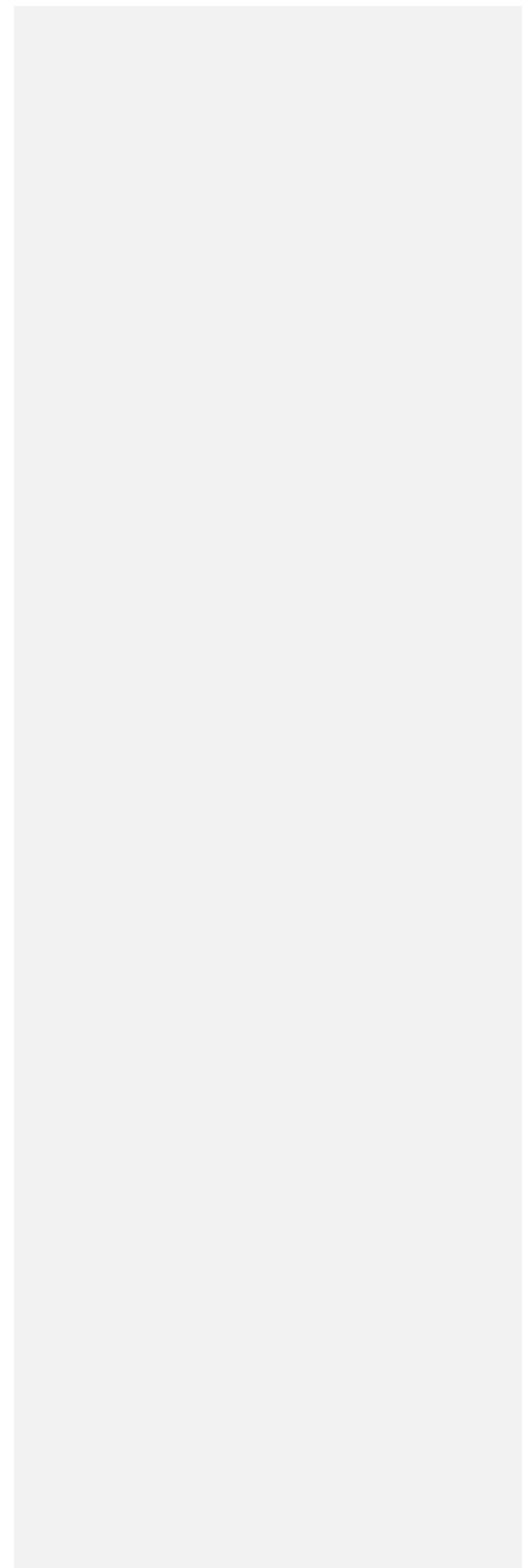
Yakima County Emergency Medical Services
County Operating Procedures

Revision Dates

County Operating Procedure #1 ALS Intervention, Transport, and Rendezvous	Effective Date: July 1, 2010 Removed: May 29, 2014
County Operating Procedure #2 Controlled Substances	Effective Date: July 1, 2010 Updated: May 29, 2014
County Operating Procedure #3 Definitions	Effective Date: July 1, 2010
County Operating Procedure #4 Documentation of Pre-Hospital Medical Care	Effective Date: May 11, 2011 Update: May 29, 2014
County Operating Procedure #5 Helicopter Alert and Response	Effective Date: May 11, 2011 Update: May 29, 2014
County Operating Procedure #6 Interagency Radio Communication During Emergency Medical Incidents	Effective Date: May 11, 2011 Update: May 29, 2014
County Operating Procedure #7 Mass Casualty Incident	Effective Date: May 11, 2011 Update: May 29, 2014
County Operating Procedure #8 Medical Control	Effective Date: July 1, 2010 Update: May 29, 2014
County Operating Procedure #9 Responsibilities of the Medical Program Director, Medical Direction	Effective Date: July 1, 2010
County Operating Procedure #10 Pandemic/Viral Respiratory Disease Pandemic (Pan Flu) & Ebola ~~Update: May 29, 2014~~	Effective Date: July 1, 2010 Update: January 27, 2015
County Operating Procedure #11 Prehospital to Hospital Communications	Effective Date: July 1, 2010 Update: May 29, 2014
County Operating Procedure #12	Effective Date: September 8, 2011

Provider Orientation & Skills Checklist	Update:	May 29, 2014
County Operating Procedure #13	Effective Date:	July 1, 2010
Destination of Patient without Hospital Preference	Update:	May 29, 2014
County Operating Procedure #14	Effective Date:	September 8, 2011
Quality Improvement/Assurance Program	Update:	May 29, 2014
County Operating Procedure #15	Effective Date:	April 11, 2013
Triage and Transport	Update:	May 29, 2014



Yakima County Emergency Medical Services
County Operating Procedures

COUNTY OPERATING PROCEDURE #2
CONTROLLED SUBSTANCES

Purpose

A. To ensure proper procedures are followed in the purchasing, tracking and management of controlled substance for the purposes of prehospital patient care.

Guidelines

A. The owner or operator of any EMS agency providing advance life support (ALS), utilizing certified paramedics, shall have their approved physician advisor registered at their central office location, as required by the U.S. Department of Justice, Drug Enforcement Administration (DEA).
B. Each agency and its physician advisor shall be responsible for the use and security of controlled substances in their possession.
C. Each EMS Paramedic agency shall submit to the Department of EMS and the MPD written procedures, approved by their Physician Advisor, for the procurement, distribution, and record keeping of schedule 2 and schedule 4 controlled substances.
D. The Yakima County Medical Program Director (MPD), the Department of EMS, or the EMS & Trauma Care Council shall not be responsible for any fees associated with the physician advisor's application for registration or renewal of registration.
E. EMS agencies shall comply with the requirements of the Controlled Substances Act of 1970, including any other state and local regulations pertaining to the use of controlled substances.

Local Medication Requirements

A. Each licensed ALS ambulance, aid unit, or aircraft shall carry the following Schedule II medications.
   1. **Fentanyl** – A maximum of 500 microgramsin vials or pre-filled syringes.
   2. **Morphine sulfate** – A maximum of 50 mgin vials or pre-filled syringes.
B. Each licensed ALS ambulance, aid unit, or aircraft shall carry the following Schedule IV medications.
   1. **Lorazepam (Ativan)** – A maximum of 10 mg in vials or pre-filled syringes.
   2. **Midazolam (Versed)** – A maximum of 30 mg in pre-filled syringes or vials.

Procedures for Replacing Controlled Substances

A. Following administration of a Schedule II or Schedule IV substance, the attending paramedic shall be responsible for completing a controlled substance exchange log maintained by his/her agency.

Record Keeping Procedures

A. EMS agencies shall conduct a daily inventory of all Schedule II and Schedule IV substances.
B. Inventory records must be retained for a period of no less than two years.
C. The route and amount administered by paramedics of any Schedule II or Schedule IV substance must be documented clearly and legibly on the medical incident report form normally used as a record of prehospital patient care.
D. Each EMS agency will provide to their physician advisor a copy of the controlled substance tracking & exchange logs maintained by the agency.
E. All records maintained by EMS agencies pertaining to Schedule II and Schedule IV substances shall be made available, upon request, to the DEA, Washington State Board of Pharmacy, and/or MPD; all of whom shall maintain patient confidentiality.

COUNTY OPERATING PROCEDURE #3
DEFINITIONS

Purpose

A. To define standard definitions among all EMS organizations in Yakima County, to ensure that data collected, will be consistent and accurate.
B. To provide a procedure requiring the use of these definitions when documenting materials related to emergency medical services.

Guidelines

A. Ambulance, and aid vehicle response time (or response interval), shall be defined as: *the period between the time the call is received by the agency's dispatcher (not the 9-1-1 calltaker) and the EMS vehicle arrives at the incident scene.*
   1. This definition shall be used for documenting response times on medical incident reports, computer databases, reports, and other documents related to the emergency medical services of that ambulance or aid vehicle.
   2. EMS agency dispatchers shall, as systems and time allows, document ambulance and/or aid vehicle response times separate from other vehicles (e.g., command vehicles) responding to the same incident.
B. Paramedic - Field Training Officer, shall be defined as: *a person who meets or exceeds the following qualifications:*
   1. Current and valid Washington State EMT-P certification.
   2. Is at a minimum in his/her second certification cycle as a paramedic.
   3. Maintain current ACLS, PALS, PHTLS (or equivalent) certifications.
   4. Maintain current local OTEP training requirements.
   5. Is a Washington State certified EMS Evaluator.
   6. Thorough knowledge of the Yakima County EMS system, prehospital care protocols and County Operating Procedures & Guidelines.
   7. Demonstrates the ability to provide consistent, and proper prehospital care, and has the ability to problem solve in the field.
   8. Delegates with clear directions, creates a positive learning environment, and motivates providers.
C. Intubation Attempt - shall be defined as removal of the flow of oxygen to the patient with the intent to Intubate.
D. Competent – alert and oriented to person, place and year.

COUNTY OPERATING PROCEDURE #4
DOCUMENTATION OF PRE-HOSPITAL MEDICAL CARE

Purpose

A. To provide a standard format for documenting prehospital care by emergency medical service providers of all certification levels.
B. To provide policies and procedures for the collection of data from prehospital emergency medical reports into a central computer database.
C. To enable EMS provider organizations to meet the data collection requirements as defined in WAC 246-976-430 and South Central Region EMS & Trauma Care Council Patient Care Procedure #10 Trauma System Data Collection.

