

Thursday, February 12, 2026

0900 – 1100

**Robert Cabral Agriculture Center
2101 E. Earhart Ave, Stockton CA 95206
Assembly Room 1**

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 13, 2025, EMS Advisory Committee meeting minutes
- III. OLD BUSINESS:
 - a. Paramedic Training Program Update
 - b. Emergency Ambulance and Dispatch Service – Changes to existing system Update
- IV. NEW BUSINESS:
 - a. Policy Review Discussion
 - i. March 1
 - 1. Policy No. 2540, Paramedic Accreditation
 - 2. Policy No. 2540B, Paramedic Accreditation & Skills Verifications Task Form
 - 3. Policy No. 2541A, Paramedic Infrequently Used Skills Competency Verification
 - 4. Policy No. 6341, Ambulance Patient Offload Times
 - 5. Policy No. 6620, Continuous Quality Improvement Program
 - 6. Policy No. 6630, Continuous Quality Improvement Committee
 - 7. Policy No. 7020, Disaster Control Facility
 - 8. Policy No. 7040, Multi Casualty Incident Policy
 - ii. July 1 Discussion
 - 1. Policy No. 1400, EMS Advisory Committee
 - 2. Policy No. 2700, Locally Issued Authorization Review Process
 - 3. Policy No. 4712, Level II Trauma Center Standards
 - 4. Policy No. 5210, Major Trauma Triage Criteria
 - 5. Policy No. 6102, EMS Unusual Occurrence Reporting Process
 - 6. Policy No. 6720, Trauma Data Management
 - 7. Policy No. 7001, On Call EMS Duty Officer Notification

- | | |
|---|------------|
| b. EMS Week 2026 | Discussion |
| c. 2026-2027 EMS Projects | Discussion |
| i. First Pass Integration | |
| ii. Transport to Alternative Destinations | |
| iii. Mobile Crisis Response Integration | |
| iv. Trauma and STEMI/Stroke Symposium | |
| v. Learning Management System | |
| vi. Nurse Navigation Services | |

V. EMS SYSTEM PROGRAMS / REPORTS:

- | | |
|--|--------------|
| a. Ambulance Patient Offload Times (APOT) | |
| i. 2024 - 2025 APOT times comparison | Presentation |
| b. Specialty Care Systems Reports | |
| i. Specialty Care Update | Updates |
| c. CQI | |
| i. CQI Update | Presentation |
| 1. Air Ambulance use | |
| 2. Changes to Epinephrine and Dopamine use | |

VI. ANNOUNCEMENTS/GOOD OF THE ORDER:

VII. NEXT MEETING:

- a. The next regularly scheduled EMS Advisory Committee meeting is scheduled for May 14, 2026.

VIII. ADJOURNMENT

Attachments:

EMS Advisory Committee Meeting minutes – November 13, 2025 – Draft
Policy No. 2540, Paramedic Accreditation
Policy No. 2540B, Paramedic Accreditation & Skills Verifications Task Form
Policy No. 2541A, Paramedic Infrequently Used Skills Competency Verification
Policy No. 6341, Ambulance Patient Offload Times
Policy No. 6620, Continuous Quality Improvement Program
Policy No. 6630, Continuous Quality Improvement Committee
Policy No. 7020, Disaster Control Facility
Policy No. 7040, Multi Casualty Incident Policy
Policy No. 1400, EMS Advisory Committee
Policy No. 2700, Locally Issued Authorization Review Process
Policy No. 4712, Level II Trauma Center Standards
Policy No. 5210, Major Trauma Triage Criteria
Policy No. 6102, EMS Unusual Occurrence Reporting Process
Policy No. 6720, Trauma Data Management
Policy No. 7001, On Call EMS Duty Officer Notification

EMS Advisory Committee

Thursday, November 13, 2025, at 0900

MINUTES

Members	Membership Representing	Present	Absent
Jared Bagwell (Co-Chair)	SJCEMSA	X	
Dr. Katherine Shafer (Co-Chair)	SJCEMSA	X	
Charla Barney	ED RN – Base Hospital - SJGH	X	
Cheryl Heaney-Ordez	ED RN – Receiving Hospital – St. Joseph’s Medical Center	X	
Erica Lowry	ED RN – Receiving Hospital – Sutter Tracy Community Hospital	X	
Daniel Iniguez	EOA emergency ambulance provider – American Medical Response	X	
Vanessa Herrero	EOA emergency ambulance provider – Escalon Community Ambulance		X
John Andrews	EOA emergency ambulance provider – Manteca District Ambulance	X	
Pat Burns	EOA emergency ambulance provider – Ripon Fire Ambulance	X	
Lenard Gutierrez	Representative of an ALS fire dept./district – Stockton Fire Department	X	

Vince Stroup	Paramedic Non Fire-based ALS emergency ambulance providers – Manteca District Ambulance	X	
Lucas Mejia	EMT Non Fire-based ALS emergency ambulance providers – Manteca District Ambulance	X	
Eric DeHart	Fire-based emergency ambulance provider – Ripon Fire	X	
Anna Trindade	Emergency Medical Dispatcher – SFD ECD	X	
Rich Silva	Emergency Medical Dispatcher - VRECC		X
Leo Conn	Law Enforcement – San Joaquin County Sheriff		X
Alternate members			
Raeann Pfann	San Joaquin General Hospital		X
Kyle Naes	American Medical Response	X	
George McKelvie	Manteca District Ambulance	X	
Jeremy Abundiz	Ripon Fire Department		X
Jennifer Flowers	Sutter Tracy Community Hosp.		X
EMS Agency Staff	Title	Present	Absent
Christine Tualla	EMS Analyst		X
Matthew Esposito	EMS Coordinator	X	
Paul Harper	Pre Hospital Care Coordinator	X	
Nasir Khan	Specialty Care Coordinator	X	
Jeff Costa	Specialty Care Coordinator		X
Leon Brown	EMS Analyst	X	

Anita Tenschler	Office Technician Coordinator	X	
Guests			
Anthony Nguyen	NorCal Ambulance	X	
Scott Ensminger	AMR	X	

Meeting called to order at 0905 by Co-Chair EMS Director Jared Bagwell.

I. CALL TO ORDER/ INTRODUCTIONS:

- a. Committee member introductions.

II. APPROVAL OF PAST EMS ADVISORY COMMITTEE MEETING MINUTES:

- a. J. Bagwell asked committee to review minutes from last advisory committee meeting.
C. Heaney-Ordez moved to approve minutes from the last advisory committee meeting,
J. Andrews seconded.

III. OLD BUSINESS:

- a. Paramedic Training Program: Committee members were updated on progress of current NCTI/SJCEMSA paramedic class. SJCEMSA is partnering with Delta college and will have the first cohort beginning Fall of 2026. CSU Stanislaus will be housing the first cohort at its satellite facility until the new SJEMSA training facility is complete.
- b. Emergency Ambulance RFP: Committee members were updated on the current and expected progress of the emergency ambulance RFP which is to take effect May 2026. The RFP was submitted to EMSA for approval on January 6, 2025. Proposals were due in August of 2025. An Intent to Award letter to CENCAL Fire and EMS Authority was published in September of 2025. SJCEMSA and CENCAL in contract discussions.
- c. Nurse Navigation at EMS Dispatch: J. Bagwell updated the committee on the progress of the Nurse Navigation system. SJCEMSA is currently drafting policies and hopes to have it in place in the summer or fall of 2026. This is a three-year pilot, and we are expecting Nurse Navigation to take about one thousand low acuity calls out of the system.

IV. NEW BUSINESS:

- a. Policies Out for Stakeholder Comment: J. Bagwell encouraged committee members to submit feedback on the policies that are currently up for public comment. These policies will be out for comment until December 15th and some will go into effect January 2026.
- b. Transport to Alternative Destinations (TAD): Currently there are limited options for TAD. Lodi will be opening a new facility in fall of next year but this facility may have limited

operating. The new BeWell campus broke ground recently, this is expected to be a two-year project.

V. EMS SYSTEM PROGRAM/REPORTS:

- a. Ambulance Patient Offload Times (APOT): J. Bagwell presented the 2025 APOT data to the committee and stated that there have been improvements.
 - i. AB 40 CCR Regulations:
 - ii. 2025 YTD APOT Times: J. Bagwell presented the 2025 APOT data to the committee. APOT reports are still going out weekly and a second report by shift is also being posted.
 - 1. Committee discussed changes that they've made to their processes to improve APOT. J. Bagwell stated APOT will continue to be monitored and we will soon have full years' worth of data.
- b. Specialty Care Systems Reports: N. Khan presented the Specialty Care Reports to the committee.
 - i. Specialty Care Update: N. Khan stated he has been reviewing a full year of data. He discussed the importance of the feedback process and how it is helping determine what is working in our EMS system and what needs to be improved.
 - 1. Dr. Shafer discussed with the committee the ED transfer process and how educating the ED providers on this process from the EMS side would be beneficial.
 - 2. N. Khan stated he and J. Costa will be going to the hospitals in the county to provide this education, focusing on CCT vs. ALS vs. BLS transport.
- c. CQI: P. Harper stated he has been going over the Unusual Occurrences and Sentinel Events for the past year. P. Harper informed the committee that the UO policy is currently up for public comment. The major change is that the Sentinel Event policy will be retiring and combined with the UO policy. The CQI policy is also up for public comment, it hasn't been updated since 2006. P. Harper also went over the policy memo 2025-02 that was sent out regarding the X-collar no longer being available. The Philly is an adequate replacement.

