Washington County EMS Operations

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Cancellation/Slow Down of EMS Responders

In general, no responding unit, including a transport ambulance should be cancelled until:

- It is determined that there is no patient, or
- A patient is found and after a full assessment that person is refusing further treatment and/or transport.
    - a patient refusal should be documented

EXCEPTIONS:

EMERGENCY MEDICAL RESPONDER (EMR) CERTIFIED

On scenes where a patient is refusing and only a certified EMR is present the EMR may only slow an ambulance to code 1. The ambulance will continue Code 1 and assess the patient.

EMT, AEMT, EMT-INTERMEDIATE, PARAMEDIC

An EMT, AEMT, EMT-Intermediate, or EMT-Paramedic may slow or cancel other responders once the patient has been evaluated and a determination is made that no other units are required.

POLICE/SHERIFF

In the past police agencies have requested a slow-down or cancellation of EMS. If dispatch information/patient information warrants it, EMS responders may use discretion in honoring the request. However, if one unit determines they should continue their response then all units should continue response at same response code.

UPGRADES:

Any responding agency personnel may request an upgrade in response. All units should respond with the same response code.

Ambulance Coordination - Major Emergencies

The Washington County Emergency Medical Services Office is responsible for declaring Major Emergencies.

A major emergency is defined as an extended event that causes a region-wide or countywide disruption of emergency medical or hospital services (i.e. snow, ice, flooding, earthquake, windstorm, one or more hospitals sustain damage and are not capable of accepting patients, or similar event.) Periods of high ambulance demand not related to one of these events would not be considered a major emergency. When a major emergency is declared in Washington County, these guidelines will help guide the dispatch and coordination of emergency ambulances.

Metro West Ambulance's Control Center is designated as the Washington County Ambulance Control Center and shall be responsible for the coordination of ambulance resources to medical requests. This shall include ambulance response into and out of the county as well as requests originating from within the county.

Dispatch of ambulance resources shall be done according to the major emergency version of the Emergency Medical Dispatch (EMD) cards. **WCCCA may or may not continue triaging all requests for medical assistance using the EMD cards.** If WCCCA discontinues triaging calls, Metro West Ambulance may be asked to take over that responsibility.

COORDINATION OF AMBULANCE RESOURCES TO MEDICAL CALLS

Patients shall be transported to the nearest emergency department. Exceptions to this are those patients requiring specialized medical care (burns, hyperbaric chamber, obstetrical emergencies.) **The Washington County EMS Office may suspend inter-facility transports until the lifting of the major emergency and/or authorization.**

Patients requiring trauma system entry shall be transported to OHSU or Emanuel Hospital only if the transportation routes allow access. If highways into and out of Portland are congested or blocked, trauma patients shall be transported to St. Vincent Hospital. **If a patient meets trauma system entry criteria but must be diverted to a non-trauma hospital, the Trauma Communications Center (TCC) and State EMS Office's Trauma Division must be contacted immediately. They shall be provided with the patient's name, trauma band number and destination hospital.**

Ambulance units will not be sent to requests for "stand-by" unless there is the highest possibility that injuries may occur. Stand-by for non-medical events (fires, downed power lines) shall occur only if the county ambulance level is above three (3).

Ambulance Coordination - Major Emergencies

METRO WEST AMBULANCE CONTROL CENTER MAJOR EMERGENCY CHECKLIST

1. Major Emergency Guideline activation shall be broadcast on the fire dispatch channel or to WCCCA by phone.
2. Notify field units that they are now operating under Major Emergency Guidelines. If roadways into and out of Portland are congested or blocked, trauma entry patients shall be transported to St. Vincent Hospital. If transport to St. Vincent Hospital is not possible, patients shall be transported to the nearest hospital.
3. Notify Wash. County hospitals, including Meridian Park Hospital, patients may be transported to the nearest hospital.
4. Contact St. Vincent Hospital Emergency Department Physician and request they be prepared to accept patients that meet trauma entry criteria. If a patient meets trauma entry criteria and must be transported to a Washington County Hospital, the patient must be entered into the trauma system through the Trauma Communications Center (TCC) as usual. TCC must be notified that the patient is being transported to St. Vincent Hospital.
5. Notify the State EMS Office's Trauma Division that a major emergency has been declared and patient's normally entered into the trauma system may be transported to St. Vincent Hospital.
6. Notify Metro West Ambulance management personnel of major emergency guideline activation so they can:
    a. Provide additional dispatch personnel as needed.
    b. Staff additional ambulance units as needed or directed by EMS Office or company management or per Multiple Casualty Incident Plans.
7. Use Modified EMD Cards to establish priorities for ambulance response.
    a. Low Priority - Send ambulance only when County ambulance level is three (3) or above.
    b. Medium Priority - Send ambulance only when County ambulance level is two (2) or above.
    c. High Priority - Send nearest ambulance immediately.
8. When operations under these guidelines are terminated, notify:
    a. Field units that they can return to normal activities.
    b. Washington County hospitals, including Meridian Park Hospital.
    c. Notify St. Vincent Hospital they will no longer be receiving trauma system patients.
    d. WCCCA.