Procedure

A. Agencies shall utilize an approved Medical Incident Report (MIR)/Patient Care Report (PCR) form to document all prehospital incidents, transports and interfacility transfers.
   1. Alternate incident report forms must be recommended for use by the Medical Program Director.
   2. Electronic, computer-generated report forms may be utilized, and must be compatible to local and State data collection services (i.e. WEMSIS, CARES)
B. For all patients admitted to a hospital emergency department, ambulance personnel must complete a MIR/PCR and provide the appropriate copy to the emergency department prior to leaving the hospital.
   1. If extenuating circumstances do not allow this (i.e., another emergency call, or there is an immediate need to return to their emergency response area), then the appropriate copy of the MIR/PCR must be delivered to the hospital within 4 hours from the patient's arrival.
   2. The MIR/PCR must be provided to the hospital within 2 hours of the patient's arrival at the hospital for incidents involving patients who are critical and/or will potentially be admitted.
C. The requirements of B. will not be mandatory for non-emergency transfers when the patient is being transported back to an extended-care nursing facility (i.e., nursing home, retirement center) or private residence.
D. If there is patient contact, by a non-transport EMS agency, the agency must complete a MIR/PCR on all patients.
   1. Information received on-scene by the first arriving agency shall be provided in writing or verbal report to the transport personnel and that information shall be provided to the hospital as a part of the patients record.
   2. First responding agency's report can include; initial vital signs, treatment provided, position patient was found and any additional information that may be pertinent to the continuum of patient care.

Documentation

A. All appropriate sections of the applicable report form must be completed thoroughly and accurately. The narrative shall use the SOAP charting method as the accepted method of report writing.
   1. (S) – SUBJECTIVE information. That information which the patient, family, bystanders or other witnesses tell you. Age of the patient, gender, weight, chief complaint, scene description, history of the event, pertinent medical history of the patient, patient's physician, medications, allergies, other extenuating circumstances, history of smoking, if known.
   2. (O) – OBJECTIVE information. This information you find on your physical exam. Level of consciousness/psychiatric status, skin characteristics, vital signs (baseline, BP, pulse, respirations), H.E.E.N.T., neck, spine, thoracic, abdominal, pelvic, lower extremities, upper extremities, neurological including motor and sensation, note placement of medical alert tags. Scene description - as you see it (i.e., vehicle description, fall height), patient location on your arrival, general impression.
   3. (A) – ASSESSMENT information. Your best guess of the patient's problem or condition. The assessment is reached by taking the subjective information and adding that to your objective information. In the event that more than one assessment is being made, list them all in order of severity. A symptom (i.e., chest pain) is not an assessment. The following are examples of possible assessments:
      a. Chest pain secondary to myocardial infarction (MI) vs. indigestion
      b. Shortness of breath secondary to respiratory infection
      c. Femur fracture
      d. Multiple soft-tissue injuries
      e. 1. Fever secondary to sepsis, 2. Dehydration, 3. Hyperglycemia
   4. (P) – PLAN. Plan of treatment. Record of your patient care and its results in chronological order. Record whether patient's condition improved, continued to decline, or stabilized. The plan must reflect all the actions of the providers at the scene and the patients transport destination.

Special Considerations

A. No Code or Advanced Directive
   1. Document in the upper left-hand corner of the narrative: "Patient identified by EMS-No CPR form" (or bracelet or both), or "Advanced directive validated" or "Physician Orders for Life-Sustaining Treatment form."
   2. Record name of patient's attending physician and/or Medical Control Facility physician (if contact was made).
   3. Document the reason why the EMS system was activated
   4. Note any problems or issues that may have occurred concerning the case.

5. If available, attach copy of the EMS-No CPR form, POLST form, advanced directive, or DNR order to the MIR/PCR.

B. Trauma Alert
   1. Document in the upper left-hand corner of the narrative: "Trauma Alert"
   2. Electronic medical incident reports: place "Trauma Alert" inside your narrative as a part of your Assessment.

C. Refusals – Document any risks associated with the patient's decision and inform the patient of those risks.

D. Mass Casualty Incident – In a mass casualty incident situation documentation becomes increasingly difficult. At a minimum, a START triage tag should be initiated on every patient. The perforated corner or bottom of each of the patients tag should be taken by prehospital providers to be utilized when writing the MIR/PCR. Names and addresses will not be readily available; agencies can find this information after the incident by knowing and keeping record of each patient by their START triage tag number.

COUNTY OPERATING PROCEDURE #5
HELICOPTER ALERT AND RESPONSE

Purpose

A. Request an emergency medical helicopter to the scene of a potential trauma or medical patient, as soon as possible.
B. To define the criteria for request of an on-scene emergency air medical helicopter and who may initiate the request.
C. To enable EMS provider organizations to meet the requirements of the South Central Region EMS & Trauma Care Council Patient Care Procedure #7 Helicopter Alert and Response.

Helicopter Alert and Response

A. When a paramedic unit response time will exceed 20 minutes and the patient meets the following criteria, responding fire department or ambulance should consider launching an air-medical helicopter.
   1. Prolonged extrication time (greater than 30 minutes)
   2. Multiple Victim Incident (more than one patient that is critically injured)
   3. Ejection from vehicle or patient entrapment
   4. Pedestrian struck with serious injuries
   5. Death of occupant in same vehicle
   6. Critical burns greater than 10% of total body area
   7. Falls greater than or equal to 20 feet
   8. Deep penetrating injury to head, neck, or torso
   9. Unstable vital signs (altered mental status, pale, diaphoretic, respiratory distress)
   10. Acute stroke (altered mental status, weakness/paralysis on one side, slurred/incomprehensible speech, facial droop)
   11. Acute myocardial infarction (chest pain with any of the following: shortness of breath, diaphoresis, nausea/vomiting)
B. The applicable fire district/department officer/incident commander en route to the scene should be notified of the responding special services.
C. It is highly recommended that a fire suppression apparatus be assigned to “stand-by” at the landing zone.

Early Activation Procedure

A. Early activation indicates that a request for an air-medical helicopter was made prior to arrival of the first responders, based on a high index of suspicion that specialty services will be necessary. The following criteria apply:
   1. The following agencies may request that an air-medical helicopter respond to the scene of an incident through the applicable fire dispatch center:

   a. Fire District/Department
   b. Ambulance (If a Fire Department has been dispatched, they should be notified of the request.)
   c. Law Enforcement Officer
2. The following agencies may request that an air-medical helicopter cancel or terminate an active response to the scene of an incident through the applicable fire dispatch center:
   a. Fire District/Department (EMS provider must be a WA State Certified EMT)
   b. On-scene Yakima County affiliated paramedic to include Prosser Ambulance
3. The recommended channel for helicopter-to-ground communications is LERN. 155.370

Special Circumstances

A. In the event that a helicopter with the ability to provide a hoist is needed, the applicable fire dispatch center may contact Yakima Training Center to determine the availability of a helicopter for a hoist mission.
   1. Other options include:
      a. King County Sheriff's Office (Guardian One)

B. Other indications for air-medical helicopter include:
   1. The patient location is not accessible by road.
   2. Ground transport time will exceed 45 minutes. Consult with on-line Medical Control, if possible. (Must consider flight time to scene if helicopter not already on-scene.)

Dispatch

A. In the event that an air-medical request is made the applicable fire dispatch center should notify all other on-scene or responding agencies of this special service. At a minimum, the on-scene or responding Incident Commander must be notified of this special service.
B. The applicable fire dispatch center should utilize the closest available helicopters to respond, taking into consideration:
   1. Time to lift-off (preparation time)
   2. Response time to the scene

Fire District/Department

A. Local Fire Districts and Departments should determine pre-designated landing zones.
B. Local Fire Districts and Departments should keep all applicable fire dispatch centers up-to-date with pre-designated landing zone coordinates, for landing zones that lie within their district boundaries and/or those that lie outside of their district boundaries, in no-man's land territory, in which there may be a response made from their district/department during a medical/traumatic emergency.

C. A trained Landing Zone Officer should be assigned to the landing zone and should establish air-ground communication with the helicopter. A helicopter can self-land if necessary; however, it is recommended that they have a Landing Zone Officer.
D. Once the helicopter team has arrived they may report to the Incident Commander for direction (i.e.: to assist with patient care or extrication, to stand-by, etc.)
E. Four to five (4 to 5) people should be assigned to assist the helicopter crew with lifting and loading of the patient into the helicopter. The helicopter TEAM will provide the direction for this procedure. There is also training available during the year, when requested.

