



**MASON COUNTY EMS
AND
TRAUMA COUNCIL**

**OPERATING POLICIES
AND
PROCEDURES**



2010





**MASON COUNTY EMS AND
TRAUMA COUNCIL
OPERATING POLICIES AND PROCEDURES**



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**MASON COUNTY EMS AND
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P.O. BOX 645
SHELTON, WASHINGTON 98584**



**COUNTY WIDE OPERATING PROCEDURE
AIRLIFT PROCEDURE**

PURPOSE: To provide definitive guidelines regarding air evacuation of pre-hospital patients out of Mason County.

POLICY: Mason County has adopted the State of Washington Pre-hospital Trauma Triage (Destination) Procedures with select added guideline. Please refer to the State of Washington Pre-hospital Trauma Triage (Destination) Procedures when referring to this Policy.

PROCEDURE:

1. If the patient meets the criteria for either the Step 1 or Step 2 boxes of the trauma Triage Procedure, it is appropriate to airlift that patient .
 - a. The Base Station Physician need not be called for approval.
 - b. The patient must have a transport time of greater than fifteen minutes to a designated trauma center to be considered appropriate for air evacuation from the scene.
 - c. If arrival of the helicopter is delayed more than the transport time, to a hospital, transport to the Hospital.
2. In case of a patient that meets Step 1 or Step 2 criteria and an aircraft is being launched, but the patient will be transported to a trauma center due to proximity to that trauma center and/or the advantage of using the hospital landing pad; the receiving hospital must be notified promptly.
3. If the patient meets the criteria for the Step 3 of the Trauma Triage Procedure, then transport patient to the closest designated trauma center.
4. The paramedic must call the Base Hospital Physician for a debriefing on all air transports within two (2) hours of the time of the call.

Signed: _____
Joseph Hoffman, M.D., M.P.D.
Signed: _____
Council Chair

Date: _____
Date: 7-15-2010

- a. This call is to provide ongoing education as well as physician input regarding the care of the airlifted patient.
- 5. Any EMS provider may put a helicopter on standby. In the event that a patient meets Step 1 or 2 of the State of Washington Pre-hospital Trauma Triage (Destination) Procedures any provider may activate (request launch) a helicopter. In the event, an EMS provider activates a helicopter for a patient, that provider shall file a complete MIR (Medical Incident Report) including a full patient assessment which documents the condition of the patient which dictated the air evacuation of the patient. The hospital must be notified as soon as practicable in the course of events.
- 6. In the event of a MCI with five or more patients, the on scene Incident Commander may use his/her discretion to activate an aircraft and air evacuate the most critical patients out of county. Also, if an aircraft is being used for extrication purposes, i.e. transport from a wilderness or a backwoods location, the Base physician need not be contacted for activation approval.

Signed: Joe Hoffman, M.D.
Joseph Hoffman, M.D., M.P.D.
Signed: [Signature]
Council Chair

Date: _____
Date: 7-15-2010



**MASON COUNTY EMS AND
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SHELTON, WASHINGTON 98584**



**COUNTY WIDE OPERATING POLICY
BASE STATION MEETINGS POLICY**

PURPOSE: To enhance educational development of ALS/ILS personnel working within Mason County, along with having a standardization of educational expectations through Mason County.

POLICY:

1. The Medical Program Director (MPD) of Mason County requires that all paramedics and intermediate providers attend at least six Base Station Meetings (BSM) each year.
 - a. There are no exceptions for absence from any one of the required six unless the provider is a new employee.
 - b. The six meetings can be a collection of live attendance or videos viewed with mandatory completion of accompanying test.
 - c. All videos will count as CME State requirements
2. New employees may pro-rate a portion of BSMs as indicated by their hiring date at the discretion of the MPD
3. There are 12 opportunities to receive Base Station meeting credit each year.

PRACTICE:

1. If a provider does not meet the annual expectation of six BSMs per year, the MPD will suspend the provider's protocols, in conjunction with the provider's employer and the DOH, for as many months as the provider has missed. i.e.
 - a. The process will be initiated through the MPD and begin in January of the following year.
 - b. The provider may remediate by watching the necessary number of videos to make up missing meetings.
 - c. Making up missing BSM will end the suspension of his/her protocols.

