HOSPITAL REPORT/CONSULT

PURPOSE

To provide guidelines for contact between prehospital care personnel and receiving facilties

RELATED POLICIES

Trauma Triage and Destination Guidelines, #4613; Communication Failure, #7002; EMS Communication System, #7004; BLS Treatment Guidelines; Multiple Patient Management Plan (MPMP); STEMI C9; CVA/Stroke N4; Sepsis M6

DEFINITIONS

A. Report Only - a notification to the receiving facility that a patient is enroute

B. Notification – a communication meant to alert hospital staff that a specialty care patient is enroute. Notifications include:

1. Trauma Notification
2. Stroke Notification
3. STEMI Notification
4. Sepsis Notification

C. Physician Consult - a consultative discussion between field personnel and an ED physician.

POLICY

A. Report Only

1. Shall occur anytime a prehospital unit transports a patient.
2. May be performed by any prehospital personnel.
3. Reports shall include the following:
    a. Transport unit identification
    b. Level of care being provided (ALS or BLS)
    c. Estimated time of arrival to receiving facility
    d. Level of transport (code 2 or 3)
    e. General category of patient (type of illness or injury) or treatment guideline being used for an ALS patient.
    f. Condition of patient (stable, improving or worsening)

B. Notification (Trauma/Stroke/STEMI/Sepsis)

1. Field personnel will advise the receiving center a minimum of ten minutes prior to arrival (or as soon as possible if transport is less than ten minutes).
2. Is required when patient meets notification criteria.
3. Notifications shall include the following:
    a. Unit and transport code
    b. Notification type (e.g.,Trauma, Stroke, STEMI, Sepsis)
    c. Age/Gender

d. Pertinent findings for the specific notification (see related protocol)

e. ETA

C. Physician Consult

1. Shall occur when specified in an ALS or BLS Treatment Protocols.
2. Trauma Center consultation is recommended for questions about the destinations for injured patients. Consult shall be made with Marin General Hospital.
3. Physician Consult communication shall include the following:
    a. The need for physician consultation.
    b. Patient assessment information as appropriate.
    c. Policy or procedure being followed which mandates physician consult or order.

D. If attempts to contact for any of the reasons above and unable to contact the intended receiving facility, personnel may contact another in-county hospital. If no facility can be contacted**,** the following should occur:

1. Treatment should be administered according to the appropriate ALS or BLS treatment protocol.
2. Medications or treatments listed as "physician consult required**"** may not be administered or performed.
3. Documentation of the communications failure should be completed as detailed in policy #7002, Communication Failure.

E. In the event of a declared multiple patient incident, paramedics may operate according to the MPMP omitting contact or hospital consultation.

COMMUNICATION FAILURE

PURPOSE

To provide guidelines for the prehospital provider in the event that voice communication cannot be established or maintained and a delay in treatment may jeopardize the patient.

RELATED POLICIES

Hospital Report/Consult #7001; Radio Communications Policy #7003; Destination Guidelines, GPC 04, EMS Event Reporting #2010.

POLICY

A. The ability to make and maintain voice communication with a hospital is a vital component of the prehospital patient care system.

B. Hospital contact for the purpose of a physician consult shall be made when desired by the prehospital provider or when required by a treatment guideline.

PROCEDURE

A. If, following assessment, evaluation, and initiation of patient care as appropriate and set forth in Marin County guidelines, the prehospital provider is required to or wishes to contact a hospital and is unable to establish contact, the prehospital provider shall:

    1. Utilize the appropriate treatment guideline except for those items requiring a physician consult.
    2. Accompany the patient to the hospital according to Marin County Destination Guidelines.
    3. Make the appropriate verbal and written patient care reports on arrival at the receiving facility.
    4. Complete an EMS Event Form per EMS Policy 2010, and include the following (or similar) information: "Communications failure, ____ protocol utilized. Please audit call."

B. Followup action

    1. EMS Event Form is forwarded to the CQI Coordinator within the provider agency for evaluation and appropriate action.
        a. If failure is determined to be the result of equipment malfunction or problem, report with provider comment is forwarded to Marin County Department of Public Works Communications Division (i.e, Radio Shop) or other appropriate agency.
        b. That agency will take appropriate action and advise provider of same within a reasonable period of time.