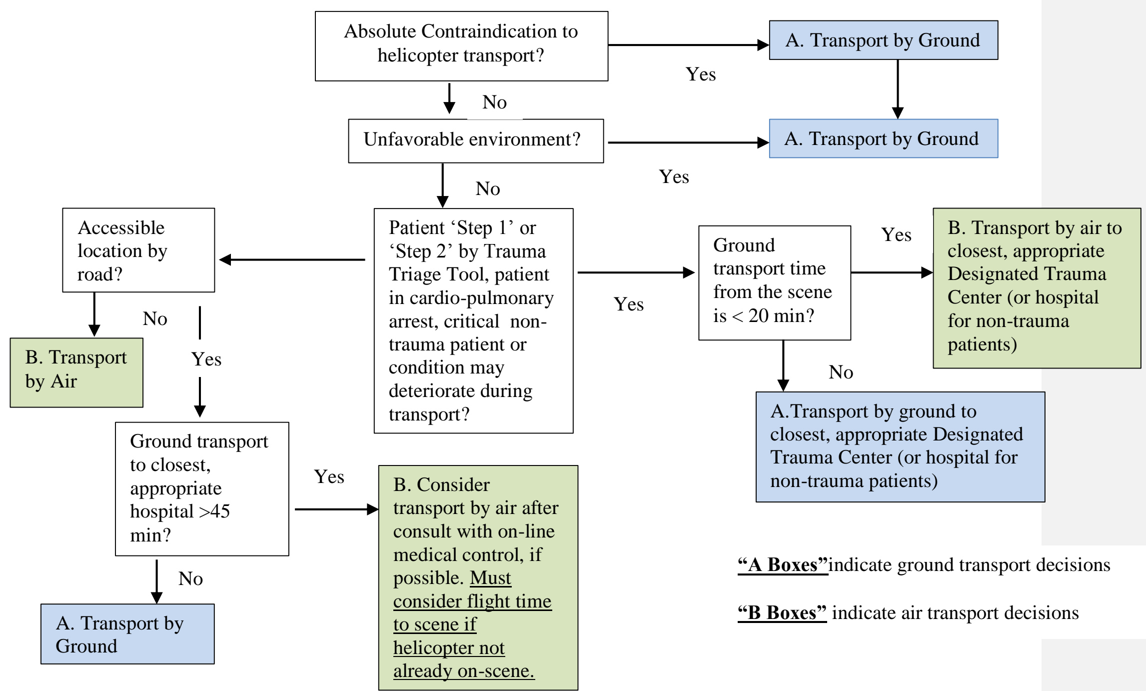
Contraindication to Helicopter Transport

A. Unfavorable environment.
B. Ground transport time is less than 20 minutes.
C. Stable, non-critical trauma or medical patient.

Quality Assurance

A. All emergency air medical helicopter transports, and cancellations will be reviewed by the Medical Program Director.

Washington State Pre-Hospital Helicopter Transport Decision Algorithm



Definitions

Absolute Contraindications to Helicopter Transport: Weather, Unsafe Landing Zone, Patient weight exceeds aircraft capabilities; patient condition is non-life threatening; ***Unfavorable Environment:*** Weather conditions as determined by aircraft pilot; aggressive or uncooperative patients that may pose a danger in-flight; patients contaminated by chemical agents that may adversely affect aircraft pilot and crew; scene on ground is not secure (e.g., presence of gunfire, potential of explosive detonation, etc.) ***Critical Non-Trauma Patient:*** Patients with compromised airway; respiratory failure/ severe distress; Unstable cardiac dysthymias, **abnormal:** respiratory rate, pulse rate, blood pressure or neurologic status-either alone or in combination.

COUNTY OPERATING PROCEDURE #6
INTERAGENCY RADIO COMMUNICATION DURING EMERGENCY MEDICAL INCIDENTS

Purpose

A. To provide a policy for standardized, preplanned communication methods to be used for interagency radio communication during emergency medical incidents.
B. To enable agencies to meet the requirements of South Central Region EMS & Trauma Care Council Patient Care Procedure #6 EMS/Medical Control Communications.

Procedure

For coordination during EMS incidents, communication between responding; fire departments, transport agencies, emergency dispatch centers and the hospitals , shall be done by utilizing a mutually agreed upon method that best meets the needs of the agencies.

A. Emergency Dispatch Center to/from/between Responding Units: Communication from or to the Emergency Dispatch Center and the Responding Units shall primarily utilize the appropriate Upper Valley or Lower Valley Main Dispatch channel.
B. Transport Agencies to/from Hospitals: Communication between the Transport Agencies and the Hospitals shall use the best communication method possible depending on circumstances; primarily these methods shall be; HEAR radio frequency, cellular phone to designated line at the emergency room (as available) or relay through the appropriate Dispatch Center.
C. On-scene communications should go through Incident Command.
D. Ambulance agencies requesting additional transport resources in regard to a 911 call will do so through the proper on-scene incident command or via the appropriate fire dispatch.

Regardless of the above procedures, should the availability of one communication method over the other ensure positive, stable communication between the parties that method shall be used on a case by case basis.

COUNTY OPERATING PROCEDURE #7
MASS CASUALTY INCIDENT

Purpose

A. To implement local policies and procedures for mass casualty incidents in accordance with South Central Region EMS & Trauma Care Council, Patient Care Procedure #13, All Hazards-MCI Severe Burns.
B. To ensure that patients involved in a mass casualty incident are transported to the most appropriate hospital facility in a timely manner and with swift efficiency and effective communication.

Mass Casualty Procedure

A. Dispatch
   Upon receipt of a potential mass casualty incident (MCI) call, the applicable fire dispatch center should advise responding fire district/department units of which designated facility will be Medical Control for the incident and at this time, it is recommended that the dispatch center notify Medical Control of the "potential" situation.
B. First Responder/EMS
   The first certified EMS provider (or agency), certified in ICS, to determine that an MCI exists should immediately establish incident command, per local agency procedures utilizing National Incident Management System guidelines.
   1. This should be done immediately upon the determination that the amount of patients' may overload local EMS and/or hospital resources.
   2. The following levels will be relayed from the first EMS provider on-scene to the applicable fire dispatch center:
      a. MCI Level I: 1 – 4 patients that are critically injured in a single incident are multi-victim incidents, not mass casualty incidents. The response resource guidelines may include:
         i. Washington State Trauma Triage Destination Procedure
         ii. Yakima County "Trauma Alert(s)" Prehospital Care Protocol
         iii. Yakima County COP "Helicopter Alert & Response"
      b. MCI Level II: 5 - 10 patients are critically injured in a single incident. Initial response may include:
         i. UPPER VALLEY: Confirm with Incident Command for an EMS 2nd Alarm
         ii. LOWER VALLEY: Request for additional resources
         iii. Four additional ambulances.
         iv. One helicopter to the scene or airport.

c. MCI Level III: 11 - 20 patients are involved in a single incident. Initial response may include:

   i. UPPER VALLEY: Confirm with Incident Command for an EMS 3rd Alarm
   ii. LOWER VALLEY: Request for additional resources, consider activation of the EOC.
   iii. All available ambulances.
      a) Notification from ambulance supervisor's to Incident Command of available call-back crews is recommended.
   iv. Two helicopters to the scene or airport.
   v. Public transit
   vi. For areas on the outer edges of the County consider requesting nearby/neighboring County resources.
   vii. The MPD should be notified by phone of the MCI and should report to Medical Control.

d. MCI Level IV: Greater than 20 patients all involved in a single incident. Initial response may include:

   i. UPPER VALLEY: Confirm with Incident Command for an EMS 4th alarm
   ii. LOWER VALLEY: Request for additional resources, consider activation of the EOC.
   iii. All available ambulances
      a) Notification from ambulance supervisor's to Incident Command of available call-back crews is recommended.
   iv. For assistance with the incident or for back-filling coverage of daily 911 calls, consider requests for assistance from the following (not in any particular order):
      a) Kittitas County Fire Department, and/or Cle Elum Ambulance.
      b) Prosser Ambulance, AMR Tri-Cities and/or Kennewick Fire Department.
      c) Mattawa Ambulance/Grant Co. Fire District #8
      d) Bickleton Ambulance/Klickitat Co. Fire District #2
      e) Benton City Fire Protection District #2, Richland Fire Department.
      f) Hanford Fire Department
   v. Two helicopters to the scene or airport.
   vi. Notification given to all available helicopter agencies of situation.
   vii. Notification to Incident Commander on number of available helicopters.
   viii. Public transit

C. Radio or 'verbal reports' to receiving hospitals from transporting units are not necessary, unless the attendant feels it is in the best interest of the patient(s) that contact be made.
   1. If the transporting EMS agency determines contact with the receiving facility is necessary they will provide them with the following information:
      a. Identification of EMS agency
      b. Patients' identification numbers (located on START Tag)
      c. Patients' START category (green, yellow, red, black)
D. Simple Triage and Rapid Transport (START) criteria will be utilized at Mass Casualty Incidents.
E. If contact with Medical Control is impossible due to the incident location or other complications, EMS agencies may transmit patient information to the applicable fire dispatch center, who shall notify the Medical Control center.
F. Patients involved in a confirmed MCI may not make a transport destination request or determine the destination of any ground or air transport vehicle.
G. Radio contact with Medical Control should be preceded with the phrase: "This is an MCI transmission."

Transport Officer(typically a Fire Department/District representative)

A. The Transport Officer is responsible for providing Medical Control with all necessary patient information. This may include:
   1. Updates on the total number of patients known, as available.
   2. Updates on the total number of patients per color category, as available.
   3. Updates on the total number of patients ready for transport
   4. The transporting unit agency name and number.
   5. The number of patients on board.
   6. The number of each color category on board.

For Example:
"Medical Control, MCI Transport"
"Medical Control, go ahead" "Selah 17 is ready for a transport destination with 4 patients on board; 2 red, 1 yellow and 1 green." "Received, advise Selah 17 that they will transport to Sunnyside Community Hospital." "Sunnyside Community Hospital, received."

Medical Control

A. Medical Control should determine the transport destination for each ground-transporting agency. Destination assignments should be relayed from Medical Control to the Transport Officer and then to the transporting unit. It should not be via direct contact between the transporting unit and Medical Control as is done on a single patient incident.
B. Medical Control should notify each receiving facility of the incoming unit, its patient load, and each patients START triage classification.

