

EMERGENCY MEDICAL CARE COMMITTEE MEETING AGENDA



Thursday, November 17th, 2022, at 8:30 A.M.
2995 McMillan Ave, Ste #178, San Luis Obispo

MEMBERS

CHAIR Dr. Rachel May, *Emergency Physicians, 2022-2026*
 VICE CHAIR Jonathan Stornetta, *Public Providers, 2020-2024*
 Bob Neumann, *Consumers, 2022-2026*
 Matt Bronson, *City Government, 2020-2024*
 Alexandra Kohler, *Consumers, 2020-2024*
 Chris Javine, *Pre-hospital Transport Providers, 2022-2026*
 Michael Talmadge, *EMS Field Personnel, 2020-2024*
 Jay Wells, *Sheriff's Department, 2020-2024*
 Julia Fogelson, *Hospitals, 2022-2024*
 Diane Burkey, *MICNs, 2022-2026*
 Dr. Brad Knox, *Physicians, 2022-2026*

EX OFFICIO

Vince Pierucci, *EMS Division Director*
 Dr. Tom Ronay, *EMS Medical Director*

STAFF

Rachel Oakley, *EMS Coordinator*
 David Goss, *EMS Coordinator*
 Vacant, *EMS Coordinator*
 Denise Yi, *PHEP Program Manager*
 Sara Schwall, *Administrative Assistant*

AGENDA	ITEM	LEAD
Call To Order	Introductions	R. May
	Public Comment	
Action/Discussion	Approval of minutes: May 19 th , 2022 Minutes (<i>attached</i>)	R. May
	<ul style="list-style-type: none"> • EMCC Elections (Nomination and Election) <ul style="list-style-type: none"> ○ Chair ○ Vice Chair 	V. Pierucci
	<ul style="list-style-type: none"> • Staff Report for Revisions to Policies # 350 and 351, including attachments A-E (MICN). 	R. Oakley
Receive & File	<ul style="list-style-type: none"> • Status update on Ambulance Transport RFP process 	V. Pierucci
Staff Reports	<ul style="list-style-type: none"> • Health Officer • EMS Agency Staff Report • EMS Medical Director Report • PHEP Staff Report 	P. Borenstein V. Pierucci T. Ronay D. Yi
Committee Members Announcements or Reports	Opportunity for Board members to make announcements, provide brief reports on their EMS-related activities, ask questions for clarification on items not on the agenda, or request consideration of an item for a future agenda (Gov. Code Sec. 54954.2[a][2])	Committee Members
Adjourn	Next Meeting: Thursday, January 19th, 2023 at 8:30am	

**Emergency Medical Care Committee
Meeting Minutes
Thursday May 19th, 2022.
Meeting Held Virtually via ZOOM**



Members

- CHAIR Dr. Rachel May, *Emergency Medicine Physicians*
- VICE CHAIR Jonathan Stornetta, *Public Providers*

- Bob Neumann, *Consumers*
- Alexandra Kohler, *Consumers*
- Matt Bronson, *City Government*
- Chris Javine, *Pre-Hospital Transport Providers*
- Michael Talmadge, *EMS Field Personnel*
- Dr. Brad Knox, *Physicians*
- Jay Wells, *Sheriff's Department*
- Julia Fogelson, *Hospitals*
- Jennifer Sandoval, *MICNs*

Ex Officio

- Vince Pierucci, *EMS Division Director*
- Dr. Thomas Ronay, *LEMSA Medical Director*

Staff

- Rachel Oakley, *EMS Coordinator*
- Mike Groves, *EMS Coordinator*
- Kyle Parker, *EMS Coordinator*
- Denise Yi, *PHEP Program Manager*
- Sara Schwall, *Administrative Assistant*

Guests – Tim Benes, CCHD; Aaron Hartney, Cal Star; Natasha Lukasiewich, FHD ED Director; Lisa Epps, Mercy Air