VI. ANNOUNCEMENTS/GOOD OF THE ORDER:

- a. C. Heaney-Ordez- St. Joseph's will be opening a new unit and the new tower is in the planning phase. Also the pediatric unit is under renovation.
- b. E. Lowry- Sutter is opening more outpatient services in the area.
- c. N. Khan- Informed the committee that there will be an MICN course in December.
- d. J. Bagwell- stated that there are two positions open at SJCEMSA, an Analyst position and a Disaster Medical Health Specialist.

VII. NEXT MEETING:

- a. The next regularly scheduled meeting is scheduled for February 12, 2026.

VIII. ADJOURNMENT:

Meeting adjourned 1039.



TITLE: PARAMEDIC ACCREDITATION

EMS Policy No. **2540**

PURPOSE:

The purpose of this policy is to establish procedures for issuing and maintaining Paramedic Accreditation by the San Joaquin County Emergency Medical Services Agency (SJCEMSA).

AUTHORITY:

Health and Safety Code, Division 2.5, Section 1797.220 & 1798 et seq.; CCR, Title 22, Div. 9, Ch. 3.3, §100090.08, §100091.02, and §100094.02.

DEFINITIONS: See EMS Policy No. 1100, POLICY DEFINITIONS.

POLICY:

I. Initial Accreditation:

- A. To be accredited as a Paramedic in San Joaquin County, the applicant shall:
1. Be currently licensed as a paramedic in California.
 2. Submit a completed paramedic accreditation application packet which includes but is not limited to:
 - a) Verification of employment with an approved San Joaquin County ALS provider agency.
 - b) Copies of the following:
 - i. Valid state identification card (i.e., driver's license), valid federal identification (i.e., Military identification), valid U.S passport card.
 - ii. Valid California paramedic license.
 - iii. Current certification in cardiopulmonary resuscitation (CPR) for the Professional Rescuer or Healthcare Provider, from the American Heart Association, American Red Cross, or programs approved by SJCEMSA.
 3. Submit a copy of their stipulation settlement agreement with the application if the applicant is on probation with the California EMS Authority or a local EMS Agency (LEMSA).
 4. The applicant must disclose if he/she has been placed on a Performance or Personal Improvement Plan (PIP) or Clinical Education Assignment (CEA) by an employer or LEMSAs as a paramedic in the past two years. If so, submit a letter from employer or LEMSAs showing successful completion or status of the PIP or CEA. Failure to complete or remediate may be cause for denial of accreditation.
 5. Pay the application fee established by the Board of Supervisors. All fees are non-refundable and non-transferable.

Effective: March 1, 2026
Supersedes: June 1, 2021

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Approved: _____
Medical Director

EMS Administrator



TITLE: PARAMEDIC ACCREDITATION

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6. Attend Paramedic Accreditation Orientation (PAO) course conducted by SJCEMSA within the last 6 (six) months.
 - a) Pass with a score of 80% or higher an examination based upon the San Joaquin County EMS policies. (Refer to the Testing Procedures section of this policy for information on scores below 80%).
- B. An applicant who has completed I. A., 1 through 6 may begin a supervised pre-accreditation field evaluation. The applicant shall work under the direct supervision of a SJCEMSA authorized paramedic preceptor or an SJCEMSA authorized paramedic accreditation officer.
- C. All initial accrediting paramedics shall complete the ALS provider's field training program within thirty (30) days of completing the SJCEMSA PAO class and complete the SJCEMSA 2540B, Paramedic Accreditation & Skills Verification Task Form with assigned preceptor, accreditation officer, or ALS provider liaison.
 1. The ALS provider liaison shall verify successful completion prior to submission.
 2. The ALS provider shall notify SJCEMSA if the candidate does not complete the ALS provider's field training or 2540B Task Form successfully.
 3. ALS providers are authorized to use the SJCEMSA 2540A Form for the providers field training program.
- D. Pre-accreditation applicant status may be maintained for a maximum of thirty (30) days as measured from the first field evaluation shift. If the applicant does not complete the accreditation process within thirty (30) days, the applicant shall re-start the accreditation process as an initial applicant. A paramedic may apply for accreditation three (3) times in a twelve (12) month period. At the discretion of the SJCEMSA this time frame may be extended following a written request from the applicant and an explanation as to why the accreditation process was not completed during the initial 30-day period.
- E. To complete the accreditation process, the applicant shall submit the 2540B Task Form to SJCEMSA.
- F. The SJCEMSA Medical Director will evaluate any applicant that fails to successfully complete the pre-accreditation process. The SJCEMSA Medical Director may recommend further evaluation, training, or denial of accreditation.
- G. Paramedic accreditation shall expire on the same date as the State of California paramedic license.

Effective: March 1, 2026
Supersedes: June 1, 2021

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Approved: _____
Medical Director

EMS Administrator



II Maintenance of Accreditation:

- A. To maintain continuous accreditation in San Joaquin County, an accredited paramedic shall:
1. Submit a complete paramedic accreditation application packet thirty (30) days prior to expiration of their current San Joaquin County SJCEMSA paramedic accreditation including verification of continued employment with an approved San Joaquin County ALS provider.
 2. Submit with the paramedic accreditation application packet all of the following:
 - a. Valid state identification card (i.e., driver's license) valid federal identification (i.e., Military identification), or valid U.S. passport or passport card.
 - b. Current California paramedic license.
 - c. Current certification in cardiopulmonary resuscitation (CPR) for the Professional Rescuer or Healthcare Provider, from the American Heart Association, American Red Cross, or programs approved by the SJCEMSA.
 3. Submit a copy of their stipulation settlement agreement with the application if the applicant is on probation with the California EMS Authority or a local EMS Agency (LEMSA).
 4. The applicant must disclose if he/she has been placed on a Performance or Personal Improvement Plan (PIP) or Clinical Education Assignment (CEA) by an employer or Local EMS Agency (LEMSA) as a paramedic in the past two years. If so, submit a letter from employer or LEMSAs showing successful completion or status of the PIP or CEA. Failure to successfully complete or remediate may be cause to deny, suspend, or revoke accreditation.
 5. Complete a SJCEMSA policy and skills review (PSR) course, within six (6) months of expiration. This requirement is waived for paramedics that have successfully completed an initial SJCEMSA Paramedic Accreditation Orientation (PAO) course within the previous six (6) months or are members of the CQI Committee with an attendance rate of 80% or more within the last 12 months.
 - a) Pass with a score of 80% or higher an examination based upon the San Joaquin County EMS Policies. (Refer to the Testing section of this policy for information on scores below 80%).
 6. Successfully complete mandatory training sessions as specified by the SJCEMSA. These sessions shall include training and testing on new or changing local EMS policies and procedures, and/or other topics pertinent to prehospital care.
 7. An individual, who is a member of the Armed Forces of the United States,



TITLE: PARAMEDIC ACCREDITATION

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whose paramedic license and accreditation expires during the time the individual is on active duty or license expires less than six (6) months from the date the individual is deactivated/released from active duty, has an additional six (6) months to comply with the requirements of Section II. A 1-5 and the late fee (application fee) is waived upon compliance with the following provisions:

- a) Provide documentation from the respective branch of the Armed Forces of the United States verifying the individual's dates of activation and deactivation/release from active duty.

III. Lapsed Accreditation:

- A. For an individual whose accreditation has lapsed to be eligible for reinstatement, the following applies:
 1. For a lapse of less than six (6) months the paramedic shall pay the accreditation fee and meet all requirements listed in Section II. (Maintenance of Accreditation).
 2. For a lapse of more than six (6) months the paramedic shall complete the initial accreditation process listed in I. (Initial Accreditation).

IV. Falsification of any of the accreditation/reaccreditation documents may result in denial of accreditation and may result in referral to the EMS Authority for disciplinary action.

V. CQI Process:

- A. If through the CQI process the employer or SJCEMSA Medical Director determines that a paramedic needs additional training, observation or testing, the employer, or the SJCEMSA Medical Director may create a specific and targeted program of remediation based upon the identified need of the paramedic. If there is disagreement between the employer and the SJCEMSA Medical Director, the decision of the SJCEMSA Medical Director shall prevail.
- B. The SJCEMSA Medical Director may suspend or revoke accreditation if the paramedic does not maintain current licensure or meet local accreditation requirements and the following requirements are met:
 1. The paramedic has been granted due process in accordance with local policies and procedures.
 2. The local policies and procedures provide a process for appeal or reconsideration.