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Date: 7-15-2010



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**COUNTY WIDE OPERATING POLICY
BLS OTEP POLICY**

PURPOSE: To ensure continuous education of BLS personnel using established standards adopted by Washington State and Mason County EMS.

POLICY: All Mason County BLS providers will maintain active participation in their BLS OTEP program.

PROCEDURE:

1. EMT/ First Responders will be active participants in their districts' approved BLS program.
2. If an individual has had no activity in their OTEP program for a period greater 12 months then that individual will recertify by the CME method.

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 Council Chair *[Signature]*

Date: _____
 Date: 7-15-2010



**MASON COUNTY EMS AND
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**COUNTY WIDE OPERATING PROCEDURE
CANCELING A PARAMEDIC PROCEDURE**

PURPOSE: To clarify and identify guidelines as to when and how a paramedic may be canceled

PRODECURE:

1. An EMT/First Responder will cancel a paramedic if:
 - a. There is no patient present at the scene, no Base Station contact is necessary
 - b. Upon evaluation of the patient, and there are no criteria for ALS treatment, no Base Station contact is necessary

2. The EMT/First Responder must do the following:
 - a. Assume responsibility for the evaluation, care, documentation, and disposition of the patient
 - b. The EMT/First Responder may cancel a paramedic for a call dispatched as a Level 1 or Level 2 and then contact the Base Station
 - c. For a call dispatched as Level 3, the EMT/First Responder must contact the Base Station first and then may cancel the paramedic

3. If the EMT/First Responder is unable to disposition the patient and the patient is stable on the initial evaluation, then ask ALS to downgrade to code yellow/routine.

Joe Hoffman,
Signed: M.D.
Joseph Hoffman, M.D., M.P.D.
Signed: [Signature]
Council Chair

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**MASON COUNTY EMS AND
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**COUNTY WIDE OPERATING PROCEDURE
CONTROLLED SUBSTANCES PROCEDURE**

PURPOSE: To maintain standardization and accountability for Controlled substances on ALS response Unit within Mason County.

PROCEDURE:

Schedule II

1. Standardization of Controlled Substances:

- a. Each ALS Response Unit shall maintain the following stock of controlled medications:
 - i. Morphine 10 mg X 3 ampules
 - ii. Demerol 100mg X 2 ampules
 - iii. Ativan 4 mg X 2 vials
 - iv. Versed 5 mg X 4 1 mg/cc vials
 - v. Nitrous Oxide
 - vi. Etomidate 40 mg vial
- b. The controlled substances carried in ALS Response Units will be an extension of the Mason General Hospital formulary.
- c. Access of controlled substances is limited to paramedics, operations supervisors, or the Medical Program Director.

2. Accountability for Controlled Substances:

- a. Controlled substances will be kept in a compartment/container that is locked within the confines of the ALS Response Vehicle. The container holding the controlled substances can only be entered by breaking a number seal.

Signed: _____
Joseph Hoffman, M.D., M.P.D.
Signed: _____ *Hicks* _____
Council Chair

Date: _____
Date: 7-15-2010

- b. Daily verification and inspection of the supply at the beginning of each shift must be done by the ALS crew. Inspection will be for both the integrity and the contents of each individual ampule/vial.
 - i. The verification process will be initialed by the off-going and on-coming paramedic on the daily controlled substances log sheet.
 - ii. This log sheet will contain the date; patient name; signature of the administering paramedic; name of ordering physician; name and strength of medication; amount administered; amount destroyed and signature of destroyer and witness; receiving hospital.
 - iii. Daily verification of inventory of medication must be recorded in ink on the controlled substance log sheet.
 - iv. The Controlled Substance Count Sheet shall be reviewed periodically by the Medical Program Director or designee.

3. Discrepancies of Controlled Substances:

- a. If the discrepancy cannot be accounted for, a Medical Officer (or equivalent) will be immediately notified.
- b. The off-going paramedic will remain until an Unusual Incident Report is completed and turned over to the Medical Officer.
- c. A copy of the Incident Report will be sent to the Medical Program Director and Quality Assurance Coordinator immediately.

