

EMERGENCY MEDICAL CARE COMMITTEE MEETING AGENDA



Thursday, September 19th, 2024, at 8:30 A.M.
2995 McMillan Ave, Ste #178, San Luis Obispo

MEMBERS

CHAIR Jonathan Stornetta, *Public Providers, 2020-2024*
 VICE – CHAIR Dr. Brad Knox, *Physicians, 2022-2026*
 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. Rachel May, *Emergency Physicians, 2022-2026*

EX OFFICIO

Dr. Penny Borenstein, *Public Health Officer*
 Dr. Bill Mulkerin, *EMS Medical Director*

STAFF

Maya Craig-Lauer, *PHEP Representative*
 Rachel Oakley, *EMS Coordinator*
 VACANT, *EMS Coordinator*
 Ryan Rosander, *EMS Division Director*
 Alyssa Vardas, *Administrative Assistant*

AGENDA	ITEM	LEAD
Call To Order	Introductions	J. Stornetta
	Public Comment	
Action/Discussion	Approval of minutes: July 18th, 2024, Minutes (<i>attached</i>)	J. Stornetta
Action/Discussion	Protocol Revisions: <ul style="list-style-type: none"> • 619 – Shock, Hypotension/Sepsis Policy Revisions: <ul style="list-style-type: none"> • 200 – Scene Management • 155 – Emergency Medical Services Helicopter Operations • 155 – Attachment A • 155 – Attachment C • 320-321 Attachment B – Request for Live Scan 	R. Rosander / R. Oakley
Staff Reports	<ul style="list-style-type: none"> • Health Officer • EMS Agency Director Report • EMS Medical Director Report • PHEP Staff Report 	P. Borenstein R. Rosander B. Mulkerin M. Craig-Lauer
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: November 21st, 2024, at 8:30am	J. Stornetta

**Emergency Medical Care Committee
Meeting Minutes
Thursday July 18th, 2024
2995 McMillan Ave, Ste 178, San Luis Obispo**



Members

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

Ex Officio

- Dr. Penny Borenstein, Acting EMS Division Director
- Dr. Bill Mulkerin, LEMSA Medical Director

Staff

- Rachel Oakley, EMS Coordinator
- Ryan Rosander, EMS Coordinator
- Vacant, PHEP Program Manager
- Alyssa Vardas, Administrative Assistant

Guests – Rob Jenkins, Dennis Rowley

AGENDA ITEM / DISCUSSION	ACTION
CALL TO ORDER	The meeting called to order at 08:34 AM
Introductions	
Public Comment	No comments
Approval of Meeting Minutes –	C. Javine Motioned, R. May Seconded, Call for vote, Approved.
<p>Staff Report for revisions for Protocol #602, 641, 661, and Procedure #717, 718 Revisions:</p> <ul style="list-style-type: none"> • SLOEMSA has sent the traumatic cardiac arrest and needle thoracostomy protocol/procedure through the committee process for a recommendation for adoption. • SLOEMSA has proposed adding the humeral head and medial malleolus IO sites as standing orders. • SLOEMSA has proposed adding no handcuffs or restraints behind a patient's back to the restraint policy. • SLOEMSA has proposed reworking the scene management policy, emphasizing the need to incorporate a communications piece. • SLOEMSA is adding a separate physician-on-scene policy. • After approval, these will be added to the 2024 Update Class agenda. <p>Discussion:</p> <p>D. Burkey – Can we clarify what traumatic arrest with signs of life mean? What are other LEMSAs wording it as?</p> <p>R. May – Would it read better as Traumatic Arrest witnessed by EMS personnel or Traumatic Arrest after EMS personnel arrival on scene?</p> <p>A. Kohler – Shouldn't there be a standard protocol against all counties? Why would a county choose to install a lower standard other than others?</p> <p>R. May – A lot of them don't have data that supports yay or nay.</p> <p>A. Kohler – It helps to know that it is just a recommendation, and it doesn't mean its better or worse.</p> <p>R. May – For Procedure 711, this will require extensive training for this.</p> <p>J. Stornetta – They put them in handcuffs but say its just for your safety because if they say if your in custody the city/county have to pay the bill.</p> <p>R. May – It kind of sets them up for being in hard situations.</p> <p>B. Mulkerin – This might benefit from being presented to the criminal justice group.</p>	R. Rosander

