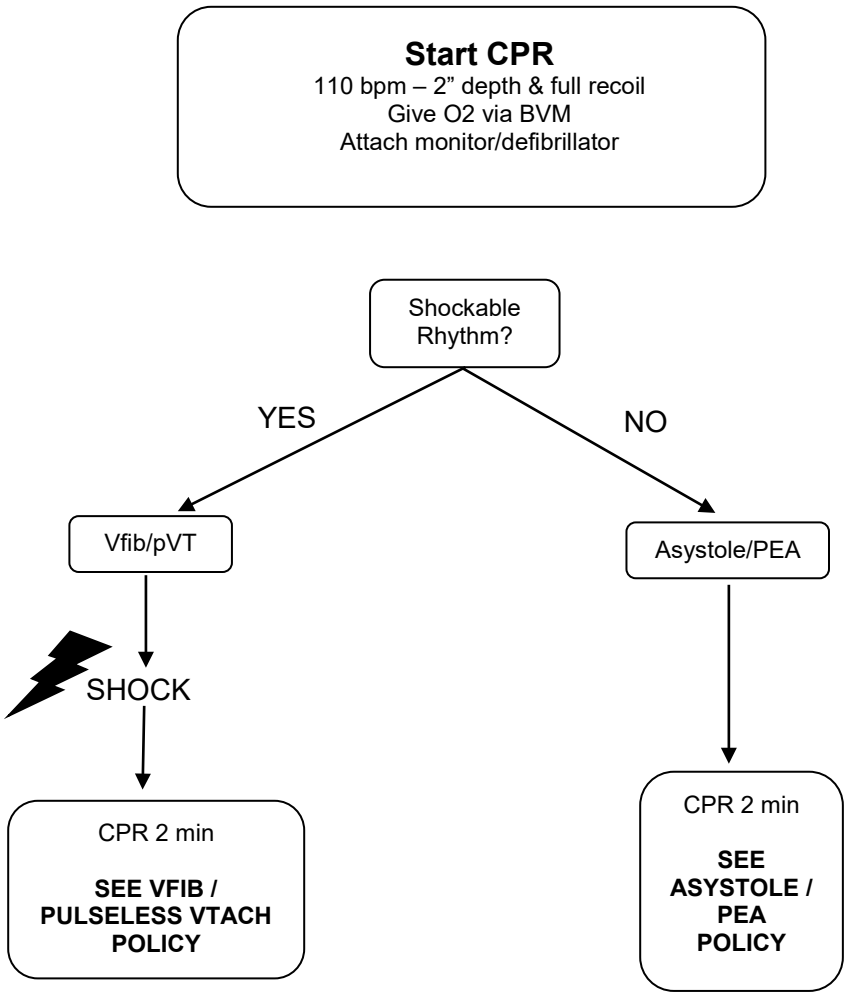
ADULT CARDIAC ARREST

ALWAYS USE STANDARD PRECAUTIONS

INDICATION

- Unresponsive; no breathing or has agonal respirations; no pulse



Critical Information:

- Witnessed vs Unwitnessed
- Consider pre-cordial thump if witnessed and defibrillator not immediately available
- Compress at 110 bpm. Use metronome or similar device
- Mechanical CPR is mandatory during transportation.
- Change compressors every 2 minutes
- Minimize interruptions
- If hypothermic < 95F, delay compressions for 3 minutes; focus on ventilations and active rewarming
- Defibrillate per manufacturer's recommendations.
- Do not stop compressions while defibrillator is charging
- Resume compressions immediately after shock

BLS Airway Management

- *BLS airway is preferred during the first 5 min*
- Use two-person BLS airway management whenever possible
- Avoid excessive ventilation
- 30:2 compression/ventilation ratio

ALS Airway Management

- King Airway/Video laryngoscopy (VL)
- Laryngoscopy for ETT must occur with CPR in progress. Do not interrupt CPR for >10 seconds for tube placement
- Use continuous ETCO2 to monitor CPR effectiveness and advanced airway placement.
- Maintain O2 sat 94-99%
- 1 breath every 6 seconds

Special Considerations

- If patient is in refractory Vfib (3 unsuccessful shocks), transport to nearest available STEMI Receiving Center. Otherwise, provide resuscitation on scene until ROSC or when patient meets Determination of Death criteria
- Regardless of the above, transportation is warranted in the following situations: unsafe scene conditions, unstable airway, hypothermia/hyperthermia as a primary cause of arrest, any patient pulled from a fire in cardiac arrest
- To assure ROSC continues, remain on scene for 5-10 minutes and then transport to a STEMI Receiving Center

CANCELLATION OF ALS UNIT

ALWAYS USE BODY SUBSTANCE ISOLATION PRECAUTIONS

INDICATION

- First Responders request to cancel an ALS unit

TREATMENT /PROCEDURE

- First Responder personnel may cancel the response of ALS personnel under the following conditions:
  - Patient does not have a priority complaint or symptoms warranting a Level D response as outlined in Emergency Medical Dispatch Policy 4200
  - Patient meets criteria for BLS Declaration of Death in the pre-hospital setting

RELATED POLICIES/ PROCEDURES

- Emergency Medical Dispatch Policy 4200
- Determination of Death in the Pre-hospital Setting First Responder/BLS Personnel BLS 5

AGAINST MEDICAL ADVICE (AMA)

ALWAYS USE STANDARD PRECAUTIONS

INDICATION

- For patients or Designated Decision Maker (DDM) refusing medical care against the advice of the medical personnel on scene or of the receiving hospital