RADIO COMMUNICATION POLICY

PURPOSE

To provide guidance for the use of the MERA radio system

RELATED POLICIES

Communications Failure, #7002; Marin Emergency Radio Authority (MERA) Mutual Aid and Communications Policy

POLICY

A. Available Communications Resources

1. **MERA Policy:** Users should refer to the MERA Communications Policy for general directions for the use of the MERA system.
2. **Templates:** Users should refer to their Agency Templates or Fleetmap for the locations of specific talkgroups on their console, back-up control stations, mobile and portable radios. The Templates also contain the correct name (alias) for that talkgroup.
3. **Permissions:** Users shall only use talkgroups that have been assigned for their use. Users may use talkgroups that are assigned for temporary use by a Marin communications center or incident commander "I.C.". Before users can use any talkgroup (other than those stated above) provided by another agency they must have a written agreement with that agency.
4. **MERA Radio System:** Field units can communicate directly to the hospital using the designated talkgroups on their mobile or portable MERA radio. On all EMS/ Fire radios, Zone A contains the EMS talkgroups; "mode" channels contain the following aliases or talkgroup names:
    a. **EMS** is to communicate with the County EMS Dispatcher
    b. **HOSP** is the MERA "All Hospital" talkgroup for large-scale incidents
    c. **MGH 1** is for Marin General Hospital "MARIN REPORT"
    d. **MGH 2** is for Marin General Hospital "MARIN CONSULT"
    e. **KSR 1** is for Kaiser San Rafael Hospital "KAISER REPORT"
    f. **KSR 2** is for Kaiser San Rafael Hospital "KAISER CONSULT"
    g. **NCH 1** is for Novato Community Hospital "NOVATO REPORT"
    h. **NCH 2** is for Novato Community Hospital "NOVATO CONSULT"
    i. **EMS 10** is for EMS tactical operations and shall be assigned by the IC or Comm. Center
    j. **LG CLL** is for hailing a local government agency or units. Once contact is made, then go to LG TLK
    k. **LG TLK** is for conversations with local government agencies
    l. **PD CLL** is for hailing law enforcement units. Once contact is made go to PD TLK
    m. **PD TLK** is for conversations with law enforcement
    n. **911** is for emergency communications with a communications center

6. **Paging**: The field units will be responsible to set the Page function on their radio for initial contact with the hospitals. Other units may be using the channel at the same time, please listen for broadcast traffic before beginning your transmission. A page may not be needed if the receiving hospital radio is staffed due to other broadcast traffic.
7. **Initiating Communications**: When making initial contact with a communications center, unit or hospital you should state the name of the entity you are calling first, then your identifier followed by the "alias" of the talkgroup you are on, i.e. "Marin Comm., Medic-1 on EMS Dispatch" or "Marin General Hospital, Medic-1 on MGH Consult."
8. **Consult**: "Consult" talkgroups shall be used for physician consults and policy required consultations.
9. **Report**: "Report" talkgroups shall be used for routine hospital reports.
10. **Hosp**: The "All Hospital" talkgroup shall be used for hospital communications during large scale incidents or other urgent communications that may require multiple hospitals to share information simultaneously and during failures of normal communications systems.
11. **Emergency Button Activations**: Emergency Button Activations are authorized when an EMS Field Unit needs urgent or emergency assistance. It is not to be used for routine assistance requests. Field Units should expect an emergency response from other public safety units following an Emergency Button Activation. Please see the MERA Communications Policy for further information. Due to the system configuration the Emergency Buttons are not active for private EMS providers or hospitals.
12. **Hospital Systems**: Marin County hospitals are equipped with three radios. Console set 1 is for hospital reports and is labeled with the initials of the hospital -1, i.e. MGH 1. Console set 2 is for hospital consults and is labeled with the initials of the hospital -2, i.e. MGH 2. Console set 3 is for the all hospital talkgroup and is labeled HOSP this consol should be left on this talkgroup at all times. Console 3 is also able to receive and transmit on other talkgroups; hospitals should review their Templates and Trouble Shooting Guide for use of other talkgroups if urgent communications are required, i.e. using the 911 channel to request law enforcement during an emergency and no other forms of communication are available.
13. **ALS / BLS Use**: ALS and BLS users should both use the system in the same manner for hospital consultations, reports and multiple casualty incident activities.
14. **Cellular telephone service:** Field units can use the cellular telephone to communicate directly with the hospital emergency department. Cell phones should be a second choice during MCI operations due to the loss of information to other units involved in the incident.
15. **Contact an alternative hospital:** If contact cannot be made with the receiving hospital field units may contact an alternative hospital via the listed methods and request the information be relayed to the appropriate hospital by telephone.
16. **If contact cannot be established:** If contact cannot be established with any hospital emergency department, the Paramedic shall rely on the EMS Policy "Communication Failure #7002".
17. Any major system failure should be reported to the Marin Communications Center and the Marin County Radio Shop. Hospitals should consult their Trouble Shooting Guide before calling for outside assistance; requests for repairs should be made by an authorized employee of the hospital or agency.