<p>J. Stornetta – This shouldn't be new for them.</p> <p>J. Stornetta – For Policy 200, there is some clarification that is still needed and it needs to go back to Ops.</p> <p>C. Javine – Is it ALS to BLS or BLS to ALS or ALS to ALS, it isn't spelled out.</p> <p>R. May – It is spelled out earlier as handing off to a higher level.</p> <p>C. Javine – IC has complete control but then it says it should be collaborative. Which one is it?</p> <p>M. Bronson – The collaboration is in second sentence, but it is a hard stop.</p> <p>B. Mulkerin – Get rid of the consult regarding mode of transport.</p> <p>J. Stornetta – The purpose was safety communications and collaborations. CAD to CAD is down at MEDCOM. Its not perfect and needs to go back to Ops.</p> <p>C. Javine – Do all the departments want us to be giving scene size-ups on command channels? Is there a comprehensive list of all the channels? Would we need to carry two radios?</p> <p>J. Stornetta – I think sending it back to Operations and then having it come back will give you time to get the right radio loads and implement this.</p> <p>R. May – Intentions are straightforward but putting it into place is harder and we need to get it right.</p> <p>J. Stornetta – We can help you figure this out.</p> <p>M. Bronson – For policy 217, what is the limitation to licensed physicians from out of state?</p> <p>C. Javine – If they are signing, does there need to be a signature box in ImageTrend?</p> <p>Motion to approve 602, 661, 705, 710, 711, and 217 with changes.</p> <p>Motion to take Policy 200 back to committee.</p>	<p>Motion to approve: R. May, M. Bronson Second. Call for a vote, All in favor.</p> <p>R. May motioned M. Bronson Second. Call for a vote, All in favor.</p>
<p>EMS Updates/Health Officer Updates Welcome Home Village is underway, the biggest issue is parking. MOHAC and duty officer were activated last weekend to help with supplies for Lake Fire. EMS Plan will be submitted.</p>	<p>P. Borenstein</p>
<p>EMS Medical Director Report: The airway lab was successful.</p>	<p>B. Mulkerin</p>
<p>PHEP Staff Report: The first round of interviews was held, and Annual grants were submitted.</p>	<p>P. Borenstein</p>
<p>Announcements: The Adventist Health acquisition has been good so far.</p>	<p>B. Knox</p>
<p>Future Agenda Items: None</p>	<p>Adjourn at 9:14 AM.</p>
<p>Next Regular Meeting The next meeting is set for Thursday, September 19th, 2024, at 08:30 AM at the EMS Agency.</p>	



COUNTY OF SAN LUIS OBISPO HEALTH AGENCY

PUBLIC HEALTH DEPARTMENT

Nicholas Drews Health Agency Director

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

MEETING DATE	September 19 th , 2024
STAFF CONTACT	Ryan Rosander, EMS Director 805.788.2512 rrosander@co.slo.ca.us
SUBJECT	Push Dose Epi for Shock/Hypotension/Sepsis, EMS Helicopter Operations, Scene Management.
SUMMARY	<p>Since its implementation in 2019, the request to move Push Dose Epi from Base Hospital Orders to Standing Orders has been a recurring theme among stakeholders. This change, which will empower our paramedics in San Luis Obispo County, is a direct result of their familiarity with the mixing process over the years. It will allow them to treat septic/hypovolemic/shock (medical) patients at their discretion.</p> <p>In San Luis Obispo County, EMS helicopters are often neglected to be utilized due to conservative and outdated guidelines outlined in the current policy. Over the past year, several stakeholders have approached SLOEMSA with suggestions for reworking the EMS Helicopter policy, particularly regarding broadening the expedited launch zones and the launch criteria. This revision to this policy will allow an EMS helicopter to be launched overhead and ready for utilization if needed during critical calls, significantly impacting the community's access to swift emergency medical care and transport. The revision to policy will also incorporate a more significant portion of the county where drive time to a STEMI Receiving Center or Trauma Center is prolonged, further highlighting the importance of ensuring timely access to emergency medical care. EMS helicopters are a vital resource, and the alterations to the policy will ensure that they are incorporated more seamlessly into the EMS system.</p> <p>Lastly, as per the recommendations from EMCC in July's meeting, Scene Management went back to Operations for a final discussion before returning to EMCC for approval. This revision of the policy is now the recommended version and has been approved by the Operations Subcommittee. When implemented, this policy will significantly increase crew safety, communication efficacy, and adherence to the ICS structure.</p>
REVIEWED BY	Dr. William Mulkerin, SLOEMSA Staff, Operations subcommittee, Clinical Advisory Subcommittee
RECOMMENDED ACTION(S)	Protocol #619 Shock (Medical) Hypotension/Sepsis, Policy #200 Scene Management, Policy #155 EMS Helicopter Operations, Policy #155 Attachment A and Attachment C recommendation for approval by EMCC.

Emergency Medical Services

2995 McMillan Ave Ste 178 | San Luis Obispo, CA 93401 | (P) 805-781-2519

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ATTACHMENT(S)	Protocol #619 Shock (Medical) Hypotension/Sepsis, Policy #200 Scene Management, Policy #155 EMS Helicopter Operations, Policy #155 Attachment A and Attachment C.
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COUNTY OF SAN LUIS OBISPO HEALTH AGENCY
PUBLIC HEALTH DEPARTMENT