4. Use of Controlled Substances:

- a. The use of controlled substances in the field will comply with the written protocol and with radio command from the Mason General Base Station Physician.

5. Wastage of Controlled Substances:

- a. Any remaining medications, after pre-hospital therapy is terminated, will be wasted.
- b. The waste will be witnessed and signed for on the MIR by a licensed or certified person within the medical field.

6. Replacement of Controlled Substances:

- a. Replacement drugs will be procured from Mason General Hospital or Harrison Medical Center as assigned, on an "as used" basis.

Signed: _____

Joseph Hoffman, M.D., M.P.D.

Signed: _____ *HICKS*

Council Chair

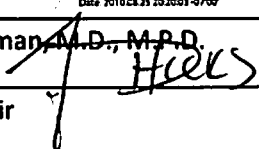
Date: _____

Date: 7-15-2010

- b. The yellow copy of the individual patient MIR that has been completed, along with appropriate documentation of medication waste will be presented to the Pharmacy as documentation for use of a Schedule II Controlled Substance and a mechanism for replacement.
 - c. Regardless of where the patient is transported, replacement for medication must come from Mason General Hospital or Harrison Medical Center.
7. Quality Review of Controlled Substance Usage:
- a. The MIR will be kept in the Pharmacy narcotic vault in a loose leaf notebook for two years.
 - b. All Records associated with controlled substances must be kept for a period of two years. This includes order forms, biennial inventory, destruction records, MIR .
 - c. The Medical Program Director, or his designee, will review the MIRS on a frequent ongoing basis for appropriateness.
8. Restock of Broken Ampules:
- a. If a controlled substance is accidentally broken and unable to be used, the paramedic must complete an Unusual Incident Report within 24 hours.
 - b. The Unusual Incident Report must document accurately what occurred and verified by witness signature.
 - c. If no witnesses are present, the broken ampule must accompany the Unusual Incident Report.
 - d. Complete, written documentation will be given to the Medical Program Director and QA Coordinator. Restock will be initiated through him/her.
9. Theft or Loss of Controlled Substances:
- a. The respective agency must notify local law enforcement.
 - b. The respective agency will also complete an DEA 106 Report form and forward the report to the DEA and the Board of Pharmacy.
 - c. Medical Program Director must be notified immediately.

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Date: 2010.08.25 20:20:21 -0700

Signed: Joe Hoffman, M.D.

Signed: Joseph Hoffman, M.D., M.P.D.

 Council Chair

Date: _____

Date: 7-15-2010



**MASON COUNTY EMS AND
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P.O. BOX 645
SHELTON, WASHINGTON 98584**



**COUNTY WIDE OPERATING PROCEDURE
DESTINATION POLICY**

PURPOSE: To designate destination hospitals for all patients receiving care within Mason County.

POLICY: All patients with transported by Mason County EMS will be taken to closest appropriate hospital in compliance with Northwest EMS Region Patient Care Procedures.

PROCEDURE:

1. Patients shall be taken to the closest appropriate hospital based on their chief complaint, condition, and clinical assessment.
2. In order to deviate from the above stated policy, the EMS provider must contact and get an order from the base physician.

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 Date: 2010.08.25 20:22:32 -0700

Signed: Joseph Hoffman, M.D., M.P.D.
Handwritten signature: J. Hoffman
 Council Chair

Date: _____

Date: 7-15-2010



**MASON COUNTY EMS AND
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P.O. BOX 645
SHELTON, WASHINGTON 98584**



**COUNTY WIDE OPERATING PROCEDURE
DESTINATION POLICY FOR CARDIOVASCULAR PATIENTS**

PURPOSE: To designate destination hospitals for patients with cardiovascular emergencies, specifically stroke and myocardial infarction, and maximize the best possible outcomes.

POLICY: All patients with the assessment of stroke/CVA and or myocardial infarction will be transported to a designated hospital.

PROCEDURE:

A. STROKE

1. It is required for a patient who has had the onset of stroke symptoms within the last 4 ½ hours to be included under this policy.
2. Calls to base station and/or the receiving hospital should declare this patient as a "Stroke Activation".
3. Designated Hospitals:
 - a. Patients in the North Hwy 3 Corridor(North of Mason-Benson Road)- Harrison Medical Center
 - b. Highway 101 Corridor or Central County (Hwy 3 South of Mason-Benson Road) – Mason General Hospital
 - c. South County (South of Lynch Road) - St. Peter's.