VI. Testing:

- A. An applicant is allowed to take the PAO/PSR course examination a maximum of three (3) times per year:
 - 1. First Attempt: During initial PAO course or PSR course.
 - 2. Second Attempt: May be scheduled after a one (1) week waiting period from the initial examination.
 - 3. Third Attempt: May be scheduled following completion of four (4) hours of remedial training pertaining to the SJCEMSA Policies.
 - 4. If the applicant's accreditation lapses because of repeated attempts to pass the exam, the requirement listed in Section III shall apply. Additionally, after three (3) failed attempts the SJCEMSA Medical Director may suspend or revoke the applicant's accreditation until such time that the applicant passes the examination.
- B. It is a misdemeanor for any person to knowingly and willfully engage in conduct that subverts or attempts to subvert any certification or licensing examination or the administration of an examination, conducted pursuant to the Health and Safety Code, Division 2.5, including any accreditation or authorization examination process.
- C. The penalties provided for in Health and Safety Code Section 1798.207 are not exclusive remedies and shall not preclude remedies provided pursuant to any other provision of law.
- D. In addition to any other penalties, a person found guilty of violating Health and Safety Code Section 1798.207 shall be liable for the actual damages sustained by the agency administering the examination not to exceed ten thousand dollars (\$10,000) and the costs of litigation.

**San Joaquin County EMS Agency
Paramedic Accreditation & Skills Verification Task Form No. 2540B**

1	First and Last Name	License Number
	Signature	Employer

This form is to be used by paramedic applicants to complete the initial accreditation requirements specified in EMS Policy No. 2540, Paramedic Accreditation. Applicants must verify competency for each item listed (items 1-15).

Instructions:



1. Section # 1 is to be completed by the applicant.
2. Section # 2 is to be completed by a paramedic(s) or RN approved by the applicant's employer or by a paramedic or RN authorized by the San Joaquin County EMS Agency to verify skills.
3. Section #3 is to be completed by authorized ALS Provider Liaison.

2	#	Skill and/or Protocol/Policy Evaluated	Evaluating Paramedic or RN				Date	Successful	
			Last Name	Signature	Affiliation	License #		Yes	No
	1	Review AAIR-01 and <u>demonstrated</u> Adult Endotracheal Intubation.						Yes	No
	2	Review PAIR-01 and <u>demonstrated</u> Pediatric Supraglottic Airway.						Yes	No
	3	Adult Supraglottic Airway.						Yes	No
	4	Review ACAR-01, ACAR-07, ACAR-09, PCAR-06, PCAR-08 and <u>demonstrated</u> adult and pediatric Synchronized Cardioversion.						Yes	No
	5	Review ACAR-02 and <u>demonstrated</u> Transcutaneous Pacing.						Yes	No
	6	Review ACAR-04 and cardiac resuscitation with <u>demonstrated</u> transition to advance airway and Intraosseous Access.						Yes	No
	7	Review and demonstrate understanding of EMS Policy 5109 <u>Patient Refusal or Treatment or Transport-AMA.</u>						Yes	No

**San Joaquin County EMS Agency
Paramedic Accreditation & Skills Verification Task Form No. 2540B**

1	First and Last Name		License Number	
	Signature		Employer	

2	8	Review and demonstrate understanding of EMS Policy 5210 Major Trauma Criteria and EMS Policy 5215 <u>Trauma Patient Destination</u>						Yes	No
	9	Review and demonstrate understanding of EMS Policy 5201 <u>Medical Patient Destination</u> .						Yes	No
	10	Review PCAR-02, PCAR-04, PCAR-05, PENV-01, PTR-01, PODP-02, PODP-03, PODP-05, PGEN-05 and <u>demonstrated</u> Pediatric Diluted Epinephrine administration.						Yes	No
	11	Review and demonstrate understanding of ACAR-08 and PCAR-07.						Yes	No
	12	Review ATRA-02 and trauma resuscitation with <u>demonstrated</u> bilateral Needle Thoracostomy and TXA administration.						Yes	No
	13	Needle Cricothyrotomy.						Yes	No
	14	Review and demonstrate understanding of RPC-01.						Yes	No
	15	Successful completion of employer field evaluation program (minimum of 36hrs <u>must</u> be completed with a SJCEMSA authorized paramedic preceptor or accreditation officer).						Yes	No
3	Name of ALS Provider Liaison		Signature		Affiliation	License #	Date	Reviewed	

**San Joaquin County EMS Agency
Paramedic Skills Verification Form No. 2541A**

Paramedics must verify competency for each skill listed (items 1-6). This form may be used for quarterly skills verification (items 1–3) and annual skills verification (items 4-6) as specified in EMS Policy No. 2541, Paramedic Infrequently Used Skills.

Instructions:

1. Section # 1 is to be completed by the paramedic completing quarterly or annual skills verification.
2. Section # 2 is to be completed by a paramedic or RN authorized by the San Joaquin County EMS Agency to verify skills.
3. Section #3 is to be completed by authorized ALS Provider Liaison.



1	First and Last Name		License Number						
	Signature		Employer						
2	#	Skill Evaluated	Evaluating Paramedic or RN				Date	Successful	
			Last Name	Signature	Affiliation	License #			
	1	Adult Endotracheal Intubation						Yes	No
	2	Synchronized Cardioversion						Yes	No
	3	Transcutaneous Pacing						Yes	No
	4	Needle Thoracostomy						Yes	No
	5	Needle Cricothyrotomy						Yes	No
	6	Pediatric Diluted Epinephrine						Yes	No
3	Name of ALS Provider Liaison		Signature		Affiliation	License #	Date	Reviewed	



PURPOSE:

The purpose of this policy is to establish standardized methodologies for collecting, calculating, and reporting Ambulance Patient Offload Time (APOT) and to establish and define Ambulance Patient Offload Delay (APOD).

AUTHORITY:

Health and Safety Code, Division 2.5, §1797.120, §1797.120.5, §1797.120.6, §1797.120.7, §1797.123, §1797.220, §1797.225, §1797.228, §1798 et seq., CCR Title 22, Div. 9, Ch. 1.2

DEFINITIONS: See EMS Policy No. 1100, POLICY DEFINITIONS.

POLICY:

I. Ambulance Patient Offload Times (APOT):

- A. The measurement of an APOT is defined in California Health and Safety Code and California Code of Regulations and are defined as the time interval between the ambulance arrival at the hospital and the physical transfer of care of a patient to that hospital.
- B. APOT times are recorded in the ambulance providers' electronic patient care record (ePCR) systems through an electronic signature signed by the emergency department medical personnel at the time of physical patient transfer and compiled into a SJCEMSA repository.
- B. The responsibility of accurate recording of the APOT rests with the hospital and its personnel.
- C. SJCEMSA will report out APOT/APOD times monthly and provide the information on the SJCEMSA website.

II. Ambulance Patient Offload Delays (APOD):

- A. The acceptable delay for all San Joaquin County hospitals is twenty-five (25) minutes, 90 percent of the time (90th percentile).
- B. Any monthly reporting measurement that exceeds this time is out of compliance with SJCEMSA policy.
- C. Hospitals submitting APOT time corrections through the APOT audit tool must submit complete supporting documentation.
- D. Hospitals must submit the current hospital APOT reduction protocols to SJCEMSA.

Effective: March 1, 2026
Supersedes: July 1, 2018

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Approved: _____
Medical Director

EMS Administrator



TITLE: CONTINUOUS QUALITY IMPROVEMENT PROGRAM

EMS Policy No. **6620**

PURPOSE:

The purpose of this policy is to establish a system wide Continuous Quality Improvement Program (CQIP) to promote, enhance, and ensure the quality of prehospital emergency medical care in San Joaquin County.

AUTHORITY:

Health and Safety Code, Division 2.5, Section 1797.220; California Code of Regulations, Title 22, Division 9, Chapter 10

DEFINITIONS: See EMS Policy No. 1100, POLICY DEFINITIONS.

POLICY:

- I. The San Joaquin County Emergency Medical Services Agency (SJCEMSA) is responsible for the development, implementation, and monitoring of all the EMS CQIP processes and activities. SJCEMSA will facilitate an EMS system-wide CQIP to monitor, review, evaluate, and improve the delivery of prehospital services and specialty systems of care.
- II. SJCEMSA will foster a systemwide approach to Continuous Quality Improvement (CQI) emphasizing accountability and fairness when addressing mistakes, misconduct, or failures. This includes learning from mistakes rather than assigning blame, fostering an environment where individuals feel safe to report errors and contribute to the quality improvement process.
 - a. **Shared accountability.** Both individuals and organizations or agencies share responsibility for safety and outcomes.
 - b. **Learning environment.** Encourage self-reporting of errors or mistakes.
 - c. **Distinction between errors and misconduct.** While honest mistakes are seen as learning opportunities, willful misconduct or gross negligence may still warrant corrective action.
- III. SJCEMSA CQIP shall be compliant with the California Code of Regulations, Title 22, Division 9, Chapter 10, and include indicators such as but not limited to:
 - a. Personnel,
 - b. Equipment and supplies,
 - c. Documentation,
 - d. Clinical Care and patient outcomes,
 - e. Skills Maintenance / Competency,
 - f. Transportation / Facilities,
 - g. Public Education and Prevention,

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Supersedes: May 1, 2006

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Approved: _____
Medical Director

EMS Administrator



- h. Risk Management.
- IV. CQIP includes all San Joaquin County EMS provider agencies and stakeholders participating in patient care and delivery of prehospital emergency and special systems of care services.
 - a. EMS Service Providers shall develop and implement their own written CQI programs in accordance with Title 22, Division 9, Chapter 10 and submit annual updates by January 30 of each year after the date of approval from SJCEMSA.
 - b. Base Hospital(s) shall develop and implement their own CQI program in accordance with Title 22, Division 9, Chapter 10 and must be approved by SJCEMSA. Base Hospital shall update SJCEMSA annually on their CQI programs.
 - c. The Designated Emergency Ambulance Dispatch Center and EMS Call Processing Center(s) shall develop and implement their own CQI/EMDQ program and submit to SJCEMSA for review and approval.
- V. SJCEMSA shall facilitate a CQI Committee as outlined in EMS Policy 6630, Continuous Quality Improvement Committee.
- VI. SJCEMSA shall maintain a "Unusual Occurrence" program and reporting system as outlined in EMS Policy 6102, EMS Unusual Occurrence Reporting Process.