Nicholas Drews *Health Agency Director*

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

MEETING DATE	September 19, 2024
STAFF CONTACT	Rachel Oakley
SUBJECT	Policy #320-321 Attachment B – Request for Live Scan Service Form
SUMMARY	<p>The Department of Justice (DOJ) has recently released a memo regarding findings on audits they have been conducting at Agencies across the United States. A repeated finding was that privacy disclosures were not being provided to applicants for Live Scan services.</p> <p>In an effort to remain compliant with requirements for the criminal justice information system, San Luis Obispo Emergency Medical Services Agency (SLO EMSA) has revised the Live Scan attachment for initial certification and recertification policies for Emergency Medical Technician (EMT). The attachment's documents have been updated to the newest versions and includes privacy notices that are recommended by the DOJ.</p> <p>This revision has been uploaded to the SLO EMSA website and will be uploaded on the SLO EMSA APP as soon as possible.</p>
REVIEWED BY	Health Officer, Dr. Borenstein; EMSA Director, Ryan Rosander; EMSA Medical Director, Dr. Mulkerin; EMSA Staff.
RECOMMENDED ACTION(S)	Receive and file.
ATTACHMENT(S)	Policy #320-321 Attachment B – Request for Live Scan Service Form

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SHOCK (MEDICAL) - HYPOTENSION/SEPSIS	
ADULT	PEDIATRIC (≤34 KG)
BLS	
<ul style="list-style-type: none"> • Universal Algorithm #601 • Pulse Oximetry • O2 administration per Airway Management Protocol #602 • Place in supine position if tolerated 	Same As Adult
BLS Optional Scope	
Pulse Oximetry - O2 administration per Airway Management Policy # 602	
ALS Standing Orders	
<p>SBP < 100 mmHg or other signs of hypotension</p> <ul style="list-style-type: none"> • Normal Saline up to 500 mL IV/IO <ul style="list-style-type: none"> - Repeat x1 if hypotension persists • Consider establishing secondary IV access • Consider 12-lead ECG • If shock is due to trauma refer to General Trauma Protocol #660 <p style="text-align: center;">Non-Hypovolemic Shock</p> <ul style="list-style-type: none"> • Push-Dose Epinephrine 10mcg/mL 1 mL IV/IO every 1-3 minutes <ul style="list-style-type: none"> - Repeat as needed titrated to SBP >90mmHg - See notes for mixing instructions <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> • Epinephrine Drip starting at 10mcg/min IV/IO infusion <ul style="list-style-type: none"> - Consider for extended transport - See formulary for mixing instructions 	<p>Signs of hypotension specific to age - see Universal Protocol #601 Attachment A</p> <ul style="list-style-type: none"> • Normal Saline 20 mL/kg IV/IO not to exceed 500 mL <ul style="list-style-type: none"> - Repeat x1 if hypotension persists • Consider establishing secondary IV access • If shock is due to trauma refer to General Trauma Protocol #660
Base Hospital Orders Only	
<p style="text-align: center;">Non-Hypovolemic Shock</p> <ul style="list-style-type: none"> • Push-Dose Epinephrine 10mcg/mL 1 mL IV/IO every 1-3 minutes <ul style="list-style-type: none"> Repeat as needed titrated to SBP >90mmHg See notes for mixing instructions <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> • Epinephrine Drip starting at 10mcg/min IV/IO infusion <ul style="list-style-type: none"> Consider for extended transport See formulary for mixing instructions 	<ul style="list-style-type: none"> • As needed

• As needed	
Notes	
<ul style="list-style-type: none">• <u>Mixing Push-Dose Epinephrine 10 mcg/mL (1:100,000): Mix 9mL of Normal Saline with 1mL of Epinephrine 1:10,000, mix well</u>• Consider the underlying causes of shock• Use caution with fluid challenges if signs of CHF of liver or renal failure• Keep patient warm• Treatable/Reversible considerations:<ul style="list-style-type: none">- Hypoxemia- Tachycardia/Bradycardia- Hyper/Hypothermia- Hypovolemia- Altered Mental Status- Fractures/Bleeding/Tension Pneumothorax- Anaphylaxis- Chest pain- Overdose	

DRAFT

POLICY #200: SCENE MANAGEMENT

I. PURPOSE

- A. To clarify the local application of Section 1798 of the Health and Safety Code as it relates to scene management and the related responsibilities of emergency medical service (EMS) first response agencies, transport services, and base hospitals in the County of San Luis Obispo.

II. POLICY

A. AUTHORITY FOR SCENE MANAGEMENT

1. Authority for the management of the scene of an emergency is vested in the appropriate public safety agency having primary investigative authority, law enforcement or fire suppression. Scene management at this highest level includes not only the safety of the EMS team and its patient(s) but other persons who may be exposed to the risks and the public. While public safety officials shall consult emergency medical services personnel in the determination of relevant risks, they retain the authority for scene management and incident command.
2. Responsibility to mitigate criminal activities and hazards lies with the appropriately trained and equipped public safety agency. EMS providers without these responsibilities will not knowingly enter a crime scene or a hazardous scene until the appropriate public safety agency has arrived, secured the scene, and deemed it reasonably 'safe to enter'.
3. The appropriate public safety agency is responsible for the non-medical aspects of scene management. When EMS transport personnel have arrived first, there is no apparent hazard, and transport personnel are managing the non-medical aspects of the scene; the responsibility for scene management will pass to public safety personnel upon their arrival and with appropriate information exchange. If in the opinion of the EMS transport personnel, no assistance is needed and no hazards exist at the scene, they shall advise public safety; the decision whether to continue response or cancel shall be left to the public safety agency responding.
4. The Incident Commander shall make all resource ordering and canceling decisions.