B. MYOCARDIAL INFARCTION

1. It is required for a patient with signs and symptoms of a myocardial infarction AND a POSITIVE 12 Lead ECG to be included under this policy.
2. Calls to base station and/or the receiving hospital should declare this patient as a "STEMI Activation".
3. Designated Hospitals:
 - a. Patients in the North Hwy 3 Corridor(North of Mason- Benson Road)- Harrison Medical Center
 - b. Highway 101 Corridor, Central (Hwy 3 South of Mason- Benson Road) & South County (South of Lynch Road) – St. Peter's

Signed: Joe Hoffman, M.D.
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Date: 2010.08.15 20:27:01 -0700

Signed: Joseph Hoffman, M.D., M.P.D.
 Council Chair

Date: _____

Date: 7-15-2010



**MASON COUNTY EMS AND
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**COUNTY WIDE OPERATING PROCEDURE
ELECTRONIC PATIENT CARE REPORT DOCUMENTATION**

PURPOSE: Proper and timely presentation of electronic patient care report (EPCR) to receiving hospital.

DEFINITION: EPCR is a record of patient care documented by computer using dedicated soft ware or web based template.

PROCEDURE:

1. An EPCR must contain the minimum elements as detailed in WAC 246-976-330 and WAC 246-976-430.
2. Upon arrival to receiving hospital, the EMS provider will give the receiving nurse a verbal report and provide a short hand-written report.
3. For more critical patients, with multiple interventions, a more detailed and lengthy written report should be left at the receiving hospital.
4. Once the full EPCR is completed, the record will be transmitted back to the receiving hospital.
5. EPCR must be completed and transmitted within the same day of service.
6. In the event electronic documentation is not available, a full written PCR will be submitted.

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 Signed: M.D.
 Joseph Hoffman, M.D., M.P.D.
 Signed: [Signature]
 Council Chair

Date: _____

Date: 7-15-2010



**MASON COUNTY EMS AND
TRAUMA COUNCIL
P.O. BOX 645
SHELTON, WASHINGTON 98584**



**COUNTY WIDE OPERATING POLICY
ILS/ALS OTEP POLICY**

PURPOSE: To provide continual education and evaluation to all certified ILS and ALS personnel within Mason County, in accordance with Washington Administrative Code.

POLICY: All Mason County ILS and ALS providers will maintain active participation in the OTEP program for certification purpose or recertify by the CME method.

PROCEDURE:

1. The Mason County ILS/ALS OTEP program is available to all ILS/ALS personnel within the county.
2. The program is a mixture of didactic and practical session offered on monthly basis.
3. Lecture sessions will be videotaped and personnel may watch these tapes to be eligible for base station and OTEP credit.
4. Written evaluations will be offered after didactic sessions or after personnel have viewed the videotapes for that session. Practical skills evaluations will be performed for any practical skills stations.
5. A score of 70 percent or above will be considered a "pass" and personnel must perform all critical actions on practical skills stations.
6. Should an individual have any deficiencies, he/she will undergo remediation. Remediation will consist of review of the evaluation and material and, then, another evaluation as indicated.

Signed: _____
Joseph Hoffman, M.D., M.P.D.
Signed: _____
Council Chair

Date: _____

Date: 7-15-2010

7. Should an individual still have deficiencies after two cycles of remediation, he/she will need to meet with the Medical Program Director.
8. The minimum hours to be considered an active participant must be 30 hours per year (eight (8) OTEP sessions per year).
9. An individual with less than 8 OTEP sessions per year will be considered an inactive participant and will be asked to recertify using the CME method.



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Signed: Joseph Hoffman, M.D., M.P.D.
Council Chair

Date: _____
Date: 7-15-2010



**MASON COUNTY EMS AND
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SHELTON, WASHINGTON 98584**



**COUNTY WIDE OPERATING PROCEDURE
INITIATING A PRE-HOSPITAL REVIEW PROCEDURE**

PURPOSE: To enhance communications between pre-hospital care providers as well as standardize a specific chain of communication to obtain quality review results. Anyone in the medical field may request a quality review.

