

# EMERGENCY MEDICAL CARE COMMITTEE MEETING AGENDA



Thursday, January 20, 2022, at 8:30 A.M.  
VIRTUAL Meeting Only  
ZOOM LINK

<https://slohealth.zoom.us/j/95800362058?pwd=YzdLVFNyOGFXeklhR01Fd2V1NFMzdz09>

## MEMBERS

CHAIR Dr. Rachel May, *Emergency Physicians, 2018-22*  
VICE CHAIR Jonathan Stornetta, *Public Providers, 2020-24*  
Bob Neumann, *Consumers, 2018-22*  
Matt Bronson, *City Government, 2020-24*  
Alexandra Kohler, *Consumers, 2020-24*  
Chris Javine, *Pre-hospital Transport Providers, 2018-22*  
Michael Talmadge, *EMS Field Personnel, 2020-24*  
Jay Wells, *Sheriff's Department, 2020-24*  
Julia Folgelson, *Hospitals, 2020-22*  
Jennifer Sandoval, *MICNs, 2018-22*  
Dr. Brad Knox, *Physicians, 2018-22*

## EX OFFICIO

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

## STAFF

Rachel Oakley, *EMS Coordinator*  
Kyle Parker, *EMS Coordinator*  
Michael Groves, *EMS Coordinator*  
Amy Mayfield, *Administrative Assistant*  
Denise Yi, *PHEP Program Manager*

AGENDA	ITEM	LEAD
Call to Order	Introductions	R. May
	Public Comment	
Action/Discussion	Approval of minutes: November 2021 Minutes ( <i>attached</i> )	R. May
	<ul style="list-style-type: none"> <li>Welcome to Dr. Brad Knox (replaced Dr. Tom Hale)</li> </ul>	V. Pierucci
	<ul style="list-style-type: none"> <li>Staff Report for Revisions to Policies # 350 and 351, including attachments A-D (MICN).</li> </ul>	R. Oakley
Receive and File	<ul style="list-style-type: none"> <li>Helicopter QI Data Review</li> </ul>	M. Groves
Report	<ul style="list-style-type: none"> <li>COVID Update</li> </ul>	V. Pierucci
Staff Reports	<ul style="list-style-type: none"> <li>Health Officer</li> <li>EMS Agency Staff Report</li> <li>EMS Medical Director Report</li> <li>PHEP Staff Report</li> </ul>	P. Borenstein V. Pierucci T. Ronay D. Yi
Committee Members Announcements or Reports	<ul style="list-style-type: none"> <li>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])</li> </ul>	Committee Members
Adjourn	<b>Next Meeting: Thursday March 17th, 2022, 0830 Venue TBA</b>	



<p>included on Attachment B to be provided as proof. Authority was revised to include Health and Safety code Division 2.5, Chapters 3, 4, and 7.</p> <p><b>Policy 342: Emergency Medical Technician Paramedic Reaccreditation</b></p> <ul style="list-style-type: none"> <li>• Under IV. Policy (S), the turn-time for applications was revised from 14 calendar days to 30 days.</li> <li>• A rush fee was added as mentioned in Policy 341 narrative of revisions above.</li> <li>• In V. Procedure, Attachments required are referenced, special note that order of Attachments have changed.</li> <li>• Base station meeting attendance has changed from 6 to 4 per two-year accreditation cycle.</li> <li>• All Attachments have been revised for standardization. The order of Attachments has been changed and Attachment D was added.</li> </ul> <p><b>Helicopter QI Data:</b> Bringing back for discussion January 2022.</p>	<p>Action: Receive and File</p> <p>Revisiting in January 2022</p>
<p><b>Report:</b> <b>COVID Update:</b> Case rates daily 30 to 35. CDC 82 per 100,000. Currently in orange status. Continuing indoor mask mandate. We are currently stabilized, "plateaued". Possible winter surge. Vaccine rates – 66.7%, however once 5 to 11 yo were added we have dropped to 62.4%, adding a ½% a week. Realigning CHADOC with Public Health, moving away from ICS mode. Two new programs, warehouse and Care and Shelter, have been added to EMS as a result. The Warehouse will store extra equipment, i.e.: PPE, ventilators. Care and Shelter is a homeless program that houses homeless in COVID situations. Normally DSS would handle something like this however they are unable to take this on. The transition should be complete by the end of the month. Vince will be returning to EMS 3 days a week.</p>	<p>V. Pierucci</p>
<p><b>Staff Report:</b> Received state memo extending waiver for EMS Personnel to March of 2022. Ex: Local Optional Scope, license and cert waivers extended. The EMSA Medical Director, Dr. Duncan, has left as of the 12<sup>th</sup> of November. New interim director is Liz Bassett with CDPH. She has background in Emergency Management. Dr. Berzon has been appointed as new Medical Director. More changes to come.</p> <p><b>EMS Medical Director Report:</b> Hospital/ED staffing remains challenging. APOT is excellent, thanks to provider agencies. Regarding changes at the state level, Dr. Hector Garzon is appointed as the new medical director. Behavioral Health Psychosis task force has begun working on recommendations.</p> <p><b>PHEP Staff Report:</b> FLU Vaccine pod is cancelled due to COVID. Being administered by Public Health. Rolling out Medical Shelter exercise Spring 2022. Consultant helping with the planning of that.</p>	<p>V. Pierucci</p> <p>Dr. Tom Ronay</p> <p>Denise Yi</p>
<p><b>Special Announcement:</b> Dr. Tom Hale retiring. K. Parker to hand deliver gift. Many kind words were exchanged.</p>	<p>Discussion: No action required.</p>
<p><b>Future Agenda Items:</b> Helicopter QI Data</p>	<p>Bringing back in January 2022</p>
<p><b>Next Regular Meeting</b> Next meeting will be held Thursday, January 20<sup>th</sup>, 2022, at 08:30am. Location TBD.</p>	<p>Meeting adjourned 10:15 am</p>