B. AUTHORITY FOR PATIENT HEALTH CARE MANAGEMENT

1. Authority for patient health care management in an emergency is vested in any paramedic or other prehospital emergency personnel at the scene of the emergency who is most medically qualified. Authority to provide EMS lies with the emergency medical technician (EMT) or paramedic (EMT-P) who initiates patient health care management. In the absence of these licensed or certified health care personnel authority shall be vested in the most appropriate medically qualified representative of public safety. All personnel will transfer authority for patient health care management to any arriving EMS provider

authorized at a higher level, including flight paramedics/registered nurses (RN), when medically appropriate.

2. Having accepted authority for patient health care management, public safety personnel authorized at the same level as EMS transport personnel may transfer the care of individual patients as soon as possible and/or when medically appropriate. The authority for each patient passes with completion of a verbal report and acceptance of the transfer of care.
3. When ALS public safety arrives on scene first and wants to maintain authority for patient healthcare management, public safety must ride into the hospital with the patient and transport personnel. In all cases, regardless of which agency maintains authority for patient healthcare management, information relating to patient healthcare management shall be shared professionally and collaboratively.
4. If there is a disagreement regarding patient care while on scene of an incident, EMS personnel shall work professionally and collaboratively to find a solution. If EMS personnel still cannot agree on patient care, Base Hospital contact shall be made, and orders followed.

C. AUTHORITY FOR PATIENT DISPOSITION

1. Patient disposition, destination, and mode of transport (ground/air) are indicated by patient's preference, clinical needs, and operational requirements. In all cases, EMS personnel, and base hospitals when included, are responsible to collaboratively determine the medically appropriate patient disposition and to advise the Incident Commander (IC) of this conclusion. However, when there is disagreement, destination is primarily a medical decision. As such, EMS personnel will comply with medical direction regarding destination, whether by protocol or base hospital order. Similarly, when there is disagreement, mode of transport is primarily an operational decision. As such, EMS personnel will comply with operational direction from the IC regarding mode of transport.

D. COMMUNICATIONS

1. Ground ambulances will be dispatched by MEDCOM. The MEDCOM dispatch channel is for ambulance dispatch, ambulance status changes (responding, at scene, available, etc), reporting new incidents and routine non-emergency traffic. It is not used for incident related communications. Ground ambulances shall always monitor their dispatch channel.

Upon dispatch, EMS transport personnel shall immediately monitor the fire command/tactical frequencies as assigned by the authority having jurisdiction (AHJ). The ordering point for EMS incidents is the ECC/PSAP of the AHJ. All communication related to the incident shall be on the fire command/tactical channels assigned by the AHJ. EMS transport personnel shall respond to all AHJ radio communications if hailed while enroute, on scene of, or staging for an incident. While on scene of an incident, EMS transport personnel shall bring their fire radio to the scene and on the appropriate command/tactical channel. Clear text (plain English) communication shall be utilized during radio communications with AHJ.

E. UNIT IDENTIFICATION

1. All EMS Transport Units shall have their radio identifier (ie M11, M31, etc) displayed on 4 sides of the ambulance in at least 4" tall numbers.
2. All EMS Transport Personnel shall have the radio identifier of their Ambulance displayed on both sides of their helmet.

F. MEDICALLY TRAINED BYSTANDERS

1. When a bystander at the scene of an emergency identifies themselves as a registered nurse, off-duty EMS, or other medical professionals, emergency medical services personnel may request documentation of medical expertise (i.e., medical license or appropriate certificate) to determine the person's area of medical expertise and if appropriate, request their assistance with patient care. Emergency medical services personnel may allow correctly identified medical personnel to assist with patient care in an advisory or BLS capacity but shall maintain overall patient management. Emergency medical services personnel shall document on the patient care report the individual's name and medical qualifications if such assistance was utilized. If the bystander on scene is a physician, reference SLOEMSA Policy #217: Physician On-Scene.

III. AUTHORITY

- California Health and Safety Code, Division 2.5, Section 1797 – 1799.207
- California Code of Regulations, Title 22, Social Security, Division 9, Prehospital Emergency Medical Services

Approvals:

EMS Agency, Administrator	
EMS Agency, Medical Director	

POLICY #155: EMERGENCY MEDICAL SERVICE HELICOPTER OPERATIONS

I. PURPOSE

- A. To establish standardized procedures for prehospital utilization and evaluation of Emergency Medical Service (EMS) Helicopters operating in the County of San Luis Obispo (SLO) as a specialized resource providing EMS and prehospital patient transport.

II. SCOPE

- A. This policy excludes EMS helicopter operations limited to search and rescue, and interfacility transfers.