PROCEDURE:

1. Initiation of pre-hospital Quality Review can begin in the field as well as the hospital. It requires an Unusual Incident Report from the pre-hospital care providers or the hospital.
 - a. The Unusual Incident report needs to include the patient's name, date of the call in question, and a brief overview as to what did or did not occur. It is helpful if any other information is included that helps to clarify the situation.
2. The form needs to be either sent to the Medical Program Director (MPD) or his/her designee.
3. Each person involved in the call may be contacted. Their response may be required in writing as to what transpired.
4. All information, once obtained, will be presented to the QI Committee
 - a. The QI Committee will then decide what action, if any, is required. This action will be followed through under the supervision of the MPD and/or his/her designee.
5. A written response will be completed and sent to the requester of the review.

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Signed: Joseph Hoffman, M.D., M.P.D.
.. J. Hoffman
 Council Chair

Date: _____

Date: 7-15-2010



**MASON COUNTY EMS AND
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**COUNTY WIDE OPERATING POLICY
PARAMEDIC TESTING AND CERTIFICATION POLICY**

PURPOSE: To implement a process by which candidates selected or hired by ALS Agencies are tested prior to being certified by the Medical Program Director.

POLICY: The Medical Program Director and/or designee shall oversee an impartial, comprehensive testing process.

PROCEDURE:

1. Each candidate will need to provide the following information:
 - a. Documentation of at least one year experience working as a paramedic.
 - i. Or as an established member of a Mason County ALS agency.
 - b. Documentation of successful completion of a DOH approved paramedic training program .
 - c. Documentation of a passing score for National Registry Paramedic exam.
 - d. Any out-of county/state paramedic certification
 - e. Average number of IV's, intubations, ALS calls, critical medical calls, and critical trauma calls.
 - f. Continuing education for the previous two years.
 - g. Name and telephone number of previous Medical Program Director.
2. The MPD and/or designee shall be available to preview incoming applications
 - a. This will help eliminate those individuals who do not meet the prerequisites for Mason County certification.
3. The written test shall be administered by the MPD and/or designee and is a pass/fail with a minimum of 80% being a passing score.
 - a. If the test is not passed by 80 %, it may be retaken in 30 days.
 - b. If the test is not passed in 30 days, it may be retaken in 90 days.

Signed: _____
Joseph Hoffman, M.D., M.P.D.
Signed: _____
Council Chair

Date: _____
Date: 7-15-2010

- c. If the test is not passed at the 90 day interval it may be retaken in one year with documentation of satisfactory further educational opportunities as suggested by the MPD.
- 4. Candidates who have successfully completed the written exam shall be scheduled for an oral exam with the MPD and/or designee.
 - a. Passing score for the oral exam is 100%. There are no retakes given for the oral exam.

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Council Chair *JH*

Date: _____
Date: 7-15-2010



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**COUNTY WIDE OPERATING POLICY
PATIENT'S MEDICATIONS POLICY**

PURPOSE: To have a standardized accountability of the patient's medications when the patient is transported to the hospital. Standardization of handling the patient's medications should help with better documentation as well as minimize possible loss to the patient.

POLICY: All patient's medications are personal property. They should be documented on Patient Care Report and left at the scene unless one of the exceptions within the procedure.

PROCEDURE:

1. When arriving to the call, all medications that the patients takes must be appropriately listed and documented including dosage on the Patient Care Report.
2. The listed medications will be reviewed by the EMS provider prior to transport of the patient.
 - a. The EMS provider is ultimately responsible for this information.
3. All medications will be left with the family or at the patient's home unless:
 - a. This is not possible due to where the call originated.
 - b. The patient is an overdose.
 - c. The patient is critical and review of medication is not possible.

Signed: Joe Hoffman, M.D.
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Signed: Joseph Hoffman, M.D., M.P.D.
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 Council Chair

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**MASON COUNTY EMS AND
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**COUNTY WIDE OPERATING POLICY
BLS/ALS PROTOCOL TEST POLICY**

PURPOSE: To ensure all Mason County certified EMTs and paramedics know, understand, and are competent with NW Region BLS/ALS protocols.