☎ PHYSICIAN CONSULT - required

- Patient requests transport to a facility that is not the recommended destination, and that decision would create a life-threatening or high-risk situation
- Patient requests an out of county transport when informed of the recommended destination within Marin County
- Pediatric brief resolved unexplained event (BRUE)

☎ PHYSICIAN CONSULT – strongly recommended, but not required

- Patients ≥ 65 years requesting AMA with the following complaints:
  - Chest pain
  - SOB/ Dyspnea
  - Syncope
- New onset of headache
- New onset of seizure
- TIA/ resolving stroke symptoms
- Traumatic injuries (particularly head injury patients on anti-coagulants)
- Pediatric complaints
- Pregnancy related issues

CRITICAL INFORMATION

- Patients who may legally give consent or refuse medical treatment are as follows:
  - At least 18 years of age
  - A minor (<18 years) who is lawfully married/ divorced, or on active duty with the armed forces
  - A minor who seeks prevention or treatment of pregnancy or sexual assault
  - A minor ≥12 years of age seeking treatment of rape, contagious diseases, alcohol or drug abuse
  - A self-sufficient minor, ≥ 15 year of age, caring for themselves
  - A legally emancipated minor
- DDM is an individual to whom the patient or a court has given legal authority to make medical decisions concerning the patient's healthcare (a parent or Durable Power of Attorney)
- An AMA may be obtained by telephone consent from patients who do not have a DDM physically present

TREATMENT/ PROCEDURE

- All patients requesting medical attention will be offered treatment and/ or transportation after a complete assessment.
- Mentally competent patients/ DDMs have the right to accept or refuse any or all pre-hospital care and transportation as long as medical personnel have explained the care and the patient /DDM understands by restating the nature and implications of such decisions.
- The following information must be provided to the patient or DDM by the EMS personnel:
  - The recommended treatment and benefits for receiving care

    - The risks and possible complications involved
    - Reasonable consequences for not seeking care and treatment for the condition
- EMS personnel should advise the patient of alternative care and transport options which may include:
    - Private transport to a clinic, a physician's office or an Emergency Department
    - Telephone consultation with a physician
- Have patient/ DDM sign the AMA form

SPECIAL CONSIDERATION

- Consider early involvement of law enforcement if there is any threat to self, others or grave disability
- Treat as necessary to prevent death or serious disability
- If the patient cannot legally refuse care or is mentally incapable of refusing care, document on the PCR that the patient required immediate treatment and /or transport, and lacked the mental capacity to understand the risks / consequences of the refusal (implied consent)
- Do not request a 5150 hold unless the patient presents a danger to self or others as an apparent result of a psychiatric problem.
- At no time are field personnel to put themselves in danger by attempting to transport or treat a patient who refuses. At all times, good judgment should be used, appropriate assistance obtained, and supporting documentations completed.

DOCUMENTATION- ESSENTIAL ELEMENTS

- Who activated 911 and the reason for the call
- Any medical care provided
- The apparent competency of the patient/ DDM to sign out AMA
- The ability of the patient/ DDM to verbalize understanding of his/her illness or injury, as well as any risks involved and potential outcomes for not receiving treatment or transport
- Reasons given by the patient/DDM for refusing care/ transport and alternate plan for patient follow up if one has been stated
- The presence or absence of any impairment such as drugs or alcohol
- The patient/ DDM understanding that they may re-access 911 if needed
- Signature of the patient/ DDM on the AMA form, or reason why signature was not obtained

RELATED POLICIES/ PROCEDURES

- Pediatric brief resolved unexplained event (BRUE) P14

RELEASE AT SCENE (RAS)

ALWAYS USE BODY SUBSTANCE ISOLATION PRECAUTIONS

INDICATION

- EMS personnel and the patient or Designated Decision Maker (DDM) concur that the illness/injury does not require immediate treatment/transport via emergency / 911 services

☎ PHYSICIAN CONSULT

- If there are any questions or concerns regarding the patient's disposition

CRITICAL INFORMATION

- Patients who may legally request RAS are as follows:
  - At least 18 years of age
  - A minor <18 years who is lawfully married/divorced, or on active duty with the armed forces
  - A minor ≥12 years of age seeking treatment of rape, contagious diseases, alcohol or drug abuse
  - A self sufficient minor, ≥ 15 years of age, caring for themselves
  - A legally emancipated minor
- DDM is an individual that the patient or a court has legally given authority to make medical decisions on behalf of the patient.
- Patients who do not have a DDM physically present may be released at the scene after telephone consent is obtained (this would most often occur with a minor when the parent is not at the scene).

TREATMENT/ PROCEDURE

- All patients requesting medical attention will be offered treatment and/ or transportation after a complete assessment.
- Mentally competent patients/ DDM have the right to accept or refuse any or all pre-hospital care & transportation as long as medical personnel have explained the care & the patient /DDM understands by restating the nature and consequences of such decisions.
- EMS personnel should advice the patient of alternative care & transport options which may include:
  - Private transport to a clinic, a physician office or an Emergency Department
  - Telephone consultation with a physician
- Have patient/ DDM sign the RAS form

SPECIAL CONSIDERATION

- Consider involvement of law enforcement early if there is any threat to self or others.