EMS COMMUNICATION

PURPOSE

To provide an overview of EMS communication.

RELATED POLICIES

Ambulance Supply and Equipment Requirements, #5002; ALS Non-transport Supply and Equipment Requirements, #5005; EMS Aircraft, #5100; Prehospital/Hospital Contact, #7001; Communication Failure, #7002; Trauma Triage and Destination Guidelines, #4613; BLS Treatment Guidelines; ALS Treatment Guidelines; Destination Guidelines, GPC 04

POLICY

A. The universal 9-1-1 emergency number is to be used by all system participants in an emergency.

B. All system participants shall participate in efforts to educate the public on the appropriate use of the 9-1-1 system.

C. System participants are required to have, maintain, and utilize designated communications equipment as may be detailed in policy, contract, MOU, or other written agreement.

D. BLS and ALS Treatment Guidelines and the Trauma Triage and Destination Guideline will specify requirements for field to hospital contact, indicating the need for hospital consultation or receiving hospital notification and the point at which that contact should occur.

E. In the Marin County EMS System, all radio or telephone contact between prehospital providers and hospital facilities is to be made with the intended receiving hospital unless that hospital is located in another county. (Refer to Destination Guidelines, GPC 04)

REDDINET POLICY

PURPOSE

To provide guidance for the use of the ReddiNet Communications system

RELATED POLICIES

Ambulance Diversion Policy, #5400; Medical Mutual Aid Policy, #5200; Communications Policy, #7000; Marin County Multiple Patient Management Plan (MPMP)

POLICY

A. Facility information and status

1. Each facility using the ReddiNet system shall complete and update daily their facility information and status screens as outlined on the facility information form.
2. Each facility shall complete and maintain the password request form provided by ReddiNet and is responsible for maintenance of authorized licensed users.

B. MCI Operations

1. When a MCI is declared, the Coordinating Hospital will be assigned per MPMP.
2. The ReddiNet ”Help and Support” shall serve as the guidance for ReddiNet operations and is accessed at the bottom of the ReddiNet screen.
3. The MPMP shall serve as the overall guidance for operations during an MCI.

C. Ambulance Diversion

1. All diversions will be initiated and terminated via ReddiNet.
2. Policy #5400 shall be used as the guidance for ambulance diversions.

D. Memo

1. The memo feature is for urgent communications that can be sent to several facilities simultaneously.
2. Memos may be completed by any facility and must be written in a professional manner.
3. Memos shall include originators last name.
4. HAvBED is the number of empty staffed beds that are available.
5. The facility may choose to have any department in the hospital input the information.

E. Assessment Polls

1. Assessment Polls may be initiated from several different departments in the facility that is licensed to do so.
2. Assessment Polls must be written in a professional manner.
3. Assessment Polls that are to be used on an ongoing basis shall be approved by the EMS Program and done in consultation with the participating facilities.

F. Drills

1. Drills shall be conducted on a regular basis with all system users.
2. See “Training” under Help and Support for details.

PATIENT CARE RECORD (PCR)

I. PURPOSE

To establish requirements for completion, reporting, and submission of Marin County approved Patient Care Records.

II. RELATED POLICIES

ALS to BLS Transfer of Care, ATG 4
Against Medical Advise (AMA), GPC 2
Release at Scene (RAS), GPC 3
Trauma Re-Triage, 4606 A & B

III. DEFINITIONS

A. Patient – someone who meets any one of the following criteria:
   1. Has a chief complaint or has made a request for medical assistance
   2. Has obvious symptoms or signs of injury or illness
   3. Has been involved in an event when mechanism of injury would cause the responder to reasonably believe that an injury may be present
   4. Appears to be disoriented or to have impaired psychiatric function
   5. Has evidence of suicidal intent
   6. Is dead

B. Emergency Medical (EM)/Authorization Order (AO) – a number assigned by a Marin County Communication's Center to identify each 9-1-1 call dispatched for medical assistance.