AGENDA ITEM / DISCUSSION	ACTION
CALL TO ORDER	Meeting called to order at 08:31 AM
Introductions	None
Public Comment	No comments
Approval of March 17th, 2022 Meeting Minutes –	B. Knox Motions. B. Neumann 2nds. All in favor.
EMCC Nominations – Receive and File 7/1/22—6/30/26 (4 years): <ul style="list-style-type: none"> • Brad Knox – Central Coast Medical Association (continuing) • Rachel May – ER Physicians (Health Officer) (continuing) • Chris Javine – Pre-hospital transport providers (Health Officer) (continuing) • Diane Burkey - MICNs (Health Officer) (added) • Bob Nueman – Consumer Representative (Health Officer) (continuing) 7/1/22—6/30/24 (2 years): <ul style="list-style-type: none"> • Julia Fogelson – Hospital Administrator (Hospital Administrators) (continuing) 	V. Pierucci
APOT Report: <ul style="list-style-type: none"> • Saw an increase in APOT due to the Omicron variant but we are still in the 90th percentile for APOT-1 times. CARES: <ul style="list-style-type: none"> • The numbers are better than 2020 and Utstein survival remained relatively the same. We now have 5 years of data to look for trends and will be looking at advanced airways. Core Measures: <ul style="list-style-type: none"> • Used to look for changes that need to be made and how effective these measures are. 	M.Groves

<p>COVID Update:</p> <ul style="list-style-type: none"> • Up to at least 50% of our county's SNFs (skilled nursing facilities) have a COVID outbreak • 353 cases were added since last week, making that a 14-day average of 46 • Hospitalizations range from 5-7 and are remaining stable • We are seeing most cases from the Omicron subvariant: BA-2 • There are 17-18 current outbreaks in congregant settings. Testing will be more of a support roll rather than fully hands-on. <p>A. Kohler asks if there is any discussion of reinstating a mask mandate. V. Pierucci says not at this time, but we would align with what the State calls for. T. Benes asks about the use of masks in the field. M. Groves responds that it is outlined in our bulletin to wear PPE in cases of suspected or known COVID patients.</p>	<p>V. Pierucci</p>
<p>Staff Report: Evaluations for a new Health Agency Director are still ongoing. Thank you to the Fire Agencies for working with us to create an ALS agreement and for showing commitment and support to the EMS system. Mike Groves is retiring in the Summer, so we have just closed recruitments for a new hire with a goal to onboard in mid-July. The Airway lab on June 23rd is now filled. Our annual protocol EMS update class is occurring this month with 60% of medics already attended. We are renewing the 3-year trauma center agreement with Sierra Vista. MHOCSA training in June will train staff to work in an EOC environment. The EMS division was approved to add a new truck. The EMS division is also moving to a new building on McMillan in early July.</p> <p>EMS Medical Director Report: Thank you to the specialty care centers for enhanced cardiac arrest outcomes and successful Trauma Center verification. The State is very interested in post resuscitation bundles of care and will be reviewed with care centers. The skills lab in June will reinforce high risk/low frequency field procedures, including intubations. We are also working on new guidelines for trauma metrics and evaluating the use of Supraglottic airways.</p> <p>PHEP Staff Report: The NPP (Nuclear Power Plant) evaluation exercise is set for September 14th. We are planning for the Fall POD exercise and are set for a public POD. The COVID After Action Review will be finalized before the end of the month.</p>	<p>V. Pierucci</p> <p>T. Ronay</p> <p>D. Yi</p>
<p>Announcements: N. Lukasiewich wants a list of community events to help foreshadow any additional hospital staffing needs.</p>	
<p>Future Agenda Items: None</p>	<p>Meeting adjourned 9:21 AM</p>
<p>Next Regular Meeting Next meeting will be held Thursday, September 15th, 2022, at 08:30 AM. Location TBD.</p>	



COUNTY OF SAN LUIS OBISPO HEALTH AGENCY
PUBLIC HEALTH DEPARTMENT

Penny Borenstein, MD, MPH Health Officer/Public Health Director

MEETING DATE	November 17, 2022
STAFF CONTACT	Vince Pierucci 805.788.2512 vpierucci@co.slo.ca.us
SUBJECT	EMCC Elections
SUMMARY	<p>Per the EMCC By-laws, <i>Article 8 – OFFICERS AND DUTIES OF OFFICERS</i> states elections for the Chair and Vice-Chair will occur annually “<i>during the first meeting of the EMCC after July 1.</i>”</p> <p>Due to COVID, the last election for officers occurred September 17th, 2019.</p> <p>The length of the term for an officer is 1 year.</p> <p>Requires a majority vote (Quorum is 6)</p>
REVIEWED BY	EMS Director Vince Pierucci
RECOMMENDED ACTION(S)	Recommended for EMCC approval.
ATTACHMENT(S)	N/A