DOCUMENTATION- ESSENTIAL ELEMENTS

- Who activated 911 and the reason for the call
- The apparent competency of the patient/ DDM to sign the RAS form
- The ability of the patient/ DDM to verbalize the understanding of his/her illness or injury, risks and the outcome for not treating/ transporting
- Alternate plan for patient follow up
- The presence or absence of impairment due to drugs/ alcohol
- The patient/ DDM understanding that they may re-access 911 if needed
- Signature or reason stated why it was not obtained on the RAS form

RELATED POLICIES/ PROCEDURES

- Against Medical Advice GPC 2

MARIN COUNTY EMS
AGAINST MEDICAL ADVICE (AMA)–RELEASE AT SCENE (RAS) FORM

CRITERIA FOR REFUSING CARE

The patient meets all of the following:
1. Is an adult (18 or over), or if < 18 meets the criteria stated in the AMA/RAS policy
2. Exhibits no evidence of:
   - Altered level of consciousness
   - Alcohol or drug ingestion that impairs judgment
3. Understands the nature of the medical condition, as well as the risks and consequences refusing care

1. ACKNOWLEDGMENT OF INFORMATION:

A. ☐ AMA: I have been advised that medical assistance on my behalf is necessary, and that refusal of said assistance could be hazardous to my health, and under certain circumstances, including disability and/or death. I have been advised to discuss my medical complaints with my regular health care provider as soon as possible. Nevertheless, I refuse to accept treatment or transport to a medical facility and assume all risks and consequences of any decision.

or

B. ☐ RAS: I acknowledge that I may have a medical problem, which may require additional medical attention, and that an ambulance is available to transport me to the hospital. Instead, I elect to seek alternative medical care and refuse further treatment and/or transport.

2. RELEASE OF LIABILITY: By signing this form, I am releasing the County of Marin, the responding Provider Agency(ies), and the Receiving Hospital (if contacted) of any liability or medical claims resulting from my decision to refuse the medical care/transport offered.

I have read and understand the "Acknowledgment of Information" and "Release of Liability". I also acknowledge that I have received a Notice of Privacy Practices.

Signature: _____☐ Refused to sign, Reason: _____
Relationship (if not the patient): Lawful: ❒parent ❒guardian ❒conservator (pertains to a child/dependent only)
❒ Physician Consulted: _____
❒Telephone consent/refusal obtained. Witnessed by: _____
❒ Interpreter used: _____

DISPOSITION:

❒ Released in care or custody of self.

❒Released in custody of law enforcement
Agency: _____
Badge #: _____
Released in care or custody of:
❒Parent ❒ Guardian
❒Other: _____

Instructions

1. If you change your mind or your condition changes, call 9-1-1 (in an emergency), go to an emergency department in your area, or call your private doctor (if appropriate).
2. _____
   _____
3. _____
   _____

Completed by (Print)_____Signature_____ Unit #/Agency #_____

Witness Information
Signature: _____ Name Printed: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: ( ) _____ Driver's License #: _____

Patient Name: _____ EM/AO#: _____

DDM: _____ Date: _____

DESTINATION GUIDELINES

ALWAYS USE STANDARD PRECAUTIONS

INDICATION

- To identify destination choices and appropriate facilities for patients in Marin County

☎ PHYSICIAN CONSULT

- Patient requests transport to a facility not capable of providing specific care for their needs

CRITICAL INFORMATION

- Destination choices:
  - The destination for patients shall be based upon several factors including, but not limited to the clinical capabilities of the receiving hospital, the patient's condition, and paramedic discretion.
  - When the patient's condition is unstable or life threatening, the patient should be transported to the time closest receiving facility:
    - Patients with unmanageable airway
    - Uncontrolled external hemorrhage
    - CPR in progress
    - Patients requiring ALS but having no paramedic in attendance
  - The following factors will be considered in determining patient destination:
    - Patient condition
    - Clinical capabilities of the receiving hospital
    - Paramedic discretion
    - Patient/family request
    - Patient's physician request or preference
  - Patients with return of spontaneous circulation post cardiac arrest will be transported to the nearest STEMI Receiving Center.
  - Burn patients, without other trauma mechanism, shall be transported by ground ambulance to the time closest emergency department.
  - Ventricular Assist Device patients: If patient is stable and complaint not related to VAD, transport per above guidelines. If VAD related: The patient may need to bypass local facilities and go to VAD center. If concerned about patient stability, refer to guidelines and request physician consult.
  - Prior to arrival, prehospital personnel must notify the receiving facility of any patient with a known history of violence, or behavior which may pose a risk to staff (disruptive, uncooperative, aggressive, unpredictable).
  - Marin County receiving facilities:
    - **Marin General Hospital** - Level III Trauma Center- Greenbrae
      - Neurological Emergencies- sudden, witnessed onset of coma or rapidly deteriorating GCS with high likelihood of intracranial bleed
      - Pregnant patients - 20 weeks or > with a complaint related to pregnancy
      - STEMI Receiving Center (SRC)
      - Primary Stroke Center
    - **Kaiser Permanente San Rafael** - Emergency Department Approved for Trauma (EDAT) - Terra Linda
      - STEMI Receiving Center (SRC)
      - Primary Stroke Center
    - **Novato Community Hospital -** Basic level receiving facility – Novato
      - Primary Stroke Center

RELATED POLICIES/ PROCEDURES

- Trauma Triage & Destination Guidelines Policy 4613
- STEMI Policy C 9
- Ambulance Diversion Policy 5400

- Adult and Pediatric Sexual Assault GPC 10 and P16
- Cerebrovascular Accident (Stroke) N 4
- Burns E4 and P12
- Ventricular Assist Device ATG 8

INTER-FACILITY TRANSFER

ALWAYS USE BODY SUBSTANCE ISOLATION PRECAUTIONS

INDICATION

- Inter-facility transfer of patients from a Marin County Facility (includes physician's office with physician in attendance) for destinations within or outside Marin County