Ambulance Paramedic – Monitoring of Medications

The Oregon Medical Board sets the Scope of Practice for EMS providers on a statewide basis. An EMS providers Supervising Physician sets the scope of practice at the local level. A Supervising Physician may not exceed that scope of practice established by the Oregon Medical Board. An EMS provider may not exceed the scope of practice established by their Supervising Physician.

An ambulance Paramedic MAY NOT exceed the scope of practice authorized by their Supervising Physician except under the following conditions:

1. Under direct supervision of a physician for a patient not transported.
2. During an inter-facility hospital transfer subject to the conditions listed below.
3. Under the direct supervision of a physician who accompanies the patient to the hospital.

If a physician requests that an ambulance paramedic exceed their local scope of practice during an inter-facility hospital transfer, the following must be completed prior to the start of the transport.

Infusion or Administration of a Medication

1. Written orders of what the physician requests.
2. An explanation of what the medication(s) is/are for.
3. What complications could occur from the infusion (allergic reactions, etc.)
4. Is there a danger to the patient if the infusion is stopped?
5. The Physician understands that if complications occur during the transport, diversion to the nearest hospital will occur.

Paramedics will fully document in the patient care form that these criteria have been complied with.

Monitoring of a Procedure

1. Written orders of what the physician requests.
2. An explanation of what the procedure is for.
3. What complications could occur from the procedure.
4. If there is a danger to the patient if the procedure is stopped.
5. The Physician understands that if complications occur during the transport, diversion to the nearest hospital will occur.

Paramedics will fully document in the patient care form that these criteria have been complied with.

If another health care professional (HCP) (RN, Respiratory Therapist etc.) accompanies the patient to monitor an infusion or procedure, the HCP shall be responsible for the monitoring of the procedure or infusion. All other care for the patient shall be the Paramedic's responsibility.

Ambulance Transport to Portland Veterans Hospital

Please follow these guidelines when considering a transport to the Emergency Department at the Veterans Administration Hospital:

- If the VA is RED, no patient will be transported to the VA. Even if the patient insists on going to the VA, they shall be told the VA is unable to accept them and they are requested to choose another facility. This exception applies only to the VA and to no other hospital.

- If the West Zone is in Zone Management, the VA will accept any veteran wishing to go to the VA regardless of the hospital's status.

- If a patient states they are a veteran, you may take that at face value. You do not need to confirm their status as a veteran.

- These guidelines do not apply to inter-facility transfers, scheduled procedures or any other transport that is not intended for the emergency department.

- If in doubt, contact the VA Emergency Department **BEFORE** transport is started to confirm if the VA can or cannot accept the patient. The decision of the VA Emergency Department physician is final.

- If a physician is making arrangements for a patient to be seen or admitted to the VA, that patient can go to the VA. The VA must be contacted as soon a possible after transport has started notifying them that the transport is physician directed.

    - A health care provider or advice line nurse cannot override the divert status of the VA. In these situations, only the ED physician at the VA can authorize acceptance of the patient.

Blood Draw Procedure

INDICATIONS:
Prehospital blood draw has been shown in studies to speed treatment of patients once they reach the emergency room, reducing through-put time and ultimately reduce the time each patient spends in the emergency room allowing more patient visits in the ED per day and reduce ambulance diversion.

A. Draw blood on each adult patient that has an IV start, if possible.
B. Do not draw blood on any patient $\leq$ 8 years of age.
C. Acceptance of Pre-Hospital blood draws is determined by the receiving hospital lab. **Pre-Hospital blood draws are currently being accepted for patients transported to Providence St. Vincent and Kaiser Westside only.**

PROCEDURE:

A. Prep IV site as per protocol.
B. Assemble blood draw equipment from Blood Draw kit.
    1. Attach hub of the vacutainer needle by inserting it into the Luer lock extension set from the blood draw kit. Do not flush the extension set prior to the blood draw.
    2. Prepare and organize your blood collection tubes in the "order of the draw" (Light Blue x 2, Red or Gold, Mint Green, Purple). Note: There may be more than one of each tube, however it is important to maintain the order of tubes filled.
C. Once venipuncture is complete and prior to hooking up IV fluid, connect the extension tubing to the IV catheter hub and draw blood using the vacutainer adapter and multi-draw needle in the following order- 1) Light Blue x 2 filled to the line exactly. The first Light Blue top should be discarded (It is used to evacuate air from the extension set.) The second Light Blue top should be filled exactly to the opaque fill line. 2) Red or Gold top, 3) Green top, 3) Purple top. Note: Hospitals will sometime build kits with extra tubes.
D. Disconnect vacutainer and place in sharps container.
E. Flush extension set with saline flush or attach primed IV bag.