C. Electronic Patient Care Record (ePCR) - the permanent record of prehospital patient evaluation, care, and treatment.

D. Field Transfer Form (FTF) – a temporary, paper record of patient care

E. Triage Tag – a paper record for multi-casualty incidents involving 6 or more patients

IV. POLICY

A. An ePCR shall be completed for every call for which an EM/AO is issued.

B. For all transported patients:
   1. A completed ePCR must be available to the receiving facility within 15 minutes of transferring care. If this is not possible (e.g. unit must leave for another call), then a complete and legible FTF may be submitted to the patient's nurse or doctor within 15 minutes of transferring care.
   2. An FTF ALONE may not be left for any notification patients (e.g. sepsis, stroke, STEMI, trauma) or critical patients (e.g. cardiac arrest and/or airway emergency) with the exception being for a rapid re-triage patient that utilizes the same transport unit.
   3. If a FTF was utilized at the time of transfer, an ePCR must be completed and available to the facility as soon as possible and no later than 3 hours after the transfer of care.
   4. For all patients transported, the ePCR will be completed by the personnel assigned to the transport unit.

C. For non-transported patients (e.g. AMA, RAS, Dead on Scene), the ePCR will be completed by the paramedic or EMT most involved in patient care and responsible for the patient's disposition.

D. For calls where there is no medical merit, the ePCR will be completed according to provider agency's policy.
E. The ePCR is the permanent PCR and will be filled out in a complete manner and will include all care provided in the prehospital setting. When possible, it shall include all 12 lead ECGs and any ECG other than normal sinus rhythm.
F. The completed PCR includes all care rendered by the transporting providers as well as any care given prior to arrival of the transporting unit by bystanders and/or first responders. Documentation of care provided by first responders (of a different agency than the transport unit) may be required by their department policy.
G. For ground transportations to an out-of-county facility, a FTF will be given to the receiving provider and a completed ePCR shall be produced and sent to that facility within 3 hours of transfer of care.
H. For air ambulance transportations, a FTF will be given to the air ambulance personnel, and an ePCR will be created within 3 hours of transfer of care and sent to the receiving facility via ePCR program or FAX.
I. Personnel assigned outside of the county to provide medical-mutual aid (e.g. fire-line EMT/Paramedic), shall complete a FTF for each patient contact. The FTF will be created on site and a copy submitted to the provider agency as soon as possible after returning to the county.
J. Willful omission, misuse, tampering, or falsification of documentation of patient care records is cause for formal investigative action under Section 1978.200 of the California Health and Safety Code.

V. GENERAL INSTRUCTIONS

A. The patient care record is part of the patient's permanent medical record and is used for, but not limited to, the following purposes:
    1. Transfer of information to other healthcare providers
    2. Medical legal documentation
    3. Billing for services
    4. Development of aggregate data reports for Continuous Quality Improvement (CQI), including specific quality indicators and identification of educational needs
    5. EMS Agency case investigation
B. Reference to a Marin County EMS Event Form or similar record should not be included on the patient care record.
C. If ALS to BLS transfer of care is determined to be appropriate, documentation of assessments and all care rendered must be completed by both the ALS and the BLS units according to policy ATG 4.
D. Provider agencies are responsible for training their employees in the initiation, completion, distribution of patient care records, HIPAA and any accompanying forms based on the EMS Agency's currently approved training curriculum.

Marin County EMS

Pre-Hospital Field Transfer Form (FTF)

Last Name _____ First Name _____ Age _____ DOB _____ M F

Date _____/_____/_____ Pt. Transferred Time_____ Unit #_____ Incident # _____

Pt. Address _____Phone (_____)_____ PMD_____ Ins. ID #_____

Incident Address _____❑PT's HOME ❑SNF ❑ASSISTED LIVING ❑OTHER _____

Facility - Name _____ Contact Person_____ Phone _____

Code Status Information: ❑Full ❑POLST Form ❑DNR Form ❑Hospice - Agency _____ Phone_____
Person best able to provide
history about current illness: ❑Patient ❑Facility ❑Other: Name _____ Phone_____

(M) Chief Complaint _____

_____

_____

Signs & Symptoms _____

_____

_____

Medical History_____

_____

_____

_____

Medications _____

_____

_____

_____

_____

_____

Allergies_____

_____

✓ = WNL (I) PHYSICAL EXAM

❑ Head_____

❑ Pupils_____

❑ Neck _____

❑ Chest_____

❑ Abdomen _____

❑ Back _____

❑ Pelvis _____

❑ Extremities _____

Time	(T) Treatment	Response

(V) Time	Position	BP	Pulse	RR	SpO_2	BGL	Temp	Pain (# / 10)	GCS	ECG
		/								
		/								
		/								

Notes

E	Spon 4	Voice 3	Pain 2	None 1		
V	Orient 5	Con 4	Innap 3	Incomp 2	None 1	
M	Obey 6	Local 5	Withdrl 4	Flex 3	Exten 2	None 1

Lead Medic

Signature

APPROVED MEDICAL ABBREVIATIONS

PURPOSE

To identify the abbreviations and symbols which an Emergency Medical Technician (EMT) or Paramedic may use for documentation purposes in Marin County.