III. DEFINITIONS

- Emergency Medical Services Aircraft - "Emergency Medical Services Aircraft" or "EMS Aircraft" or "EMS Helicopter" as used in this policy means any aircraft utilized for the purpose of prehospital emergency patient response and transport. EMS aircraft includes air ambulances and all categories of rescue aircraft (Title 22, Division 9, Chapter 8, Article 1, §100279)
- Air Ambulance - An "Air Ambulance" as used in this policy means any aircraft specially constructed, modified or equipped, and used for the primary purpose of responding to emergency calls and transporting critically ill or injured patients whose medical flight crew has, at a minimum, two (2) attendants certified or licensed in advanced life support (Title 22, Division 9, Chapter 8, Article 1, §100280).
- Rescue Aircraft - "Rescue aircraft" as used in this policy means an aircraft whose usual function is not prehospital emergency patient transport, but which may be utilized, in compliance with EMS policies, for prehospital emergency patient transport when use of an air or ground ambulance is inappropriate or unavailable. Rescue aircraft includes ALS rescue aircraft, BLS rescue aircraft and Auxiliary rescue aircraft. (Title 22, Division 9, Chapter 8, Article 1, §100281).
- Advanced Life Support Rescue Aircraft - An "Advanced Life Support Rescue Aircraft" or "ALS Rescue Aircraft" as used in this policy means a rescue aircraft whose medical flight crew has, at a minimum, one attendant certified or licensed in advanced life support (Title 22, Division 9, Chapter 8, Article 1, §100282).
- Basic Life Support Rescue Aircraft - A "Basic Life Support Rescue Aircraft" or "BLS Rescue Aircraft" as used in this policy means a rescue aircraft whose medical flight crew has, at a minimum, one attendant certified as an Emergency Medical Technician-IA (EMT-IA) with at least eight hours of hospital clinical training and whose field/clinical experience specified in Section 100074(c) of Title 22, California Code of Regulations, is in the aeromedical transport of patients (Title 22, Division 9, Chapter 8, Article 1, §100283).

- Auxiliary Rescue Aircraft - An "Auxiliary Rescue Aircraft" as used in this policy means a rescue aircraft which does not have a medical flight crew, or whose medical flight crew do not meet the minimum requirements established for BLS rescue aircraft (Title 22, Division 9, Chapter 8, Article 1, §100284).
- Expedited Launch Zone: Areas identified as having a 30-minute or greater ground transportation time to a Specialty Care Center with a heliport/helistop, where transportation by EMS helicopter would result in a timesaving of at least ten (10) minutes over the ground transport. SLU ECC and the County of SLO EMS Agency (EMS Agency) retain and regularly update the County of SLO Expedited Launch Zone (Attachment A and B).
- ~~Heliport/Helistop~~ **Helipad**: An area of land, water, or structure used or intended to be used for the landings and takeoffs of helicopters and includes its buildings and facilities, if any, as approved by the State of California, Department of Transportation, Division of Aeronautics.
- **Emergency Landing Zone: the term used to designate an "emergency landing site" of an EMS aircraft by a public safety official.**
- Incident Commander (IC): The highest-ranking representative or designee, on scene, of the public safety agency statutorily responsible for incident or scene management.
- SLU ECC: The San Luis Obispo Unit Emergency Command Center which coordinates the response of all EMS helicopters to the scene of all medical and trauma emergencies within the County of SLO where the patient's location is known and a nearby emergency landing zone can be reasonably assured.
- Specialty Care Center: A hospital designated and/or approved by the EMS Agency that provides specialized medical services.
- Time and Need: Considerations defined for quality improvement purposes in EMS Agency Policy #100: Continuous Quality Improvement.

IV. POLICY

- A. The designated ordering point for all EMS helicopters is SLU ECC.
- B. SLU ECC will coordinate EMS helicopter requests and cancellations.
- C. EMS helicopters must have the capability to communicate and maintain communications with SLU ECC, EMS providers (responding and on-scene), base hospitals and other appropriate facilities or agencies.
- D. Patient transport by EMS helicopter must meet both the "time and need" criteria outlined in this policy.
- E. EMS helicopter service providers must develop and participate in a QI program in cooperation with the EMS Agency and other EMS system participants as outlined in the EMS Agency Policy # 100: Continuous Quality Improvement. This includes active participation in the EMS Agency Quality Improvement Work Group. All 9-1-1 EMS helicopter medical responses will be reviewed both clinically and operationally.

V. PROCEDURE

- A. The closest available EMS Helicopter that is fully staffed, fueled, supplied, and prepared to immediately respond to an EMS helicopter request shall be dispatched except in the following circumstances:
1. When there is known or high likelihood for need of an EMS Rescue Helicopter, or when a nearby emergency landing zone cannot be reasonably assured, then an EMS Rescue Helicopter should be dispatched.
 2. If more than one EMS Helicopter is located at the same location (e.g. Paso Robles Airport) and the response does not require an EMS Rescue Helicopter, then SLU ECC shall dispatch using the following priority:
 - a. Air Ambulance
 - b. ALS Rescue Helicopter
 - c. BLS Rescue Helicopter
 - d. Auxiliary Rescue Helicopter
- B. SLU ECC will initiate the dispatch process of EMS helicopters with other EMS responding agencies when an incident is located within an Expedited Launch Zone and there is a credible report of one (1) or more of the following conditions:
1. High-risk motor vehicle accidents.
 - a. Major damage to vehicle e.g. head-on/entrapment.
 - b. Patient ejection (partial or complete) from an automobile.
 - c. Greater than three (3) patients.
 - d. Motor vehicle rollover.
 - e. Deceased/1144 on scene/CPR in progress
 - f. Auto vs. Pedestrian
 - g. Incident involving bus, train, or plane.
 - h. Child (age 0–9 years) unrestrained or in unsecured child safety seat.
 2. Rider separated from transport vehicle with significant impact (eg, motorcycle, ATV, horse, etc.)
 3. Pedestrian/bicycle rider thrown, run over, or with significant impact.
 4. Fall from height > 10 feet.
 5. GSW/Stabbing
 6. Burn patients.
 7. Industrial or agricultural accident
 8. Crush injuries.
 9. Amputation or vascular compromise in a limb.