COUNTY OF SAN LUIS OBISPO HEALTH AGENCY

PUBLIC HEALTH DEPARTMENT

Michael Hill Health Agency Director

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

MEETING DATE	January 20, 2022 via ZOOM
STAFF CONTACT	Rachel Oakley 805.788.2518 roakley@co.slo.ca.us
SUBJECT	MICN Authorization and Reauthorization Policies and attachments.
SUMMARY	<p><b>Policy 350</b> From previous discussions in 2020, some requirements for MICN initial authorization are being eliminated and a few revisions were made to reflect current operations.</p> <ul style="list-style-type: none"> <li>• The ALS provider ride along requirement is being eliminated. One reason is that the experience is costly to the hospitals and difficult to schedule. Med Com Orientation will remain as a requirement. Attachment D has also been revised to reflect these changes as is now named <i>MICN Med Com Orientation Checklist</i>.</li> <li>• 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.</li> <li>• No longer is it required for applications to be submitted in person</li> <li>• 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.</li> <li>• It is also being proposed to have letters of separation submitted, for MICNs no longer working as MICNs, so that personnel files can be current and accurate.</li> <li>• There is no longer a required fee for applying.</li> <li>• Attachments A-D have all been revised for standardization and to reflect changes per policy.</li> </ul> <p><b>Policy 351</b> A few revisions were made to reflect current operations and to align with Policy 350 revisions.</p> <ul style="list-style-type: none"> <li>• MICN Reauthorization classes have been replaced with a required EMS Yearly Update class. Two (2) will be required for reauthorization.</li> </ul>

County of San Luis Obispo Health Agency

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www.slocounty.ca.gov/EMSA

	<ul style="list-style-type: none"> <li>• 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.</li> <li>• It is also being proposed to have letters of separation submitted, for MICNs no longer working as MICNs, so that personnel files can be current and accurate.</li> <li>• There is no longer a required fee for applying.</li> <li>• Base Station meeting attendance requirement has been reduced from six (6) per authorization cycle down to four (4) per authorization cycle, and the previous additional 6 CE's requirement has been eliminated.</li> </ul>
<b>REVIEWED BY</b>	EMS Staff, Dr. Ronay, Vince Pierucci, and approved by Operations Sub-committee
<b>RECOMMENDED ACTION(S)</b>	Recommended for EMCC approval.
<b>ATTACHMENT(S)</b>	Draft Policies 350 and 351 with policy attachments.

## **ThePOLICY #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. 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.
  - 2. 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. **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 sections A-C above) 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. 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.
- F. 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.
- G. 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.
- H. As a condition of continued authorization, a MICN must attend and pass all mandated training as may be required from time to time by the EMS Agency.
- I. 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.
- J. It is the responsibility of the base station employer to provide employment letters for application purposes and also separation of employment notifications to the EMS Agency.
- K. 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.