ABBREVIATIONS

Abbreviation / Symbol	Description
♀	female
♂	male
⊕	positive
⊖	negative
°C	degrees Celsius
°F	degrees Fahrenheit
Ⓛ	left
Ⓡ	right
1°	primary
2°	secondary
<	less than
>	greater than
@	at
Δ	change
↓	decrease(d)
↑	increase(d)
≈	approximately
x	times
ā	before
A/O	alert and oriented
A/S	at scene / arrived at scene
abd	abdomen
AC	antecubical
AFIB	atrial fibrillation
AICD	Automatic Internal Cardiac Defibrillator
AKA	above the knee amputation
ALOC	altered level of consciousness
ALS	Advanced Life Support
AM	morning
AMA	against medical advice
AMI	acute myocardial infarction
AOS	arrived on scene
approx	approximately
ASA	acetylsalicylic acid, aspirin
ASAP	as soon as possible
ATF	arrived to find
B/C	because
BBB	bundle branch block
BG	blood glucose
BGL	blood glucose level

Bilat	bilateral
BKA	below the knee amputation
BLS	Basic Life Support
BM	bowel movement
BP	blood pressure
bpm	beats per minute
BSA	burn surface area
BVM	bag valve mask
c̄	with
C/C	chief complaint
C/O	complain of
C2	code two
C3	code three
CA	cancer
CAD	coronary artery disease, computer assisted dispatch
CHF	congestive heart failure
CHP	California Highway Patrol
CMPA	Central Marin Police Authority
CO	complain of / carbon monoxide
COPD	chronic obstructive pulmonary disease
CP	chest pain
CPAP	continuous positive airway pressure
CPR	cardio pulmonary resuscitation
CPSS	Cincinnati prehospital stroke scale
CSM	circulation, sensation, movement
CVA	cerebral vascular accident
DDM	designated decision maker
DKA	diabetic ketoacidosis
DM	Diabetes mellitus
DNI	Do not intubate
DNR	do not resuscitate
DVT	deep vein thrombosis
dx	diagnosis
ECG	electrocardiogram
ED	emergency department
EKG	electrocardiogram
EMD	Emergency Medical Dispatch
EMS	Emergency Medical Service
EMT	Emergency Medical Technician
EMT-P	Paramedic
ENRT	enroute
ER	Emergency Room
ESO	electronic PCR software
ET	endotracheal
ETA	estimated time of arrival
$ETCO_2$	end-tidal carbon dioxide
ETI	endotracheal intubation
ETOH	alcohol
ETT	endotracheal tube
F	female

FTF	Field transfer form
fx	fracture
G	Gram
G	gauge
GCS	Glasgow Coma Scale
GI	gastrointestinal
gm	gram
GSW	gunshot wound
gtt(s)	drop(s)
GU	genitourinary
h	hour
H/N/B	head, neck, back
H_2O	water
HA	headache
HHN	hand-held nebulizer
HOB	Head of bed
HR	heart rate
HTN	hypertension
Hwy	highway
hx	history
ICD	Internal Cardiac Defibrillator
ICU	intensive care unit
IM	intramuscular
IN	intranasal
IO	intraosseous
IV	intravenous
IVP	intravenous push
JVD	jugular venous distension
KED	Kendrick Extrication Device
kg	kilograms
KSR	Kaiser San Rafael
KTL	Kaiser Terra Linda
L	liter
L	left
lac	laceration
LKW	Last known well
LL	left lateral
LLQ	left lower quadrant
LOC	loss of consciousness / level of consciousness
LS	lung sounds
Lt	left
LVO	Large vessel occlusion
LUQ	left upper quadrant
LZ	Landing zone
m	min
M	male
m/o	Month old
mA	Milliamp
MAD	mucosal atomization device
MCSO	Marin County Sheriff's Office (deputy)
MD	medical doctor