County of San Luis Obispo Health Agency

2995 McMillan Ave, Ste 178 | San Luis Obispo, CA 93401 | (P) 805-788-2519

www.slocounty.ca.gov/EMSA



COUNTY OF SAN LUIS OBISPO HEALTH AGENCY
PUBLIC HEALTH DEPARTMENT

Penny Borenstein, MD, MPH *Health Officer/Public Health Director*

MEETING DATE	November 17, 2022
STAFF CONTACT	Rachel Oakley 805.788.2518 roakley@co.slo.ca.us
SUBJECT	MICN Authorization and Reauthorization Policies and Attachments.
SUMMARY	<p>Policy 350</p> <p>From previous discussions, some requirements for MICN initial authorization are being revised.</p> <ul style="list-style-type: none"> • One item needed for initial application is an employment letter that states that the RN has been employed with a base station emergency department for at least one year. We propose this requirement be waived for new RNs who previously worked as an accredited San Luis Obispo County paramedic in the preceding two years, as they are current in the policies, procedures, and protocols to assist paramedics working in the field. • It is proposed for an MICN Liaison at each base hospital to be the point person and coordinate the application process with collecting and submitting of all required application items on behalf of the MICN applicant. It's important for someone at each base station to be aware of the status and compliance of each MICN working, which will assist in maintaining current and accurate personnel files. This includes employment and separation of employment letters. • Added back to the policy is a four (4) hour "ride along" with an ALS provider, named MICN Field Orientation and Attachment E; MICN Field Orientation Checklist. We propose this requirement be waived for new RNs who previously worked as an accredited San Luis Obispo County paramedic in the preceding two years. • The MICN Med Com Orientation is also four (4) hours long and is recorded on Attachment D; MICN Med Com Orientation Checklist. • Fees will be returning this next fiscal year. Language was added back to policy, along with rush fees, to align with paramedic and EMT application policies. <p>Policy 351</p> <p>A few revisions were made to reflect current operations and to align with Policy 350 revisions.</p>

County of San Luis Obispo Health Agency

REVIEWED BY	EMS Staff
RECOMMENDED ACTION(S)	Recommended for EMCC approval.
ATTACHMENT(S)	Draft Policies 350 and 351 with policy attachments.

POLICY #350: MOBILE INTENSIVE CARE NURSE INITIAL AUTHORIZATION

I. PURPOSE

- A. To establish criteria for the initial authorization of Mobile Intensive Care Nurses (MICN) in the County of San Luis Obispo (SLO).

II. SCOPE

- A. This policy applies to all California licensed Registered Nurses, who work in the Emergency Department (ED) for a Base Hospital in the County of SLO, wishing to obtain authorization as an MICN.

III. POLICY

- A. A current and valid California Registered Nurse license and local authorization are required to practice as an MICN in the County of SLO.
- B. Only MICNs with a current authorization may represent themselves as an MICN. Individuals not currently authorized as an MICN who represent themselves as such may be subject to discipline as outlined in Emergency Medical Services (EMS) Agency Policy# 300: Investigation and Disciplinary Process.
- C. All initial authorization candidates must complete the following before applying for initial authorization:
 - 1. A minimum of one-year experience as an Emergency Department RN for a Base Station in San Luis Obispo County.
 - a. ED nurses who have held a California Paramedic License, held SLO County paramedic accreditation, and worked as a Paramedic in SLO County within two years preceding their MICN application may use that experience in lieu of the one-year minimum experience in ED nursing.
 - 2. EMS Agency MICN Initial Authorization Course and pass the written examination with a minimum score of 80%. The course instructor will evaluate any candidate who fails to pass the testing and evaluation process and recommend to the EMS Agency Medical Director further evaluation or training, as required.
 - 3. Complete the following within 3 months of passing the Initial MICN Authorization Course:
 - a. An orientation to Base Hospital radio operation techniques and hardware provided by the Paramedic Liaison Nurse at the candidate's Base Hospital utilizing the MICN Base Hospital Orientation Checklist – Attachment B.
 - b. A minimum of fifteen (15) paramedic radio calls proctored by an authorized MICN, a minimum of ten (10) calls must be advanced life support (ALS). Record each call, utilizing the MICN Radio Proctoring Form – Attachment C, indicating

date, time, and nature of the case (e.g., major trauma, syncope, chest pain). The MICN preceptor must sign off on each proctored call.

c. Four (4) hours of orientation at the County of SLO Sheriff's Department ambulance dispatch center, MedCom. The dispatcher providing the orientation will complete and sign the MICN Med Com Orientation Checklist – Attachment D.

d. Four (4) hours of field orientation with an ALS provider. The FTO providing the orientation will complete and sign the MICN Field Orientation Checklist – Attachment E.