#### 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



## **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 Emergency Medical Services (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 section K 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 also 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. Reauthorization candidates must leave sufficient time to reauthorize. The County of SLO EMS Agency requires up to fourteen (14) calendar days to process applications.

- O. The effective date of authorization will be the date the candidate meets all local requirements as demonstrated to the EMS Agency.
- P. The authorization will expire no more than two years from the effective date or when the MICN no longer meets authorization requirements.
- Q. 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.

#### 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: 02/01/2022

## 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:	Sate:	Zip:	City:	Sate:	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"/> Copy of CPR Card. Expiration:
<input type="checkbox"/> AHA-BLS Provider	<input type="checkbox"/> AHA-BLS Provider
<input type="checkbox"/> CAL FIRE	<input type="checkbox"/> CAL FIRE
<input type="checkbox"/> Atascadero Fire	<input type="checkbox"/> Atascadero Fire
<input type="checkbox"/> Other:	<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"/> Copy of MedCom Orientation Checklist -Attachment D	

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

Policy 350 Attachment B  
 Effective Date: 02/01/2022

## 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	
<b>Communications System:</b>	<b>Procedures:</b>
<input type="checkbox"/> Med Com	<input type="checkbox"/> Radio communication techniques
<input type="checkbox"/> Dispatch	<input type="checkbox"/> Patient privacy in communications
<b>Hardware:</b>	<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
<b>Documentation:</b>	<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:

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: 02/01/2022

## 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			
10			

#	Date	Type of Run/Comments	MICN Preceptor Signature
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: 02/01/2022

## MICN - Med Com Orientation Checklist

**Submit this form with Initial Application for MICN Authorization**

MICN Applicant Name:	
Dispatcher Name:	Date:

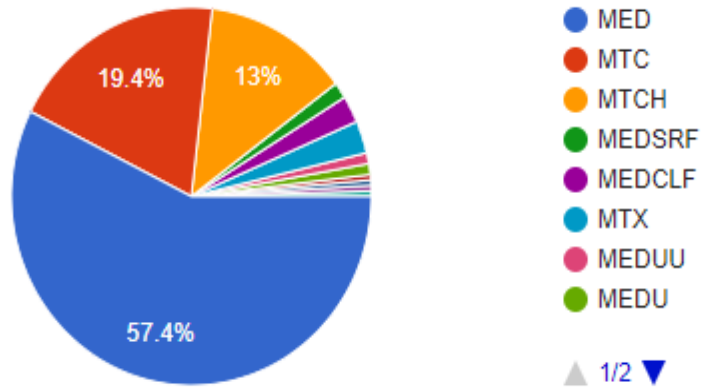
Orientation Items Reviewed	
<input type="checkbox"/> Review of CAD System:	<input type="checkbox"/> Hospital Communications:
<input type="checkbox"/> EMS	<input type="checkbox"/> All Call
<input type="checkbox"/> Sheriff	<input type="checkbox"/> Reddinet
<input type="checkbox"/> Watch Commander	• Location 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:

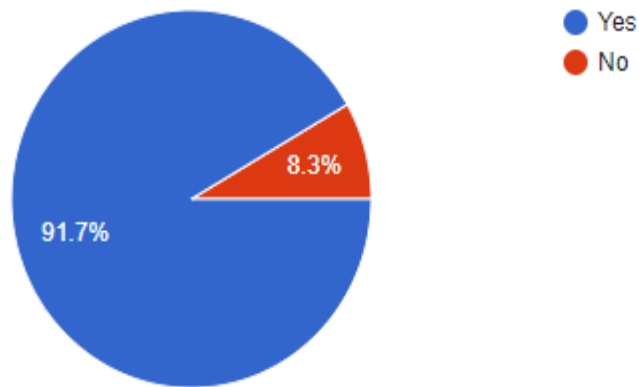
### What was the CAD call type?