mEq	milliequilvalent
mg	milligram
mg/Dl	milligrams per deciliter
MGH	Marin General Hospital
MI	myocardial infraction
MICU	mobile intensive care unit
MIN	minimum / minute
ml	milliliter
MOI	mechanism of injury
MPH	miles per hour
MS	morphine sulfate / multiple sclerosis
MSo4	morphine
MVA	motor vehicle accident
MVC	motor vehicle crash
MVPD	Mill Valley Police Department
N&V or N/V or NV	nausea and vomiting
NaCL	Sodium Chloride
NAD	no apparent distress
NC	nasal cannula
NCH	Novato Community Hospital
NEG	negative
Neuro	neurological
NITRO	nitroglycerin
NKDA	no known drug allergies
NPA	nasopharyngeal airway
NPD	Novato Police Department
NRB	non-rebreather mask
NS	normal saline
NSR	normal sinus rhythm
NTG	nitroglycerine
NVD	nausea, vomiting, diarrhea
O_2	oxygen
O_2 sat	peripheral capillary oxygen saturation
OD	overdose
ODT	orally disintegrating tablet
OPA	oropharyngeal airway
$\overline{p}$	after
P/W/D	pink warm dry
PAC	premature atrial contraction
PALP	palpitation
PARA	parity, e.g. gravid 2, para 1 means the patient has been pregnant twice and given birth once; also written G2P1
PCN	penicillin
PE	pulmonary edema / pedal edema / patient exam
PEA	pulseless electrical activity
PERL	pupils equal reactive to light
PERRL	Pupils equal, round, reactive to light
PJC	premature junctional contraction
PM	evening
PMD	primary/personal/private medical doctor
PO	by mouth

POC	position of comfort
POLST	Physician Orders for Life Sustaining Treatment
PRN	as needed
PSYCH	psychiatric
PT	patient
PTA	prior to arrival
PTS	patients
PTSD	post traumatic stress disorder
Pulse Ox	peripheral capillary oxygen saturation
PVC	premature ventricular contraction
PVH	Petaluma Valley Hospital
PVT	private
PX	pain
q	every
R	right
RA	room air
RAS	released at scene
RLQ	right lower quadrant
RMC	routine medical care
RN	registered nurse
ROM	range of motion
ROSC	return of spontaneous circulation
RP	reporting party
RPM	respirations per minute
RR	respiratory rate
Rt	right
Rx	prescription
$\bar{s}$	without
S. Brady	sinus brady
S. Tach	sinus tachycardia
S/NT/ND	Soft, non-tender, no distention
S/P	status post
S/S	signs and symptoms
SBP	systolic blood pressure
SC, SQ	subcutaneous
SL	sublingual
SM	small
SMR	spinal motion restriction
SNF	skilled nursing facility
SOB	shortness of breath
SPO_2	peripheral capillary oxygen saturation
SRC	STEMI Receiving Center
SRPD	San Rafael PD
STEMI	ST Segment Elevation Myocardial Infarction
SVT	supraventricular tachycardia
TACH	tachycardia
TB	tuberculosis
TEMP	temperature
TIA	transient ischemic attack
TKO	to keep open
TOC	transfer of care

TRANS	transport / transfer
TTT	Trauma Triage Tool
TX	treatment
UCSF	University California San Francisco
UOA	upon our arrival
USGC	United States Coast Guard
UTI	urinary tract infection
UTL	unable to locate
UTO	unable to obtain
V	victim
V/S or VS	vital sign
VA	Veteran's Administration
VAD	Ventricular Assist Device
VF	ventricular fibrillation
VL	Video laryngoscopy
VT	ventricular tachycardia
W/	with
w/c	wheelchair
w/o	wide open
WBC	white blood count
WNL	within normal limits
Y/O or YO	Year(s) old

INTERIM POLICY MEMO

I. PURPOSE

As a way of communicating information regarding the immediate release of changed or new policies or procedures, the EMS Agency will electronically distribute to all constituents an *Interim Policy Memo*.

II. POLICY

A. An Interim Policy Memo will contain the following information:

1. Subject Matter
2. Date of Implementation
3. Affected Policies
4. Discussion/Information

B. A complete list of all current Interim Policy Memos will be placed on the EMS website. Each Interim Policy Memo will be identified by year of origin and in sequential order (example: *Interim Policy Memo*: *2012-1, Destination Guidelines*).

C. Interim Policy Memos, when appropriate, will be incorporated into current policies during the following annual policy review.