C. In the event that Medical Control determines a shortage of hospital resources within the County exists, Medical Control should begin contacting out-of-County hospitals. It is recommended that any large ground transport vehicle (i.e.: public transit), carrying no red patients, be considered for an out-of-County transport destination, in addition, all air transport agencies should consider out-of-County transport destinations.

COUNTY OPERATING PROCEDURE #8
MEDICAL CONTROL

Purpose
To define the rotation and responsibilities of the Medical Control Facility

Guideline
The designated Medical Control Facility (MCF) for Yakima County shall rotate daily between Yakima Regional Medical Center & Cardiac Center and Yakima Valley Memorial Hospital, and will be responsible for the following:

A. Provide on-line medical control and consultation to prehospital care providers for patients they are about to receive by an EMS unit or in cases where the receiving hospital's physician cannot be contacted.
B. Resolve and/or provide advice on cases of disparity regarding treatment and/or transport between prehospital care providers or other medical professionals at the scene; or other incidents or disputes concerning patient care in the field.
C. Based on availability of resources, direct or divert patients to the most appropriate clinical facility.
    1. Patients should be transported to the closest appropriate emergency facility, unless otherwise directed by the Medical Control Facility or the patient's preference or family's preference.
    2. Obtain daily bed status of all hospitals in Yakima County.
D. Physicians practicing in the emergency departments at Yakima Valley Memorial Hospital, Yakima Regional Medical and Cardiac Center, Toppenish Community Hospital, and Sunnyside Community Hospital are authorized to provide on-line medical control (verbal orders) to certified prehospital care providers practicing under the authority of the Yakima County Medical Program Director (MPD).
    1. Non-physicians are not authorized to provide on-line medical control to prehospital care
    2. Physicians not delegated by the MPD are unauthorized to direct prehospital care providers.
E. Procedures listed in the Yakima County Prehospital Care Protocols as "Verbal Orders" (highlighted in bold/italic) may be performed only after consultation and approval of the on-duty emergency physician at the hospital to which the patient will be transported.
    1. If unable to contact the receiving hospital's physician, then contact the designated Medical Control Facility for consultation and orders.
    2. The Yakima County MPD, if available, may be used as a resource if neither the receiving hospital nor Medical Control Facility physicians can be contacted for direction. MPD directives supersede any instructions from the receiving hospital, medical control physician, or protocols.

F. If all reasonable attempts to contact a physician have been unsuccessful, and failure to perform a procedure requiring a verbal order could adversely impact the patient's final outcome, such a procedure may be performed as a standing order. The reason for not making contact must be documented on the medical incident report.

Mass Casualty Incidents

A. In the event of a mass casualty incident and/or disaster, the Medical Control Facility will:
    1. Ascertain the staffing and availability of other resources from local hospitals in Yakima County.
    2. Determine patient transport destination.
    3. Communicate patient transport destinations with prehospital providers (on scene Transport Officer or their delegate) in accordance with the Yakima County Operating Procedure for MCI's. *"Medical Control should determine the transport destination for each ground-transporting agency. Destination assignments should be relayed from Medical Control to the Transport Officer and then to the transporting unit. It should not be via direct contact between the transporting unit and Medical Control as is done on a single patient incident."*
    4. MCF will notify each receiving facility of the incoming unit, it's patient load, and each of the patients "START" triage color classification (Green, Yellow, Red, Black).
    5. In the event that the Medical Control Facility determines a shortage of hospital resources within the County exists, the MCF should begin contacting out-of-County hospitals. It is recommended that any large ground transport vehicle (i.e.: public transit), carrying no red patients, be considered for an out-of-County transport destination, in addition, all air transport agencies should consider both in and out-of-County transport destinations.

B. During an event that has exceeded the MCI Level I (i.e., 10 patients or more) it is appropriate for the MCF to track each patient by their START triage tag number and document their destination, be it to local or out-of-County hospitals.

COUNTY OPERATING PROCEDURE #9
RESPONSIBILITIES OF THE MEDICAL PROGRAM DIRECTOR, MEDICAL DIRECTION

Purpose
To define Direct Medical Control and the Responsibilities of the Medical Program Director.

Direct Medical Control
Direct (on-line) medical control allows the MPD to influence the clinical care being delivered by an EMS system on a minute-by-minute basis. This can be done while the MPD (or his or her delegate) is either at the scene, or by radio, telephone or cellular phone. Because this must be provided twenty-four hours a day, direct medical control is a medical oversight activity that is delegated by the MPD to the emergency physicians at each of the four hospitals in Yakima County. An MPD directive supersedes any instructions from the receiving hospital, medical control facility, or protocols.

Responsibilities of the Medical Program Director
In Yakima County, the Medical Program Director (MPD) is obligated to fulfill a number of duties and responsibilities. Many of these are required in accordance with Washington State law (WAC 246-976-920), while others are specific to Yakima County through a contractual arrangement. The primary roles and responsibilities of the MPD include:

A. Recommend to Department of Health (DOH), certification, recertification, and decertification of Yakima County EMS providers.
B. Provide medical control, appoint physician delegates, and direct their actions.
C. Ensure that the staff of the medical control facility is aware of their daily roles.
D. Adopt and develop written protocols for prehospital care providers and county operating procedures.
E. Direct the medical quality assurance and ensure that EMS providers in Yakima County adhere to standards.
F. Conduct (or direct physician delegates to conduct) patient care audits.
G. Counsel individual EMS providers with problems concerning patient care.
H. Periodically audit the educational performance, skills maintenance, and field performance of certified EMS personnel.
I. Appoint members to a quality review board to ensure that training and CME programs adhere to standards.
J. Make recommendations to EMS council on countywide system development.
K. Assist with data collection, and analyze the results.
L. Work with Yakima County EMS & Trauma Care Council, Department of Emergency Medical Services (DEMS), DOH and other organizations to carry out the medical objectives of Yakima County.
M. Maintain open communication and good working relationships with EMS providers.

COUNTY OPERATING PROCEDURE #10
PANDEMIC/VIRAL RESPIRATORY DISEASE PANDEMIC (PAN FLU)/EBOLA

Purpose

A. To provide a guideline for emergency medical services in the event of a local pandemic outbreak as recommended by the Washington State Department of Health EMS & Trauma Division.
B. A pandemic for the purposes of this protocol will be defined as an epidemic of infectious disease that spreads through populations across a large region; for instance a continent, or even worldwide. And has the following characteristics:
   1. Emergence of a disease new to a population
   2. Agents infect humans, causing serious illness.
   3. Agents spread easily and sustainably among humans.

Guidelines – Viral Respiratory Disease Pandemic (PAN FLU)

A. If a pandemic is declared by one or more of the listed agencies then the following guidelines shall be implemented:
   1. Centers for Disease Control, or
   2. Washington State Department of Health
   3. Yakima County Health District or
   4. The Medical Control Officer
B. Declaration of localized (Yakima County) pandemic alert:
   1. 911 Operations / Dispatch shall issue daily alerts to all agencies in Yakima County via the Daily Status report on the declaration of a pandemic.
      a. This shall be a non-responsive transmission
      b. Question callers regarding fever, cough, rhinorrhea, headache and myalgias
      c. Question callers regarding travel outside the States, or contact with persons that have traveled outside the States.
   2. And shall notify EMS agencies dispatched to priority calls of flu like symptoms.
C. All EMS agencies shall locally appoint an Infection Control Officer to establish a decontamination and health care screening site(s) to clear employees prior to entering the work site and the start of each shift.
   1. The established Infection Control Officer for each EMS agency shall be responsible for the following:
      a. Situation Reports
         i. The Infection Control Officer (ICO) will provide situation reports to responders within their agencies.
      b. Shift briefings will include:
         i. Status of outbreak including last 24-hour activity
         ii. Hospital status

iii. PPE, Infection Control
iv. Status of EMS Pandemic SOP
c. Print copies of "Preparing for Pandemic Influenza Packet http://www.doh.wa.gov/YouandYourFamily/IllnessandDisease/Flu/Pandemicflu.aspx

D. EMS provider Requirements for all EMS responses:
   1. Refer to Medical Patient Assessment Protocol
E. Flu like symptoms shall be defined as any patient presenting with any of the following:
   1. High fever
   2. Body aches
   3. Headaches
   4. Coughing
   5. Sore throat
   6. Diarrhea
   7. Vomiting
   8. Fatigue and chills
F. EMS provider requirements for contacting patients with flu like symptoms once pandemic has been issued shall follow enhanced PPE guidelines above the standard precautions of patient care.
   1. All Patient Contact
      a. Standard universal precautions or PPE including: gloves, NIOSH approved N-95 mask, and eye protection.
   2. Patients with respiratory/GI symptoms
      a. PPE outlined above, plus: disposable gown/overalls and shoe covers; cover patient with surgical face mask.
G. Patient Care and Transport to ED (Respiratory Distress (Flu Like) Symptoms)
   1. PPE
   2. Assess Patient for Priority Symptoms
      a. Chief Complaint
      b. Vital Signs (including check for orthostatic changes and temperature)
      c. Medical History and Travel History
   3. Allow patient to achieve position of comfort
   4. EMT – Cover patient with surgical facemask, or administer O2 via facemask, to reduce aerosolized virus
   5. AEMT& EMT-P – EKG, IV TKO (if patient is dehydrated provide fluid challenge based on shock guidelines)
   6. Proper cooling techniques based on temperature
   7. Provide "Infection Control Guidance for Families"
   8. Use proper patient isolation techniques:
      a. Close off ambulance driver's compartment

b. Drape patient allowing airway control

9. Early EMS Report to receiving facility

H. Care and No Transport:

1. Provide a hand out explaining the demand of limited resources and decision of no transport.
2. Provide “Preparing for Pandemic Influenza Packet” http://www.doh.wa.gov/YouandYourFamily/IllnessandDisease/Flu/Pandemicflu.aspx and explain contents and use.
   a. Advise to call 9-1-1 should priority symptoms occur
   b. Advise Home Health Care of patient condition and location for in home support and care.

