffix C, D, E, F, I, J, L, M, X, Y, Z	Stroke/TIA: Breathing normally ≥ 35	RLS	RLS	RLS	RLS	RLS	RLS	RLS
28C011 suffix H, K, T, greater than 8 hrs	Stroke/TIA: Breathing normally ≥ 35	NRLS	NRLS	NRLS	NRLS	No Response	RLS	RLS
28C12 suffix C, D, E, F, I,	Stroke/TIA: Unknown status/Other codes not applicable	RLS	RLS	RLS	RLS	RLS	RLS	RLS

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J, L, M, X, Y, Z								
28C012 suffix H, K, T, greater than 8 hrs	Stroke/TIA: Unknown status/Other codes not applicable	NRLS	NRLS	NRLS	NRLS	No Response	RLS	RLS
28A01	Stroke/TIA: Breathing normally < 35	NRLS	No EMR	No Response	No Response	No Response	RLS	RLS
29	Traffic/Transportation Incidents							
29D01	MVA: Major accident	RLS	RLS	RLS	RLS	RLS	RLS	RLS
29D02	MVA: High mechanism	RLS	RLS	RLS	RLS	RLS	RLS	RLS
29D03	MVA: High velocity impact	RLS	RLS	RLS	RLS	RLS	RLS	RLS
29D04	MVA: Hazmat	RLS	RLS	RLS	RLS	RLS	RLS	RLS
29D05	MVA: Pinned (trapped) victim	RLS	RLS	RLS	RLS	RLS	RLS	RLS
29D06	MVA: Arrest	RLS	RLS	RLS	RLS	RLS	RLS	RLS
29D07	MVA: Unconscious	RLS	RLS	RLS	RLS	RLS	RLS	RLS
29D08	MVA: Not alert with noisy breathing (abnormal)	RLS	RLS	RLS	RLS	RLS	RLS	RLS
29D09	MVA: Not alert with normal breathing	RLS	RLS	RLS	RLS	RLS	RLS	RLS
29B01	MVA: Injuries	RLS	RLS	RLS	RLS	RLS	RLS	RLS
29B02	MVA: Serious hemorrhage	RLS	RLS	RLS	RLS	RLS	RLS	RLS
29B03	MVA: Other hazards	NRLS	NRLS	NRLS	NRLS	No Response	RLS	RLS
29B04	MVA: Low mechanism (1 st or 2 nd party caller)	NRLS	NRLS	NRLS	NRLS	No Response	RLS	RLS
29B05	MVA: Unknown status/other codes not applicable	NRLS	NRLS	NRLS	NRLS	No Response	RLS	RLS
29A01	MVA: 1 st party caller with injury to not dangerous body area	NRLS	NRLS	NRLS	No Response	No Response	RLS	RLS

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29A02	MVA: No injuries reported (unconfirmed or \geq 5 persons involved)	NRLS	NRLS	NRLS	No Response	No Response	RLS	RLS
29Q01	MVA: No injuries (confirmed for all persons up to 4	No response refer to law/EFD	EFD	EFD	EFD	No Response refer to Law	EFD	EFD
30	Traumatic Injuries (Specific)							
30D01	Trauma Inj: Arrest	RLS	RLS	RLS	RLS	RLS	RLS	RLS
30D02	Trauma Inj: Unconscious	RLS	RLS	RLS	RLS	RLS	RLS	RLS
30D03	Trauma Inj: Not alert	RLS	RLS	RLS	RLS	RLS	RLS	RLS
30D04	Trauma Inj: Chest or neck injury (with difficulty breathing)	RLS	RLS	RLS	RLS	RLS	RLS	RLS
30D05	Trauma Inj: High velocity impact/ Mass injury	RLS	RLS	RLS	RLS	RLS	RLS	RLS
30B01	Trauma Inj: Possibly dangerous body area	NRLS	NRLS	NRLS	NRLS	No Response	RLS	RLS
30B02	Trauma Inj: Serious hemorrhage	RLS	RLS	RLS	RLS	RLS	RLS	RLS
30B03	Trauma Inj: Unknown body area (remote patient location)	RLS	RLS	RLS	RLS	RLS	RLS	RLS
30A01	Trauma Inj: Not dangerous body area with deformity	NRLS	NRLS	NRLS	NRLS	RLS	RLS	RLS
30A02	Trauma Inj: Not dangerous body area	NRLS	No EMR	No Response	No Response	No Response	RLS	RLS
30A03	Trauma Inj: Non- recent (\geq 6hrs) injuries (without pri sympt)	NRLS	No EMR	No Response	No Response	No Response	No Response	RLS
31	Unconscious/Fainting (Near)							
31E01	Uncon/Faint: Ineffective breathing	RLS	RLS	RLS	RLS	RLS	RLS	RLS
31D01	Uncon/Faint: Unconscious – Agonal/Ineffective breathing	RLS	RLS	RLS	RLS	RLS	RLS	RLS