10. Active bleeding requiring a tourniquet or wound packing with continuous pressure.
 11. Pregnancy complications, including seizures/convulsions.
 12. Scuba diving accident.
 13. Drowning/submersion.
 14. Any injured or ill patients in an area inaccessible to, or with an extended ETA.
 15. Other situations that are not covered, but dispatcher believes condition of patient is critical.
- C. Cancellation of EMS helicopter response.
1. SLU ECC may cancel an EMS helicopter when:
 - a. The IC, in consultation with the most medically qualified first responder on scene, determines it is no longer needed.
 - b. Once an EMS helicopter has been dispatched, and a second EMS helicopter becomes available that reports an ETA at least five (5) minutes less than the ETA of the first EMS helicopter, SLU ECC may cancel the first EMS helicopter.
 2. SLU ECC will notify the transport provider(s) and/or responding personnel of any cancellation or situational updates.
- D. Responding or on-scene first responders may request an EMS helicopter when both "time and need" criteria are met.
1. Time Criteria must meet one (1) or more of the following:
 - a. Transport by EMS helicopter would result in savings of at least ten (10) minutes over ground transport. (Destination criteria for Specialty Care Centers should be taken into consideration.)
 - b. The scene location is difficult or inaccessible by ground transport, which could result in a prolonged response and transport.
 2. Need Criteria must meet one (1) or more of the following:
 - a. Responding first responders may request with a credible report of one (1) or more of the following conditions:
 - (1) Conditions as outlined under section V Procedures B, ~~1-3~~ 1-15 above.
 - b. On-scene responder's assessment determines one (1) or more of the following conditions (some conditions may require advanced life support level of training):
 - (1) Patient assessment meets the criteria of EMS Agency Policy #153: Trauma Patient Triage and Transport.
 - (2) Patient assessment meets the criteria of EMS Agency Policy #152: STEMI Patient Triage and Destination.
 - (3) Any hemodynamically compromised pediatric patient.

(4) Patient assessment identifies any of the following:

- Altered mental status with no response to prehospital treatment.
- Severe respiratory compromise or respiratory arrest.
- Complications of childbirth, e.g., breech, abnormal presentation, massive blood loss, neonatal distress.
- Signs and symptoms of medical hypotension unresponsive to treatment.

(5) Patient assessment reveals unilateral weakness/paralysis, facial droop, or any signs/symptoms of CVA.

(6) Patient requires code 3 transport to the hospital.

(7) EMS provider judgment

E. EMS helicopter transportation may not be suitable in the following situations:

- a. Medical or traumatic cardiac arrest not responding to prehospital therapy consistent with EMS Agency Policy # 125: Prehospital Determination of Death/Do Not Resuscitate (DNR) End of Life Care.
- b. Patients contaminated by hazardous material
- c. Patients who are violent or have behavioral emergencies

F. Patient destination should be in accordance with the EMS Agency destination and triage policies including Policy # 151: Destination, Policy # 152: STEMI Triage and Destination, and Policy # 153: Trauma Patient Triage and Destination; however, it is ultimately the flight crew's discretion to transport the patient to any higher level of care outside the county.

VI. AUTHORITY

- California Health and Safety Code, Division 2.5, Section 1798.169.
- California Code of Regulations, Title 22, Division 9, Chapter 12 and 8; Sections 100300(c) (3) and 100291.
- California Emergency Medical Services Authority Prehospital Emergency Medical Service Aircraft Guidelines #144

VII. ATTACHMENTS

- A. Expedited Launch Zones.
- B. Expedited Launch Zones Map/Currently in Process.
- C. Emergency Landing Zone Selection.

~~D. EMS Helicopter Request and Destination.~~

~~E. County Division Map for Paso Robles and Santa Maria Air Bases.~~

Approvals:

EMS Agency, Administrator	
EMS Agency, Medical Director	

DRAFT

EXPEDITED LAUNCH ZONES

NORTH COAST

- North of Cambria proper
- East of Hwy 1 on the 46

CENTRAL COAST

- The Morro Bay Sand Spit and the remote areas of Montana de Oro State Park

SOUTH COUNTY

- Oceano Dunes
- East of Huasna Rd./School Rd. This would encompass all Huasna
- Anywhere past Lopez Dr/Orcutt Rd. This would encompass all Lopez Lake area
- Cuyama Hwy 166 corridor

NORTH COUNTY

- North of Paso proper at 101/Wellsona Rd
- East of Paso proper at 46/Hunter Ranch Golf Course
- West of Paso proper on Lake Nacimiento Lake drive/San Marcos Rd
- East of Hwy 58/229 otherwise known as Calf Canyon/Webster Rd. This would encompass all of California Valley
- All Pozo