DOCUMENTATION:
For patient safety reasons, proper labeling is critical. Labeling procedure is determined by the hospital.

St. Vincent provides yellow labels to write the information below on the tubes. The person that draws the blood must fill out the label for each tube. Label must have exact name; no nicknames. If name and birthdate are not known at time of blood draw, leave blank until arrival at ED, name may be known at hospital or a name will be generated in the ED.

Some hospitals will request that you use their printed, barcode labels with patient info already printed. On these, please put your department/company initials, paramedic's initials, and the time of the draw. Apply the label **over** the label on the tube, vertically.

The following items must be documented on the label:

A. Exact name (if known). No nicknames.
B. Birth date (if known).
C. Date and time of blood draw.
D. First initial and full last name of person drawing blood.

Blood Draw Procedure

EQUIPMENT RESUPPLY:
Ambulances will carry multiple blood draw kits for resupply. Restock kits will be kept at St. Vincent's Hospital ED and Kaiser Westside. If a first responder fire department is carrying the blood draw kit and uses it, the ambulance will resupply and pick up a new kit from the hospital.

NOTES & PRECAUTIONS:

A. Do not perform a separate venipuncture to draw blood, if not done with the IV start, do not draw blood. Never compromise IV to draw blood.
B. Hand-off of blood specimens should occur at the bedside.
C. Do not draw blood after IV fluid has been connected and fluid administered.
D. If the name is known, but the exact name is not filled in on the label, the blood will not be able to be used.
E. Blood draw kits must be monitored for expiration dates on the tubes.

Law Enforcement Center Response

Unless directed otherwise, access to the jail shall be through the Sally Port located on Adams St. Enter the Sally Port from the West. Once inside, position the ambulance so that other vehicles will not block you in. A guide will take you to the medical emergency. **DO NOT ENTER THE JAIL WITHOUT A GUIDE OR WITHOUT THE PERMISSION OF JAIL STAFF.**

Take all equipment necessary to handle any type of adult medical call (e.g., monitor, oxygen, suction, medications, airway equipment, restraints, backboards, splints, c-collars etc.). Jail staff will assist in helping take equipment out of the jail. The jail is a large, very active, high security facility. Access to and from the Sally Port and ambulance will be time consuming and limited.

KEEP AN EYE ON ALL EQUIPMENT. IF YOU MUST LEAVE SIGHT OF EQUIPMENT, NOTIFY JAIL STAFF AND HAVE SOMEONE WATCH IT.

Request for ambulance transport may originate from the medical facility or from a jail pod. Nursing staff from the medical facility may not be in attendance if the medical emergency occurs within a pod. Upon arrival, determine if medical staff is present and interface with them for transfer of patient information.

For medical-legal and security reasons the Sheriff's Department and Medical Staff request that all patients be transported from the facility if requested by jail staff. This includes patients in cardiac arrest that would normally fall into the Death in the Field Protocol.

Observers/Student Interns

Individuals who may accompany EMS crews fall into one of four categories:

- Observers
- EMT Students
- Inter-agency Riders
- Paramedic Interns.

Each has a specific allowable level of involvement in treating patients. It is the responsibility of each paramedic or EMT to ensure that observers do not exceed their scope of practice.

Observers
These individuals can observe only. They are not authorized to perform any patient assessments or interventions.

EMT-Intermediate/AEMT/EMT/Emergency Medical Responder students
These individuals are currently in an approved EMT or EMR program and may be required to obtain ambulance ride-along experience for certification. They are allowed to perform basic assessments, vital signs, CPR and other non-invasive procedures. They are there to gain experience.

Inter-Agency Riders
These individuals are currently certified at the EMR, EMT, AEMT, EMT-Intermediate and EMT-Paramedic level. They can perform to the extent of their certification. They must understand that the Scope of Practice and Treatment Protocols approved by the Washington County Medical Director prevail regardless of what is approved by their Supervising Physician. Ultimately, you are responsible for the care provided to the patient, even if the rider is a paramedic. It is your responsibility to step in and take control of the situation if needed. If the rider is not Oregon certified, they will fall into Observer status.