Guidelines – EBOLA

A. If there is an Ebola patient declared by one or more of the listed agencies, then the following guidelines shall be implemented:
   1. 911 Operations
   2. Local Fire Department
   3. Ambulance Company
   4. The Medical Control Officer for each agency/department

B. Declaration of localized (Yakima County) Ebola patient alert:
   1. 911 access – Patients with Ebola symptoms will be asked if they have been in West Africa within the past 21 days or had contact with someone who has (effective week).
      a. Dispatch will dispatch/relay information to responding units indicating the patient meets Ebola criteria and insure units responding confirm receipt of this information.

C. All EMS agencies shall appoint an Infection Control Officer locally to establish a decontamination and health care screening site(s) to clear employees prior to entering the work site and the start of each shift.
   1. The established Infection Control Office for each EMS agency shall be responsible for the following:
      a. Ensuring all personnel are trained in **donning and doffing** of proper PPE.
      b. Transport units are equipped with proper supplies for the personnel and the unit.

D. EMS provider requirements for all EMS responses:
   1. Refer to Medical Patient Assessment Protocol

E. Ebola like symptoms shall be defined as any patient presenting with any of the following symptoms:
   1. Fever
   2. Severe headache
   3. Muscle pain
   4. Weakness
   5. Fatigue
   6. Diarrhea
   7. Vomiting
   8. Abdominal (stomach) pain

Formatted: Numbered + Level: 1 + Numbering Style: A, B, C, … + Start at: 1 + Alignment: Left + Aligned at: 0.25" + Indent at: 0.5"

Formatted: Numbered + Level: 1 + Numbering Style: 1, 2, 3, … + Start at: 1 + Alignment: Left + Aligned at: 0.5" + Indent at: 0.75"

Formatted: Line spacing: single, Numbered + Level: 1 + Numbering Style: A, B, C, … + Start at: 1 + Alignment: Left + Aligned at: 0.25" + Indent at: 0.5"

Formatted: Line spacing: single

Formatted: Line spacing: single, Numbered + Level: 2 + Numbering Style: a, b, c, … + Start at: 1 + Alignment: Left + Aligned at: 0.75" + Indent at: 1"

Formatted: Line spacing: single, Numbered + Level: 1 + Numbering Style: A, B, C, … + Start at: 1 + Alignment: Left + Aligned at: 0.25" + Indent at: 0.5"

Formatted: Line spacing: single, Numbered + Level: 1 + Numbering Style: 1, 2, 3, … + Start at: 1 + Alignment: Left + Aligned at: 0.5" + Indent at: 0.75"

Formatted: Line spacing: single, Numbered + Level: 1 + Numbering Style: a, b, c, … + Start at: 1 + Alignment: Left + Aligned at: 0.75" + Indent at: 1"

Formatted: Line spacing: single, Numbered + Level: 1 + Numbering Style: A, B, C, … + Start at: 1 + Alignment: Left + Aligned at: 0.25" + Indent at: 0.5"

Formatted: Line spacing: single, Numbered + Level: 1 + Numbering Style: 1, 2, 3, … + Start at: 1 + Alignment: Left + Aligned at: 0.5" + Indent at: 0.75"

Formatted: Space Before: 0 pt, After: 0 pt, Line spacing: single, Pattern: Clear

Formatted: Font: (Default) Times New Roman, 12 pt

9. Unexplained hemorrhage (bleeding or bruising)

F. EMS provider requirements for contacting a patient with Ebola like symptoms and who meets the criteria of a possible Ebola patient, shall follow enhanced PPE guidelines above the standard precautions of patient care.

1. All Patient Contact
   a. Standard universal precautions or PPE including: gloves, NIOSH approved N-95 mask, and eye protection.
2. Patients with respiratory/GI symptoms:
   a. PPE outlined above, plus: disposable gown/overalls and shoe covers.
3. Members will cross check each other for complete coverage and respiratory protection prior to entering the immediate area or building where the patient is located.
4. Direct contact with patient should be limited to the primary transport agency. Non-transport or volunteer EMS agencies should restrict entry or exit from home until primary transport agency arrives to take over. Contact with patient should be limited to primary care provider in the field. Primary contact/support volunteer should don appropriate PPE before any contact.
5. Patient Care and Transport to ED with Ebola like symptoms who meets the high-risk criteria of the possible Ebola patient, the following procedures shall be followed:
   a. The crew will exit the area.
   b. The crew will decon if any body fluid contact.
   c. Dispatch will be notified that you have contacted an Ebola patient and the Yakima County Health District will be notified at (509) 249-6541 or 1-800-535-5016 ext 541.
      i. The crew will don appropriate PPE.
   d. Assess the patient for Priority Symptoms
      i. Chief Complaint
      ii. Medical History and Travel History
      iii. Allow the patient to achieve a position of comfort
   e. Patient care and contact will be limited to that which is necessary. IV therapy will only be initiated if the IV Technician, AEMT or Paramedic determines the patient needs timely IV fluids or medications deliver intravenously.
   f. Provide the patient's family and/or friends with the Ebola Newsletter from Washington State DOH at www.doh.wa.gov/YouandYourFamily/IllnessandDisease/Ebola/Newsletterarticle
   g. Use proper patient isolation techniques:
      i. Close off ambulance driver's compartment
      ii. Drape patient allowing airway control
   h. Early EMS report to receiving facility
   i. Care and No Transport
      i. Notify the Yakima County Health District at (509) 249-6541 or 1-800-535-5016 ext 541 that the patient does not want transport.

Formatted: Space Before: 0 pt, After: 0 pt, Line spacing: single

Formatted: Space Before: 0 pt, After: 0 pt, Line spacing: single, Numbered + Level: 1 + Numbering Style: 1, 2, 3, … + Start at: 1 + Alignment: Left + Aligned at: 0.5" + Indent at: 0.75"

Formatted: Font: (Default) Times New Roman, 12 pt

Formatted: Line spacing: single, Numbered + Level: 1 + Numbering Style: a, b, c, … + Start at: 1 + Alignment: Left + Aligned at: 0.75" + Indent at: 1"

Formatted: Line spacing: single, Numbered + Level: 1 + Numbering Style: i, ii, iii, … + Start at: 1 + Alignment: Left + Aligned at: 1" + Indent at: 1.25"

Formatted: Line spacing: single, Numbered + Level: 1 + Numbering Style: a, b, c, … + Start at: 1 + Alignment: Left + Aligned at: 0.75" + Indent at: 1"

Formatted: Line spacing: single, Numbered + Level: 1 + Numbering Style: i, ii, iii, … + Start at: 1 + Alignment: Left + Aligned at: 1" + Indent at: 1.25"

Formatted: Line spacing: single, Numbered + Level: 1 + Numbering Style: a, b, c, … + Start at: 1 + Alignment: Left + Aligned at: 0.75" + Indent at: 1"

Formatted: Line spacing: single, Numbered + Level: 1 + Numbering Style: i, ii, iii, … + Start at: 1 + Alignment: Left + Aligned at: 1" + Indent at: 1.25"

Formatted: Line spacing: single, Numbered + Level: 1 + Numbering Style: a, b, c, … + Start at: 1 + Alignment: Left + Aligned at: 0.75" + Indent at: 1"

Formatted: Line spacing: single, Numbered + Level: 1 + Numbering Style: i, ii, iii, … + Start at: 1 + Alignment: Left + Aligned at: 1" + Indent at: 1.25"

Formatted: Indent: Left: 1", Line spacing: single

COUNTY OPERATING PROCEDURE #11
PRE-HOSPITAL TO HOSPITAL COMMUNICATIONS

Purpose
The primary purposes for prehospital-to-hospital communications are to notify the hospital of information concerning the patient they are about to receive; to obtain verbal orders or advice on treatment or problem occurring in the field (on-line medical control); and to activate the trauma system in cases of major trauma.

Guideline

A. Prehospital-to-hospital communications may be conducted via radio frequency (HEAR frequency), through the use of standard telephone lines, or by cellular phone.
B. Requests to speak to a physician should be preceded by agency and unit identification, and a brief description of the incident (e.g., "We are at the scene of a cardiac arrest and would like to speak with a physician.").
C. Once contact has been made with the emergency physician, provide a brief description of the situation and the nature of the request. Repeat all verbal orders back to the physician.

D. Only a physician or nurse may receive reports from prehospital care providers. A nurse may relay a physician's orders, but may not provide orders to prehospital personnel.
E. For incidents of a more sensitive nature in which a patient's name must be transmitted, or situations involving some type of dispute in the field, communications should be done via standard telephone or cellular phone.