216 responses



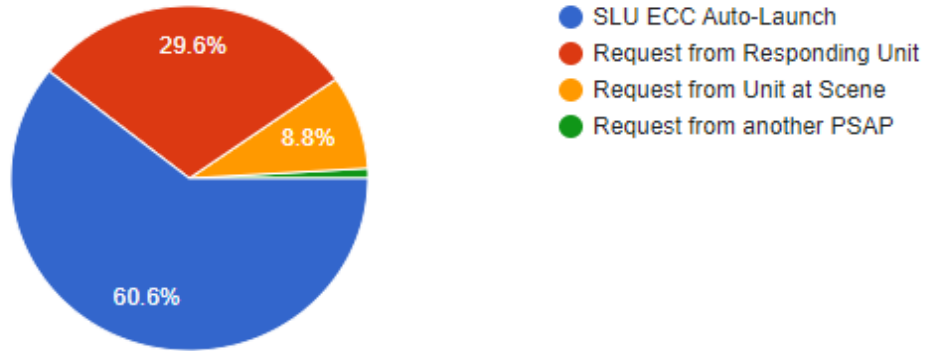
### MEDCOM Notified via CAD2CAD?

216 responses



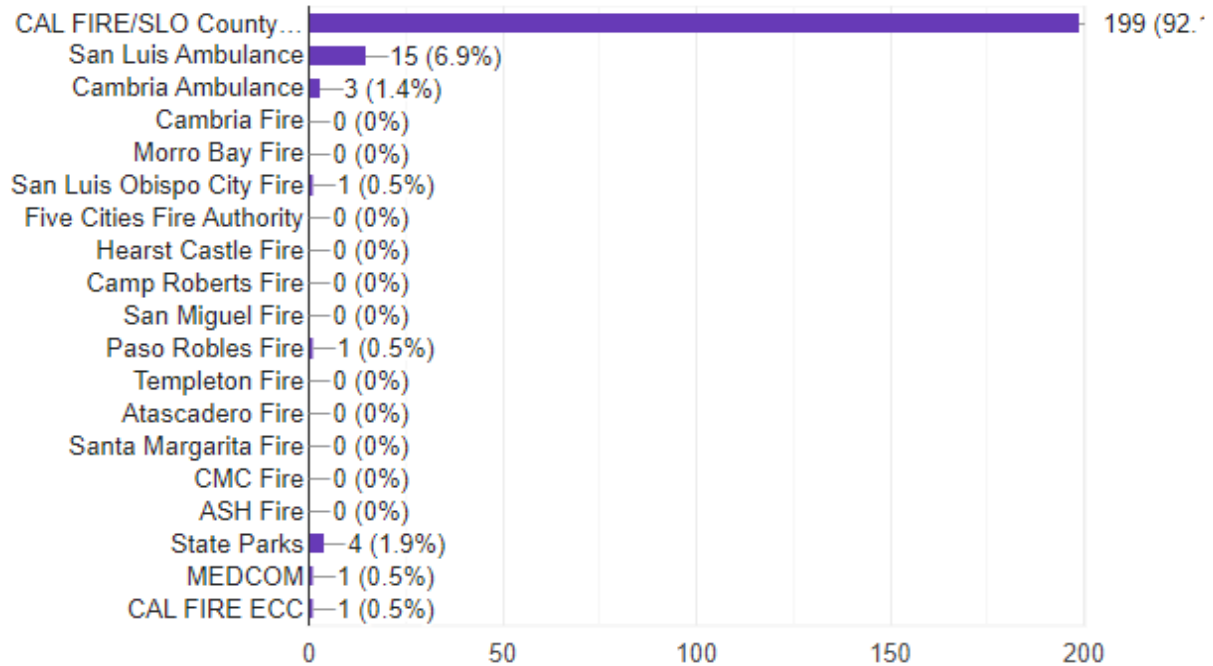
### How was Helicopter Requested?

216 responses



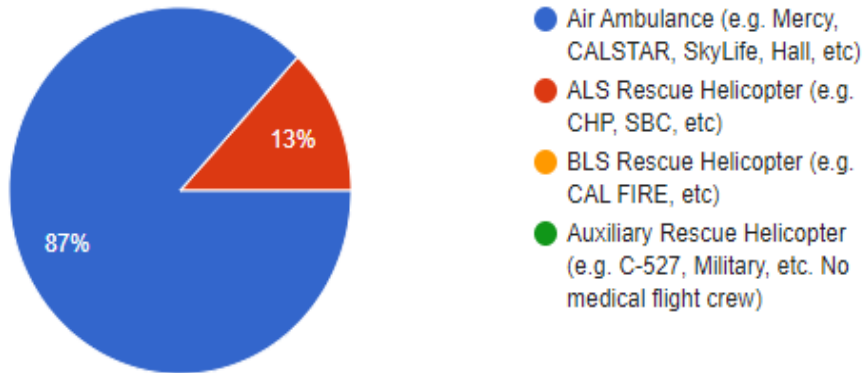
### Who Requested the Helicopter? (may select more than one)