Paramedic Interns
These individuals are currently in paramedic training. They must understand that the Scope of Practice and Treatment Protocols approved by the Washington County Medical Director prevail regardless of what is approved by their training program/physician supervisor. Ultimately, you are responsible for the care provided to the patient. It is your responsibility to step in and take control of the situation if needed.

Third-person riders are NOT permitted to practice any skills outside their official scope of practice. By doing so they, and you, are faced with Unprofessional Conduct charges pursuant to OAR 333-265-32(F), and subject to disciplinary action including, but not limited to revocation of certification under ORS 682.175-2(e) & (h).

Patient Transfer to Air Ambulance

The purpose of this guideline is to establish a definitive point in time when the responsibility for a patient is transferred from paramedic personnel to air ambulance personnel (Life Flight, REACH, etc).

The first arriving paramedic on a paramedic staffed and equipped unit shall assume the role of PIC (Person-In-Charge). If no paramedic is available, the highest certified EMS provider shall assume PIC responsibilities until arrival of a paramedic or air ambulance. The responsibility of the PIC is to coordinate the treatment of the patient. Because the PIC is not going to accompany the patient to the hospital, prior to the transfer of patient responsibility from the PIC to the air ambulance nurse, they shall meet face-to-face and transfer information regarding the assessment and treatment the patient received prior to the arrival of Life Flight.

Transfer of responsibility for the patient shall occur at the conclusion of the information transfer when the PIC receives confirmation that air ambulance personnel accept the patient. From this point forward, the patient is the responsibility of air ambulance personnel and EMS personnel shall assist with patient care.

Air ambulances are not able to transport any patient contaminated with a hazardous material.

Patient Treatment Rights

Protocols are intended for use with a conscious, consenting patient or an unconscious (implied consent) patient. If a conscious patient, who is rational, refuses treatment, you should comply with the patient's request and document the refusal. If a conscious patient who is irrational or may harm him/herself refuses treatment, you should contact the receiving hospital (and police if necessary).

If a patient's family, patient's physician, or nursing home refuses treatment for a patient, protocols are contained herein to deal with those situations (See Patient Refusal Protocol). A patient has the right to select a hospital to which to be transported if he/she is rational, and if, in your best judgment, transport to that hospital will not cause loss of life or limb. This includes level 1 trauma hospitals outside of catchment areas, hospitals on critical care or ED diversion and when the West Zone is in Zone Management

Patients entered into the trauma system have the right to choose which trauma center they wish to be transported to regardless of which catchment area they are in. When in doubt, contact the receiving hospital and fully document all your actions.

The legal age of majority or adulthood in Oregon, concerning consent or refusal, is 15 unless the patient is an emancipated minor. Evidence of emancipation can be found on the patient driver's license or state issued identification card and can be found in the restriction box coded as a "V".

Of critical importance to the paramedic is the exception in the law where the paramedic may treat and/or transport under the doctrine of implied consent, a minor who requires immediate care to save a life or prevent serious injury. This consent is also provided by these protocols (off-line medical direction). In treating a minor, parental consent is preferable.

In situations involving minors, where no parental contact can be obtained and care is needed, receiving hospital contact is mandatory. To err on the side of treatment is the safest approach. Careful documentation is important.

Return of Fire Personnel by Ambulance

Firefighters accompanying an ambulance may remain at the hospital until they are retrieved by their agency.

When the ambulance unit is ready to depart the destination hospital, if the ambulance provider is at level five (5) or above, the firefighter shall be returned to their station of origin or other location to meet a Supervisor's Unit to finish the return.

When the ambulance unit is ready to depart the destination hospital, if the

ambulance provider is below level four (4), the firefighter shall be returned to one

of the following locations based on the ambulance's next posting location:

- Their department, district or station of origin
- Tuality Hospital Emergency Department
- WCCCA
- St. Vincent Hospital

Upon leaving the destination hospital, ambulance personnel shall contact WCCCA and ask them to notify the fire fighter's department or district of the drop-off location and the estimated time of arrival to that location.

If an ambulance is responding to a drop-off location and is needed to respond to a code 3 call, the ambulance shall respond to the code 3 call. WCCCA shall notify the fire fighter's department or district that they will not be dropped off as previously planned. Once the ambulance arrives at the scene of the emergency, the firefighter should try to make arrangements with other fire personnel on scene, even if they are from different departments or districts, to be returned to their station.

At no time shall fire personnel be left in an unsecured location.