POLICY: It is the policy of the Mason County Medical Program Director (MPD) to require all Mason County certified EMTs and paramedics successfully pass a written BLS/ ALS Protocol test. This test will be administered periodically when the protocols are updated.

PROCEDURE:

1. The written protocol test will be administered to ILS/ALS personnel at the Base Station meeting after adoption of updated protocols.
2. The BLS protocol test may be administered by the Medical/Training Officer at their department.
3. All completed test will be returned to the MPD for scoring.
4. A minimum of 80% must be obtained on the test to be considered a passing score.
5. In the event of failure of the test, the EMT/paramedic will be given the opportunity to retake the test at date and time prearrange with the MPD. All test retakes must be completed within the following month of the initial testing.
6. Failure to complete and successfully pass the written protocol test within the following month will result in written notification to the individual's employer/fire district. The employer/fire district, Medical Program Director and EMS provider will arrange for a plan of remediation, an opportunity to take the exam in 90 days, and provisional use of protocols pending passing score on the exam. Should an individual fail the protocol test for the third time, protocols will be withdrawn by the Medical Program Director and Department of Health will be notified.

Signed: Joe Hoffman, M.D.
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Signed: Joseph Hoffman, M.D., M.P.D.
 Council Chair

Date: _____
 Date: 7-15-2010



**MASON COUNTY EMS AND
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**COUNTY WIDE OPERATING POLICY
RECERTIFICATION OF EMS PERSONNEL POLICY & PROCEDURE**

PURPOSE: To establish a policy by which all EMS Agencies follow for recertification of certified personnel.

POLICY: All Mason County EMS personnel must abide by the incorporated below procedure in order to have their recertification applications approved.

PROCEDURE:

1. Applications must be completed before presentation to the MPD for signature.
 - a. Online applications are strongly encouraged.
2. The signature from the EMS agency should be the Chief, A/C, or the EMS Officer.
3. A **copy** of all training records to include CME must accompany the application. The MPD will not accept originals.
4. The Chief, A/C, or EMS Officer should bring applications in a batch by agency.
5. An appointment must be made ahead of time with the MPD to go over the applications.

Signed: Joe Hoffman, M.D.
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Signed: Joseph Hoffman, M.D., M.P.D.
File
 Council Chair

Date: _____

Date: 7.15.2010



**MASON COUNTY EMS AND
TRAUMA COUNCIL
P.O. BOX 645
SHELTON, WASHINGTON 98584**



**COUNTY WIDE OPERATING PROCEDURE
USE OF AN AUTOMATIC DEFIBRILLATOR BY THE PUBLIC PROCEDURE**

PURPOSE: To clarify necessary steps taken in regard to the possible use of an AED by a public source.

POLICY: All Mason County public AED should be used according to the Automatic Defibrillator public procedure.

PROCEDURE:

1. For Home Use

- a. The AED must stay with the patient.
- b. If the patient is transported to the hospital; bring the AED with the patient.
 - 1. Do not leave the AED at the hospital.
- c. The transporting agency, upon completion of the call, will bring the used AED back to their respective departments for download of code summary. After download of information, the AED will be returned to the citizen.

2. For Business Use

- a. Leave the AED at the place of business unless needed for transport purposes
- b. The local fire department will be responsible for downloading the code summary and including this information in the patient's care report.

3. Restock Procedure

- a. It is the responsibility of the private citizen or business who owns the AED to restock any expendable supplies.
- b. The local fire department may assist in this effort but has no responsibility to supply these materials.

4. Documentation

- a. Each usage incident must be documented in the patient care report.

Signed: Joe Hoffman, M.D.
Digitally signed by Joe Hoffman, M.D.
DN: cn=Joe Hoffman, M.D., o=Mason County
M.P.D., ou=ems@huffman.org, email=j.hoffman@ems.masoncounty.com, c=US
Date: 2010.08.25 21:02:08 -0700

Date: _____

Signed: Joseph Hoffman, M.D., M.P.D.
Handwritten signature of Joseph Hoffman
 Council Chair

Date: 7-15-2010