COUNTY OPERATING PROCEDURE #12
PROVIDER ORIENTATION AND SKILLS CHECKLIST

Purpose

A. Orientation procedures for new ALS and ILS pre-hospital providers to Yakima County.

ALS Pre-hospital Providers

A. The following forms must be completed to receive certification in Yakima County:
    1. The *Yakima County Paramedic Data* sheet.
    2. The appropriate *Washington State Application* form. These forms may be downloaded from the Washington State DOH website at the following address http://www.doh.wa.gov/LicensesPermitsandCertificates/ProfessionsNewReneworUpdate/EmergencyMedicalServicesEMSProvider/ApplicationsandForms.aspx
        a. Have your supervisor or employer sign the application.
        b. If you are already Washington State certified and only adding an agency/county or changing agencies/counties, then you may complete the *Personal Status Change application on-line at:* https://fortress.wa.gov/doh/emsonline/EMSLogon.aspx

B. The following attachments are needed to process your initial, upgrade or reciprocity application: two copies each of your driver's license (or photo ID), National Registry card and certificate, Letter of Completion or Certificate from college, PHTLS certification or equivalentACLS card and PALS or APLS card.
   1. You may contact the Department of EMS (966-5175) approximately six weeks after submitting your application, and inquire as to the status of your certification (it takes DOH approximately 6 – 8 weeks to process an initial , upgrade or reciprocity application).

C. Once you have submitted the above, you may begin your orientation hours on a medic unit with an verified FTO (with a minimum of County FTO requirements) county certified paramedic:
   1. A minimum of 240 hours on a primary-response advanced life support (ALS) ambulance or aid unit with a currently certified paramedic, who is at a minimum in their second certification cycle and who is considered by the agency to be a Field Training Officer (FTO).
      a. Documented proof of completion of hours must be submitted.
   2. During the orientation period, primary care of non-critical patients may be taken as long as C.1. is met and your FTO is present in the back of the unit.
   3. During the orientation period, the paramedic may work with a non-paramedic on interfacility transports not requiring ALS therapy.

E. During the orientation period the Yakima County Paramedic Orientation Check List (or agency paramedic orientation check list, as long as it has been submitted for review and approved by YCDEMS) must be completed and signed by your Field Training Officer.
   1. The completed checklist must be turned in to the DEMS for your orientation period to be considered complete.
   2. Your Field Training Officer may request additional hours of orientation in 72 or 96 hour increments. This extension request must be agreed upon and approved by the Medical Program Director and may be submitted to the DEMS.

F. An appointment must be scheduled with the Medical Program Director on his next office day by all new paramedic providers to Yakima County.

G. Contact the Department of EMS (966-5175) and schedule an appointment to take the ALS Protocol Written and Practical Exam. This should be done as soon as possible and before the end of your orientation period.
   1. A score of 80% or better is required on the written exam (corrected to 100% by the paramedic using a copy of the protocols) and a passing performance must be obtained on the practical exam.
   2. The paramedic must continue orientation until such time as both exams can be successfully completed.
      a. Your agency will be informed of your pass/fail status after each exam attempt.

b. The medical program director reserves the right to deny an application after three failed attempts at exam completion.

H. The need to demonstrate proficiency in practical skills (e.g., venipuncture, tracheal intubation, Vidacare™ EZ-IO™ infusion, etc.) shall be at the discretion of the MPD.

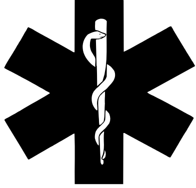
I. After completion of the orientation hours, should the Yakima County MPD determine that the paramedic is not ready to work in the field with a non-paramedic partner or other paramedic completing orientation, the MPD may extend the orientation period.
   1. The paramedic's employer will be notified, in writing, of the extension of the orientation period, and the reasons for the extension.
   2. At the completion of the extended orientation period, the paramedic shall be reevaluated by the MPD.

J. The paramedic shall demonstrate a working knowledge in daily operations, within the Yakima County EMS system.
   1. The paramedic will demonstrate a thorough knowledge of the geographic area in his/her primary response area.
   2. The paramedic will meet and/or be introduced by his/her FTO to key participants in the system (i.e., fire chiefs and/or officers, physicians, nurses, nursing homes). The purpose of this will be the furthering of better working relations during emergency situations.

K. FormerYakima County paramedic providers returning to the Yakima area, who wish to not complete the orientation process must have:
   1. Been a full time primary 911 responder elsewhere
   2. Been gone 3 years or less
   3. Pass the Yakima County Protocol Exam

L. If a former Yakima County paramedic has been gone more than 3 years, then the entire orientation process must be completed.

M. Contact the EMS Office, by email (diane.koch@co.yakima.wa.us) to receive the Paramedic Information Sheet and the Paramedic Skills Sheet by email.



Yakima County
DEPARTMENT OF
EMERGENCY MEDICAL
SERVICES
Leadership, Service and Quality

PARAMEDIC DATA SHEET

PERSONAL						
First Name:		Middle Initial:	Last Name:			
Home Address:				City/State	Zip Code:	
Home Phone:	EMS Employer:				Agency Code:	
Social Security Number:		DOH Registry Number:			Date of Birth:	
Paramedic Training Received at (name of school, city, state):					Graduation Date:	

AFFIDAVIT (please read before signing)

I, the undersigned, certify that I have read and understand the Yakima County Medical Program Director Protocols and agree to abide by it. I also certify that I have received a copy of the Yakima County Protocols. I further understand that I must practice in accordance with the Yakima County Prehospital Care Protocols, Yakima County Operating Procedures (COP) and Guidelines (COG), and the South Central Region Patient Care Procedures (PCP). I also agree to maintain all continuing education and skill maintenance requirements as dictated by Washington State and the Yakima County Medical Program Director.

____ ____________________
Paramedic *Date*

Office Use Only	
___ 2 Copies of National Registry	___ 2 Copies of ACLS Card
___ 2 Copies of PALS Card	___ 2 Copies of Trauma Training
___ 2 Copies of Photo ID	___ 2 Copies of Letter of Completion or Certificate from Paramedic School
Protocol Exam Score:	12-Lead EKG Score:
Appointment with Medical Program Director on:	

PARAMEDIC ORIENTATION CHECK LIST

Name: ______________________________ Date Certified: ___________________

Each of the following skills and procedures must be performed in the field during the orientation period. After completion of each procedure, the checklist will need to be initialed by the paramedic's field training officer, or supervisor. If the paramedic is unable to perform some of these skills during orientation, he/she must be prepared to demonstrate and/or discuss these with the Medical Program Director (MPD) or Field Training Officer. Items listed under "Patient Care Skills" may not be signed off as "discussion" only, but must be witnessed during the orientation. Orientation extensions may be necessary to complete all patient care skills. Make sure that each skill is initialed, dated and if not done on a patient, write either "demonstrated or discussed".

PATIENT CARE SKILLS		INITIALS	DATE
1.	Endotracheal intubation/ventilation	_______	______
2.	King Airway Intubation	_______	______
3.	Peripheral venipuncture	_______	______
4.	Perform and read a 12-lead EKG	_______	______
5.	Use of cardiac monitor/arrhythmia recognition	_______	______
6.	Defibrillation and/or synchronized cardioversion	_______	______
7.	Use of intravenous medications	_______	______
8.	Mix and administer IV drip medications	_______	______
9.	Management of intravenous lines	_______	______
10.	Management of cardiac arrest (non-traumatic)	_______	______
11.	Management of a critical trauma patient	_______	______
12.	Traction splint	_______	______
13.	Long backboard and C-spine precautions	_______	______
14.	Simple splinting	_______	______
15.	Management of a critical medical patient	_______	______

SECONDARY PATIENT CARE SKILLS

The following skills and procedures may not be easily obtained during the orientation period. Therefore, these items may be demonstrated and/or discussed with the Medical Program Director (MPD) or Field Training Officer. Make sure that each skill is initialed, dated and if not done on a patient, write either "demonstrated or discussed". These skills and procedures should be initialed if the opportunity for performance arises.

Skill or Procedure		INITIALS	DATE
1.	External jugular cannulation	_______	______
2.	Cricothyroidotomy (surgical & needle)	_______	______
3.	Needle thoracostomy/chest decompression	_______	______
4.	Triage (more than 3 patients)	_______	______
5.	Management of upper airway obstruction	_______	______
6.	C-PAP (Continuous Positive Airway Pressure)	_______	______
7.	Intraosseous infusion, using the Vida Care™ EZ-IO™	_______	______
8.	External cardiac pacing	_______	______

RADIO COMMUNICATIONS		INITIALS	DATE
1.	Use of mobile/portable radios	_______	______
2.	Use of the H.E.A.R. frequency	_______	______
3.	Use of the cellular phone	_______	______

4. Provides appropriate ambulance-to-hospital radio communications _______ ______
5. Use of the OSCCR frequency _______ ______

KNOWLEDGE REQUIREMENTS

During orientation, the paramedic must be able to demonstrate the following knowledge requirements to the Medical Program Director, Field Training Officer or EMS Manager.