216 responses



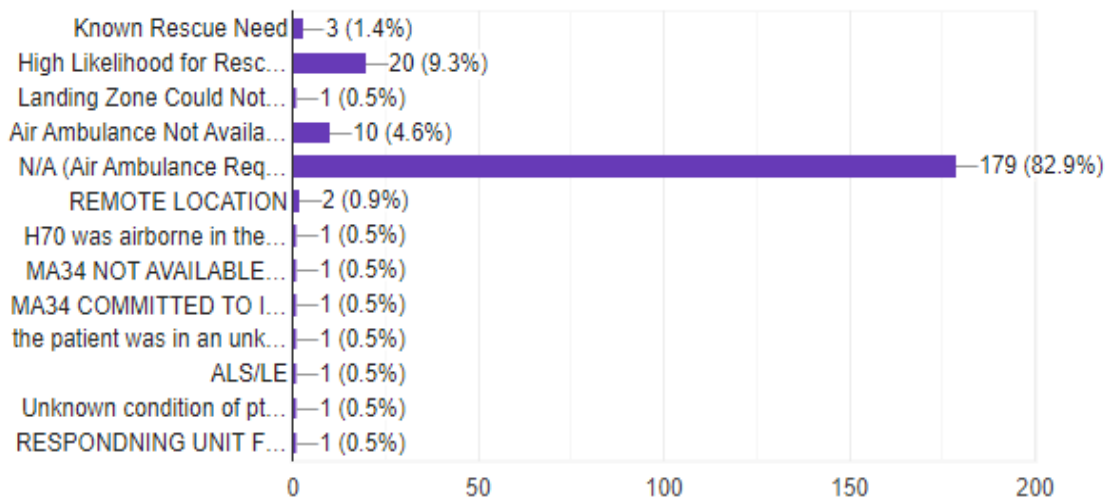
## Type of Helicopter Requested

216 responses



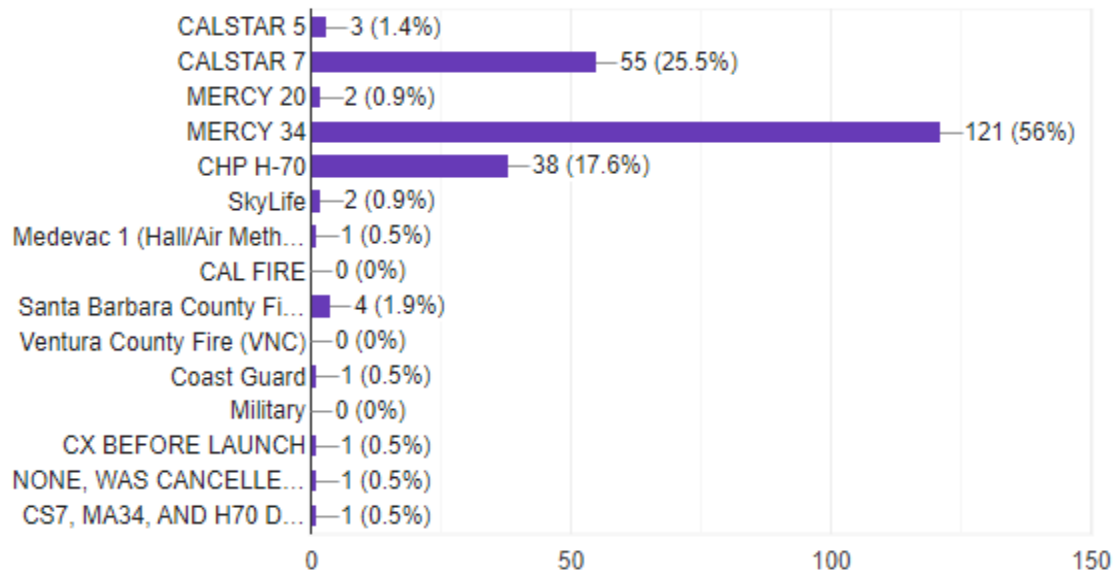
## If a Rescue Helicopter was requested what was the reason(s)?