PROCEDURE:

- I. QI indicators shall be reviewed at the EMS Service Provider level monthly and quarterly, and a report of findings shall be made to SJCEMSA at established intervals.
- II. Aggregate data for the EMS System will be collected and maintained by SJCEMSA. The data will be reviewed bimonthly in the CQI Committee, reported regularly to the EMS Advisory Committee.
- III. The CQI Committee shall ensure a system-wide approach to establishing and maintaining quality patient care and clinical education throughout the EMS system.
- IV. Each EMS Service Provider shall provide an annual report on QI activities as identified by the CQI Committee to SJCEMSA.
- V. SJCEMSA shall provide an annual report on CQI activities to EMSA. This information may be incorporated as part of the SJCEMSA Annual Report.



TITLE: CONTINUOUS QUALITY IMPROVEMENT COMMITTEE

EMS Policy No. **6630**

PURPOSE:

The purpose of this policy is to identify the primary responsibilities of all participants in the San Joaquin County EMS Continuous Quality Improvement (CQI) Committee and to ensure optimal quality of care for all patients who access the EMS system.

AUTHORITY:

Health and Safety Code, Division 2.5, Section 1797.220, 1797.188, Title 22, Division 9, Chapter 10, and Section 1157.7 of Evidence Code.

DEFINITIONS: See EMS Policy No. 1100, POLICY DEFINITIONS.

POLICY:

- I. The San Joaquin County Emergency Medical Services (EMS) Agency (SJCEMSA) is responsible for the development, implementation, and monitoring of all the EMS (CQI) processes and activities.
- II. The SJCEMSA CQI Committee shall ensure a system-wide approach to establish and maintain quality patient care and clinical education throughout the EMS system.
- III. All proceedings of the CQI Committee are confidential and protected under Section 1157.7 of Evidence Code: "The prohibition relating to discovery or testimony provided in Section 1157 shall be applicable to proceedings and records of any committee established by a local governmental agency to monitor, evaluate, and report on the necessity, quality, and level of specialty health services, including, but not limited to trauma care services, provided by a general acute care hospital which has been designated or recognized by that governmental agency as qualified to render specialty health care services."

PRODECURE:

- I. The oversight for the CQI Committee will be the responsibility of SJCEMSA Medical Director, who will solicit input from stakeholders participating in the committee.
- II. The CQI Committee shall consist of the following:
 - A. SJCEMSA Medical Director
 - B. SJCEMSA Director

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- C. SJCEMSA Pre-Hospital Care Coordinator (Chairperson)
- D. SJCEMSA Office Technician Coordinator (Secretary)
- E. SJCEMSA EMS Coordinator
- F. SJCEMSA Specialty Care Coordinator
- G. Base Hospital Liaison
- H. One paramedic or RN leadership representative from each of the Emergency Ambulance Exclusive Operating Areas and emergency ambulance subcontractors operating in San Joaquin County.
- I. One paramedic or RN leadership representative from each ALS first responder agencies
- J. One paramedic or RN leadership representative from each ALS non-emergency ambulance provider permitted to operate in San Joaquin County.
- K. One paramedic or RN leadership representative from an authorized EMS air provider operating in San Joaquin County.

III. CQI Committee responsibilities include:

- A. Review, monitor, and report data from EMS System.
- B. Select quality indicators, items for review and monitoring, create action plans, and monitor performance.
- C. After review by SJCEMSA, it serves as a forum to discuss issues/concerns brought to the attention of the SJCEMSA by internal and external customers.
- D. Propose, review, and participate in EMS research.
- E. Promote CQI training throughout the EMS System.
- F. Policy/Protocol Review – Selected policies reviewed with pre notification sent out to allow participant feedback. Initial review by SJCEMSA personnel and proposed revisions discussed at CQI Committee.
- G. Provide recommendations for EMS personnel training.
- H. Review individual performance and recommend improvement plans.

IV. Confidentiality

- A. All participants shall agree to respect and maintain the confidentiality of all discussions, case reviews, and other records and information connected with the CQI Committee meetings.
- B. All members of the CQI Committee are required to annually complete an "Acknowledgement of CQI Program Confidentiality" form to be kept on file at the SJCEMSA office.
- C. The EMS Medical Director or SJCEMSA designee may authorize the attendance of guest(s) during regular or ad hoc meetings of the CQI Committee.

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- D. Guests are required to sign a confidentiality agreement prior to the meeting starting and are required to abide by the guidelines set forth in this policy.
- V. A subcommittee or working groups may be formed as deemed necessary by the CQI Committee. They are subject to the authority and direction of the CQI Committee and report backs will be given at regular committee meetings.
 - A. Subcommittees shall be chaired by the EMS Pre-Hospital Care Coordinator or agency designee.
 - B. Working groups may be led by an assigned member of the CQI Committee.
 - C. Subcommittee and working group participants shall abide by the guidelines set forth in this policy.
 - D. Any recommendations by a subcommittee or working group requires the approval of the CQI Committee and/or SJCEMSA.
- VI. The EMS Pre-Hospital Care Coordinator or SJCEMSA designee shall provide CQI Committee reports to the EMS Advisory Committee.

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TITLE: DISASTER CONTROL FACILITY DESIGNATION

EMS Policy No. **7020**

PURPOSE:

The purpose of this policy is to establish requirements for the designation as the Disaster Control Facility (DCF) in San Joaquin County.

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

DEFINITIONS: See SJCEMSA Policy Definitions.

BACKGROUND:

The DCF is responsible for the dispersal of patients during all Multi Casualty Incidents (MCIs) through the coordination of hospital bed polling. The DCF maintains ongoing communication with the Medical Branch Director (MBD) or Medical Group Supervisor (MGS) during all MCIs and hospitals for a coordinated and safe dispersal of patients.

POLICY:

The San Joaquin County DCF shall be designated by SJCEMSA and shall meet and maintain the following criteria:

PROCEDURE:

The SJCEMSA designated DCF shall perform the following services and functions:

- I. DCF Services and Functions:
 - A. Initiate and manage hospital bed polling in accordance with SJCEMSA's policies.
 - B. Communicate and provide patient destinations to Medical Branch/Group Supervisor in accordance with SJCEMSA's policies.
 - C. Staff and maintain a computer with internet connection for utilization and monitoring of EMResource™ (or designated hospital bed polling system) information system 24-hour per day.
 - D. Participate in local, regional, and state disaster exercises.
 - E. Perform weekly bed polling drills as specified by SJCEMSA.

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- F. MCI communication with the DCF will be conducted on Med Net channel 6, in accordance with SJCEMSA Policy No. 3400, Med Net Radio Communications Plan.
- II. DCF Personnel:
 - A. DCF Liaison:

The DCF shall designate a person responsible for the overall supervision of the DCF program within the facility and for assuring that the facility's responsibilities specified by agreement and policy are met.
- III. DCF Policies and Procedures:
 - A. Process and equipment in place to utilize and maintain two-way telecommunications equipment, as specified by SJCEMSA, capable of direct two-way voice communications with prehospital emergency medical care personnel in the San Joaquin County EMS system.
 - B. Process and equipment in place to utilize and maintain a dedicated telephone line for communications with prehospital emergency medical care personnel.
 - C. Process and equipment in place to utilize and maintain a dedicated communication teleconference system to communicate to each San Joaquin County receiving hospital and SJCEMSA simultaneously.
 - D. Process and equipment in place to utilize EMResource™ (or designated hospital bed polling system) on a dedicated computer to aid in the management of multi-casualty incidents as specified by SJCEMSA.
- IV. Quality Improvement Requirements:
 - A. The DCF shall utilize and maintain a DCF log approved by the San Joaquin County EMS Agency to be submitted on a monthly basis.
 - B. The DCF shall participate in the SJCEMSA continuous quality improvement (CQI) program which includes making available all relevant records for program monitoring and evaluation.



- C. The DCF shall perform daily teleconference system drills to communicate with each San Joaquin County receiving hospital and SJCEMSA simultaneously. The Mobile Intensive Care Nurse performing the daily drill shall state, "This is the Disaster Control Facility, when your hospital is called upon, state your hospital's status and verify that EMResource is updated and fully functional". A daily log of these drills shall be maintained by the DCF.