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31D02	Uncon/Faint: Unconscious – Effective breathing	RLS	RLS	RLS	RLS	RLS	RLS	RLS
31D03	Uncon/Faint: Not alert	RLS	RLS	RLS	RLS	RLS	RLS	RLS
31D04	Uncon/Faint: Changing color	RLS	RLS	RLS	RLS	RLS	RLS	RLS
31C01	Uncon/Faint: Alert with abnormal breathing	RLS	RLS	RLS	RLS	RLS	RLS	RLS
31C02	Uncon/Faint: Fainting episode(s) and alert \geq 35 (with cardiac history)	RLS	RLS	RLS	RLS	RLS	RLS	RLS
31C03	Uncon/Faint: Fmale 12-50 with abdominal pain	RLS	RLS	RLS	RLS	RLS	RLS	RLS
31A01	Uncon/Faint: Fainting episode(s) and alert \geq 35 (without cardiac history)	NRLS	NRLS	NRLS	No Response	No Response	RLS	RLS
31A02	Uncon/Faint: Fainting episode(s) and alert $<$ 35 (with cardiac history)	NRLS	NRLS	NRLS	No Response	No Response	RLS	RLS
31A03	Uncon/Faint: Fainting episode(s) and alert $<$ 35 (without cardiac history)	NRLS	NRLS	NRLS	No Response	No Response	RLS	RLS
32	Unknown Problem (Person down)							
32D01	Unk Prob: Life status questionable	RLS	RLS	RLS	RLS	RLS	RLS	RLS
32B01	Unk Prob: Standing, sitting, moving, or talking	NRLS/ALS or BLS	NRLS	NRLS	No Response	No Response	RLS	RLS
32B02	Unk Prob: Medical alarm (alert) notification (no patient info)	No response refer to EFD	NRLS	NRLS	NRLS	NRLS	RLS	RLS
32B03	Unk Prob: Unknown status/other codes not applicable	NRLS/ALS or BLS	NRLS	NRLS	No Response	No Response	RLS	RLS
32B04	Unk Prob: Caller 's language not understood (no interpreter in center)	NRLS	NRLS	NRLS	NRLS	NRLS	RLS	RLS
33	Transfer/Interfacility/Palliative Care							
33D01	Trans/IFT: Suspected cardiac or respiratory arrest	RLS	RLS	RLS	RLS	RLS	RLS	RLS