Standing Orders

EMS providers have standing orders unless action has been taken to modify/suspend/revoke the orders. The Medical Director (Director) has sole authority to authorize orders for EMS providers under his supervision. The Director may modify the standing orders for an entire class of EMS providers and such a modification is not subject to this process.

MODIFICATION OF ORDERS

If the Director believes that the standing orders of an EMS provider needs to be modified based on the EMS provider's patient care abilities, the Director will provide in writing the modifications to be made, the reason for the modification and the effective date and duration of the modification. The Director may state the requirements the EMS providers must follow to cure the modification.

SUSPENSION OF ORDERS

If the Director believes that the standing orders of an EMS provider should be suspended, the Director will provide the reason for the suspension, the effective date and duration of the suspension, conditions of the suspension and the requirements of the EMS provider for the reinstatement of orders.

REVOCATION OF ORDERS

If the Director believes that the standing orders of an EMS provider should be revoked, the Director will provide the reason for the revocation and the effective date of the revocation.

PROCESS

Should the Director determine that public health and safety is jeopardized by the continued practice of an EMS provider, the Director may immediately suspend the orders of the EMS provider pending further actions by contacting the employer of the EMS provider and sending a notice of suspension, by certified mail, to the last known address of the EMS provider.

If an EMS provider has been notified of a pending modification, suspension, or revocation of their standing orders, the EMS provider may request a hearing before the Director. The EMS provider may present information regarding the reason stated for the action. The EMS provider may ask people with knowledge of their practice, abilities, or performance to speak at the hearing. The Director shall consider all information and testimony and shall provide a final written decision.

The final decision of the Director, which modifies, suspends or revokes a standing order, may be appealed to the County Administrator. The appeal shall be heard by the Administrator, or designee. Review of the Director's decision shall be limited to determine if the Director failed to follow these procedures and such failure resulted in substantial prejudice to the EMS provider, if the decision was imposed for an improper motive (e.g., discrimination, harassment, retaliation) rather than based on any medical rationale or if there was a factual error such that there remains no evidence to support a medical or patient care rationale for the decision.

This appeal shall be informal and in accordance with whatever procedures the Administrator finds reasonable under the circumstances. The Administrator may consult with such experts as they deem necessary. If the Administrator finds that an order was improper, he or she may impose such remedy as is deemed appropriate, including mediation, disciplinary action, reporting the conduct to appropriate regulatory bodies or substituting another physician as supervisor who may rescind or modify the order. Nothing herein shall permit the EMS provider to perform services without a Physician Supervisor or permit the Administrator to exercise medical judgment.

All actions taken will be reported to the Oregon State Health Division in accordance with State law.

Transport by Fire Medic Unit

PURPOSE:
To define instances when a Fire Department Medic Unit may transport patients.

PROCEDURE:

A. Fire Department paramedic staffed unit may transport if the following conditions are met:

1. AFTER assessment, it is determined by the Fire PIC that the patient needs immediate transport; AND the patient is packaged and ready to be transported; AND the ambulance has not yet arrived; AND a fire department transport unit is closer. (The following conditions are a non-exclusive list of when immediate transport may be necessary.)
    - Inability to secure an adequate airway.
    - Inability to stabilize BP.
    - Abnormal childbirth.
    - Trauma system entry patients.
    - Cardiac or respiratory arrest.
    - Seizures, unresponsive to treatment.
    - Severe respiratory distress, unresponsive to treatment.

2. In an MCI or MPS where transport will be delayed due to ambulance depletion.

3. Periods of high volume, where ambulance arrival on scene may be delayed for more than 15 minutes after the patient (non-critical) is packaged and ready for transport, and the fire department transport unit is on scene or nearby (especially in inclement weather, when the patient is outside).

B. A hard copy of the Patient Care Report will be left at the hospital.

Transport by Non-Paramedic Staffed Ambulance

Unless a major emergency has been declared, or other severe extenuating circumstances exist all patients will be transported by licensed ALS ambulance staffed with at least one paramedic. In extreme and unusual circumstances the best interests of the patient may require transport with lower certified personnel: EMT-I, AEMT, EMT or EMR.

The criteria for determining patient transport shall be the same for a paramedic staffed unit.

Fire units without a paramedic should consider alternatives like meeting the paramedic staffed ambulance mid-way and transferring the patient or having the paramedic transfer to the patient.

An EMT-I, AEMT, EMT or EMR staffed unit must contact the responding paramedic staffed ambulance with a report of the patient's condition and seek advice on transport prior to initiating their own transport. The medics may also contact OLMC for advice

All transporting ambulances regardless of level of staff attending that vehicle must meet all licensing and inspection requirements of Washington County Public Health EMS Office and the Oregon Health Authority EMS and Trauma Section.