TITLE: MULTI CASUALTY INCIDENT POLICY

EMS Policy No. **7040**

PURPOSE:

The purpose of this policy is to provide Emergency Medical Services (EMS) personnel with direction in the event of a Multiple Casualty Incident (MCI).

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

DEFINITIONS:

- I. "Level I Multi Casualty Incident" means an MCI with a total of 15 or more patients or per the judgment of the Medical Group Supervisor (MGS) on scene the patient count will exceed the capabilities of the local EMS system (refer to EMS Policy No. 7010, Multi Casualty Incident Field Operations.).
- II. "Level II Multi Casualty Incident" means an MCI with 14 or less patients or per judgement of Medical Group Supervisor (MGS) on scene. Incidents with any of the following are considered an MCI:
 - a. Three (3) or more Immediate patients using START triage criteria or,
 - b. Any combination of Immediate, Delayed, or Minor patients using START triage criteria equal to or greater than five (5) patients.

POLICY:

- I. All MCI operations will be managed in accordance with the National Incident Management System (NIMS), California Standardized Emergency Management System (SEMS), and the Incident Command System (ICS).
- II. All MCI communications with the DCF will be conducted on Med Net channel 6, in accordance with EMS Policy No. 3400, Med Net Radio Communications Plan.

PROCEDURE:

- I. MCI Pre Alert:
 - A. Field operations – EMS personnel responding to a potential MCI shall notify the DCF by providing the following information:
 1. Location of incident, with nearest cross streets
 2. Nature of incident (i.e., vehicle accident, fire, hazardous material exposure).
 3. Possible number of patients.

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- B. DCF operations – The DCF shall create an MCI event in EMResource™ (or designated hospital bed polling system) and bed poll all San Joaquin County (SJC) hospitals and other approved regional trauma centers.
- II. MCI Confirmation:
 - A. Field operations - First arriving EMS personnel shall confirm, update, or cancel the MCI pre alert with the DCF. If confirmed, provide the following information:
 - 1. Incident name assigned by the Incident Commander (IC) if not already provided.
 - 2. Provide a patient count to the DCF using START triage categories of Immediate, Delayed, and or Minor.
 - B. DCF operations – Provide hospital bed poll information and patient destinations for confirmed patients.
 - 1. Update MCI event to notify SJC Hospitals of patient count and nature of MCI.
 - 2. All approved trauma centers per SJCEMSA Policy No. 5215, Trauma Patient Destination, shall receive patients meeting Immediate START triage criteria.
- III. Medical Group Supervisor:
 - A. The Medical Group Supervisor (MGS) position shall be assigned by the Operations Section Chief (OSC), or IC, if an OSC has not been assigned.
 - B. The OSC or IC shall provide the MGS with the following:
 - 1. Incident Briefing, including Medical Group incident objectives
 - 2. Tactical channel
 - 3. EMS resource ordering process, i.e., single or multi point ordering.
- IV. Medical Group Operations:
 - A. All EMS personnel assigned to the Medical Group will check in at the designated location, receive a briefing and assignment from the MGS.

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V. Patient Distribution:

- A. All trauma patients triaged as Immediate shall be transported to designated trauma centers in accordance with SJCEMSA Policy No. 5215, Trauma Patient Destination.
- B. San Joaquin General Hospital will be the receiving trauma hospital for the first 2 trauma Immediate patients from any MCI.
- C. San Joaquin General Hospital shall receive a minimum of four (4) Delayed and four (4) Minor patients from all trauma MCIs when there are no Immediate patients to be dispersed.
- D. When resources and circumstance allow Delayed trauma patients shall be re-triaged using SJCEMSA Policy No. 5210, Major Trauma Triage Criteria. Patients meeting physiological or anatomic criteria shall be classified as Immediate patients.
- E. DCF shall be prepared to provide destinations for patients that have been upgraded (using START triage) by field personnel.
- F. Non-trauma centers shall be expected to receive at a minimum one (1) trauma patient triaged as Delayed or two (2) trauma patients triaged as Minor.
- G. Patients from MCIs that are not trauma related shall be distributed with no more than two (2) Immediate patients to the closest hospital. All remaining Delayed and Minor patients will be distributed to the next closest SJC hospitals.

VI. Close of Incident:

- A. The DCF shall officially close the incident after receiving notification from the Medical Group Supervisor that all patients have been transported and the incident is closed using the following script:
 - 1. All units be advised, "the MCI on (incident name) is cleared".

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**TITLE: EMERGENCY MEDICAL SERVICES
ADVISORY COMMITTEE**

EMS Policy No. **1400**

PURPOSE:

The purpose of this policy is to establish membership, role, responsibilities, process, and structure of the San Joaquin County Emergency Medical Services Advisory Committee (EMS Advisory Committee).

AUTHORITY:

Health and Safety Code, Division 2.5, Section 1797.220

DEFINITIONS: See EMS Policy No. 1100 POLICY DEFINITIONS.

POLICY:

The EMS Advisory Committee is a multi-disciplinary, stakeholder represented committee established to discuss, review, provide input, and make recommendations to the EMS Medical Director and the San Joaquin County Emergency Medical Services Agency (SJCEMSA) on matters related to policy and procedures with the purpose to enhance the delivery and effectiveness of prehospital emergency medical services.

PROCEDURE:

I. EMS Advisory Committee Responsibilities:

- A. Reviewing draft SJCEMSA policies and reviewing comments on draft policies submitted during any policy review period.
- B. Serve as a forum for pre-hospital stakeholder engagement related to the SJCEMSA EMS System.
- C. Review and approve Maddy fund request pursuant to SJCEMSA policy.

II. EMS Advisory Committee Membership:

- A. Only properly affiliated San Joaquin County EMS system stakeholders shall hold membership in the EMS Advisory Committee.

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- B. The EMS Advisory Committee membership shall be comprised of twenty-five (25) designated members representing each of the following:
1. EMS Administrator – Ex officio non-voting member.
 2. EMS Medical Director – Ex officio non-voting member.
 3. Office of Emergency Services Director – Ex officio non-voting member.
 4. (1) One Emergency Department Registered Nurse Liaison member representing each receiving hospital in San Joaquin County.
 5. (2) Two Emergency Department Physicians members representing San Joaquin County receiving hospitals.
 6. (1) One member representing each of the San Joaquin County exclusive operating areas (EOA) emergency ambulance provider, designated by the EOA provider.
 7. (1) One member representing Fire-based emergency ambulance provider(s), designated by the San Joaquin County Fire Chiefs Association.
 8. (1) One member representing Advanced Life Support (ALS) fire departments or districts, designated by the San Joaquin County Fire Chiefs Association.
 9. (1) One member representing Basic Life Support (BLS) fire departments or districts, designated by the San Joaquin County Fire Chiefs Association.
 10. (1) One San Joaquin County accredited paramedic member representing paramedics working in San Joaquin County.
 11. (1) One EMT member representing EMT's working in San Joaquin County
 12. (1) One Emergency Medical Dispatcher (EMD) member representing the designated emergency ambulance dispatch center, designated by the emergency ambulance dispatch center.
 13. (1) One member representing authorized emergency air ambulance.
 14. (1) One member representing law enforcement agencies within San Joaquin County, designated by the San Joaquin County Law Chiefs Council.
- C. EMS Advisory Committee members shall serve a term of two (2) years and not limited to term limits.



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- D. Membership for representatives 4 through 6 shall expire on July 1 of even years and membership for representatives 7 through 14 shall expire on July 1 of odd years.

III. EMS Advisory Committee Membership Designation:

- A. All EMS Advisory Committee member designations must be submitted in writing to the EMS Administrator.
- B. Membership requires designation and proper affiliation. Memberships that do not require designation shall be selected by the EMS Administrator. If more designations are received than allotted for a particular membership, the EMS Administrator shall designate a properly affiliated member.
- C. Re-designation of membership representation is required at the end of a member's two (2) year term, or in the event of a member no longer meets the requirements for membership or resigns.

IV. EMS Advisory Committee Membership Seating and Vacancy:

- A. EMS Advisory Committee members may be removed by the EMS Administrator who are disruptive to committee business or who do not attend at least 75% of scheduled EMS Advisory Committee meetings annually. A member removed based on either of these reasons shall be deemed ineligible for future membership and the membership position shall be deemed vacant.
- B. EMS Advisory Committee members may be ineligible for a membership position and their membership position deemed vacant due to change of employment status, change in license or certification status, or other reasons.
- C. An EMS Advisory Committee member may request a regular alternate member to attend a meeting. Such requests must be made in advance and in writing to the EMS Administrator for approval.

V. EMS Advisory Committee Proceedings:

- A. The EMS Administrator or the EMS Medical Director will serve as the chairperson for each meeting.

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- B. EMS Advisory Committee members shall notify the SJCEMSA in advance of any meeting they will be unable to attend.
- C. The EMS Advisory Committee shall meet no less than quarterly on a schedule to be determined by the EMS Administrator in coordination with EMS Advisory Committee members.
- D. The SJCEMSA will provide administrative and clerical support to maintain records of each meeting including agendas, minutes, and attendance records.
- E. All meetings of the EMS Advisory Committee, including all documents pertaining to the proceedings, are public documents and are subject to public review pursuant to the California Public Records Act, California Government Code, Section 6240 et. seq.