CRITICAL INFORMATION

- Transporting personnel will operate under the medical direction of the transferring physician in compliance with the County of Marin, State and Federal laws, through direct contact or standing orders, in a safe and timely manner.
- **Level I- BLS unit** (EMT- I, EMT-I staffing):
  - Patient is non-critical & deemed stable
  - EMT-I Scope of Practice
- **Level II- ALS unit** (EMT-I, EMT-P staffing; Respiratory Therapist if continuous respiratory assistance required):
  - EMT-P Scope of Practice
  - Any situation where by continuous respiratory assistance is needed
- **Level III- ALS or critical care unit** (EMT-I, EMT-P, RN):
  - IV containing medication is not on the "Paramedic Drug list" or their use is anticipated.
  - PA, arterial or ICP lines present. IABP in place.
  - Patient is not considered stable and/ or physician requests Level III transport.
- **Level IV- ALS or critical care unit** (EMT-I, EMT-P, R.N., physician and other staff as needed):
  - Patient is unstable and level of care is medically indicated.

TREATMENT

- The transferring physician will provide the following information:
  - Patients name
  - Diagnosis/ level of acuity
  - Destination
  - Transfer date and time
  - Accepting unit
  - Accepting physician
  - Special equipment with patient
  - Additional personnel attending patient or required for transport
  - Insurance information, if available
- The transporting unit agrees to accept transfer based on reported information and advises ETA of transfer unit.
- The transferring unit must receive an appropriate patient status report from the transferring physician and/ or RN.
- Transfer personnel receive patient report and confirm appropriate level of care for transfer (see critical information for Level's of care).
- If transferring personnel do not agree with or are unable to provide the level of care requested, they will confer with the transferring physician to assure appropriate level of care during transfer.
- Copies of all pertinent medical records, lab reports, x-rays and transfer forms accompany patent to receiving hospital.

- The following communication is required by each transporting unit:
  - **Level I**
    - Between transporting unit and receiving hospital
  - **Level II, III, IV**
    - Patient remains stable enroute - no communication is necessary
    - Patient unstable enroute - contact transferring physician; if unavailable, request another physician in that facility or contact any other available Marin County hospital physician

DOCUMENTATION- ESSENTIAL ELEMENTS

- Inter-facility transfer calls with hospital contact will be reviewed by hospitals directing the calls.
- Statistics on total numbers of ALS level transfer calls per month will be maintained by each provider and submitted to the EMS Office on request (transfers with EMT-P, RN and MD).

RELATED POLICIES/ PROCEDURES

- Consolidated Omnibus Budget Reconciliation Act (COBRA) 1985
- Emergency Medical Treatment & Labor Act (EMTLA) 1986
- Authorized Procedures for EMT-1 Personnel BLS PR 1
- Extended Scope of Practice Procedures for EMT-P ALS PR 1

MEDICAL PERSONNEL ON SCENE

ALWAYS USE BODY SUBSTANCE ISOLATION PRECAUTIONS

INDICATION

- Determination of patient care responsibilities at the scene of an emergency when someone present identifies themselves as medically trained

☎ PHYSICIAN CONSULT

- On-scene physician has chosen option #2 or #3 on the "Note to Physicians on Involvement with EMT-I and EMT-Ps" card and should speak directly with the receiving hospital physician.

TREATMENT

- Person is not a physician:
  - First Responder/ EMT-I or EMT-P should inform the non-physician individual that they may assist and/ or offer suggestions within the scope of their licensure but may not assume medical management for the patient.
  - Continue with care in usual manner
  - Ask to see proof of licensure/ certification/ accreditation
- Person is a physician:
  - Unless physician is known to the pre-hospital personnel, ask to see proof of licensure.
  - First Responder/ EMT yield medical management to the physician until the arrival of ALS personnel.
  - Upon arrival of ALS personnel, the EMT-P will provide the physician with "Note to Physicians on Involvement with EMT-Is and Paramedics" card (Appendix A) to determine option #1, #2, or #3, he/ she has chosen to follow.
  - Option #1:
    - The physician assists the ALS treatment team and/ or offers suggestions, but allows the EMS personnel to provide medical treatment according to policy.
  - Option #2 :
    - The physician requests to provide on-scene medical advice and/ or assistance after speaking with the intended receiving hospital physician.
  - Option #3 :
    - The physician is willing to take total responsibility for care, and will physically accompany the patient to the hospital.
      - Make all ALS equipment and supplies available to the physician and offer assistance as needed.
- Complete a "System Notification Form" (available on web site) for review of the call

DOCUMENTATION- ESSENTIAL ELEMENTS

- Document all care rendered to the patient on the PCR and ensure that the physician signs for all instructions and medical care given; include physician's phone number.

RELATED POLICIES/PROCEDURES

- Note to Physicians on Involvement with EMT-1s and Paramedics GPC 6A

STATE OF CALIFORNIA

cma CALIFORNIA MEDICAL ASSOCIATION

NOTE TO PHYSICIANS ON INVOLVEMENT WITH EMT-Is AND PARAMEDICS

A life support team (EMT-II or Paramedic) operates under standard policies and procedures developed by the local EMS agency and approved by their Medical Director under Authority of Division 2.5 of the California Health and Safety Code. The drugs they carry and procedures they can do are restricted by law and local policy.

If you want to assist, this can only be done through one of the alternatives listed on the back of this card. These alternatives have been endorsed by CMA, State EMS Authority, CCLHO and BMQA.