216 responses



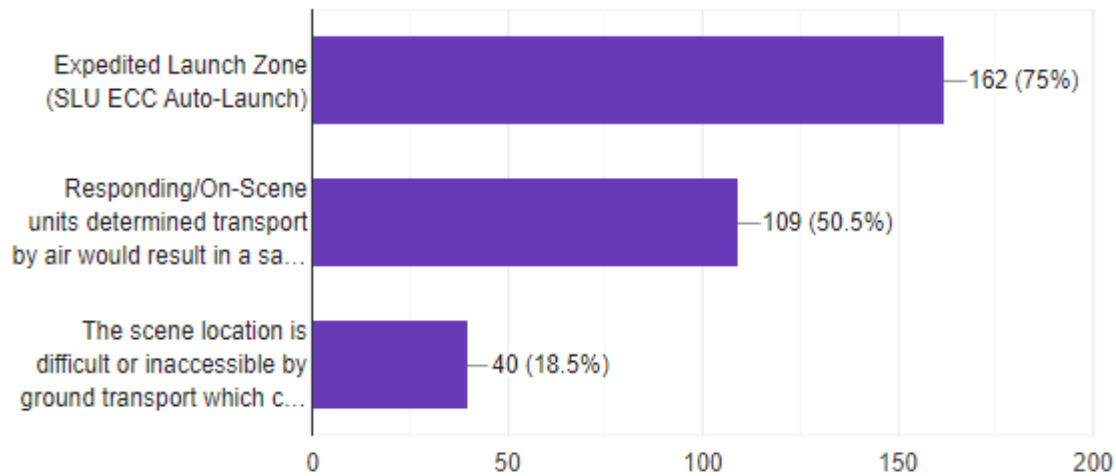
### Which Helicopter(s) Responded?

216 responses



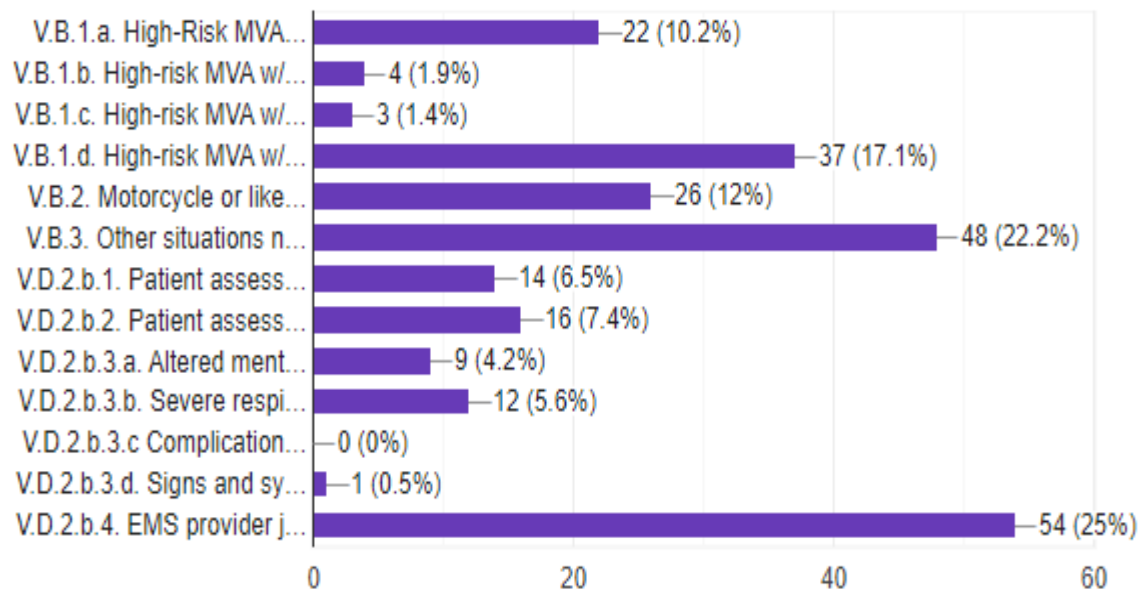
### Which "Time" Criteria were met? (may select more than one)

216 responses



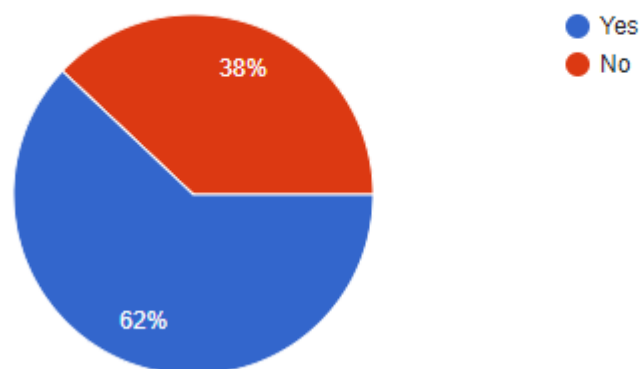
### Which "Need" Criteria were met? (may select more than one)