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TITLE: LOCALLY ISSUED AUTHORIZATION REVIEW PROCESS

EMS Policy No. **2700**

PURPOSE:

The purpose of this policy is to provide an overview of the San Joaquin County Emergency Medical Services Agency's (SJCEMSA) process for denial, suspension, or revocation of locally issued authorizations.

AUTHORITY:

Health and Safety Code, Division 2.5, Section 1797.220

DEFINITIONS: See EMS Policy No. 1100, POLICY DEFINITIONS.

- A. "Authorization" means any of the following issued pursuant to Health and Safety Code 2.5:
- a. Any valid Paramedic Preceptor authorization;
 - b. Any valid Paramedic Accreditation Officer authorization ;
 - c. Any valid Mobile Intensive Care Nurse (MICN) authorization;
 - d. Any valid Emergency Medical Responder (EMR);
 - e. Any valid EMS Dispatcher authorization;
 - f. Any valid Paramedic Student Field Internship authorization .

POLICY:

It is the policy of SJCEMSA to deny, suspend, or revoke SJCEMSA issued authorizations for cause pursuant to this policy.

PROCEDURE:

- I. The EMS Medical Director of SJCEMSA may suspend or revoke for due cause against an authorization for which any of the following are true:
- A. The authorization was issued by SJCEMSA;
 - B. The authorization is properly affiliated with SJCEMSA;
 - C. A violation of SJCEMSA policy or protocol was substantiated through an investigation process.
- II. Any holder of a SJCEMSA authorization may request an Investigative Review Panel in accordance with EMS Policy No. 2740, Investigative Review Panel to review any proposed disciplinary actions.

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TITLE: LEVEL II TRAUMA CENTER STANDARDS

EMS Policy No. **4712**

PURPOSE:

The purpose of this policy is to establish the minimum standards for level II trauma center designation in San Joaquin County.

AUTHORITY:

Health and Safety Code, Division 2.5, Sections 1797.67, 1797.220, 1798.162, 1797.163, 1797.164, 1798.165, 1798.168, 1798.170 and 1798.172; California Code of Regulations, Title 22, Division 9, Chapter 6.

DEFINITIONS: See EMS Policy No. 1100, POLICY DEFINITIONS.

POLICY:

Hospitals shall meet and maintain the following criteria to be designated as a Level II trauma center by SJCEMSA.

PROCEDURE:

- I. In order to be eligible for designation as a level II trauma center in San Joaquin County a hospital shall have and continuously maintain the standards specified in this policy.
- II. General Requirements:
 - A. Be licensed by the California Department of Public Health (CDPH) as a general acute care hospital.
 - B. Meet all of the standards and requirements of a level II trauma center as set forth in Health and Safety Code, Division 2.5, Chapter 6, Article 2.5; California Code of Regulations, Title 22, Division 9, Chapter 7; and SJCEMSA policies and procedures. SJCEMSA may establish standards that exceed the requirements specified in statute, regulation, or by the American College of Surgeons Committee on Trauma (ACS-COT). In any conflict between these standards the higher standard shall prevail. SJCEMSA shall have the sole authority and discretion to determine a hospital's compliance to standards.
 - C. Achieve accreditation from The Joint Commission or other accrediting organization acceptable to the Centers for Medicare and Medicaid

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Services.

- D. Be eligible for the reimbursement of patient care services by the Centers for Medicare and Medicaid.
- E. Obtain within one (1) year of designation by the SJCEMSA and continuously maintain thereafter ACS-COT level II trauma center verification.

III. Required Services and Organization:

- A. A trauma program medical director who is a board-certified surgeon, whose responsibilities include, but are not limited to, factors that affect all aspects of trauma care such as:
 - 1. Recommending trauma team physician privileges.
 - 2. Working with the nursing and administration to support the needs of trauma patients.
 - 3. Developing trauma treatment protocols.
 - 4. Determining the equipment and supplies necessary for trauma care.
 - 5. Ensuring the development of policies and procedures to manage domestic violence, elder child abuse or neglect.
 - 6. Authority and accountability for the trauma quality improvement peer review process.
 - 7. Correcting deficiencies in trauma care and excluding from trauma call those trauma team members (physicians and non-physicians) that do not meet standards.
 - 8. Coordinating pediatric trauma care with other hospital and professional services, including the establishment of trauma patient transfer criteria to a trauma center with a pediatric intensive care unit. Pediatric trauma transfer criteria shall be established with the assistance of pediatric trauma specialists and approved by SJCEMSA.
 - 9. Coordinating with SJCEMSA, EMS Authority, and other trauma centers.
 - 10. Assisting in the development of the budget for the trauma program and trauma service.
 - 11. Identifying representatives from neurosurgery, orthopedic surgery, emergency medicine, pediatrics, anesthesiology, and other appropriate disciplines to assist in identifying physicians from their respective disciplines who are qualified to be members of the



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trauma program.

- B. A full-time trauma program nurse manager who is a registered nurse with qualifications including evidence of educational preparation and clinical experience in the care of the adult and pediatric trauma patient and administrative ability. The trauma program nurse 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. The trauma program nurse manager responsibilities shall include but are not limited to:
 - 1. Organizing services and systems necessary for the multidisciplinary approach to the care of the injured patient.
 - 2. Coordinating day-to-day clinical process and performance improvement as it pertains to nursing and ancillary personnel and services.
 - 3. Collaborating with the trauma program medical director in carrying out the educational, clinical, research, administrative, and outreach activities of the trauma program.
 - 4. Coordinating program monitoring, reporting, and oversight with the SJCEMSA.
- C. An organized trauma service that can provide for the implementation of the requirements of a level II trauma center and provide effective coordination with the SJCEMSA.
- D. A trauma registrar capable of performing high-quality data entry in the trauma registry. Within one (1) year of appointment each trauma registrar shall complete a trauma registrar course through the American Trauma Society of Registrars. Obtaining status as a Certified Specialist in Trauma Registries (CSRT) is encouraged.
- E. A trauma performance improvement nurse who is a registered nurse responsible for trauma service quality improvement, under the supervision of the trauma program manager. There shall be one (1) full-time trauma performance improvement nurse for every 1,500 registry patient entries annually.
- F. A multidisciplinary trauma team responsible for the initial resuscitation and management of the trauma patient.
- G. Department(s), division(s), service(s), or section(s) that include at least the



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following surgical specialties, which are staffed by qualified surgical specialists:

1. General.
2. Neurologic.
3. Obstetric/gynecologic.
4. Ophthalmologic.
5. Oral or maxillofacial, or head and neck.
6. Orthopedic.
7. Plastic.
8. Urologic.

H. Department(s), division(s), service(s), or section(s) that include at least the following non-surgical specialties, which are staffed by qualified specialists:

1. Anesthesiology.
2. Internal medicine.
3. Pathology.
4. Psychiatry.
5. Radiology.

IV. Required Qualified Specialist Availability:

A. An emergency department, division, service, or section staffed with qualified specialists in emergency medicine who are in house.

B. Qualified surgical specialists:

1. General surgeon capable of evaluating and treating adult and pediatric trauma patients shall be on call and immediately available for trauma team activation and promptly available for consultation.
2. On-call and promptly available:
 - a. Neurologic.
 - b. Obstetric/gynecologic.
 - c. Ophthalmologic.
 - d. Oral or maxillofacial, or head and neck.
 - e. Orthopedic.
 - f. Plastic.
 - g. Re-implantation/microsurgery capability. This surgical service may be provided through a written transfer agreement.
 - h. Urologic.
3. Qualified surgical specialist requirements may be fulfilled by



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- supervised senior residents who are capable of assessing emergency situations in their respective specialties. When a senior resident is the responsible surgeon:
- a. The senior resident shall be able to provide the overall control and surgical leadership necessary for the care of the patient, including initiating surgical care.
 - b. A staff trauma surgeon shall be on call and promptly available.
 - c. A staff trauma surgeon shall be advised of all trauma patient admissions, participate in major therapeutic decisions, and be present in the emergency department for major resuscitations and in the operating room for all trauma operative procedures.
4. Available for consultation or available for consultation and transfer through written agreement(s) for adult and pediatric trauma patients requiring the following services:
- a. Burns.
 - b. Cardiothoracic.
 - c. Pediatric.
 - d. Re-implantation/microsurgery.
 - e. Spinal cord injury.
- C. Qualified non-surgical specialists:
1. Emergency medicine in house at all times.
 - a. This requirement may be fulfilled by supervised senior residents in emergency medicine, as defined, who are assigned to the emergency department and are serving in the same capacity. In such cases, the senior resident shall be capable of assessing emergency situations in trauma patients and of providing for initial resuscitation. Current Advanced Trauma Life Support (ATLS) certification is required for all emergency medicine physicians who provide emergency trauma care and are qualified specialists in a specialty other than emergency medicine.
 2. Anesthesiology shall be on call and promptly available with a mechanism established to ensure that the anesthesiologist is in the operating room when the patient arrives.
 - a. This requirement may be initially fulfilled by senior residents or certified registered nurse anesthetists who are capable of assessing emergent situations in trauma patients and of providing any indicated treatment and are supervised by the

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staff anesthesiologist. In such cases, the staff anesthesiologist on call shall be advised about the patient, and be promptly available at all times, and be present for all operations.