Assistance rendered in the endorsed fashion, without compensation, is covered by the protection of the A Good Samaritan Code@ (see Business and Professional Code, Sections 2144, 2395-2298 and Health and Safety Code, Section 1799.104). (over)

STATE OF CALIFORNIA

cma CALIFORNIA MEDICAL ASSOCIATION

NOTE TO PHYSICIANS ON INVOLVEMENT WITH EMT-Is AND PARAMEDICS

A life support team (EMT-II or Paramedic) operates under standard policies and procedures developed by the local EMS agency and approved by their Medical Director under Authority of Division 2.5 of the California Health and Safety Code. The drugs they carry and procedures they can do are restricted by law and local policy.

If you want to assist, this can only be done through one of the alternatives listed on the back of this card. These alternatives have been endorsed by CMA, State EMS Authority, CCLHO and BMQA.

Assistance rendered in the endorsed fashion, without compensation, is covered by the protection of the A Good Samaritan Code@ (see Business and Professional Code, Sections 2144, 2395-2298 and Health and Safety Code, Section 1799.104). (over)

STATE OF CALIFORNIA

cma CALIFORNIA MEDICAL ASSOCIATION

NOTE TO PHYSICIANS ON INVOLVEMENT WITH EMT-Is AND PARAMEDICS

A life support team (EMT-II or Paramedic) operates under standard policies and procedures developed by the local EMS agency and approved by their Medical Director under Authority of Division 2.5 of the California Health and Safety Code. The drugs they carry and procedures they can do are restricted by law and local policy.

If you want to assist, this can only be done through one of the alternatives listed on the back of this card. These alternatives have been endorsed by CMA, State EMS Authority, CCLHO and BMQA.

Assistance rendered in the endorsed fashion, without compensation, is covered by the protection of the A Good Samaritan Code@ (see Business and Professional Code, Sections 2144, 2395-2298 and Health and Safety Code, Section 1799.104). (over)

STATE OF CALIFORNIA

cma CALIFORNIA MEDICAL ASSOCIATION

NOTE TO PHYSICIANS ON INVOLVEMENT WITH EMT-Is AND PARAMEDICS

A life support team (EMT-II or Paramedic) operates under standard policies and procedures developed by the local EMS agency and approved by their Medical Director under Authority of Division 2.5 of the California Health and Safety Code. The drugs they carry and procedures they can do are restricted by law and local policy.

If you want to assist, this can only be done through one of the alternatives listed on the back of this card. These alternatives have been endorsed by CMA, State EMS Authority, CCLHO and BMQA.

Assistance rendered in the endorsed fashion, without compensation, is covered by the protection of the A Good Samaritan Code@ (see Business and Professional Code, Sections 2144, 2395-2298 and Health and Safety Code, Section 1799.104). (over)

STATE OF CALIFORNIA

cma CALIFORNIA MEDICAL ASSOCIATION

NOTE TO PHYSICIANS ON INVOLVEMENT WITH EMT-Is AND PARAMEDICS

A life support team (EMT-II or Paramedic) operates under standard policies and procedures developed by the local EMS agency and approved by their Medical Director under Authority of Division 2.5 of the California Health and Safety Code. The drugs they carry and procedures they can do are restricted by law and local policy.

If you want to assist, this can only be done through one of the alternatives listed on the back of this card. These alternatives have been endorsed by CMA, State EMS Authority, CCLHO and BMQA.

Assistance rendered in the endorsed fashion, without compensation, is covered by the protection of the A Good Samaritan Code@ (see Business and Professional Code, Sections 2144, 2395-2298 and Health and Safety Code, Section 1799.104). (over)

STATE OF CALIFORNIA

cma CALIFORNIA MEDICAL ASSOCIATION

NOTE TO PHYSICIANS ON INVOLVEMENT WITH EMT-Is AND PARAMEDICS

A life support team (EMT-II or Paramedic) operates under standard policies and procedures developed by the local EMS agency and approved by their Medical Director under Authority of Division 2.5 of the California Health and Safety Code. The drugs they carry and procedures they can do are restricted by law and local policy.

If you want to assist, this can only be done through one of the alternatives listed on the back of this card. These alternatives have been endorsed by CMA, State EMS Authority, CCLHO and BMQA.

Assistance rendered in the endorsed fashion, without compensation, is covered by the protection of the A Good Samaritan Code@ (see Business and Professional Code, Sections 2144, 2395-2298 and Health and Safety Code, Section 1799.104). (over)

STATE OF CALIFORNIA

cma CALIFORNIA MEDICAL ASSOCIATION

NOTE TO PHYSICIANS ON INVOLVEMENT WITH EMT-Is AND PARAMEDICS

A life support team (EMT-II or Paramedic) operates under standard policies and procedures developed by the local EMS agency and approved by their Medical Director under Authority of Division 2.5 of the California Health and Safety Code. The drugs they carry and procedures they can do are restricted by law and local policy.

If you want to assist, this can only be done through one of the alternatives listed on the back of this card. These alternatives have been endorsed by CMA, State EMS Authority, CCLHO and BMQA.

Assistance rendered in the endorsed fashion, without compensation, is covered by the protection of the A Good Samaritan Code@ (see Business and Professional Code, Sections 2144, 2395-2298 and Health and Safety Code, Section 1799.104). (over)

STATE OF CALIFORNIA

cma CALIFORNIA MEDICAL ASSOCIATION

NOTE TO PHYSICIANS ON INVOLVEMENT WITH EMT-Is AND PARAMEDICS

A life support team (EMT-II or Paramedic) operates under standard policies and procedures developed by the local EMS agency and approved by their Medical Director under Authority of Division 2.5 of the California Health and Safety Code. The drugs they carry and procedures they can do are restricted by law and local policy.