Knowledge of the Local EMS System	**INITIALS**	**DATE**
1. Demonstrates basic knowledge of the local tiered-response system, city/county fire departments, and their level of training.	_______	______
2. Has reviewed and understands the Yakima County Prehospital Care Protocols.	_______	______
3. Demonstrates knowledge of the Medical Control Facility and its responsibilities.	_______	______
4. Demonstrates knowledge of the responsibilities of the Medical Program Director.	_______	______
5. Demonstrates knowledge of the Yakima County EMS & Trauma Care Council and its role in the system.	_______	______
6. Demonstrates knowledge of the Yakima County Department of EMS and its role in the system.	_______	______
7. Demonstrates knowledge of the Washington State Trauma Triage Procedures and policies on trauma system activation.	_______	______
8. Has reviewed and understands the Yakima County County Operating Procedures and Guidelines, and South Central Region EMS & Trauma Care Council Patient Care Procedures.	_______	______

Continuing Medical Education	**INITIALS**	**DATE**
1. Demonstrates a thorough knowledge of continuing education/skill maintenance requirements for paramedics.	_______	______
2. Demonstrates knowledge of Washington State and Yakima County recertification requirements.	_______	______
3. Demonstrates knowledge of National Registry CME and re-registration requirements.	_______	______
4. During orientation, has attended at least 2 monthly audits (if scheduled) with the physician advisor or MPD.	_______	______

I, the undersigned, certify that the above named paramedic has worked a total of ________ hours on an ALS unit in accordance with the Yakima County Prehospital Care Protocol requirements. This, from the period beginning on:

______ through ______. ______________________________________ ____________

Supervisor Signature Date

Remember this checklist must be turned into the Yakima County EMS office in order for your orientation period to be considered complete. Make sure the entire checklist has been completed and signed.

AEMT Pre-hospital Providers

A. The following forms must be completed to receive certification in Yakima County:
   1. The *Yakima County AEMT Data* sheet.
   2. The appropriate *Washington State Application* form. These forms may be downloaded from the Washington State DOH website at the following address http://www.doh.wa.gov/LicensesPermitsandCertificates/ProfessionsNewReneworUpdate/EmergencyMedicalServicesEMSProvider/ApplicationsandForms.aspx
      a. Have your supervisor or employer sign the application.

B. The following attachments are needed to process your application: two copies each of your driver's license (or photo ID), National Registry card, and certificate (if available), Certificate of Course Completion and for out-of-state providers a copy of curriculum.
   1. You may contact the Department of EMS (966-5175) approximately six weeks after submitting your application, and inquire as to the status of your certification (it takes DOH approximately 6 – 8 weeks to process an initial or upgrade application).

C. Once you have submitted all the documents listed above (B.) you may begin your orientation hours:
   1. A minimum of 120 hours on a primary-response intermediate life support ambulance or aid unit with a currently certified partner at the AEMT level or above, who is not in the process of completing orientation, or has completed the orientation requirements within the last six months.
      a. Documented proof of completion of hours must be submitted.
   2. During the orientation period, primary care of non-critical patients may be taken as long as C.1. is met.

D. During the orientation period the *Yakima County AEMT Orientation Check List*(or agency AEMT orientation check list, as long as it has been submitted for review and approved by YCDEMS) must be completed and signed by your supervisor, employer or field training officer.
   1. The completed checklist must be turned in to the DEMS for your orientation period to be considered complete.

E. Contact the Department of EMS (966-5175) and schedule an appointment to take the AEMT Protocol Exam. This should be done as soon as possible and before the end of your orientation period.
   1. A score of 80% or better is required on the exam (corrected to 100% by the AEMT using a copy of the protocols)
   2. The AEMT must continue orientation until such time as the written exam can be successfully completed.
      a. Your agency will be informed of your pass/fail status, after each exam attempt.
      b. The medical program director reserves to the right to deny an application after three failed attempts at the examination.

F. The need to demonstrate proficiency in practical skills (e.g., venipuncture, and IO, etc.) shall be at the discretion of the MPD.

G. After completion of the orientation hours, should the Yakima County MPD determine that the AEMT is not ready to work in the field with a non-AEMT partner or other AEMT completing orientation, the MPD may extend the orientation period.
   1. The AEMT technician's employer will be notified, in writing, of the extension of the orientation period, and the reasons for the extension.
   2. At the completion of the extended orientation period, the AEMT shall be reevaluated by the MPD.

H. The AEMT shall demonstrate a working knowledge in daily operations, within the Yakima County EMS system.
   1. The AEMT will demonstrate a thorough knowledge of the geographic area in his/her primary response area.
   2. The AEMT will meet and/or be introduced by his/her agency to key participants in the system (i.e., fire chiefs and/or officers, physicians, nurses, nursing homes). The purpose of this will be the furthering of better working relations during emergency situations.

Yakima County
DEPARTMENT OF
EMERGENCY MEDICAL SERVICES
Leadership, Service and Quality

AEMT DATA SHEET

PERSONAL					
First Name:		Middle Initial:	Last Name:		
Home Address:				City/State	Zip Code:
Home Phone:	EMS Employer:				Agency Code:
Social Security Number:		DOH Registry Number:			Date of Birth:
ILS Technician Training Received at (name of school, agency city, state):					Graduation Date:

AFFIDAVIT (please read before signing)
I, the undersigned, certify that I have read and understand the Yakima County Medical Program Director Protocols and agree to abide by it. I also certify that I have received a copy of the Yakima County Protocols. I further understand that I must practice in accordance with the Yakima County Prehospital Care Protocols, Yakima County Operating Procedures (COP) and Guidelines (COG), and the South Central Region Patient Care Procedures (PCP). I also agree to maintain all continuing education and skill maintenance requirements as dictated by Washington State and the Yakima County Medical Program Director.
____ *ILS Technician* ___________________ *Date*

Office Use Only	
___ 2 Copies of National Registry (if available)	___ 2 Copies of Course Completion
___ 2 Copies of Current ILS Certification Card (if available)	___ 2 Copies of Curriculum for Out-Of-State Providers
___ 2 Copies of Photo ID	Protocol Exam Score:

AEMT ORIENTATION CHECK LIST

Name: ______________________________ Date Certified: ___________________

Each of the following skills and procedures must be performed in the field during the orientation period. After completion of each procedure, the checklist will need to be initialed by the AEMT's training officer, supervisor, or paramedic partner. If the AEMT technician is unable to perform some of these skills during orientation, he/she must be prepared to demonstrate and/or discuss these with the Medical Program Director (MPD) or designee or supervisor or AEMT/ALS partner. Make sure that each skill is initialed, dated, and if not done on a patient, write either "demonstrated or discussed." Items listed under "Patient Care Skills" must be performed during orientation and may not be signed off as "discussed" only.

PATIENT CARE SKILLS	**INITIALS**	**DATE**
1. King Airway	_______	______
2. Peripheral venipuncture	_______	______
3. Defibrillation	_______	______
4. Use of intravenous medications	_______	______
5. Management of intravenous lines	_______	______
6. Management of cardiac arrest (non-traumatic)	_______	______
7. Management of a critical trauma patient	_______	______
8. Traction splint	_______	______
9. Long backboard and C-spine precautions	_______	______
10. Simple splinting	_______	______
11. Intraosseous infusion, using the Vidacare™ EZ-IO™	_______	______
12. Management of a critical medical patient	_______	______

RADIO COMMUNICATIONS	**INITIALS**	**DATE**
1. Use of mobile/portable radios	_______	______
2. Use of the H.E.A.R. frequency	_______	______
3. Use of the cellular phone	_______	______
4. Provides appropriate ambulance-to-hospital radio Communications	_______	______
5. Use of the OSCCR frequency	_______	______

KNOWLEDGE REQUIREMENTS

During orientation, the ILS technician must be able to demonstrate the following knowledge requirements to the Medical Program Director, agency supervisor, or EMS Manager.

Knowledge of the Local EMS System	**INITIALS**	**DATE**
1. Demonstrates basic knowledge of the local tiered-response system, city/county fire departments, and their level of training.	_______	______
2. Has reviewed and understands the Yakima County Prehospital Care Protocols.	_______	______
3. Demonstrates knowledge of the Medical Control Facility and its responsibilities.	_______	______
4. Demonstrates knowledge of the responsibilities of the Medical Program Director.	_______	______
5. Demonstrates knowledge of the Yakima County EMS & Trauma Care Council and its role in the system.	_______	______

Knowledge of the Local EMS System continued		**INITIALS**	**DATE**
6.	Demonstrates knowledge of the Yakima County Department of EMS and its role in the system.	_______	______
7.	Demonstrates knowledge of the Washington State Trauma Triage Procedures and policies on trauma system activation.	_______	______
8.	Has reviewed and understands the Yakima County County Operating Procedures and Guidelines, and South Central Region EMS & Trauma Care Council Patient Care Procedures.	_______	______

Continuing Medical Education		**INITIALS**	**DATE**
1.	Demonstrates a thorough knowledge of continuing education/skill maintenance requirements for AEMT.	_______	______
2.	Demonstrates knowledge of Washington State and Yakima County recertification requirements.	_______	______

I, the undersigned, certify that the above named AEMT has worked a total of ________ hours on an ALS and/or ILS unit in accordance with the Yakima County Prehospital Care Protocol requirements. This, from the period beginning on:
______ through ______. ______________________________________ ____________

Supervisor Signature Date

Remember this checklist must be turned into the Yakima County EMS office in order for your orientation period to be considered complete. Make sure the entire checklist has been completed and signed.

COUNTY OPERATING PROCEDURE #13
DESTINATION OF PATIENT WITHOUT HOSPITAL PREFERENCE

Purpose
To implement destination policies and procedures for non-traumatic and minor trauma patients without hospital preference, in accordance with South Central Region EMS & Trauma Care Council, Patient Care Procedure #3 Triage and Transport.

Procedure

A. For incidents occurring in Upper Yakima County (and those that are closer to the Yakima area than the hospitals in Lower Yakima County), patients without hospital preference shall be transported to the hospital designated that day as the Medical Control Facility (MCF).
B. For incidents occurring in Lower Yakima County, patients without hospital preference shall be transported to the closest hospital facility.
C. If there is a potential that transportation to the closest facility would be inappropriate due to the patient's condition, then contact the MCF for advice. The on-duty emergency physician at the MCF shall determine the most appropriate hospital destination.