3. Radiology, on call and promptly available.
4. Available for consultation:
 - a. Cardiology.
 - b. Gastroenterology.
 - c. Hematology.
 - d. Infectious diseases.
 - e. Internal medicine.
 - f. Nephrology.
 - g. Neurology.
 - h. Pathology.
 - i. Pulmonary medicine.

V. Required Additional Service Capability and Availability:

- A. Radiological service. The radiological service shall have an in-house radiological technologist capable of performing plain film and computed tomography (CT) imaging. The radiological service shall have the following services on call and promptly available:
 1. Angiography.
 2. Ultrasound.
- B. Clinical laboratory service. The clinical laboratory service shall have:
 1. A comprehensive blood bank or access to community central blood bank.
 2. Clinical laboratory services staffed with clinical laboratory scientist and phlebotomist in house.
- C. Surgical service. A surgical service shall have an operating suite that is available or being used for trauma patients and that has:
 1. Operating staff who are on call and promptly available unless operating on trauma patients and back up personnel who are on call and promptly available.
 2. Appropriate surgical equipment and supplies as determined by the trauma program medical director and approved by the SJCEMSA.
- D. Basic or comprehensive emergency service which has special permits



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issued pursuant to California Code of Regulations (CCR), Title 22, Division 5, Chapter 1, Article 5. The emergency service shall:

1. Designate an emergency physician to be a member of the trauma team.
2. Provide emergency medical services to adult and pediatric patients.
3. Have on hand appropriate adult and pediatric equipment and supplies as approved by the director of emergency medicine in collaboration with the trauma program medical director.

E. Required supplemental services:

1. Intensive care service (ICU):
 - a. The ICU shall have on hand appropriate equipment and supplies as approved by the physician responsible for the intensive care service and the trauma program medical director.
 - b. The ICU shall have a qualified specialist promptly available to care for trauma patients in the ICU. The qualified specialist may be a resident with two (2) years of training who is supervised by the staff intensivist or attending trauma surgeon who shall participate in all critical decisions.
 - c. The qualified ICU specialist shall be a member of the trauma team.
2. Acute hemodialysis capability.
3. Burn center. These services may be provided through a written transfer agreement with a burn center.
4. Occupational therapy service. Occupational therapy services to include personnel trained in occupational therapy and equipped for the acute care of the critically injured patient.
5. Physical therapy (PT). PT services to include personnel trained in PT and equipped for the acute care of the critically injured patient.
6. Rehabilitation center. Rehabilitation services to include personnel trained in rehabilitation care and equipped for the acute care of the critically injured patient. These services may be provided through a written transfer agreement with a qualified hospital.



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7. Respiratory care services. Respiratory care services to include personnel trained in respiratory therapy and equipped for the acute care of the critically injured patient.
 8. Speech therapy. Speech therapy services to include personnel trained in speech therapy and equipped for the acute care of the critically injured patient.
 9. Social services.
- F. Non licensed or permitted services:
1. Pediatric service. A pediatric intensive care unit (PICU) approved by CDPH California Children Services; or a written transfer agreement with a hospital with an approved PICU. Hospitals without a PICU shall establish and utilize written criteria for consultation and transfer of pediatric patients needing intensive care in collaboration with the trauma program director and subject to the review and approval of the SJCEMSA medical director.
 2. A multidisciplinary team to manage child abuse and neglect.
 3. Acute spinal cord injury management capability. This service may be provided through a written transfer agreement with a rehabilitation center.
- VI. Required Trauma Quality Improvement:
- A. A trauma service quality improvement program to include structure, process and outcome evaluations which focus on improvement efforts to identify root causes of problems, intervene to reduce or eliminate these causes and take steps to correct the process. In addition, the program shall include:
1. A detailed audit of all trauma related deaths, major complications, patient transfers and all in-house ICU pediatric admissions.
 2. A multidisciplinary trauma peer review committee that includes all members of the trauma team.
 3. Participation in the SJCEMSA trauma audit committee.
 4. A written policy establishing a system for patients, parents/legal guardians of minor children who are patients and immediate family

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- members to provide input and feedback to hospital staff regarding the care provided to the patient.
 - 5. Adhere to the applicable provisions of Evidence Code Section 1157.7 to ensure confidentiality.
 - B. The trauma center shall additionally maintain compliance with all SJCEMSA quality improvement requirements for receiving and base hospitals.
 - C. The trauma center shall measure response time compliance for physicians and specialists from the time the request is made to respond until arrival at trauma resuscitation area, operating room, or other specified location.
 - D. Maintain a trauma registry data management system in accordance with the requirements of EMS Policy No. 6720 Trauma Data Management.
- VII. Other Requirements:
- A. Heliport with state permit and lighting for nighttime operations.
 - B. Written transfer agreement with the level I trauma center in Sacramento County, referring hospitals, and specialty hospitals.
 - C. Protocol to identify potential organ donors as described in Division 7, Chapter 3.5 of the Health and Safety Code.
 - D. Continuing education. Continuing education in trauma care shall be provided for:
 - 1. Staff physicians.
 - 2. Staff nurses.
 - 3. Staff allied health personnel.
 - 4. EMS personnel.
 - 5. Community physicians.
 - E. Outreach program to include:
 - 1. Capability to provide both telephone and on-site consultations with physicians in the community.
 - 2. Trauma prevention for the general public.



PURPOSE:

The purpose of this policy is to define criteria for identifying major trauma patients.

AUTHORITY:

Health and Safety Code, Division 2.5, Sections 1797.220, and 1798 et. seq. California Code of Regulations, Title 22, Division 9, Chapter 6.1.

DEFINITIONS: See EMS Policy No. 1100, POLICY DEFINITIONS.

POLICY:

- I. Prehospital personnel shall assess all patients suffering acute injury or suspected acute injury using the trauma triage criteria established in this policy and shall document the findings of such an assessment on the patient care record.
- II. Major Trauma Triage Criteria:
 - A. Physiologic :
 1. Glasgow coma scale (GCS) less than 13.
 2. Systolic blood pressure (SBP) or heart rate (HR) abnormalities:
 - a. Age 0 - 9 with SBP < 70 + (2 x age in years).
 - b. Age 10 - 64 with SBP < 90 or HR > SBP.
 - c. Age ≥ 65 with SBP < 110 or HR > SBP.
 3. Respiratory rate <10 or >29 (<20 in infant less than one year).
 - B. Anatomic:
 1. Penetrating injuries to the head, neck, torso, and proximal to the elbow or knee.
 2. Flail chest or chest wall instability, deformity, or pain preventing assessment.
 3. Two or more long bone fractures (humerus or femur).
 4. Extremity injury:
 - a. Crushed, degloved, mangled extremity, pulseless extremity with deformity; or,
 - b. Injury with loss of distal circulation or numbness, or tingling.
 5. Amputation proximal to wrist or ankle.
 6. Suspected Pelvic fracture.
 7. Skull deformity or suspected skull fracture.
 8. Traumatic paralysis or any patient requiring spinal motion restriction (SMR) with a neurologic complaint or with neurologic findings on

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examination.

9. Partial or full thickness thermal, chemical, or electrical burns greater than 9% total body surface.
10. Inhalation burns.
11. Chest or abdominal pain with signs of contusion following motor vehicle collision.
12. Any patient with a tourniquet or hemostatic dressing applied.

C. Mechanism of Injury

1. Reported or known loss of consciousness at any time following mechanism of injury with significant impact.
2. Auto versus pedestrian or bicyclist with the patient being:
 - a. Run over.
 - b. Thrown a significant distance.
 - c. With significant impact.
3. Falls:
 - a. Adult height greater than 10 feet.
 - b. Adult height less than 10 feet with:
 - i. Altered baseline mental status; or
 - ii. Anticoagulant therapy/bleeding disorder when alteration to baseline mentation is present.
 - c. Pediatric height greater than 10 feet or twice the height of the child.
4. High risk vehicle collision with significant impact:
 - a. Interior passenger compartment intrusion (including roof) greater than 12 inches occupant site or 18 inches any site.
 - b. Ejection (partial or complete).
 - c. Death in same passenger compartment.
5. Rider separated from transport vehicle (i.e., ATV, horse, motorcycle, scooter, etc.) with significant impact:
 - a. Impact greater than 20 mph; or
 - b. Long bone fracture.

D. Pregnancy greater than or equal to 20 weeks gestation with a mechanism of injury involving:

1. Falls greater than standing height.
2. Motor vehicle collision.
3. Any source of blunt force trauma to abdomen.

E. Paramedic judgment: Paramedics may use their judgment to classify a patient not meeting criteria listed above as a major trauma patient when



there is a concern of serious injury.

III. Multi-casualty Incidents (MCIs):

A. Initial triage:

1. Prehospital personnel shall use START triage methodology for the initial assessment of patients during a trauma multi-casualty incident (MCI).
2. Manage all "Immediate" patients as major trauma patients.