If you want to assist, this can only be done through one of the alternatives listed on the back of this card. These alternatives have been endorsed by CMA, State EMS Authority, CCLHO and BMQA.

Assistance rendered in the endorsed fashion, without compensation, is covered by the protection of the A Good Samaritan Code@ (see Business and Professional Code, Sections 2144, 2395-2298 and Health and Safety Code, Section 1799.104). (over)

STATE OF CALIFORNIA

cma CALIFORNIA MEDICAL ASSOCIATION

NOTE TO PHYSICIANS ON INVOLVEMENT WITH EMT-Is AND PARAMEDICS

A life support team (EMT-II or Paramedic) operates under standard policies and procedures developed by the local EMS agency and approved by their Medical Director under Authority of Division 2.5 of the California Health and Safety Code. The drugs they carry and procedures they can do are restricted by law and local policy.

If you want to assist, this can only be done through one of the alternatives listed on the back of this card. These alternatives have been endorsed by CMA, State EMS Authority, CCLHO and BMQA.

Assistance rendered in the endorsed fashion, without compensation, is covered by the protection of the A Good Samaritan Code@ (see Business and Professional Code, Sections 2144, 2395-2298 and Health and Safety Code, Section 1799.104). (over)

STATE OF CALIFORNIA

cma CALIFORNIA MEDICAL ASSOCIATION

NOTE TO PHYSICIANS ON INVOLVEMENT WITH EMT-Is AND PARAMEDICS

A life support team (EMT-II or Paramedic) operates under standard policies and procedures developed by the local EMS agency and approved by their Medical Director under Authority of Division 2.5 of the California Health and Safety Code. The drugs they carry and procedures they can do are restricted by law and local policy.

If you want to assist, this can only be done through one of the alternatives listed on the back of this card. These alternatives have been endorsed by CMA, State EMS Authority, CCLHO and BMQA.

Assistance rendered in the endorsed fashion, without compensation, is covered by the protection of the A Good Samaritan Code@ (see Business and Professional Code, Sections 2144, 2395-2298 and Health and Safety Code, Section 1799.104). (over)

ENDORSED ALTERNATIVES FOR PHYSICIAN INVOLVEMENT

After identifying yourself by name as a physician licensed in the Sate of California, and, if requested, showing proof of identity, you may choose one of the following:

1. Offer your assistance with another pair of eyes, hands or suggestions, but let the life support team remain under base hospital control; or,

2. Request to talk to the base station physician and directly offer your medical advice and assistance; or,

3. Take total responsibility for the care given by the life support team and physically accompany the patient until the patient arrives at a hospital and responsibility is assumed by the receiving physician. In addition, you must sign for all instructions given in accordance with local policy and procedures. (Whenever possible, remain in contact with the base station physician)

(REV. 7/88) 88 49638 Provided by the EMS Authority

ENDORSED ALTERNATIVES FOR PHYSICIAN INVOLVEMENT

After identifying yourself by name as a physician licensed in the Sate of California, and, if requested, showing proof of identity, you may choose one of the following:

1. Offer your assistance with another pair of eyes, hands or suggestions, but let the life support team remain under base hospital control; or,

2. Request to talk to the base station physician and directly offer your medical advice and assistance; or,

3. Take total responsibility for the care given by the life support team and physically accompany the patient until the patient arrives at a hospital and responsibility is assumed by the receiving physician. In addition, you must sign for all instructions given in accordance with local policy and procedures. (Whenever possible, remain in contact with the base station physician)

(REV. 7/88) 88 49638 Provided by the EMS Authority

ENDORSED ALTERNATIVES FOR PHYSICIAN INVOLVEMENT

After identifying yourself by name as a physician licensed in the Sate of California, and, if requested, showing proof of identity, you may choose one of the following:

1. Offer your assistance with another pair of eyes, hands or suggestions, but let the life support team remain under base hospital control; or,

2. Request to talk to the base station physician and directly offer your medical advice and assistance; or,

3. Take total responsibility for the care given by the life support team and physically accompany the patient until the patient arrives at a hospital and responsibility is assumed by the receiving physician. In addition, you must sign for all instructions given in accordance with local policy and procedures. (Whenever possible, remain in contact with the base station physician)

(REV. 7/88) 88 49638 Provided by the EMS Authority

ENDORSED ALTERNATIVES FOR PHYSICIAN INVOLVEMENT

After identifying yourself by name as a physician licensed in the Sate of California, and, if requested, showing proof of identity, you may choose one of the following:

1. Offer your assistance with another pair of eyes, hands or suggestions, but let the life support team remain under base hospital control; or,

2. Request to talk to the base station physician and directly offer your medical advice and assistance; or,

3. Take total responsibility for the care given by the life support team and physically accompany the patient until the patient arrives at a hospital and responsibility is assumed by the receiving physician. In addition, you must sign for all instructions given in accordance with local policy and procedures. (Whenever possible, remain in contact with the base station physician)

(REV. 7/88) 88 49638 Provided by the EMS Authority

ENDORSED ALTERNATIVES FOR PHYSICIAN INVOLVEMENT

After identifying yourself by name as a physician licensed in the Sate of California, and, if requested, showing proof of identity, you may choose one of the following:

1. Offer your assistance with another pair of eyes, hands or suggestions, but let the life support team remain under base hospital control; or,