(1) ED nurses who have held a California Paramedic License, held SLO County paramedic accreditation, and worked as a Paramedic in SLO County within two years preceding their MICN application may use that experience in lieu of the four (4) hour field orientation requirement.

- D. An MICN Liaison at each base station hospital will be the point person for the MICN application process. The MICN Liaison will collect all items required for Initial MICN Authorization (outlined in PROCEDURE below) and submit the complete application to the EMS Agency on behalf of the MICN Applicant. Applications can be dropped off, mailed, or emailed to the EMS Agency.
- E. Candidates applying for initial authorization must pay the non-refundable authorization application fee.
- F. Candidates whose checks return for insufficient funds may be subject to disciplinary action as outlined in EMS Agency Policy #101: Fee Collection.
- G. Candidates must have sufficient time to authorize. The EMS Agency may require up to fourteen (14) calendar days to process a complete application. If a request is made to expedite a completed application within 72 hours of the request, a rush fee will apply.
- H. All information on the EMS Agency application is subject to verification. Candidates who supply information found to be fraudulent will be subject to the disciplinary process outlined in EMS Agency Policy# 300: Investigation and Disciplinary Process.
- I. Authorization will be for a maximum of two years:
1. The effective date of authorization will be the date the candidate meets all local requirements as demonstrated to the EMS Agency.
 2. The authorization will expire no more than two years from effective date or when the MICN no longer meets authorization requirements.
- J. Once authorized as an MICN, based on the continuous quality improvement process the employer or EMS Agency Medical Director may determine that a MICN needs additional training, observation, or testing. The employer, the EMS Agency Medical Director or his/her designee, may create a specific and targeted program of remediation based upon the identified need of the MICN. If there is disagreement between the MICN, the employer and/or the EMS Agency Medical Director, the decision of the EMS Agency Medical Director will prevail. If the individual fails to complete this targeted program of remediation the EMS Agency Medical Director may suspend authorization for a minimum of one (1) year and up to two (2) years.

- K. As a condition of continued authorization, an MICN must attend and pass all mandated training as may be required from time to time by the EMS Agency.
- L. It is the responsibility of the MICN to notify the EMS Agency within 7 days of any arrest or change in their eligibility status. Failure to report such actions may result in disciplinary action.
- M. It is the responsibility of the base station employer to provide employment letters for application purposes and separation of employment notifications to the EMS Agency.
- N. The EMS Agency Medical Director must approve exceptions to any authorization requirements.

IV. PROCEDURE

- A. A candidate for Initial MICN authorization in the County of SLO must complete the MICN Authorization Application – Attachment A, and supply documentation establishing eligibility for authorization as follows:
 - 1. Current California Registered Nurse license
 - 2. Current certification as a Cardiopulmonary Resuscitation (CPR) Provider according to the standards for professional rescuers of the American Heart Association or other course approved by the EMS Agency Medical Director.
 - 3. Current Advanced Cardiac Life Support (ACLS) provider certification issued by the American Heart Association or other course approved by the EMS Agency Medical Director.
 - 4. Provide a letter of employment from a County of SLO Base Hospital indicating current employment in their ED with a minimum of one-year experience in ED nursing.
 - a. ED nurses who have held a California Paramedic License, held SLO County paramedic accreditation, and worked as a Paramedic in SLO County within two years preceding their MICN application may use that experience in lieu of the one-year minimum experience in ED nursing.
 - 5. Proof of completing the Initial MICN Authorization Course.
 - 6. Completed and signed MICN Base Hospital Orientation Checklist – Attachment B.
 - 7. Completed and signed MICN Radio Proctoring Form – Attachment C, with documentation of fifteen (15) proctored radio calls.
 - 8. Completed and signed MICN Med Com Orientation Checklist – Attachment D.
 - 9. Completed and signed MICN Field Orientation Checklist – Attachment E.
 - a. ED nurses who have held a California Paramedic License, held SLO County paramedic accreditation, and worked as a Paramedic in SLO County within two years preceding their MICN application may use that experience in lieu of the four (4) hour field orientation requirement.
- B. Authorization candidate must pay the non-refundable authorization application fee.