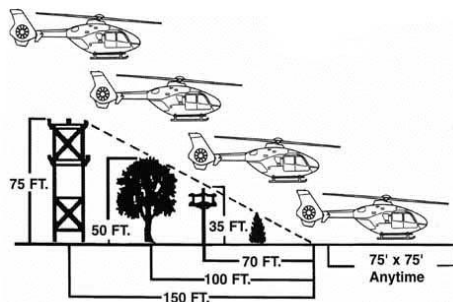
Emergency Landing Zone Selection

1. Choose an area in which the surface is flat, firm, and free of loose debris. If dust is suspected, wet down the area with water and inform the flight crew of this potential hazard.
2. Follow these general guidelines for landing zone dimensions.

Daytime: 75 ft X 75 ft

Nighttime: 125 ft X 125 ft

3. The emergency landing zone should be free of people, animals, and vehicles. Special attention should be given to ensure that the zone is free of overhead obstructions such as wires, poles, and antennas. The surface of the zone should be free of stumps, irrigation equipment or any other obstruction that could interfere with the helicopter's landing gear. The landing zone official should delegate personnel as required for adequate crowd control.
4. During nighttime conditions, illuminate the emergency landing zone by positioning vehicle headlights toward the center of the zone. NEVER use flares or other items that can be easily blown by the helicopter downwash.



DRAFT

INSTRUCTIONS FOR LIVE SCAN FORM

The "Request for Live Scan Service" form, page 2, is partially filled out with the San Luis Obispo County EMS Agency's and the State EMS Authority's required information. Do not change the information already entered. Fill in the "Applicant Information" sections, in the middle of the form, by typing or printing clearly. **Take the original and two copies of the form when you have your fingerprints taken. You may choose any Live Scan Agency for this requirement.** Be aware that they have different fees associated with this service. The Live Scan Agency will fill out the bottom of the form and return a copy to you for your records. This is the "DOJ/FBI Live Scan Receipt" that will need to be submitted with your "EMT Application for Certification" (Attachment A).

Applicant Information Required:

Name of Applicant: Indicate complete name. Last Name, First Name, Middle Initial, and Suffix.

AKA/Alias: Indicate other names used (i.e., nickname, maiden name and/or alias name(s)).

Date of Birth: Indicate month-day-year of birth.

Sex: Check either Male, Female, or Nonbinary/Unspecified.

Driver's License No.: Indicate your California Driver's License Number.

Height: Indicate your height in feet and inches.

Weight: Indicate your weight in pounds.

Eye Color: Indicate eye color.

Hair Color: Indicate hair color.

Place of Birth: Indicate the state or country of birth.

SSN: Indicate your Social Security Number.

Home Address: Indicate your current street address or P.O. BOX, City, State, and Zip Code.

SIGN and DATE the application.

Included in this packet is a Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights. Please read them before signing.

- **Do not fill in any other areas on the Request for Live Scan Applicant Submission Form.**
- **Verify that the Live Scan Operator has entered the correct information before transmitting. If results come back as "Name search" or "Name check", this is not a valid result and the Live Scan will have to be repeated.**
- **Verify that the Live Scan Operator has entered the ATI No. in the bottom portion of the Request for Live Scan Service Applicant Submission Form.**
- **Applicants' fingerprints will be retained by the CA DOJ and searched against other fingerprints on file, including latent fingerprints.**
- **Applicants have the right to obtain a copy of their criminal history record (if any), to challenge the accuracy and completeness of their record, and to obtain a determination as to the validity of their record before the agency makes a final determination concerning their eligibility for certification. If interested, please visit the CA DOJ website, *Criminal Records - Request your own*, and follow the directions to view and or challenge your criminal record.**



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A0705

ORI (Code assigned by DOJ)

Emergency Medical Technician - License/Certification

Authorized Applicant Type

Emergency Medical Technician

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

San Luis Obispo County EMS Agency

Agency Authorized to Receive Criminal Record Information

07046

Mail Code (five-digit code assigned by DOJ)

2995 McMillan Ave., Ste. #178

Street Address or P.O. Box

Administrative Assistant

Contact Name (mandatory for all school submissions)

San Luis Obispo

City

CA

State

93401

ZIP Code

(805) 788-2519

Contact Telephone Number

Applicant Information:

Last Name

First Name

Middle Initial

Suffix

Other Name: (AKA or Alias)

Last Name

First Name

Suffix

Date of Birth Sex Male Female Nonbinary/Unspecified

Driver's License Number

Height Weight Eye Color Hair Color

Billing Number N/A

(Agency Billing Number)

Place of Birth (State or Country) Social Security Number

Misc. Number N/A

(Other Identification Number)

Home Address Street Address or P.O. Box

City

State

ZIP Code

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

Applicant Signature

Date

Your Number: N/A

OCA Number (Agency Identifying Number)

Level of Service: DOJ FBI

(If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.)