2. Request to talk to the base station physician and directly offer your medical advice and assistance; or,

3. Take total responsibility for the care given by the life support team and physically accompany the patient until the patient arrives at a hospital and responsibility is assumed by the receiving physician. In addition, you must sign for all instructions given in accordance with local policy and procedures. (Whenever possible, remain in contact with the base station physician)

(REV. 7/88) 88 49638 Provided by the EMS Authority

ENDORSED ALTERNATIVES FOR PHYSICIAN INVOLVEMENT

After identifying yourself by name as a physician licensed in the Sate of California, and, if requested, showing proof of identity, you may choose one of the following:

1. Offer your assistance with another pair of eyes, hands or suggestions, but let the life support team remain under base hospital control; or,

2. Request to talk to the base station physician and directly offer your medical advice and assistance; or,

3. Take total responsibility for the care given by the life support team and physically accompany the patient until the patient arrives at a hospital and responsibility is assumed by the receiving physician. In addition, you must sign for all instructions given in accordance with local policy and procedures. (Whenever possible, remain in contact with the base station physician)

(REV. 7/88) 88 49638 Provided by the EMS Authority

ENDORSED ALTERNATIVES FOR PHYSICIAN INVOLVEMENT

After identifying yourself by name as a physician licensed in the Sate of California, and, if requested, showing proof of identity, you may choose one of the following:

1. Offer your assistance with another pair of eyes, hands or suggestions, but let the life support team remain under base hospital control; or,

2. Request to talk to the base station physician and directly offer your medical advice and assistance; or,

3. Take total responsibility for the care given by the life support team and physically accompany the patient until the patient arrives at a hospital and responsibility is assumed by the receiving physician. In addition, you must sign for all instructions given in accordance with local policy and procedures. (Whenever possible, remain in contact with the base station physician)

(REV. 7/88) 88 49638 Provided by the EMS Authority

ENDORSED ALTERNATIVES FOR PHYSICIAN INVOLVEMENT

After identifying yourself by name as a physician licensed in the Sate of California, and, if requested, showing proof of identity, you may choose one of the following:

1. Offer your assistance with another pair of eyes, hands or suggestions, but let the life support team remain under base hospital control; or,

2. Request to talk to the base station physician and directly offer your medical advice and assistance; or,

3. Take total responsibility for the care given by the life support team and physically accompany the patient until the patient arrives at a hospital and responsibility is assumed by the receiving physician. In addition, you must sign for all instructions given in accordance with local policy and procedures. (Whenever possible, remain in contact with the base station physician)

(REV. 7/88) 88 49638 Provided by the EMS Authority

ENDORSED ALTERNATIVES FOR PHYSICIAN INVOLVEMENT

After identifying yourself by name as a physician licensed in the Sate of California, and, if requested, showing proof of identity, you may choose one of the following:

1. Offer your assistance with another pair of eyes, hands or suggestions, but let the life support team remain under base hospital control; or,

2. Request to talk to the base station physician and directly offer your medical advice and assistance; or,

3. Take total responsibility for the care given by the life support team and physically accompany the patient until the patient arrives at a hospital and responsibility is assumed by the receiving physician. In addition, you must sign for all instructions given in accordance with local policy and procedures. (Whenever possible, remain in contact with the base station physician)

(REV. 7/88) 88 49638 Provided by the EMS Authority

ENDORSED ALTERNATIVES FOR PHYSICIAN INVOLVEMENT

After identifying yourself by name as a physician licensed in the Sate of California, and, if requested, showing proof of identity, you may choose one of the following:

1. Offer your assistance with another pair of eyes, hands or suggestions, but let the life support team remain under base hospital control; or,

2. Request to talk to the base station physician and directly offer your medical advice and assistance; or,

3. Take total responsibility for the care given by the life support team and physically accompany the patient until the patient arrives at a hospital and responsibility is assumed by the receiving physician. In addition, you must sign for all instructions given in accordance with local policy and procedures. (Whenever possible, remain in contact with the base station physician)

(REV. 7/88) 88 49638 Provided by the EMS Authority

DO NOT RESUSCITATE (DNR) PHYSICIANS ORDER FOR LIFE-SUSTAINING TREATMENT (POLST)

ALWAYS USE BODY SUBSTANCE ISOLATION PRECAUTIONS

INDICATION

- Patients in respiratory or cardiopulmonary arrest with valid DNR documentation at scene

☎ PHYSICIAN CONSULT

- If there is any problem of any sort at the scene or if any therapy was instituted and the therapy is now in question

CONTRAINDICATION

- DNR order is not valid in suspected homicide or suicide situations

CRITICAL INFORMATION

- If the patient or Designated Decision Maker (DDM) requests treatment, including resuscitation, the request should be honored.
- The patient should receive treatment for pain, dyspnea, major hemorrhage, relief of choking or other medical conditions.
- Do Not resuscitate (DNR) means **NO:**
  - Assisted ventilation
  - Chest compressions
  - Defibrillation
  - Intubation
  - Cardiotonic drugs
- Approved pre-hospital DNR directives include:
  - A DNR directive signed by both the patient and physician; a copy or original is valid
  - A DNR order signed by a physician in the patient's chart at a licensed health facility
  - A Physician's Order for Life-Sustaining Treatment (POLST) form indicating DNR
  - An Emergency Medical Services Authority/ California Medical Association (EMSA/CMA) "Pre-hospital Do Not Resuscitate" form
  - An approved medallion (e.g. Medic-Alert) inscribed with the words: "Do Not Resuscitate-EMS"
  - A DNR order issued by the patient's physician who is on scene, or who issues a DNR order verbally over the phone to field personnel
- If any doubt exists begin CPR immediately. Once initiated, CPR should be continued unless it is determined the patient meets determination of death criteria or a valid DNR order / form is presented. If conflicting documents exist, follow the most recently dated document.