216 responses



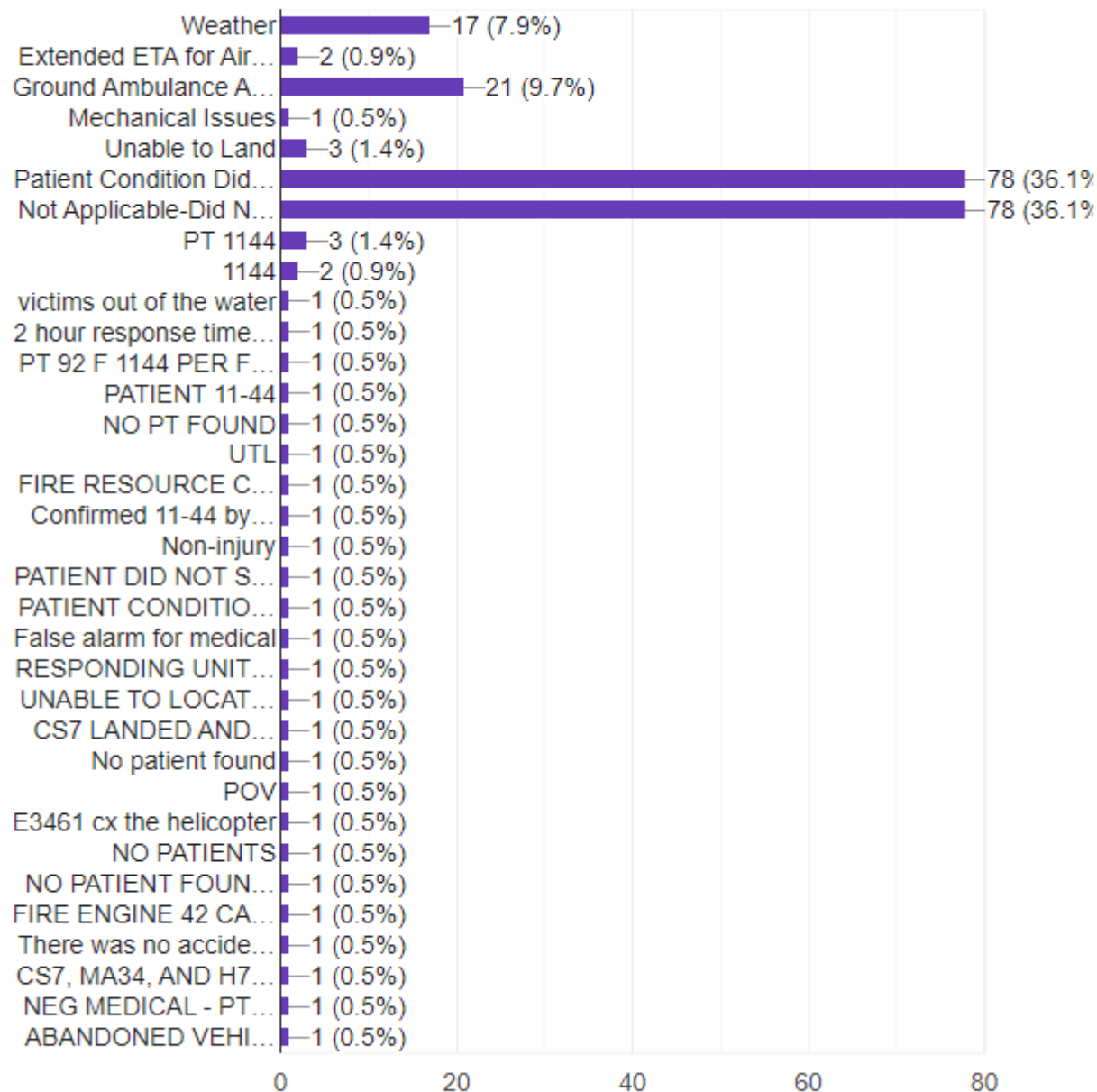
### Was Helicopter canceled?

216 responses



## Reason(s) for Cancelation

216 responses



## Air Ambulance Destination(s)?

216 responses