If re-submission, list original ATI number:

Original ATI Number

(Must provide proof of rejection)

Employer (Additional response for agencies specified by statute):

State Emergency Medical Services Authority

Employer Name

11120 International Drive, Ste. 200

Street Address or P.O. Box

+1 (911) 632-2433

Telephone Number (optional)

Rancho Cordova

City

CA

State

95670

ZIP Code

02531

Mail Code (five digit code assigned by DOJ)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed



REQUEST FOR LIVE SCAN SERVICE

Privacy Notice

As Required by Civil Code § 1798.17

Collection and Use of Personal Information. The California Justice Information Services (CJIS) Division in the Department of Justice (DOJ) collects the information requested on this form as authorized by Business and Professions Code sections 4600-4621, 7574-7574.16, 26050-26059, 11340-11346, and 22440-22449; Penal Code sections 11100-11112, and 11077.1; Health and Safety Code sections 1522, 1416.20-1416.50, 1569.10-1569.24, 1596.80-1596.879, 1725-1742, and 18050-18055; Family Code sections 8700-87200, 8800-8823, and 8900-8925; Financial Code sections 1300-1301, 22100-22112, 17200-17215, and 28122-28124; Education Code sections 44330-44355; Welfare and Institutions Code sections 9710-9719.5, 14043-14045, 4684-4689.8, and 16500-16523.1; and other various state statutes and regulations. The CJIS Division uses this information to process requests of authorized entities that want to obtain information as to the existence and content of a record of state or federal convictions to help determine suitability for employment, or volunteer work with children, elderly, or disabled; or for adoption or purposes of a license, certification, or permit. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The DOJ's general privacy policy is available at <http://oag.ca.gov/privacy-policy>.

Providing Personal Information. All the personal information requested in the form must be provided. Failure to provide all the necessary information will result in delays and/or the rejection of your request.

Access to Your Information. You may review the records maintained by the CJIS Division in the DOJ that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information. In order to process applications pertaining to Live Scan service to help determine the suitability of a person applying for a license, employment, or a volunteer position working with children, the elderly, or the disabled, we may need to share the information you give us with authorized applicant agencies.

The information you provide may also be disclosed in the following circumstances:

- With other persons or agencies where necessary to perform their legal duties, and their use of your information is compatible and complies with state law, such as for investigations or for licensing, certification, or regulatory purposes.
- To another government agency as required by state or federal law.

Contact Information. For questions about this notice or access to your records, you may contact the Associate Governmental Program Analyst at the DOJ's Keeper of Records at (916) 210-3310, by email at keeperofrecords@doj.ca.gov, or by mail at:

Department of Justice
Bureau of Criminal Information & Analysis
Keeper of Records
P.O. Box 903417
Sacramento, CA 94203-4170



REQUEST FOR LIVE SCAN SERVICE

Privacy Act Statement

Authority. The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose. Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses. During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental, or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.



REQUEST FOR LIVE SCAN SERVICE

Noncriminal Justice Applicant's Privacy Rights

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification¹ that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.²
- If you have a criminal history record, the officials making a determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.³

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.⁴

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.) You can find additional information on the FBI website at <https://www.fbi.gov/about-us/cjis/background-checks>.

¹ Written notification includes electronic notification, but excludes oral notification

² <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

³ See 28 CFR 50.12(b)

⁴ See U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c)



Fact Sheet

FBI Fingerprint Rejections and Name Check Activities

When an applicant's fingerprints are rejected due to poor quality, the applicant should fingerprint as a resubmission. There are no fingerprint fees charged for a resubmission. The live scan vendor might charge a fingerprint rolling fee.

Instructions for Agency receiving rejection notice:

1. Provide the applicant a copy of the rejection notice. Some live scan sites require proof of the rejection to re-fingerprint the applicant.
2. Advise the applicant that all information (data) on the resubmission must match the original submission; including the same ATI from the previous transaction. The rejection notice has instructions for resubmission.

Resubmission Instructions for the Applicant/ Live Scan operator:

1. Ensure the Live Scan operator enters the second transaction as a resubmission, utilizing the ATI in the OATI field, and all original identifying information (DOB, App Type, etc.) from the previously rejected transaction. (**Note:** There is generally no charge for a resubmission.)
2. The applicant must review all identifying information (ATI, DOB, App Type, etc.) in the resubmission to ensure it is the same as in the initial transaction.
3. If the resubmission (above) is rejected for poor quality and the identifying information was consistent, a "Name Check" may be performed by the FBI.

Please Note: A resubmission cannot be used to correct erroneous information on background check results.

Second Rejection (after resubmission, above)

If fingerprints are rejected for poor quality after resubmission, and the FBI provides results titled "FBI Name Check", they cannot be accepted for the following reasons

1. An FBI name check does not fulfil the CORI background check requirements for EMT, AEMT or Paramedic.
2. An FBI name check does not rely on biometric linked (fingerprint) results for verification.

After a second rejection and/or reception of "Name Check" results, it is recommended the applicant follow the instructions for completing a hard copy fingerprint card and mail it directly to the DOJ for processing.

If you receive a rejection and are unsure of the reason, visit <https://oag.ca.gov/fingerprints/agencies> for contact information to submit an inquiry.