B. Secondary triage:

1. When resources and circumstances allow prehospital personnel shall re-triage patients using the criteria in this policy.
2. Patients meeting physiologic or anatomic criteria shall be classified as "Immediate" patients.
3. Patients meeting mechanism of injury or paramedic judgment criteria shall be classified as "Delayed" patients.



TITLE: EMS UNUSUAL OCCURENCE REPORTING PROCESS

EMS Policy No. **6102**

PURPOSE:

The purpose of this policy is to outline a process for reporting unusual occurrence events within the EMS system.

AUTHORITY:

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

DEFINITIONS: See EMS Policy No. 1100, POLICY DEFINITIONS.

POLICY:

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

PROCEDURE:

- I. This policy reflects SJCEMSA's commitment to improvement through process ownership by all EMS system participants and involved parties. EMS system participants experiencing misunderstandings or disagreements during 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 party involved or parties.
 - C. Among the participants.
 - D. At a mutually convenient time and location.
- II. EMS system participants shall report Unusual Occurrences to SJCESMA by completing and submitting an Unusual Occurrence Report Form (6102A) online from the SJCEMSA website or scanned copy sent to the SJCEMSA Duty Officer email emsdutyofficer@sjgov.org within twenty-four (24) hours of the incident. EMS personnel submitting an Unusual Occurrence Report Form shall also include all applicable supporting documentation.
- III. An unusual occurrence involving EMS personnel death or serious physical injury shall be reported to the EMS Agency Duty Officer upon discovery, however,

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notification shall not exceed two (2) hours after becoming aware of the event.

- IV. EMS providers, hospitals, non-emergency ambulance providers, and dispatch centers shall participate in Unusual Occurrence follow-up, investigations, and/or requests for information as requested by the SJCEMSA.
- V. SJCEMSA will foster a systemwide approach to Continuous Quality Improvement (CQI) emphasizing accountability and fairness when addressing mistakes, misconduct, or failures. This includes learning from mistakes rather than assigning blame, fostering an environment where individuals feel safe to report errors and contribute to the quality improvement process.
 - A. **Shared accountability.** Both individuals and organizations or agencies share responsibility for safety and outcomes.
 - B. **Learning environment.** Encourage self-reporting of errors or mistakes.
 - C. **Distinction between errors and misconduct.** While honest mistakes are seen as learning opportunities, willful misconduct or gross negligence may still warrant corrective action.
- VI. 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.

**EMS UNUSUAL OCCURRENCE FORM**

Instructions: Please fill out this form completely. Use additional sheet(s) if necessary. The parties involved shall submit the completed form to SJCEMSA within 24 hours of the incident.

SECTION A – INDIVIDUAL COMPLETING FORM

TYPE OF OCCURRENCE: ☐ Communications ☐ Field Operations ☐ Professional Conduct
☐ Base Hospital Operations ☐ Policy Violation ☐ Patient Care ☐ MCI
☐ Other, explain on a separate sheet of paper

Incident Information:

Incident Location: _____

Date: _____ Time: _____ Provide incident #: _____

Individual Completing Form

Name: _____ Employer: _____

Level of Cert/License: _____ Cert/License#: _____

Work Phone#: _____ Cell Phone#: _____

Involved Parties

Name	Agency

Summary of Event: _____

Use additional pages as necessary

Signature _____ Date _____

Ensure the following documents are attached as appropriate:

- | | |
|---|---|
| <input type="checkbox"/> Completed EMS Form 6102A
Copies of the following:
<input type="checkbox"/> Patient Care Reports
<input type="checkbox"/> CAD records
<input type="checkbox"/> Diagnostic readings | <input type="checkbox"/> Audio recordings
<input type="checkbox"/> Video recordings
<input type="checkbox"/> Incident reports
<input type="checkbox"/> All other pertinent documents |
|---|---|

Send To: emsdutyofficer@sjgov.org or submit through SJCEMSA website at <https://www.sjgov.org/departments/ems/unusual-occurrences-form>



TITLE: TRAUMA DATA MANAGEMENT

EMS Policy No. **6720**

PURPOSE:

The purpose of this policy is to establish a data management program to assist trauma centers and the SJCEMSA in monitoring, evaluating, and improving the delivery of hospital and pre-hospital trauma services.

AUTHORITY:

Health and Safety Code, Division 2.5, Sections 1797.67, 1797.220, 1798.162, 1798.163, 1798.165; California Code of Regulations, Title 22, Division 9, Chapter 7.

DEFINITIONS: See EMS Policy No. 1100, POLICY DEFINITIONS.

POLICY:

- I. SJCEMSA in consultation with the designated trauma centers shall select trauma registry software to be used by SJCEMSA and designated trauma centers for the collection, management and reporting of trauma patient data.
- II. Pertinent prehospital patient care record data shall be entered into the trauma registry by the trauma center and made available on a monthly basis.
- III. Designated trauma centers shall create a trauma registry record for:
 - A. Each major trauma patient transported to their facility by ground or air ambulance;
 - B. Each major trauma patient transferred to their facility from another hospital;
 - C. Each patient presenting themselves to the trauma center, who upon assessment by emergency personnel is determined to meet triage criteria as a major trauma patient.
- IV. The trauma registry maintained by the trauma centers shall meet all American College of Surgeons Committee on Trauma recommendations included in the most recent edition of Resources for Optimal Care of the Injured Patient and shall at a minimum include the following data elements:
 - A. Patient identification information:
 1. Name;
 2. Date of Birth;
 3. Unique trauma registry identification number;

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- B. Pre-hospital data:
 - 1. Transportation mode;
 - 2. Transport agency;
 - 3. Care provided;
 - 4. Pre-hospital vital signs;

- C. Emergency department data:
 - 1. Date and time of arrival in the emergency department (trauma resuscitation area);
 - 2. Time of trauma team notification;
 - 3. Trauma team activation level;
 - 4. Time trauma team surgeon arrived in trauma resuscitation area;
 - 5. Name of surgeon or physician trauma team leader;
 - 6. Name of admitting physician;
 - 7. Patient vital signs at:
 - a. Time of arrival in trauma resuscitation area;
 - b. One hour after emergency department arrival;
 - c. Time of emergency department discharge;
 - 8. Patient treatment within the emergency department;
 - 9. Time discharged from the emergency department;
 - 10. Emergency department discharge disposition;

- D. Hospital data:
 - 1. Date of initial admission;
 - 2. Number of days in intensive care;
 - 3. Date of discharge;
 - 4. Diagnosis data;
 - a. ICD-10;
 - b. AIS-90
 - c. AIS and region;
 - d. Injury severity scores;
 - i. ISS
 - e. Clinical and procedure data;

- E. Discharge data including;
 - 1. Discharge disposition;
 - 2. Discharge outcome;
 - 3. Discharge date and time;

- F. Quality Improvement Indicators;



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- G. Patient financial data:
 - 1. Charges;
 - 2. Payments;
 - 3. Payer source.
- V. The local EMS agency shall provide periodic reports to all hospitals participating in the trauma system. Note: Authority cited: Sections 1797.107 and 1798.161, Health and Safety Code. Reference: Section 1798.161, Health and Safety Code.
- VI. The SJCEMSA will endeavor to provide and obtain trauma registry data for patients transported or transferred to trauma centers located outside of San Joaquin County consistent with established inter-county trauma system agreements.

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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: See EMS Policy No. 1100, POLICY DEFINITIONS.

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 serve as the MHOAC to coordinate medical health disaster response and mutual aid.

PROCEDURE:

- A. To contact or notify the EMS Duty Officer, call the designated emergency ambulance dispatch center at **209-236-8339**.
- B. The designated emergency ambulance dispatch center shall contact the EMS Duty Officer by phone immediately when the following types of incidents occur:
 1. Level I Multi Casualty Incident;
 2. Any actual, planned, or potential evacuation of a medical facility (such as a general acute care hospital or skilled nursing facility);
 3. Internal Disaster declared at a general acute care hospital or a medical facility that delivers or receives patients from the EMS system causing a disruption of services (eg. Power failure, flooding, loss of HVAC) etc.;
 4. Serious injury or death of EMS System Personnel;
 5. Any incident or event that produces significant or potentially significant impact on the local EMS System;
 6. Any incident or event that is likely to attract media attention;
 7. Requests for Medical Health Mutual Aid or the Medical Health Operational Area Coordinator (MHOAC);
 8. If two or more ambulance resources are deployed outside the operational area.
 9. At the request of EMS system participant leadership (Designated



Emergency Ambulance Dispatch Center supervisors, field supervisors, Fire Chief Officers, Charge Nurse, Law Enforcement or hospital leadership).

- C. All other EMS Duty Officer notifications can be made by text message.
- D. The EMS Duty Officer may authorize temporary alternative methods of notifications or modifications to this policy as needed.
- E. Designated emergency ambulance dispatch center shall properly document any requests or notifications for EMS Duty Officer.
- F. The EMS Director shall be contacted if the EMS Duty Officer cannot be reached within ten minutes and after two attempts.