COUNTY OPERATING PROCEDURE #14
QUALITY IMPROVEMENT/ASSURANCE PROGRAM

Purpose
To establish a Quality Improvement/Assurance Program and Committee as directed by State law.

Meetings

A. The Committee shall meet no less than 4 times per year, but may meet more often as necessary.

Members

A. All individual members must be approved by the Washington State DOH.
B. The following agencies and/or groups will be represented on the Committee:
   1. ALS agencies
   2. Medical Program Director
   3. Department of EMS.
   4. Emergency Department Staff (RN, Physician)
   5. Yakima County FireRepresentative
   6. City Fire Department Representative
C. Each member will be allowed an alternate, who may also attend any or all meetings.

Data Collection

A. The medical program director requests the following cases be automatically forwarded to the QI Committee
   1. Cardiac Arrest, including STEMI or NSTEMI
   2. CVA Patient
   3. Mass casualty incidents
   4. Helicopter response to any victim
   5. Transported by an Aid Vehicle, whether for a rendezvous or all the way to the emergency department.
   6. Critical trauma patients on-scene greater than 20 minutes.

Submitting a Request for Review

A. A QI form may be found on-line at www.yakimacountyems.com and may be submitted to any of the following representatives:
   1. Candace Hamilton at candace.hamilton@co.yakima.wa.us
   2. Juan Acosta at juan.acosta@co.yakima.wa.us
   3. Diane Koch at diane.koch@co.yakima.wa.us

B. It is recommended that the provider, physician, nurse, community member or other person(s) with the concern, or who is requesting that the review be conducted- submit the QI Request Form themselves.
C. Questions regarding where a QI review is at in the process may be made at any time. Please contact the EMS Office at 966-5175 for more information on a case.
D. Random case reviews will be conducted quarterly with all Yakima County EMS and Fire agencies. Contact will be made by Diane Koch, EMS Administrative Assistant and MPD representative.
E. Expect at least a two-month period of time to pass prior to hearing back on a case that you have submitted as each is handled individually and at times may take an extended period of time to do the following:
    1. Issue requests for more information from individual providers.
    2. Issue request for more information to the pertinent hospital medical records department.
    3. Receive responses from individual providers.
    4. Evaluate responses and medical incident reports.
    5. Decide on a course of action.
    6. Execute course of action, if any.
    7. Respond to person(s), agency requesting review.

COUNTY OPERATING PROCEDURE #15
TRIAGE AND TRANSPORT

Purpose

A. To implement local policies and procedures for patients who meet the criteria for trauma system activation, cardiac criteria, or stroke criteria as described in the State of Washington Prehospital Triage (Destination) Procedures.
B. To ensure
    1. Patients are transported to the most appropriate hospital facility in accordance with South Central Region EMS & Trauma Care Council, Patient Care Procedure #3 & #15, Triage and Transport, and any other applicable local, state and Region requirements.
    2. Hospital preparedness when receiving a trauma alert, stroke alert, or ACS patient.

Trauma System Activation Procedures

A. Upon receipt of a potential trauma call, the applicable dispatch center will advise responding fire department units of which medical facility is serving as Medical Control for the day. In addition, alerting the responding units of the ETA of the closest, available air medical transport agency is appropriate in many critical trauma cases, if paramedic response is greater than 20 minutes.
B. The first certified EMS provider (or agency) to determine that a patient meets the trauma triage criteria (TTC), in accordance with the *Field Triage Decision Scheme: The National Trauma Triage Protocol* (see attached), shall contact the Trauma Center, as soon as possible, and provide the following information:
    1. Identification of EMS agency.
    2. Approximate Patient(s) age
    3. Mechanism (cause) of the injury.
    4. Trauma triage criteria (qualifying factor(s))
    5. Number of patients (if more than one)
    6. This must be done immediately upon determining the patient's condition and via the H.E.A.R. frequency, cellular phone, or through the applicable dispatch center.
C. Radio contact with Medical Control will be preceded with the phrase: “This is a trauma alert.”
D. While en route to the hospital, the transporting agency should provide a patient status report, via radio or other means, to the receiving facility. This report should include:
    1. Identification of EMS agency.
    2. Patient(s) age.
    3. Mechanism (cause) of the injury.
    4. Chief complaint/description of injuries.
    5. GCS (PRIOR TO INTUBATION and/or SEDATION)

6. Vital signs.
7. Number of patients (if more than one).
8. Co-morbid factors.

E. The Incident Commander should inform the arriving transporting units of the identified medical control center.
F. If contact with medical control is impossible due to the incident location or other problems, the first EMS agency to determine that a patient meets the TTC may transmit patient information to the applicable dispatch center, who should notify medical control.
G. In the event of a mass casualty incident, see COP MCI.

Trauma Patient Destination Guidelines

A. Patients who meet trauma system activation criteria should be transported to the Medical Control Center of the day, in Yakima County.
B. If a patient meeting trauma activation criteria, or patient's guardian, requests transport to a facility other than the Medical Control center, that is a lower level trauma hospital, inform the patient/guardian of the potential consequences, obtain signature on appropriate form and transport as requested.
C. Yakima Valley Memorial Hospital (YVMH) and Yakima Regional Medical and Cardiac Center (YRMC) shall rotate Medical Control for the day on an every-other-day basis at 0700 hours.
D. The highest level trauma facility may divert the patient(s) to the next closest designated trauma facility in the event there is a lack of resources to care for the patient.
E. In the event that the incident is gang related, and safety concerns are raised regarding the destination of a patient, contact Medical Control for direction.
F. In areas of Yakima County where transport time from the scene to Yakima would be 30 minutes or less, despite the proximity to Sunnyside Community Hospital or Toppenish Community Hospital, for the conditions described below, patient destination should be as follows:
   1. Pregnant patients—YVMH
   2. Pediatric patients known or estimated to be less than 15 years of age—YVMH
G. Consider ambulance rendezvous where ambulance arrival times may be delayed.

Stroke System Activation Procedures

A. Upon receipt of a potential stroke call, the first arriving agency will determine the following in accordance with the *State of Washington Prehospital Stroke Triage* Destination Procedure (see attached):
   1. Facial Droop: Ask the patient to show his or her teeth or smile.
   2. Arm Drift: Ask the patient to close his or her eyes and extend both arms straight out for 10 seconds. The palms should be up, thumbs pointing out.

3. Speech: Ask the patient to repeat a simple phrase such as “Firefighters are my friends”.
4. Time: Ask the patient, family or bystanders the last time the patient was seen normal.

B. If “yes” to any one sign above see recommendations listed under (V. Stroke patient Destination Guidelines) with attention to “Additional Destination Considerations” – which is located on the *State of WA Prehospital Stroke Triage Destination procedure*.

C. It is recommended that early notification be made to the appropriate receiving facility to include information listed under “A”.

Stroke Patient Destination Guidelines

A. Transport the patient to the nearest Level I, II, or III Stroke Center.

B. If the nearest center is a Level III, and there’s a Level I or II available with no more than 15 minutes increase in transport time, to the nearest Level I or II Stroke Center.

C. Assess availability of air medical transport if it can help get the patient to a Stroke Center within the window of time for intervention.

D. If unable to manage airway, consider rendezvous with a medic unit or intermediate, stop at nearest facility capable of definitive airway management.

E. If there are two or more Stroke Centers of the same level to choose from within the transport timeframe, patient preference, insurance, physician practice patterns, and local rotation agreements may be considered.

E. In the event that a hemorrhagic stroke (intracranial bleeding) is suspected, and one of the following exists: BP >180; unresponsive or becomes unresponsive; gut feeling of provider. I is then recommended that the patient be transported to the Trauma Center within 30 minutes transport time via ground or air medical transport.

F. Consider ambulance rendezvous or air medical transport, where ambulance arrival and/or transport times may cause delays.

Cardiac System Activation Procedures

A. A patient meeting criteria listed under the *State of WA Prehospital Cardiac Triage Destination Procedure* listed under “Assess Applicability for Triage” should be transported and triaged according to the following local guidelines:

B. Upon receipt of an acute coronary syndrome patient , the first arriving agency should determine the following in accordance with the *State of Washington Prehospital Cardiac Triage Destination Procedure* (see attached):
   1. Post cardiac arrest with ROSC, -or-
   2. Age >21, with symptoms lasting more than 10 minutes but less than 12 hours suspected to be caused by coronary artery disease.

Cardiac Patient Destination Guidelines

A. In the event that a patient is suffering from an acute coronary syndrome (cardiac event), according to the *State of WA Prehospital Cardiac Triage Destination Procedure*, you would transport according to these guidelines:
    1. A BLS/ILS transporting unit should go the nearest Level 1 Cardiac Center within 30 minutes transport time.
        a. If the Level 1 Center(s) are greater than 30 minutes away the BLS/ILS transporting unit should go the nearest Level 2 Cardiac Center.
    2. A paramedic unit should go to the nearest Level 1 Cardiac Center within 60 minutes transport time.
        a. If the Level 1 Center(s) are greater than 60 minutes away the paramedic unit should go to the nearest Level 2 Cardiac Center.

B. If there are two or more of the same level facilities to choose from within the transport times, patient preference, insurance, physician practice patterns, and local rotation agreements may be considered..

C. Consider ambulance and air transport, where ambulance arrival and/or transport times may cause a delay.

D. Consider rendezvous with ambulance where ambulance arrival times may be delayed.