TREATMENT

- Follow standard procedures on arrival and assess the patient
- If information of a DNR exists, responders must see the signed order, form or medallion and should not accept a verbal order unless from the intended receiving ED physician or from the patient's own physician, who is in attendance or is available by phone.
- If a patient with a DNR order collapses in public, responders will notify the appropriate public safety agency and remain on the scene until their arrival.

DOCUMENTATION- ESSENTIAL ELEMENTS

- Bring the DNR form or order to the hospital if patient is transported.
- Attach a copy of the DNR to the PCR. If a copy is unavailable document the following:
  - Type of DNR
  - Date order was issued
  - Name of physician
- If the physician issued the DNR order verbally, document the physician's name and phone number.

ANATOMICAL GIFT/ DONOR CARD SEARCH

ALWAYS USE BODY SUBSTANCE ISOLATION PRECAUTIONS

INDICATION

- Conducting a “reasonable search” on an unconscious adult patient for whom it appears death is imminent for the purpose of locating documents to identify organ donation requests.

CRITICAL INFORMATION

- This procedure shall be secondary to the requirement that ambulance or emergency personnel provide emergency services to the patient.

TREATMENT/PROCEDURE

- Conduct the search in the presence of a witness not involved in the search, preferably a law enforcement officer.
- If the individual is declared or pronounced dead in the field the coroner or law enforcement officer should perform the search instead of pre-hospital personnel.
- If pre-hospital personnel searched the patient before arrival of the law enforcement/ coroner, notification of such search must be disclosed when law enforcement and/or coroner arrive at the scene.
- Documentation of donor status must remain with the patient.
- Notify the receiving hospital if documentation of donor status is located.

DOCUMENTATION- ESSENTIAL ELEMENTS

- Identification of witness involved in search

RELATED POLICIES/ PROCEDURES

- Title 22 Health & Safety Code 7150.55 (a,b,c)

SUSPECTED ABUSE/NEGLECT/HUMAN TRAFFICKING/INFLICTED PHYSICAL INJURY

ALWAYS USE STANDARD PRECAUTIONS

INDICATION

- Identification and guidelines for reporting and treating suspected child abuse (persons < 18 years of age), dependent adults between the ages of 18 and 64 years (those with physical or mental limitations restricting their ability to carry out normal activities), domestic abuse (intimate partner violence, includes dating relationships), human trafficking, and elder adults (≥ 65 years)
- Abuse is defined as harmful, wrongful, neglectful or improper treatment which may result in physical or mental injury.
- Physical injury includes any injury that is self-inflicted or inflicted by another person or any assaultive or abusive contact

TREATMENT

- BLS/ ALS RMC
- Treat and transport the patient per Destination Guidelines Policy GPC 4
- If patient or patient's DDM (Designated Decision Maker) refuses transportation to the hospital and patient's life is not in imminent danger:
  - Leave the scene, contact law enforcement, establish radio contact with the intended receiving hospital, describe situation including reasons for suspecting abuse.
- If patient or patient's DDM refuses transportation to the hospital and patient's life is in imminent danger:
  - Stay on the scene, request local law enforcement agency to respond and place patient in protective custody.
- If abuse is suspected in individuals other than the patient:
  - Follow the procedures stated above for imminent and/ or non-imminent danger.
- Contact the local law enforcement agency and/or one of the following protective service agencies by phone within 24 hours and submit completed report within 36 hours of incidence:
  - Marin Children and Family Services Emergency Response, 415-473-7153. State of California Report of Suspected Child Abuse Report SS 8583 (see GPC 9A)
  - Marin County Adult Protective Services, 415-473-2774. State of California Report of Suspected Dependent Adult/ Elder Abuse Form SOC 341 (see GPC 9B)
  - Dependent Adult/ Elder Abuse Form SOC 341 (see GPC 9B)
- For inflicted physical injury:
  - Health care provider shall place a telephone call to the law enforcement agency with investigative jurisdiction as soon as practically possible.
  - A written report shall be completed (OES form 2-920) and submitted to the law enforcement agency within two working days. See fax numbers below.
  - Both telephone and written reports shall be submitted if the patient has expired.
  - The pre-hospital providers at the scene shall determine who amongst them submits the reports.

CRITICAL INFORMATION

- Common findings in victims of child abuse are as follows:
  - Suspicious fractures in children < 3 years
  - Multiple fractures
  - Unexplained bruising
  - Starvation/ dehydration

- Common findings in parents/ guardian of abused child/ elder/ domestic partners/ human trafficking/ dependent adult are as follows:
  - Contradictory stories regarding patient's injury
  - Evasive answers in questions
  - Anger directed towards or little concern for the patient
  - Drug use
  - Inability to locate guardian

RELATED POLICIES/ PROCEDURES

- California Department of Social Services, Welfare & Institution Code (SS 15630, 15658 (a) (1), 8583
- Destination Guidelines Policy GPC 4

Department	Fax
Belvedere	(415) 435-8471
Central Marin	(415) 927-5167
Fairfax	(415) 457-8769
Sheriff	(415) 473-4126
Mill Valley	(415) 389-4148
Novato	(415) 898-5344
Ross	(415) 453-6124
San Rafael	(415) 485-3402
Sausalito	(415) 289-4175
Tiburon	(415) 789-2828