V. AUTHORITY

- Health and Safety Code, Division 2.5, Chapter 2, Section 1797.56; Chapter 3, Article 5, Section 1797.175; Chapter 4, Article 1, Section 1797.210; and Chapter 4, Article 1, Section 1797.213(a)

VI. ATTACHMENTS

- A. MICN Authorization Application
- B. MICN Base Hospital Orientation Checklist
- C. MICN Radio Proctoring Form
- D. MICN Med Com Orientation Checklist
- E. MICN Field Orientation Checklist

POLICY #351: MOBILE INTENSIVE CARE NURSE REAUTHORIZATION

I. PURPOSE

- A. To establish criteria for the reauthorization of Mobile Intensive Care Nurses (MICN) in the County of San Luis Obispo (SLO).

II. SCOPE

- A. This policy applies to all California licensed Registered Nurses, who work in the Emergency Department (ED) of a Base Hospital in the County of SLO, wishing to obtain reauthorization as an MICN.

III. POLICY

- A. A current and valid California Registered Nurse license and local authorization are required to practice as an MICN in the County of SLO.
- B. Only MICNs with a current authorization may represent themselves as an MICN. Individuals not currently authorized as an MICN who represent themselves as such may be subject to discipline as outlined in the County of San Luis Obispo Emergency Medical Services Agency (EMS Agency) Policy# 300: Investigation and Disciplinary Process.
- C. An MICN Liaison at each base station hospital will be the point person for the MICN application process. The MICN Liaison will collect all items required for MICN Reauthorization (outlined in PROCEDURE below) and submit the complete application to the EMS Agency on behalf of the MICN Applicant. Applications can be dropped off, mailed, or emailed to the EMS Agency.
- D. All information on the EMS Agency application is subject to verification. Candidates who supply information found to be fraudulent will be subject to the disciplinary process outlined in EMS Agency Policy# 300: Investigation and Disciplinary Process.
- E. Based on the continuous quality improvement process the employer or EMS Agency Medical Director may determine that a MICN needs additional training, observation, or testing. The employer, the EMS Agency Medical Director or his/her designee, may create a specific and targeted program of remediation based upon the identified need of the MICN. If there is disagreement between the MICN, the employer and/or the EMS Agency Medical Director, the decision of the EMS Agency Medical Director will prevail.
- F. If the individual fails to complete this targeted program of remediation the EMS Agency Medical Director may suspend or revoke the authorization for a minimum of one (1) year and up to two (2) years.
- G. As a condition of continued authorization, MICN must attend and pass all mandated training as may be required from time to time by the EMS Agency.

-
- H. It is the responsibility of the MICN to notify the EMS Agency within 7 days of any arrest or change in their eligibility status. Failure to report such actions may result in disciplinary action.
 - I. It is the responsibility of the base station employer to provide employment letters for application purposes and separation of employment notifications to the EMS Agency.
 - J. The EMS Agency Medical Director must approve exception to any reauthorization requirements.
 - K. Reauthorization candidates must complete the following before applying for reauthorization:
 - 1. Complete the mandatory Yearly EMS Update Course for each year of authorization. The Yearly EMS Updates may be completed by attending in-person training (e.g., Base Hospital Meetings or EMS Agency sponsored classes), or by completing an on-line course developed and distributed by the EMS Agency.
 - 2. Attend a minimum of four (4) County of SLO Base Hospital meetings during the twenty-four (24) month period preceding reauthorization.
 - L. Currently authorized MICNs returning to a Base Hospital ED after an absence greater than 3 months must receive an update from the MICN Liaison reviewing radio usage and any changes to EMS Agency policies, procedures, or protocols.
 - M. Following a lapse in authorization, MICN's must meet the following criteria to be eligible for reauthorization.
 - 1. An individual whose authorization has a lapse of less than six (6) months must comply with the criteria in Section K and Section L of this policy.
 - 2. An individual whose authorization has a lapse of six (6) months but less than twelve (12) months: must comply with the criteria in Section K and Section L of this policy and complete the most recent Yearly EMS Update Course
 - 3. An individual whose authorization has a lapse of twelve (12) months, but less than twenty-four (24) months must comply with the criteria in Section K and Section L of this policy, complete the most recent Yearly EMS Update Course, and complete a minimum of five (5) advanced life support (ALS) paramedic radio calls proctored by an authorized MICN. Record each call, utilizing the MICN Radio Proctoring Form - Policy 350 Attachment C, indicating date, time, and nature of the case (e.g., major trauma, syncope, chest pain).
 - 4. An individual whose authorization has a lapse of greater than twenty-four (24) months must complete the initial authorization process as outlined in the EMS Agency Policy# 350: Mobile Intensive Care Nurse Initial Authorization.
 - N. Candidates applying for reauthorization must pay the non-refundable reauthorization application fee.
 - O. Candidates whose checks return for insufficient funds may be subject to disciplinary action as outlined in EMS Agency Policy #101: Fee Collection.