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33D02	Trans/IFT: Just resuscitated and/or defibrillated (external)	RLS	RLS	RLS	RLS	RLS	RLS	RLS
33C01	Trans/IFT: Not alert (acute change)	RLS	RLS	RLS	No Response	No Response	RLS	RLS
33C02	Trans/IFT: Abnormal breathing (acute onset)	RLS	RLS	RLS	RLS	No Response	RLS	RLS
33C03	Trans/IFT: Significant hemorrhage	NRLS	No EMR	No Response	No Response	No Response	RLS	RLS
33C04	Trans/IFT: Shock	NRLS	No EMR	No Response	No Response	No Response	RLS	RLS
33C05	Trans/IFT: Possible acute heart problems or MI (heart attack)	RLS	RLS	RLS	RLS	No Response	RLS	RLS
33C06	Trans/IFT: Severe pain	NRLS	No EMR	No Response	No Response	No Response	RLS	RLS
33C07	Trans/IFT: Emergency response requested	RLS	RLS	RLS	No Response	No Response	RLS	RLS
33A01	Trans/IFT: Acuity I (No pri sympt) 1. Blood pressure abnormality (Asymptomatic); 2. Dizziness/vertigo; 3. Fever/chills; 4. General weakness; 5. Nausea; 6. New onset immobility	NRLS/ALS or BLS	No EMR	No Response	No Response	No Response	No Response	No Response
33A02	Trans/IFT: Acuity II (No pri sympt) 1. Abnormal labs; 2. Gastric tube (in/out); 3. Urinary catheter (in/out) without hemorrhage; 4. Pain, non-traumatic; 5. Possible meningitis;	NRLS/ALS or BLS	No EMR	No Response	No Response	No Response	No Response	No Response

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MPDS Code	Descriptor	Ambulance	EMR	JRUG	LFD	SFD	SSJCFA	LMFD/MFD
	6. Possible norovirus; 7. Possible infection; 8. Transportation only; 9. Transport for diagnostic exam; 10. Unwell/ill; 11. Vomiting							
33A03	Trans/IFT: Acuity III (No pri sympt) 1. Boils; 2. Bumps; 3. Can't urinate; 4. Constipation; 5. Cramps/spasms; 6. Deafness; 7. Defecation/diarrhea; 8. Earache; 9. Gout; 10. Hemorrhoids/piles; 11. Hepatitis; 12. Hiccups; 13. Itching; 14. Joint pain; 15. Nervous; 16. Object stuck; 17. Object stuck; 18. Painful urination; 19. Penis problems/pain; 20. Rash/skin disorder; 21. Sexually transmitted disease (STD); 22. Sore throat; 23. Toothache;	NRLS/ALS or BLS	No EMR	No Response	No Response	No Response	No Response	No Response

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MPDS Code	Descriptor	Ambulance	EMR	JRUG	LFD	SFD	SSJCFA	LMFD/MFD
	24. Wound infection							
34	ACN (Automatic Crash Notification)							
34D01	ACN: High mechanism	RLS	RLS	RLS	RLS	RLS	RLS	RLS
34D02	ACN: Unconscious or not alert	RLS	RLS	RLS	RLS	RLS	RLS	RLS
34D03	ACN: Not breathing/ineffective breathing	RLS	RLS	RLS	RLS	RLS	RLS	RLS
34D04	ACN: Life status questionable	RLS	RLS	RLS	RLS	RLS	RLS	RLS
34B01	ACN: injuries involved	RLS	RLS	RLS	RLS	RLS	RLS	RLS
34B02	ACN: Multiple victims (one unit)	RLS	RLS	RLS	RLS	RLS	RLS	RLS
34B03	ACN: Multiple victims (additional units)	RLS	RLS	RLS	RLS	RLS	RLS	RLS
34B04	ACN: Airbag/other automatic sensor (no voice)	RLS	RLS	RLS	RLS	RLS	RLS	RLS
34B05	ACN: Unknown situation/other codes not applicable	RLS	RLS	RLS	RLS	RLS	RLS	RLS
34A01	ACN: Not dangerous injury (1 st party & single occupant)	NRLS	NRLS	NRLS	EFD	No Response	RLS	RLS
34A02	ACN:	No response/refer to EFD	EFD	EFD	EFD	No Response	EFD	EFD
34Q01	ACN: No injuries (refer to police)	Refer to law enforcement	No EMR	No Response	No Response	No Response	No Response	RLS