- P. Reauthorization candidates must have sufficient time to reauthorize. The EMS Agency requires up to fourteen (14) calendar days to process applications. If a request is made to expedite a completed application within 72 hours of the request, a rush fee will apply.
- Q. The effective date of authorization will be the date the candidate meets all local requirements as demonstrated to the EMS Agency.
- R. The authorization will expire no more than two years from the effective date or when the MICN no longer meets authorization requirements.
- S. If requirements are not met prior to the expiration date, MICN authorization will be suspended, and the candidate may not perform the functions of an MICN until all requirements are met.

IV. PROCEDURE

- A. A candidate for MICN reauthorization in the County of SLO must complete the EMS Agency application – Attachment A and supply documentation establishing eligibility for reauthorization as follows:
 - 1. Current and valid California Registered Nurse license
 - 2. Proof of current certification as a Cardiopulmonary Resuscitation (CPR) Provider according to the professional rescuer's standards of the American Heart Association or other course provider approved by the EMS Agency Medical Director.
 - 3. Proof of current Advanced Cardiac Life Support (ACLS) provider certification issued by the American Heart Association or other course approved by the EMS Agency Medical Director.
 - 4. Letter of employment from a County of SLO Base Hospital confirming current employment in their ED.
 - 5. Proof of completion of a Yearly EMS Update Course for each of the previous two (2) years' authorization period.
 - 6. Copy of CE certs for proof of attendance to four (4) County of SLO Base Hospital meetings in the preceding twenty-four (24) month authorization period.
- B. Reauthorization candidate must pay the non-refundable reauthorization application fee.

V. AUTHORITY

- Health and Safety Code, Division 2.5, Chapter 2, Section 1797.56; Chapter 3, Article 5, Section 1797.175; Chapter 4, Article 1, Section 1797.210; and Chapter 4, Article 1, Section 1797.213(a)

VI. ATTACHMENTS

- A. MICN Authorization Application

County of San Luis Obispo Public Health Department
 Division: Emergency Medical Services Agency

Policy 350 & 351 Attachment A
 Effective Date: 12/01/2022

MICN AUTHORIZATION APPLICATION

Check One: **Initial Authorization** **Re-authorization: SLO Co #:**

APPLICANT INFORMATION					
Last Name:			First Name and Middle Initial:		
Mailing Address, PO Box/Street:			Residence Address (if different than mailing):		
City:	State:	Zip:	City:	State:	Zip:
<input type="checkbox"/> This is a change of address			<input type="checkbox"/> This is a change of address		
Cell Phone Number:			Personal Email:		
Home Phone Number:			Work Email:		
Date of Birth:	CA Driver's License #:		CA RN License #:	Expiration:	
Primary Employer Information			Secondary Employer Information		
Name:		Phone Number:	Name:		Phone Number:
Address:			Address:		
City:	State:	Zip:	City:	State:	Zip:
For Initial Authorization, Liaison/Preceptor Name:			For Initial Authorization, Orientation Start Date:		
****EMS AGENCY USE ONLY BELOW THIS LINE****					
<input type="checkbox"/> Megan's Law Checked			<input type="checkbox"/> Access Database Updated		
County Number:		Effective Date:	Expiration Date:		
Date Letter Sent to Applicant:			Date Letter Sent to Employer(s):		
Verified by:			Verified Date:		

Policy #: 350 & 351 Attachment A

USE APPROPRIATE CHECK LIST BELOW AND SIGN. SUBMIT BOTH PAGES.

Applicant Name:

Date:

MICN AUTHORIZATION	MICN RE-AUTHORIZATION
<input type="checkbox"/> Completed Application (both pages).	<input type="checkbox"/> Completed Application (both pages).
<input type="checkbox"/> Letter from SLO County Base Hospital confirming employment as an RN in ED for at least 1 year.	<input type="checkbox"/> Letter from SLO County Base Hospital confirming employment as an RN in ED.
<input type="checkbox"/> Waived for Previous SLO County Accredited Paramedics	
<input type="checkbox"/> Copy of CA RN License. Expiration:	<input type="checkbox"/> Copy of CA RN License. Expiration:
<input type="checkbox"/> Copy of CPR Card. Expiration: <input type="checkbox"/> AHA-BLS Provider <input type="checkbox"/> CAL FIRE <input type="checkbox"/> Atascadero Fire <input type="checkbox"/> Other:	<input type="checkbox"/> Copy of CPR Card. Expiration: <input type="checkbox"/> AHA-BLS Provider <input type="checkbox"/> CAL FIRE <input type="checkbox"/> Atascadero Fire <input type="checkbox"/> Other:
<input type="checkbox"/> Copy of ACLS Card. Expiration:	<input type="checkbox"/> Copy of ACLS Card. Expiration:
<input type="checkbox"/> Proof of MICN Initial Authorization Course	<input type="checkbox"/> Proof of Annual MICN EMS Update Classes (2).
<input type="checkbox"/> Copy of Base Station Orientation Checklist -Attachment B	<input type="checkbox"/> Copy of Base Station Meeting Certificates (4).
<input type="checkbox"/> Copy of Radio Proctoring Form -Attachment C	<input type="checkbox"/> Non-refundable application fee.
<input type="checkbox"/> Copy of MedCom Orientation Checklist -Attachment D	
<input type="checkbox"/> Copy of Field Orientation Checklist -Attachment E <input type="checkbox"/> Waived for Previous SLO County Accredited Paramedics	
<input type="checkbox"/> Non-refundable application fee.	

DECLARATION and ATTESTATION

Have you ever been convicted of any felony or misdemeanor offense, in California or in any other state or place, including entering a plea of nolo contendere or no contest and including any conviction, which has been expunged (set aside)?	<input type="checkbox"/> On File with SLO EMSA <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had a certification, accreditation, or professional healing arts license denied, suspended, revoked or placed on probation, or are you under investigation at this time?	<input type="checkbox"/> On File with SLO EMSA <input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any criminal charges currently pending against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered yes to any of the above questions, you must submit with this application a written explanation that describes the crime(s), date, location, court, sentence served, and parole if any, and/or the action taken against your certification, accreditation or professional license, any corrective action, and/or remediation as a result of the action. You must also attach any applicable court documents and police reports.

Attestation: I hereby certify under penalty of perjury that all information on this application is true and correct to the best of my knowledge and belief, and I understand that any falsification or omission of material facts may cause forfeiture on my part of all rights to MICN Authorization in the County of San Luis Obispo. I understand all information on this application is subject to verification, and I hereby give my express permission for this certifying entity to contact any person or agency for information related to my role and function as an MICN. It is my responsibility to notify the EMS Agency within 7 days of any arrest or change in my eligibility status. I also understand that I am required to notify the EMS Agency in writing within 30 days of any change in my mailing address.

Signature of Applicant:

Date:

County of San Luis Obispo Public Health Department
 Division: Emergency Medical Services Agency

Policy 350 Attachment B
 Effective Date: 10/01/2022

MICN - Base Hospital Orientation Checklist

Submit this form with Initial Application for MICN Authorization

MICN Applicant Name:	
MICN Preceptor Name:	MICN #:
Base Station Name:	Orientation Date:

Orientation Items Reviewed	
Communications System:	Procedures:
<input type="checkbox"/> Med Com	<input type="checkbox"/> Radio communication techniques
<input type="checkbox"/> Dispatch	<input type="checkbox"/> Patient privacy in communications
Hardware:	<input type="checkbox"/> Med Com radio checks
<input type="checkbox"/> Use of radio controls	<input type="checkbox"/> Paramedic report formats
<input type="checkbox"/> Telemetry	<input type="checkbox"/> Simultaneous runs
<input type="checkbox"/> Recording	<input type="checkbox"/> Multiple casualty incident (MCI)
<input type="checkbox"/> Land line (telephone) communications	<input type="checkbox"/> Ambulance diversion policy
Documentation:	<input type="checkbox"/> Base station disabled
<input type="checkbox"/> MICN run reports	<input type="checkbox"/> Contact with the receiving hospitals
<input type="checkbox"/> Medic run reports	<input type="checkbox"/> Inter-hospital transfers
<input type="checkbox"/> Base station log	<input type="checkbox"/> Base station physician consultations
<input type="checkbox"/> Storage of records and tapes	<input type="checkbox"/> Deviations from protocols
<input type="checkbox"/> Incident reports	<input type="checkbox"/> DNR
<input type="checkbox"/> Base station meetings/attendance requirements	<input type="checkbox"/> Reference resources (e.g. SLO EMS Agency policies & procedures, poison control, protocol algorithms)
<input type="checkbox"/> CQI process	

I hereby certify that I completed the MICN Base Hospital Orientation:	
Signature of MICN Applicant:	Date:

I hereby certify that the MICN Applicant has completed the MICN Base Hospital Orientation:	
Signature of MICN Preceptor:	Date of Completion:

County of San Luis Obispo Public Health Department
 Division: Emergency Medical Services Agency

Policy 350 Attachment C
 Effective Date: 10/01/2022

MICN - Radio Proctoring Form

Submit this form with Initial Application for MICN Authorization

MICN Applicant Name:	
Base Station Name:	Orientation Date:

#	Date	Type of Run/Comments	MICN Preceptor Signature
1			
2			
3			
4			
5			
6			
7			
8			
9			

#	Date	Type of Run/Comments	MICN Preceptor Signature
10			
11			
12			
13			
14			
15			

I hereby certify that I completed the MICN Radio Proctoring:	
Signature of MICN Applicant:	Date:

County of San Luis Obispo Public Health Department
 Division: Emergency Medical Services Agency

Policy 350 Attachment D
 Effective Date: 10/01/2022

MICN - Med Com Orientation Checklist

Submit this form with Initial Application for MICN Authorization

MICN Applicant Name:	
Dispatcher Name:	Date:

Orientation Items Reviewed (4 Hours Total)	
<input type="checkbox"/> Review of CAD System:	<input type="checkbox"/> Hospital Communications:
<input type="checkbox"/> EMS	<input type="checkbox"/> All Call
<input type="checkbox"/> Sheriff	<input type="checkbox"/> Reddinet
<input type="checkbox"/> Watch Commander	<input type="checkbox"/> Location and Use
<input type="checkbox"/> Other:	
<input type="checkbox"/> EDM Cards	

I hereby certify that I completed the MICN Med Com Orientation:	
Signature of MICN Applicant:	Date:

I hereby certify that the MICN Applicant has completed the MICN Med Com Orientation:	
Signature of Dispatcher:	Date of Completion:

County of San Luis Obispo Public Health Department
 Division: Emergency Medical Services Agency

Policy 350 Attachment E
 Effective Date: 10/01/2022

MICN - Field Orientation Checklist

Submit this form with Initial Application for MICN Authorization

MICN Applicant Name:	
FTO Name:	
ALS Provider:	Date:

Orientation Items Reviewed (4 Hours Total)	
<input type="checkbox"/> Communications System:	<input type="checkbox"/> Common Field Procedures:
<input type="checkbox"/> Dispatch:	<input type="checkbox"/> Paramedic Report Formats
<input type="checkbox"/> MedCom	<input type="checkbox"/> Routine BLS/ALS Notification
<input type="checkbox"/> Fire	<input type="checkbox"/> Alerts for Trauma Steps 1/2
<input type="checkbox"/> Cell Phone	<input type="checkbox"/> Alerts for STEMI and Stroke
<input type="checkbox"/> Patient Privacy in Communications	<input type="checkbox"/> Physician Consults;
<input type="checkbox"/> Radio Checks	<input type="checkbox"/> Destination for Trauma Steps 3/4
<input type="checkbox"/> Demonstration of Hardware:	<input type="checkbox"/> Medication
<input type="checkbox"/> Use of Radio Controls	<input type="checkbox"/> Other
<input type="checkbox"/> Monitor Capabilities;	<input type="checkbox"/> Physician Termination of Resuscitation
<input type="checkbox"/> VS, ETCO2, 12 Lead	<input type="checkbox"/> AMA
<input type="checkbox"/> See-through CPR/Post Code Download	<input type="checkbox"/> Multi-Casualty Incident (MCI) Level I / II
<input type="checkbox"/> Equipment Set-Up and Bags	<input type="checkbox"/> Ambulance Diversion Policy
<input type="checkbox"/> Land Line/Telephone Communications	<input type="checkbox"/> Inter-hospital Transfers;
<input type="checkbox"/> Documentation/QI Program:	<input type="checkbox"/> Rapid Re-triage for STEMI/Trauma
<input type="checkbox"/> Medic PCR or ePCR	<input type="checkbox"/> Reference Resources;
<input type="checkbox"/> Incident Reports	<input type="checkbox"/> SLO EMSA 3 Ps
<input type="checkbox"/> Provider CQI Process	<input type="checkbox"/> Poison Control, Mobile App

I hereby certify that I completed the MICN Field Orientation:	
Signature of MICN Applicant:	Date:

I hereby certify that the MICN Applicant has completed the MICN Field Orientation:	
Signature of FTO:	Date of Completion: