



Verde Valley Medical Center
Northern Arizona Healthcare

Pre-Hospital Operational Manual

2025

TABLE OF CONTENTS

<u>PREHOSPITAL CARE SYSTEM</u>	<u>Page</u>
Verde Valley Provider Agencies	4
Prehospital Care Committee Members	4
Prehospital Continuous Quality improvement	5
Medical Direction Continuous Quality Assurance	6
Conflict Resolution	7
Performance Conflict Resolution Procedure	8
Medical Direction for New Hires	9
New Medic Mentorship Form	10
Annual Review of Operational Manual and CAREMS guidelines	11
ALS Orientation Checklist	12
ALS Performance Contract	13
Base Station Policy on Continuing Education	14
ALS Recertification	15
Confidentiality/Patient Information	16
Clinical Time for EMS Providers	17
Patient Outcome Information	18
ALS Drug box Maintenance and Control	19
Restocking of Supplies	21
Approved use of Supraglottic Devices	22
Rapid Sequence Intubation (RSI) Use by EMT-P's	23
Field Communication with Base Hospital	24
Back Up Medical Control with FMC	26
Nurse/ Paramedic Intermediary Responsibilities	27
Emergency Physicians Responsibilities	28
Description of Radio, Telephone, and Recording Equipment	29
Prehospital Documentation Policy	30
Agency Responsibility for Provider Change Notification	31
EMS Medical Director Provider Change Form	32
Interfacility Transports	33
Interfacility Transport Medication List	34
Sedona Fire District Transport Guidelines	35
Guidelines for making use of Spectrums Crises Response	36

Approved Medications list for Blitz Box	37
Pronouncement of Death during Transport of Patients	38
Attachment: ARS 11-593	39
Attachment: ARS 11-596	40
EMT Administration of Naloxone	41
Community Paramedicine	42
Wildland Fire/Special medical Assignment Procedures	43
Disposal of full sharps bins at VVMC	44
EMT-Basic IV Therapy: Clinical Requirements	45

VERDE VALLEY PROVIDER AGENCIES

<u>AGENCY</u>	<u>MAILING ADDRESS</u>	<u>Phone #</u>
Verde Valley Ambulance Company	PO Box 1477; Cottonwood AZ 86326	928.634.7750
Verde Valley Fire District	2700 Goddard; Cottonwood AZ 86326	928.634.2578
Cottonwood Fire and Medical	191 S. 6 TH St.; Cottonwood AZ 86326	928.634.2741
Sedona Fire District	2860 SW Drive; Sedona AZ 86336	928.282.6800
Jerome Fire Department	PO Box 1025; Jerome, AZ 86331	928.649.3064

PREHOSPITAL CARE MEMBERS

<u>Name</u>	<u>Agency</u>
Bill Boler Ivan Anderson	VVFD VVFD (a)
Buzz Lechowski	Sedona Fire
Ben Kramer Sean James	CWFD CWFD (a)
Schelly Lindsey	VVAC
Carl Whiting	Jerome Fire
Dr. Scott Lotz	VVMC EMS Director
Deborah Verkyk Troy Hoke	VVMC Prehospital VVMC Prehospital
Dan Elliott Jon Gable	CCFM CCFM

PREHOSPITAL CONTINUOUS QUALITY IMPROVEMENT

POLICY:

Establish guidelines for the implementation of a program to support EMS providers as they strive to provide excellent care.

PURPOSE:

To ensure the PHC Department and pre-hospital care agencies participate in a systematic process that aims to improve patient care by active peer review process whereby treatment guidelines, performance, and skill levels are monitored and evaluated on an ongoing basis. As a result of these processes, specific recommendations will be forthcoming which:

- 1 revise existing treatment guidelines
- 2 identify general areas of continuing education
- 3 identify specific areas of performance problems
- 4 develop criteria to facilitate ongoing monitoring of specific areas of concern
- 5 measure and document improvement in the quality of care

PROCEDURE:

- 1 The pre-hospital agency will assign a designee to review incidents and work with the Pre-Hospital Care Department. The goal is to create a team-based approach to quality improvement.
- 2 Patient encounter forms, patch recordings, and telemetry forms will be reviewed in a timely manner by the Pre-Hospital Administrative Medical Director and/or the Pre-Hospital Coordinator, or designated assistants. The goal is to find Key Performance Indicators (KPIs) to measure ongoing performance, identify areas for improvement, and assess the impact of process changes.
- 3 The incidents to be reviewed by the agency's designee and Pre-Hospital Care Department will include, but not limited to the following:
 - a. Monthly random review of 10% of patient care encounters.
 - b. All code arrests.
 - c. Incidents that require a patch to alert the hospital (i.e., Stroke alert).
 - d. Additional CQI monitoring projects as needs are identified.
- 4 Patient follow up will be conducted on selected case, including random monitoring of ED discharge diagnosis.
- 5 The Pre-Hospital Administrative Medical Director will approve Patient Encounter Forms auditing and performance compliance monitoring procedures.
- 6 There are a combination of factors that often cause errors. The audit will focus on specific aspects of the system, patient diagnosis, and treatment. This is to guide the improvement of our overall system.
- 7 Each identified audit type will be monitored for the time period approved by the Pre-Hospital Administrative Medical Director

MEDICAL DIRECTION CONTINUOUS QUALITY ASSURANCE

POLICY:

The Administrative Medical Director and Pre-hospital Care Department will establish and monitor, an ongoing quality assurance process, for the purpose of evaluating the effectiveness of on-line medical direction.

PURPOSE:

To Establish, document, and implement policies and procedures, consistent with A.R.S. Title 36, Chapter 21.1 and R9-25-206 (A)(4), that include a quality assurance process to evaluate the effectiveness of on-line medical direction provided to EMCT's.

PROCEDURE:

- 1 The Pre-hospital Department will review a random selection of recorded EMCT patch calls on a weekly basis. This review will include evaluation of on-line medical direction to ensure compliance and adherence to State guidelines and regulations, established local protocols, policies, and procedures.
- 2 Any discrepancies, issues or concerns noted in on-line medical direction will be submitted to the Administrative Medical Director and/or the Emergency Department Administrative Physician Liaison for case review.
- 3 The Pre-hospital Department will create and maintain a data base outlining the issues/concerns, who the case review was submitted to, and document any loop closure captured.

CONFLICT RESOLUTION

POLICY: Problems which may arise concerning performance, competence, or medical inter-relationships of emergency medical services personnel and the base hospital, its procedures, medical director, pre-hospital manager, nurse intermediaries, Emergency Department physicians or other base hospital personnel will be addressed by the personnel involved.

GUIDELINE: To provide a means of identifying continuing education needs to improve the performance of the EMS system. To provide all members of the pre-hospital team a means to identify and resolve issues and to arbitrate issues which are not resolved on an individual basis.

PROCEDURE:

1. **Individual Level:** Upon identification of a situation requiring application of this procedure, those individuals directly involved should attempt to resolve the issue immediately on a one-to-one basis by private discussion. If a resolution is mutually agreed upon, this procedure need not be carried further. If a resolution is not mutually agreed upon, continue with the following steps.
2. **Agency Level:** If a resolution by private one-on-one discussion is not reached, within five (5) working days, the parties involved in the issue should present their concerns with available facts to their Agency's most appropriate official who can work to resolve the issue. Agency representatives should then interview the individuals involved in the issue to determine all pertinent facts. This should be done separately and as soon as possible following the incident.

Immediately, or as soon as possible after the facts are gathered, the representatives from each agency should meet and discuss the issue. If the facts confirm that the situation did occur and correction is required, a private meeting of all parties should be scheduled immediately. If, however, the matter can be resolved between the agency representatives and is initially agreed upon, a meeting of all parties is not necessary.

3. **Pre-Hospital Coordinator/ Designee:** Those issues concerning performance, competence, or patient care concerns not resolved in the above paragraphs may be forwarded to a Pre-Hospital Coordinator or designee for an independent review. The coordinator or designee's responsibility is to gather all facts concerning the issue. If the facts confirm that a problem does exist, a recommendation will be made to the appropriate agency official suggesting an appropriate course of action. The private meeting should involve only the parties involved to this point, and all proceedings will remain confidential.
4. **Base Hospital Medical Director:** Those issues not resolved by the above procedures should then be forwarded to the Base Hospital Medical Director for final arbitration. All documentation obtained should be forwarded to the Medical Director. He/she may initiate additional investigation of the incident at his/her discretion. A meeting should be scheduled so that all parties concerned may present their position to the Medical Director. After all parties have presented their case, the Medical Director should attempt a mutually agreed upon resolution to all parties. If this fails, the Medical Director will issue a written decision on the matter. Any recommendations that might be made should be sent to all parties concerned with the responsibility of implementing recommendations resting on the agency's appropriate official.

DISCIPLINARY PROCEDURE – PERFORMANCE CONFLICT RESOLUTION

PROCEDURE

POLICY:

Clinical or conduct performance problems involving medics assigned to the Verde Valley Medical Center Base Hospital for administrative medical direction will be dealt with by the Medical Director.’

PURPOSE: Outline a process for evaluating and resolving clinical performance or behavioral concerns potentially affecting patient care or individual conduct.

PROCEDURE:

Should the concern of a clinical or conduct problem arise, this concern will be addressed in the following manner:

Any concern, whether clinical in nature or conduct related shall be communicated to the Medical Director. Any concern deemed appropriate by the Medical Director to be handled by the Pre-hospital coordinator or designee will be resolved at that level. Any concern that cannot be resolved at that level will be forwarded to the Medical Director with all associated facts and findings.

The Medical Director shall investigate the particular incident surrounding this concern, and if he/she feels the situation warrants further investigation, will proceed as follows:

1. All facts relevant to the concern will be collected.
2. The Medical Director and the involved party will meet, discuss relevant issues, and if an area of concern is identified by the above process, the involved party will be counseled on corrective action.
3. The involved party's agency manager will be notified in writing by the medical director immediately.
4. The involved party will be monitored for a specified period of time (up to six months).
5. After the monitoring period, the Medical Director and the involved party will again meet and re-evaluate the situation:
 - a. If the Medical Director determines the involved party has displayed sufficient corrective action, it will be noted in that party's file and a normal relationship will be re-established. A letter suspending the monitoring period will be sent to the agency.
 - b. If the Medical Director determines that the involved party has not displayed sufficient corrective action, it is at the Medical Director's discretion to either:
 - i. Assign further corrective actions and a specific monitoring period and subsequent review and/or
 - ii. Withdraw medical control from the involved individual. If medical control is withdrawn, the Medical Director will immediately advise the involved individual and the agency's manager in writing.
 - c. If the Medical Director determines the involved individual has met all requirements and displays sufficient corrective action, medical control may be reinstated with immediate effect.
6. If the involved party feels that any of the above actions are inappropriate or unjustified, he/she may appeal for review of the decision to a Peer Review Board as established by the Pre-Hospital Care committee. Any recommendation by the Medical Director for withdrawal of medical control shall remain in effect pending the decision of the Peer Review Board.
7. Some medics' actions are so unacceptable that all or parts of this procedure may be bypassed for the first offense, and medical control may be withdrawn immediately. However, the agency manager involved must be consulted prior to any action being taken. If the manager is not available, medical control to the involved medic will be suspended until such consultation occurs.
8. If medical direction has been suspended or withdrawn, a complaint shall be issued and formal proceedings initiated pursuant to ARS Title 41, chapter 6 Article 10. Authorization for censure, probation, suspension or certification revocation is listed under Title 36, Chapter 21.1, Article 1; R9-25-407;408;409 of the Arizona Administrative Code (AAC)
9. It will be the policy of the EMS Director to avoid punitive measures in favor of remedial and educational interventions if at all possible.

MEDICAL DIRECTION FOR NEW HIRES

POLICY:

Each newly certified or newly hired EMS provider shall apply to the base station for approval before they may function in the field. This is to ensure that all EMS providers are able to know the systems and functions of their role.

PURPOSE:

To provide a consistent way of evaluating and orienting each new provider to the policies and expectations of the base station.

PROCEDURE:

1. Certifications are entered into the ePCR software. The Pre-Hospital Manager will be able to access and verify current CPR, ACLS, PALS or HANDTEVY certifications.
2. Read and sign verification of understanding of the VVMC EMS orientation manual and protocols. This is to be done annually.
3. Send notification of the completed training/mentorship from your organization. This would include all onboarding/training that you require from your providers as well as the required STRs that must be completed. An example, EMTB nasal Narcan training to be able to administer this in the field.
4. Read and sign ALS Performance Contract utilizing VVMC as base station, to be done at the time of hire.
5. Providers not meeting all criteria will not be assigned to VVMC base station and may not function in the field as an ALS provider using VVMC as their base station.

Verde Valley Medical Center: Pre-hospital Medic Orientation

New Medic Mentorship

Policy:

In accordance with Medical Direction and the emergency medical services orientation manual new ALS providers will be assigned a mentor within their pre-hospital agency. The mentor will monitor all calls for patient care treatment, documentation and adherence to protocols. Documentation on providers will be sent to the Pre-Hospital Care Department monthly for a period of three to six months. This documentation should reflect the new medics overall performance and progress; provide meaningful evaluation of all calls (especially critical calls); identify any needs for improvement and include a plan to meet those needs. At the end of the three-month evaluated probationary period for full time and 6-month evaluation period for reserve status, the Pre-Hospital Medical Director and/or the Pre-Hospital Care Coordinator will approve/deny completion of the medics' probation period.

Medic Name:

Evaluation period:

Total number of calls reviewed:

New medic self-evaluation:

Describe the overall quality of documentation:

List of any outstanding performance measures noted:

List any needs for improvement:

Synopsis of critical calls reviewed:

List additional training received during this evaluation period:

Comments:

**ANNUAL REVIEW AND UNDERSTANDING OF THE PRE-HOSPITAL OPERATIONAL
MANUAL and CAREMS GUIDELINES**

I have read and reviewed the VVMC Pre-Hospital Operational Manual. I have reviewed the current CAREMS Guidelines and I agree to perform my duties in compliance with the policies and procedures and Offline Guidelines.

Name (Signature)

Date

Name (Print)

Verde Valley Medical Center ALS/BLS Orientation Checklist

Date: _____

- 1. Annual review sign off. _____
- 2. Signed ALS/BLS Performance Contract _____
- 3. Current copy of ADHS certification card _____
- 4. Current copies of CPR/ACLS/PALS/HANDTEVY _____
- 5. Signed and completed Omnicell ADC Form (ALS) _____
- 6. Review
 - a. EMS Operation Manual _____
 - b. Omnicell Operations (ALS) _____
- 7. Completed Required STRs _____

Agency Prehospital Coordinator

Date

Prehospital Care Coordinator

Date

**ALS/ BLS PERFORMANCE CONTRACT UTILIZING VERDE VALLEY MEDICAL CENTER AS
BASE STATION**

I, _____, agree to perform my EMT/AEMT duties at the Standard of Care required by my base station (Verde Valley Medical Center). I will adhere to policies and procedures set forth by my base station and by Arizona state certification requirements.

I will attend all continuing education as required in the base station policy on continuing education as well as attend additional continuing education opportunities required by Arizona Department of Health Services to meet recertification requirements. I will keep my ADHS, AHA, ACLS, and PALS and/or HANDTEVY certifications (as applicable) current. I understand that compliance of the base station policy on continuing education is required annually to continue utilizing VVMC as my base station.

I will complete my patient care encounter form quickly and accurately, and place with patient's chart in the emergency department. I will provide the pre-hospital office patient care reports for all flights or Run numbers of those flights within 24 hrs. I will restock only those supplies used in the care of the patient. Pharmacy will receive a copy of the patient care form on any refusals when medications are given and/or air transports to another facility when medications are used. I will adhere to the ALS drug box maintenance and control policy as written in the Emergency Medical Service/ Orientation manual.

I will maintain confidentiality on all patient encounters in the field and in the Emergency Department. Patient information reviewed in monthly tape and chart sessions also will be handled with the strictest confidence.

I understand that when I am providing patient care, I am working under the physician's license at my base station. I will provide care utilizing treatment guidelines and I will contact my base station for orders as quickly as possible. I understand that without the approval of my base station EMS director agreeing to supply medical direction, I cannot provide patient care.

I agree to perform as stated above. I have read and understand all the information in the EMS orientation manual.

EMS Provider
Agency_____

Date

EMS Director

Date

Prehospital Care Coordinator

Date

BASE STATION POLICY ON CONTINUING EDUCATION

POLICY: Verde Valley Medical Center is committed to promoting a culture of continuous learning and professional development among its employees to ensure the highest standards of patient care. To achieve this, the hospital will establish a framework for continuing education, which includes the identification and provision of Special Training Requirements (STRs) for its staff. This policy outlines the requirements for continuing education and the maintenance of records to ensure compliance.

PURPOSE: This policy aims to:

1. Provide guidance in that all employees receive the necessary training and education to meet the evolving demands of their roles.
2. Identify and implement Special Training Requirements (STRs) specific to certain roles.
3. Maintain accurate records of completed training to demonstrate compliance with AZDHS training standards.

PROCEDURE:

I. Continuing Education

1. All departments are responsible for ensuring their employees receive necessary ongoing education and training.
2. STRs may be fulfilled through in-house training, external courses, workshops, or online learning platforms.
3. The Medical Director may host a training lecture or skills lab to meet a necessary subject matter. This may be done via online or in-person training.
4. Individuals must maintain their certifications by completing the necessary continuing education requirements for their certifications.
5. All providers must complete any STR training on an annual basis that is expected of them in the field. See AZDHS Education and Training webpage for list of STRs.

II. Record Keeping

1. Employees, supervisors, or designated department representatives will be responsible for documenting completed training.
2. Regular audits will be conducted to ensure compliance with STRs and to identify any gaps in training and education.

III. Non-Compliance

1. Failure to meet the continuing education requirements may result in corrective action, up to and including disciplinary measures. Non-compliance can impact an employee's ability to perform their job effectively and could jeopardize patient safety.
2. Individuals that do not meet the above referenced requirements must schedule a meeting with the Pre-hospital Coordinator and Medical Director. The purpose of this meeting will be to determine any additional requirements, education, training or performance improvement methods required to comply to this policy. These additional requirements will be determined by the Medical Director on a case-by-case basis. Individuals that fail to schedule this meeting or do not comply with the formulated plan will have medical direction suspended until which time these requirements are met.

IV. Review and Revision:

This policy will be reviewed annually to ensure its effectiveness and compliance with changing regulations and best practices.

ALS RECERTIFICATION POLICY

POLICY:

All ALS personnel who use Verde Valley Medical Center as a base station will use this policy as a guideline to organize their recertification process.

PURPOSE:

To standardize the recertification process.

PROCEDURE:

1. All ALS personnel are responsible for current knowledge of C.E. requirements **for** recertification.
2. ALS personnel based at VVMC shall adhere to the base station policy on continuing education annually. Attendance at Annual Updates are also required if offered that year.
3. The Pre-Hospital Manager can verify that the required CE has been met. It is the responsibility of the provider to submit necessary forms for recertification to ADHS.
4. A copy of the new certification shall be sent to the Pre-Hospital Manager when it is received by the ALS provider
5. All certifications shall be updated in each agencies chosen software. Access to this software will be shared with the pre-hospital office.

CONFIDENTIALITY-PATIENT INFORMATION

POLICY:

Information EMS personnel receive during patient treatment, tape and chart review, clinical time, class time, EMS calls, and in the Emergency, Department is privileged information. This information is never to be discussed with anyone not involved in the patient's care. Particular care needs to be used to not talk about a patient or a situation within hearing of others in a public place, (cafeteria etc.).

EMS personnel who are contacted by lawyers, newspapers, insurance companies, or law enforcement officers should not release information without letting their employer and the Pre-Hospital Manager know that they have been approached for information. The employer/Pre-Hospital Manager will decide to provide information, if possible, in a way that does not compromise confidentiality.

CLINICAL TIME FOR EMS PROVIDERS

PURPOSE

Pre-hospital providers who are either employed or volunteer with an ALS agency working under an emergency services agreement with Verde Valley Medical Center (VVMC), may schedule supervised clinical experience for the purpose of continuing education.

DEFINITION N/A

PROCEDURE

1. The provider will schedule the clinical time in advance either direct or through a designee of an approved educational institution.
2. EMS Providers and students must adhere to their sponsoring organizations dress code requirements.
3. EMS providers and Students must obtain a Verde Valley Medical Center badge prior to their clinical time through the human resource department.
4. To obtain a badge EMS providers and Students must provide proof of current immunization records per VVMC Policies (HR 08-00A, 00B, 00C, 00H, 00I) to include:
 - a. TB- negative test result within the last year
 - b. MMR- 1st and 2nd vaccination or all titers
 - c. Varicella- 1st and 2nd vaccination or titer
 - d. T-dap (Tetanus, Diphtheria & Pertussis) Single dose or tetanus within past 2 years
 - e. Influenza immunization (during flu season)
5. Complete the student process as outlined in the following link:
http://www.nahealth.com/OurServices/Education/Student_Process
 - a. Student Module
 - b. Parking Permit
 - c. Workforce confidentiality Form
 - d. Health record form with immunization records.
6. To begin the student process EMS providers will need to create an account through the following link and complete the Student Module.
<https://gm1.geolearning.com/geonext/nahealth/dynamicopensite.geo?id=u2fRU5gQJcJpY1DfGIO%2bbRPF3vgssQ2yNmmg3UXa3vSHkoFC4kcRIQ%3d%3d>
7. The provider will work under the supervision of an approved preceptor and will report to him/her.
8. Providers may be allowed to perform any skill within their certification level under the direction of the preceptor/physician.

PATIENT OUTCOME INFORMATION

POLICY:

Prehospital providers may request follow-up and outcome data on patients they have provided care to.

PURPOSE:

To allow providers access to outcome data, thereby providing continuity of care and insight into disease process and follow-up treatments.

PROCEDURE:

1. Provider will contact Pre-Hospital Care Office by phone or email. Provider should not contact the Emergency Department nursing desk for information.
2. All information about patient will be considered confidential and will not be discussed with others. HIPAA guidelines will be followed when patient follow-up is given.
3. Any cases that will be used for education/training purposes will also remain confidential. Names, addresses, and any other identifying features will be removed before being used as case studies.
4. Providers must supply the following information in order to receive patient follow up:
 - a. Patient Name (if known)
 - b. Patient's Date of Birth
 - c. Date of Service
 - d. Transport Destination

ALS DRUG BOX MAINTENANCE AND RESTOCKING

PURPOSE:

Verde Valley Medical Center ALS Base hospital Administrative Medical Director will oversee the use and control of Pre-Hospital agents. The Base Hospital Pharmacist in Charge will oversee control of agents supplied to EMS providers.

POLICY:

The inpatient pharmacy department of Verde Valley Medical Center shall supply the contents of drug boxes to the ALS agencies based out of Verde Valley Medical Center. All drug boxes will be standardized and will contain medications and supplies as outlined in the ADHS drug box regulations.

PROCEDURE:

1. An EMT will administer an agent only if authorized to do so under A.C.C R9-25 Article 5 and by the Administrative Medical Director.
2. Drug box contents will be compliant with ADHS Rule R9-25-503 Table 1. The drug list may be periodically modified to include new drugs and delete existing drugs as needed with changes in ADHS rules or direction from Administrative Medical Director.
3. All drug boxes will be standardized; the same contents will be used by all agencies having supporting service agreements with Verde Valley Medical Center, unless specialized training requires additional drugs.
4. Agencies authorized to administer agent's specific to an STR or optional medication as outlined by DHS rule will be responsible for additional costs above the standard drug box base rate.
5. Incidental medications approved for administration through Medical Direction and within the EMCT's scope of practice may be purchased through VVMC pharmacy at cost to the authorized agencies.
6. A drug may be given by EMS providers only by order of the base station physician, by indirect communication through a nurse intermediary or as directed in VVMC Off-Line Guidelines.
7. When narcotics are titrated and the entire dose is not used, the remaining medication will be wasted upon arrival to the Emergency Department. Wasting of medication will be witnessed by an RN or second ALS/BLS medical provider and will be documented on the Electronic Patient Care Report (ePCR)
8. All drugs administered will be recorded on the ePCR
9. Drug boxes needing to be restocked at VVMC shall be restocked from the EMS Automated Dispensing Cabinet (ADC) "drug for drug" using the patients name and FIN. Only Non-Controlled substances can be restocked from the ADC, all controlled substances (Narcotics) will be restocked through VVMC's 24/7 pharmacy. Drugs cannot be restocked by the ED nurse on duty.
10. Narcotic replacement will be done through the VVMC Pharmacy which is open 24/7. Paramedic will go to the pharmacy with the completed ePCR (Name/or identifier, Fin/run number if flown from scene, narcotic administered and wastage if applicable). All non-narcotic medication can be replaced from EMS ADC in the ED.
11. Drug boxes needing to be restocked at Verde Valley Medical Center, Sedona Campus (SMC) can be restocked from the EMS Automated Dispensing Cabinet (ADC) "drug for drug" using the patients name and FIN. Narcotics can be restocked from the SMC EMS ADC only on patients who have been transported to the ED or flown from the scene. All ePCR's need to be completed and uploaded into patients' chart within 6hrs of patient's arrival in the ED. If a patient is flown from the scene, provide pre-hospital with the incident number, date and time within 6hrs. Drugs cannot be restocked by the ED nurse on duty.
12. On duty ALS personnel are responsible for the drug box and contents at their agency and are accountable to the pharmacy for its contents.

13. Each EMS provider agency is responsible for checking their drug boxes for expiration dates, drug or package damage/deterioration, and illegible labels. Replacement of non-narcotic outdates and damaged items are done through the ADC, narcotics through pharmacy.
 - a. Expired medications will be replaced within 30 days prior to the expiration date.
 - b. Exchange of expired non-narcotic medications will be removed from the EMS ADC under OUTDATES
 - i. Expired medications must be delivered to pharmacy.
 - c. Outdated Narcotic/Controlled Substances are **REQUIRED** to be exchanged through the Pharmacy.

No other method of exchange is authorized per DEA and AZ Pharmacy Board.

 - i. Controlled substances must be exchanged item for item.
 - ii. Pharmacy log must be completed for exchange of controlled substances.
14. If a drug box is used during an Interfacility transport of a patient the drug may be replaced from the EMS ADC at either ED upon return under the patient's name. If a narcotic is administered follow steps 10 or 11 above.
15. Drug boxes must be stored in vehicles with a secured compartment, as per: ADHS Rule R9-25-201 (F)(2)(d) (iii). Each EMS provider is responsible for security and environmental control of the drug boxes while on duty.
16. When changing shifts EMS personnel are responsible for assignment of the drug box to the oncoming shift. A record of drug box inspection shall be made prior to an individual assuming accountability for the drug box. Reports must be made accessible to Pre-Hospital Manager or Pharmacists if requested.
17. When a discrepancy is found, (broken container, missing drugs etc.), an immediate report must be made to the duty supervisor, Prehospital Coordinator and the VVMC pharmacy. An incident report shall be filed with the pharmacy. If the incident involves a Class II controlled substance it will also be reported to the State Board of Pharmacy, DPS narcotics division, DEA and local authorities.
18. The Administrative Medical Director or Base Hospital Pharmacist-in-charge will notify in writing the Department of Health Services Bureau of EMS and Trauma Systems within 1 day after receiving notification from an EMS Agency of any quantity of a controlled substance that is missing.
19. The Administrative Medical Director and Base Hospital Pharmacist-in-charge will comply with all Arizona State Board of Pharmacy and U.S. Drug Enforcement Administration requirements related to the control of agents.

RESTOCKING OF SUPPLIES

POLICY:

Prehospital care providers working under an agreement with Verde Valley Medical Center as their base station can exchange and restock supplies and medications at Verde Valley Medical Center.

PURPOSE:

To give a guideline for restocking and exchanging supplies/medications used during an EMS call. Medications are restocked from the Omnicell and EMS supplies are restocked from the Materials Pyxis.

PROCEDURE:

1. Supplies are to be restocked from the Materials Pyxis. Be sure to only replace materials with the exact quantity of what was used.
2. IV solutions are also in the Materials Pyxis and are restocked the same way as supplies.
3. Medications are kept in the Omnicell. Medications are only to be removed by certified providers IEMT and EMTP. Medications are to be removed under the patients name and only the medications that are given and documented on patient care report. See ALS DRUG BOX MAINTENANCE AND CONTROL policy
4. Any problems with passwords or operation of the Omnicell can be addressed to a pharmacy tech or to the Pre-Hospital Manager.

APPROVED USE OF SUPRAGLOTTIC DEVICES

POLICY:

VVEMS Medical Direction supports the use of approved Supraglottic devices as an optional rescue airway device by properly trained BLS and Paramedic providers in accordance with Arizona Revised Statutes.

PURPOSE:

This airway adjunct is to be used by BLS/I-99 providers only after: attempts to ventilate with a BVM are unsuccessful and/or inadequate, when no ALS providers are available for advanced airway management or after unsuccessful attempts for other advanced airway management.

PROCEDURE:

1. Initial and ongoing training shall be performed at the agency level in accordance with R9-25-502; R9-25-201(E)(3)(b)(ix).
2. Records on training shall be maintained at the agency level and made available to Pre-Hospital Coordinator as requested.
3. BLS providers will complete a training session on approved supraglottic devices at the agency level by an ALS trained provider utilizing the recommended curriculum.
4. Initial training shall include no less than 5 successful manikin airway placements.
5. An EMT who has completed initial training is required to complete a refresher training that complies with R9-25-502 and medical direction expectation of at least every 24 months.

RAPID SEQUENCE INTUBATION (RSI) USE BY EMCT-PARAMEDIC

VVEMS medical direction supports the use of RSI as an optional advanced airway management skill by properly trained EMCT-P. Performance of RSI in the Prehospital EMS environment is only approved for use after completion of Verde Valley EMS Training program and authorization by medical director.

Purpose:

This airway management skill will be used in situations where placement of a prehospital endotracheal tube using RSI is indicated by patient conditions *and* where there is clear benefit of performing RSI in the prehospital environment.

Procedure:

1. EMCT-P will work full-time for an agency that supports the optional RSI program.
2. EMCT-P will complete the VVMC RSI training program before beginning to perform RSI in the field.
3. EMCT-P will perform RSI using the Arizona Department of Health Services Recommendations for RSI in the field (ADHS, 2005).
4. EMCT-P that wishes to complete OR clinical time must meet the requirements set forth in the student process as outlined in the Clinical Time for EMS Providers policy.
5. EMCT-P will complete an annual RSI refresher course.
6. EMCT-P will participate in mandatory immediate self-assessment and ongoing departmental CQI on all RSI in the field cases.

FIELD COMMUNICATION WITH BASE HOSPITAL

POLICY:

Initiation of advanced life support (ALS) procedures by ALS field personnel considered to be medical control options, requires radio contact with the Base Hospital for on-line medical supervision. Medical Control Options and standing orders are authorized and performed according to the current Verde Valley Medical Center approved CAREMS Guidelines. Online medical direction may only be obtained from a facility that is a DHS-recognized base hospital or centralized Medical Direction Communications Center. An ALS provider may obtain online medical direction with the receiving hospital if they are a recognized ADHS base hospital, the designated back-up to their administrative base facility, or specialty center.

PURPOSE:

Provide a guideline for requesting and receiving medical direction. Ensure that the receiving facility has advance notice of patient arrival and can react accordingly.

PROCEDURE:

1. Preferred contact with base station should be made through designated patch line (928) 634-2052.

Should an ALS support unit experience inability to establish contact, standing orders should be followed and the following field procedures should be initiated:

- a. Attempt to contact the Base Hospital via dedicated phone line: (928) 639-6174
- b. Dedicated Charge RN phone: (928) 592-3450.
- c. Notify FMC on a dedicated phone line at (928) 779-1851 to initiate communication.

2. ALS/BLS providers will contact the base hospital for medical direction where protocols need to be instituted and destination decisions made.
3. Communication by radio or phone should transmit information which will affect care of the patient or hospital actions prior to arrival of the patient in the Emergency Department. Do not lengthen transmission with extensive history or non-pertinent information.
4. Clearly state at the beginning of an on-line communication if you are making a "courtesy notification" or if you need to "obtain On-line Medical Direction." If you are seeking physician orders, you are making a decision to "obtain On-line Medical Direction."

In the setting of time-sensitive illnesses, it is appropriate to initiate communication by identifying the patient as a Trauma, STEMI, Stroke, or Sepsis Alert

4. Patient's name should not be given on the patch phone with the exception of patients that may be going directly to the Cath lab or codes.
6. Skill Level: The individual with the highest level of certification shall remain with the patient until transfer of care to the staff of an emergency receiving facility, emergency center, or another comparably staffed ALS-equipped emergency vehicle unit.
7. Triage the patients to prepare the ED for this patients' arrival by defining the level of Priority. Patients will be defined in one of three Priorities.

1. Priority 1 (Critical)

- a. Critically ill or injured patient (immediately life-threatening illness or injury) needing immediate intervention
- b. Examples might include: Cardiac arrest or post cardiac arrest, Head injury with GCS < 8 or Penetrating trauma to the head, neck, chest or abdomen.

2. Priority 2 (Urgent)

- c. Potentially life-threatening illness or injury
- d. Examples might include: GCS 8 – 13, Altered level of consciousness, Status epilepticus, Unresponsive patient, Unstable vital signs and/or clinical signs of shock

3. Priority 3 (Stable)

- e. Non-urgent condition which may require medical attention, but not immediate treatment
- f. Examples might include: GCS 14-15, Stable vital signs, Minor injuries, hemodynamically stable chest pain with no evidence of ischemia

ATTACHMENTS: N/A

REFERENCES: N/A

BACK-UP MEDICAL CONTROL WITH FLAGSTAFF MEDICAL CENTER

Policy

Flagstaff Medical Center (FMC) will provide on-line medical control to any ALS unit assigned to Verde Valley Medical Center (VVMC) who is unable to contact VVMC for emergency on-line medical control due to a communication failure.

Purpose

To assure continuous on-line medical supervision to ALS field personnel in the event of a communication failure of any kind between VVMC and an assigned ALS unit. Communication failure shall include not only power failure, but also the ALS units' inability to contact VVMC by telephone, or cellular phone for any reason.

Procedure for Notification by VVMC

1. In case of power failure at VVMC or the failure of the repeaters serving VVMC, the Emergency Department Charge Nurse or designee will notify FMC's Emergency Department that they will need to assume on-line medical supervision and the estimated time this will be in effect.
2. VVMC Emergency Department Charge Nurse or designee will notify Cottonwood Dispatch at (928.649.1397)
3. Cottonwood dispatch center will notify their respective provider agencies of the change in medical control.
4. FMC's Emergency Department will immediately communicate all pertinent patient information to the on-duty physician/nurse intermediary at the receiving facility.
5. FMC's Pre-Hospital Coordinator will forward copies of the telemetry forms from the VVMC based units to the Pre-Hospital Coordinator at VVMC.

Procedure for Notification by ALS Units

1. A VVMC based ALS unit who needs on-line medical direction and who has unsuccessfully attempted to contact VVMC by either cell phone, telephone may contact FMC's Emergency Department for medical direction.
2. The ALS unit will identify themselves, state their inability to contact VVMC and request medical direction from FMC.
3. The ALS unit may choose a dedicated phone line (928) 779-1851 to initiate communication with FMC.

Resumption of Medical Direction by VVMC

The cause of the communication failure will be corrected by the VVMC or by the provider agency as soon as possible. As soon as the communications failure has been resolved, the Emergency Department charge nurse or designee will notify FMC ED and Cottonwood Dispatch Center. Cottonwood dispatch center will notify their respective provider agencies to resume medical direction with VVMC.

NURSE/PARAMEDIC INTERMEDIARY'S RESPONSIBILITY IN PROVIDING MEDICAL DIRECTION

Policy

A nurse intermediary is an Emergency Department Registered Nurse who has completed the Pre-Hospital Orientation, and has been determined by the Director or EMS Program Manager appropriate for the responsibility.

Purpose

To provide a guideline for the nurse intermediary to assist with on-line and off-line medical direction under the supervision of the base station medical director. EMS providers should identify the patch as courtesy notification or as a patch for medical control.

Procedure

1. An intermediary in contact with an Advanced Life Support (ALS) **PATCH** will:
 - a. Receive information and relay to the Emergency Department physician
 - b. Relay physician orders to the medic online.
 - c. Request the ED physician to communicate directly online if requested by the medic.
2. An intermediary in contact with an ALS **COURTESY NOTIFICATION (CN)** will:
 - a. Receive and record pertinent information on incoming patients and notify the charge nurse.
 - b. Assist the medic with patient care decisions according to Treatment Guidelines. If any question regarding treatment or patient stability exists, the physician will be consulted
3. When relaying verbal medical direction to providers in the field, the nurse intermediary shall identify themselves and the ED physician by name and title.
4. The nurse intermediary will complete the telemetry form. This will include patient complaint and condition, vital signs, ETA to ED, any medical direction requested and given, and name of the provider who initiated the patch.
5. All information/medical direction will be done in a timely and professional manner on the radio/telephone.
6. When a patient is transported to Sedona Emergency Center, the nurse intermediary will relay all available information to the physician or nurse at that facility. When a patient is transported to any other facility, the nurse intermediary may as necessary relay all available information to the physician or nurse at the receiving facility.

EMERGENCY PHYSICIAN'S RESPONSIBILITY IN PROVIDING MEDICAL DIRECTION

Policy

The physician on duty in the Emergency Department shall be responsible for providing on-line and off-line medical direction for EMS providers based at Verde Valley Medical Center (VVMC).

Purpose

To provide a guideline for the Emergency Department physician when giving medical direction.

Procedure

1. The emergency physician on duty shall respond to all ALS radio/telephone patches unless engaged in rendering care to another emergency department patient or engaged in another ALS radio/telephone communication.
2. If above circumstances apply, the physician will have an ED Nurse Intermediary respond and relay verbal medical direction to the field unit.
3. The emergency physician on duty shall be accountable and responsible for the on-line medical direction given to the ALS field units.
4. Communications will be recorded. All information/medical direction shall be done in a timely and professional manner.
5. The emergency physician on duty shall complete the telemetry form, including signature, on all ALS communication/medical direction if additional orders are necessary.

DESCRIPTION OF RADIO, TELEPHONE, AND RECORDING EQUIPMENT

The radio is a CARE point EMS Workstation Model # PT 1700M.

Built in radio, telephone, and fax and LAN internet connectivity. Communications coming in through the dedicated phone line are logged on a D-Scribe Integrated Digital Data Logger.

This is located at the main nursing station by the Charge Nurse.

This unit performs the following functions:

1. Alerts staff to incoming radio/telephone calls.
2. Provides alternate channel selection.
3. Records both radio and telephone communication.

The radio ID is: Yavapai-1100

The dedicated telephone line number is: 928-634-2052

PREHOSPITAL DOCUMENTATION POLICY

Policy: To ensure consistent and timely completion of information on each pre-hospital encounter.

Purpose: To see that all patient encounters are documented thoroughly and accurately. This is to assist with the patient continuity of care. To ensure consistent and timely completion of information on each pre-hospital encounter.

Procedure:

- Written reports should be thorough, concise, and completed 24 hours of incident.
- All protocol deviations shall be documented in the ePCR

AGENCY RESPONSIBILITY FOR PROVIDER CHANGE NOTIFICATION

POLICY:

Verde Valley Medical Center Medical Direction Services Agreements require that agencies notify the Pre-Hospital Care Department within 24 hours of any termination and within 10 days of any addition, transfer, change in certification, or recertification of their personnel that receive medical direction from Verde Valley Medical Center. Proof of recertification must be received prior to or on the expiration date of the card.

DEFINITION: N/A

PROCEDURE:

1. Agency will submit changes in provider status on the EMS Medical Direction Provider Change Form to the Pre-Hospital Care Department.
2. Agency will submit all updated certifications for each provider as required for Medical Direction to the Pre-Hospital Care Department.
3. All appropriate information on the form will be provided by Agency.
4. Check appropriate line items as to type of change.
5. Terminations that resulted from patient care/EMS practices must be noted. The Medical Director will follow-up with Agency on the specific issue that resulted in termination.
6. Medical Direction is not provided beyond the expiration date on the card possessed by the provider, irrespective of the notification date by the Agency to the Pre-Hospital Care Department that a provider certification has expired.

ATTACHMENTS EMS Medical Direction Provider Change Form

REFERENCES N/A

EMS MEDICAL DIRECTION PROVIDER CHANGE

AGENCY NAME: _____ **DATE:** _____

Please make the following change in the status of our employee:

NAME OF EMPLOYEE: _____
Last First Middle

AZ CERTIFICATION NO: _____ **CERT. LEVEL:** _____ **EXP. DATE:** _____

Please check one of the following:

NEW EMPLOYEE: _____ **FULL TIME** _____ **RESERVE** _____

(IF RESERVE: ARE THEY PRIMARY WITH YOUR AGENCY?) **Y** _____ **N** _____

TERMINATION: _____ Was termination related to patient care/EMS practice Y/N? _____

LAYOFF/RESIGNATION: _____

CHANGE IN CERTIFICATION: _____

RECERTIFICATION: _____

CERTIFICATION EXPIRED: _____

Send to:
Verde Valley Medical Center- Pre-Hospital Care Department
269 S Candy Lane
Cottonwood, AZ 86326
Fax 928 639 5064

VVMC Medical Direction Service Agreements require that agencies notify the Prehospital Care Dept. within 10 days of any addition, termination, transfer, or change in certification of their employees that receive medical direction from Verde Valley Medical Center. **Proof of recertification must be received at the department prior to or on the expiration date of the current certification.**

INTERFACILITY TRANSPORTS

POLICY:

Patients who are transported from one hospital to another for admission or testing can expect the same level of care during transport as they receive in the hospital setting.

DEFINITION

Interfacility transports can be classified as Non-emergency or Emergency.

Non-Emergency:

PROCEDURE

1. Prior to an ALS transport a pre-patch **must** be made by an ALS provider to the base station. (The sending physician determines the level of service needed during the transport.)
2. Utilizing the information from the ALS assessment and ALS criteria as per Verde Valley Medical Center Treatment Guidelines medical direction will approve transfer and appropriate skill level for transfer.
3. If the patient requires any treatments not within the ALS medic's scope of practice, an RN or MD must accompany the patient as appropriate. The RN or MD will be in charge of the patient in this situation.

Interfacility Transports Not Requiring Physician Input

1. Short ETA, less than 60 minutes: patient described as stable and no request for orders.
2. Stable patient - ALS (vital signs WNL, GCS-15) being transferred for outpatient procedures (CT, VQ Scan, Stress Test, ERCP) or evaluation.

Interfacility Transports Which Must Have Physician Consultation

1. Requests for orders or direction from the physician.
2. Patients with unstable vital signs or unstable cardiac rhythms.
3. Ventilator patients.
4. Triage decisions, i.e. questions about the most appropriate receiving facility.
5. Patients with cardiac pain being transferred for higher level of care not available at facility.
6. Major trauma patient with long transport times.
7. Prolonged transports greater than 90 minutes.
8. Anytime the safety of ground transport is questioned.

Emergency:

PURPOSE:

Interfacility patient transfers on an emergency basis are commonly initiated when definitive diagnosis or therapeutic needs of a patient are beyond the capacity of one facility.

- a. The receiving facility physician must be contacted by the transferring physician and agree to accept the patient prior to transfer.
- b. All patients should be stabilized as much as possible before transfer.
- c. The level of emergency personnel and mode of transportation shall be consistent with the level of care required, as dictated by the patient's status and anticipated problems.
- d. If the transport team is composed of medical technician (EMT, IEMT, and Paramedic) only, then the administrative Base Station shall be contacted to discuss crew composition, nature of transport, and orders prior to leaving the transferring facility.
- e. Emergency ALS personnel must receive an adequate summary of the patient's condition, current treatment, possible complications and other pertinent medical information by the physician or nurse. Transfer papers (summary, lab work, x-rays, etc.), shall be given to the ALS personnel.
- f. Appropriate treatment orders shall be given to the emergency ALS personnel by the ALS Base Hospital physician in conjunction with the sending physician. The administrative Base Hospital physician's orders are the final authority for pre-hospital personnel, should any conflict in patient management occur.

INTERFACILITY TRANSPORT MEDICATION LIST

Table 5.4. Eligibility for Authorization to Administer and Monitor Transport Agents during Interfacility Transports, by EMCT Classification; Administration Requirements

KEY: TA = Transport agent for an EMCT with the specified certification. IP = Agent shall be administered by infusion pump. **September21,2023 ADHS**

AGENT	EMT	AEM T	EMT I (99)	Paramedic
Amiodarone IP	-	-	-	TA
Antibiotics	-	-	TA	TA
Blood	-	-	-	TA
Calcium Chloride	-	-	-	TA
Colloids	-	-	TA	TA
Corticosteroids IP	-	-	TA	TA
Diltiazem IP	-	-	-	TA
Diuretics	-	-	TA	TA
Dopamine HCl IP	-	-	-	TA
Electrolytes/Crystalloids	TA	TA	TA	TA
Epinephrine/Norepi IP	-	-	TA	TA
Fentanyl IP	-	-	TA	TA
Fosphenytoin Na IP or Phenytoin Na IP	--	--	--	TA TA
Glucagon	-	-	TA	TA
Glycoprotein IIb/IIIa Inhibitors	-	-	-	TA
H2 Blockers(Pepcid,Zantac)	-	-	TA	TA
Heparin Na IP	-	-	-	TA
Insulin IP	-	-	-	TA
Norepinephrine IP	-	-	-	TA
Lidocaine IP	-	-	TA	TA
Magnesium Sulfate IP	-	-	-	TA
Midazolam IP	-	-	TA	TA
Morphine IP	-	-	TA	TA
N-acetylcysteine IP	-	-	-	TA
Nitroglycerin IV Solution IP	-	-	-	TA
Octreotide IP	-	-	-	TA
Pantoprazole IP (Protonix)	-	-	-	TA
Phenobarbital Na IP	-	-	-	TA
Potassium Salts IP	-	-	-	TA
Procainamide HCl IP	-	-	-	TA
Propofol IP	-	-	-	TA
Racemic Epinephrine SVN	-	-	-	TA
Total Parenteral Nutrition, I	-	-	-	TA
Vitamins	-	-	TA	TA

SVN= Agent shall be administered by small volume nebulizer

SEDONA FIRE DISTRICT TRANSPORT GUIDELINES, 9/26/2023

Destination decisions should be based on:

- 1) Patient's chief complaint
- 2) Number of resources the patient may require
- 3) Resources available at each facility
- 4) Closest facility based on current traffic
- 5) Need of immediate stabilization before transport to final destination
- 6) What is the capacity of each ED and where will the patient be seen, treated and a disposition decision made in a timely manner?

Final transport decision is at the discretion of the VVMC Base Station physician.

Transport to VVMC:

Cardiac:

- STEMI (transmit ECG ASAP)
- Ischemic pattern on ECG, with or without STEMI
- Post cardiac arrest with return of spontaneous circulation
- High grade AV nodal block with or without hemodynamic instability

Respiratory:

- Stable patients on CPAP who do not require immediate stabilization
- Respiratory Failure
- Asthmatics who are requiring more than one breathing treatment

Neurological:

- Stroke alert called in the field must go directly to VVMC if within the 4.5-hour window for TNK and the CT technician is on call but not in house at SEC

Psychiatric:

- Acute psychosis
- Acute suicidal or homicidal ideation
- Combative and/or agitated**

**Any patients requiring security or constant nursing supervision for behavioral reasons are not appropriate for Sedona ED

Other:

- Meet criteria for sepsis protocol activation
- Obvious hip fractures
- GI bleeds
- Trauma – follow “Guidelines for field triage of injured patient United States, 2011”
- Any patients with suspected or obvious significant blood loss on scene in which the EMS provider suspects patient may require a blood transfusion.

Guidelines for making use of Spectrums Crisis Response for First Responders.

Goals:

Support and assist first responders in the field who encounter someone experiencing a crisis event such as:

- Suicidal thoughts, action or plans
- Substance abuse issues
- Domestic violence
- Grief/ bereavement/trauma

The aim is to attempt to keep people out of the emergency department by connecting them to the most appropriate level of care.

Procedure to follow

- 1 Patient must meet the following criteria:
 - Must be alert, orientated, and willing to speak to the crisis team member.
 - There must be no life-threatening injuries, no evidence of life-threatening self-harm including overdose, no current medical complaints requiring medical evaluation.
 - Patient must meet criteria and be willing to sign a refusal of treatment. Crisis team member should sign as a witness. This will require an ALS patch.
- 2 Don't leave the scene until crisis workers have arrived.
- 3 **Patch required before leaving patient in the care of crisis worker.**
- 4 Document in narrative what has occurred, times of calls placed, patient's willingness to speak to crisis worker, names of crisis worker patient care has been released to.

Call: (928) 203 - 7102

- 1) **ID yourself as Fire Dept/EMS**
- 2) **Ask to speak to supervisor**
- 3) **Request a Spectrum Crisis Response.**

APPROVED MEDICATION LIST FOR BLITZ/HIKE OUT

The following list is approved by medical direction as a minimum level of medications to carry in a blitz/hike out pack for standardization of care and compliance to DHS regulations.

Medication	Supply	Amount
Epinephrine	30mg Vial	1
Versed	5mg/1ml	2
Morphine	10mg/1ml	2
Fentanyl	100mcg/2ml	2
Albuterol Sulfate	2.5mg/3ml NS	2
Oral Glucose	30 grams	1-2
Glucagon	1mg/ml	1
Narcan	2mg/2ml	2
Zofran	4mg/2ml	2
ASA	81mg	4
Ntg	0.4mg	1 Bottle
Benadryl	50mg/1ml	1
Valium	10mg/2ml	1
Ketamine	500mg/10ml	1

PRONOUNCEMENT OF DEATH DURING TRANSPORT OF PATIENTS

POLICY:

Verde Valley Medical Center On-line Medical Direction Physicians will not pronounce death of patients once transport by prehospital agencies has been initiated.

DEFINITIONS:

1. ARS 11-596: statute that prohibits a body from being moved once death pronouncement has occurred until the Medical Examiner has approved removal.
2. ARS 11-593: statute that determines reporting requirements concerning deaths that must be reported to law enforcement and must be investigated by the county medical examiner.

PROCEDURE:

- a. If at all possible, a patient should be pronounced at the scene, not in transport units, or have resuscitative efforts continued until they are transported and pronounced at the closest facility.
- b. Once transport has been initiated prehospital providers will not request death pronouncement, nor will on-line physicians authorize termination of efforts and pronouncement of death until arrival at a receiving facility.
- c. In the event that a termination of effort order is received by a transport agency, the unit will stop at the closest safe point and notify law enforcement, per their communications policy, that a death has occurred in their unit.

EXCEPTION:

If during an interfacility transport there is a valid "Do No Resuscitate" order present the on-line physician may provide for no or termination of efforts and pronounce death. The transporting agency will then follow c. above

ATTACHMENTS ARS 11-593
 ARS 11-596

REFERENCES N/A

ARS 11-593 Reporting of Certain Deaths: Autopsies; Failure to Report; Classification

- A. Any person having knowledge of the death of a human being including a fetal death shall promptly notify the nearest peace officer of all information in the person's possession regarding the death and the circumstances surrounding it under any of the following circumstances:
1. Death when not under the current care of a physician for a potentially fatal illness or when an attending physician is unavailable to sign the death certificate.
 2. Death resulting from violence.
 3. Death occurring suddenly when in apparent good health.
 4. Death occurring in prison.
 5. Death of a prisoner.
 6. Death occurring in a suspicious, unusual or unnatural manner.
 7. Death from disease or accident believed to be related to the deceased's occupation or employment.
 8. Death believed to present a public health hazard.
 9. Death occurring during, in association with or as a result of anesthetic or Surgical procedures.
 10. Death involving unidentifiable bodies.
- B. The peace officer shall promptly notify the county medical examiner and, except in deaths occurring during surgical or anesthetic procedures from natural diseases, shall promptly make or cause to be made an investigation of the facts and circumstances surrounding the death and report the results to the medical examiner. If there is no county medical examiner appointed and serving within the county, the county sheriff shall be notified by the peace officer and the sheriff shall in turn notify and secure a licensed physician to perform the medical examination or autopsy.
- C. An autopsy is not required for deaths due to natural diseases that occur during surgical or anesthetic procedures, except where the medical examiner determines an autopsy necessary because any of the following exist:
1. A public health risk.
 2. Evidence of a crime.
 3. Evidence of inadequate health care.
 4. No clinically evident cause of death.
- D. Every person who knows of the existence of a body where death occurred as specified in subsection A of this section and who knowingly fails to notify the nearest peace officer as soon as possible unless the person has good reason to believe that notice has already been given is guilty of a class 2 misdemeanor.
- E. If the deceased was under treatment for accident or illness by prayer or spiritual means alone, in accordance with the tenets and practices of a well-recognized church or religious denomination, and death occurred without a physician in attendance, the person who has knowledge of the death shall report all information in his possession regarding the death and circumstances surrounding it directly to the county medical examiner or the person performing the duties of a county medical examiner who may waive an autopsy if he is satisfied that the death of such person resulted from natural causes.
- F. Each county shall provide to the criminal identification section of the Department of Public Safety fingerprints of all deceased persons whose deaths are required to be investigated pursuant to this section. These fingerprints shall be on a form provided by the criminal identification section and shall be accompanied by such other information regarding the physical description and the date and place of death as the criminal identification section may require. Fingerprints taken pursuant to this section shall be used only for the purpose of

purging criminal history files. All information and data in the criminal identification section of the Department of Public Safety furnished in compliance with this section is confidential and may be disclosed only upon written approval of the Director of Public Safety to the juvenile court, social agencies, public health and law enforcement agencies, licensed or regulated by this state.

11-596 Removal or Disturbance of Body or Effects or Weapons without Consent Prohibited

No human body or body suspected of being human shall be removed from the place of death, if the death is of a nature requiring investigation occurred without first obtaining permission of the county medical examiner or the person performing the duties of a county medical examiner. No embalming, cleansing of the surfaces of the body or other alteration of the appearance or state of the body, clothing or personal effects shall be performed until the permission of such official has been obtained. No person, except a law enforcement agent in the performance of his or her duties, shall remove from the place of death or from the body of the deceased any of the effects of the deceased, or instruments or weapons that may have been used in the death requiring investigation, unless prior permission of the county medical examiner, the person performing the duties of a county medical examiner or the investigating law enforcement agent has been obtained.

EMT ADMINISTRATION OF NALOXONE

On June 5th, 2017 Arizona Governor Ducey declared a Public State of Emergency in response to opioid/opiate overdose and deaths.

A.R.S 36-2228, a trained EMT may administer Naloxone to a person whom the EMT believes is suffering from an opioid- related overdose.

This is supported by the Pre-hospital office under the following conditions:

- The EMT must receive training from an instructor approved by the Medical Director or be an AZ POST-approved first aid instructor. Proof of this training must be provided to the Pre-hospital office.
- Administration of Naloxone must follow ADHS approved protocol.
- All run reports must be submitted to pre-hospital office.
- May only be administered intramuscularly with approved auto inject or Intranasal.
- May only be administered for the following indications:
 1. Altered level of consciousness with resp depression < 8 – 10 bpm or apnea
 2. Unable to wake up with painful stimuli
 3. Constricted pupils
 4. Needle track marks
 5. Cardiac arrest
- EMT must attend a 1 hr. continuing education refresher every two years

IT IS UP TO THE INDIVIDUAL AGENCIES WHETHER OR NOT THEY WISH TO TRAIN THEIR EMT'S IN NARCAN ADMINISTRATION. AGENCIES UTILIZING NALOXONE FOR EMT'S MUST HAVE AGENCY-SPECIFIC GUIDELINES REGARDING STORAGE, ACCOUNTABILITY, REPORTING, AND REPLACEMENT.

COMMUNITY INTEGRATED PARAMEDICINE

PURPOSE:

Community Integrated Paramedicine is a rapidly growing field of out-of-hospital medical assessment and care. The overall intent of the program is to provide safe transitions and care coordination across the care continuum from inpatient hospital discharge to home. The program will assist these patients through a health status assessment, home safety evaluation, in-home medication reconciliation and coordination of care.

GENERAL GUIDELINES:

Verde Valley EMS Medical direction and Verde Valley Medical Center's mission supports the community paramedicine program. Pre-hospital providers engaging in the program will function under their scope of practice as defined by the Arizona Department of Health Services and Verde Valley Medical Center's medical direction.

In the process of performing functions under the Community Integrated Paramedicine program providers will be functioning as health coaches. During the course of assessment any needs identified requiring a higher level or specialty care will require communication with medical direction for treatment or transport decisions.

WILDLAND FIRE/ SPECIAL MEDICAL ASSIGNMENT PROCEDURE

PURPOSE:

To outline the proper procedures in which a Verde Valley EMS provider can provide medical services on a wildland fire or other special medical assignment outside their normal service area.

DEFINITION: N/A

PROCEDURE:

10. Personnel placed on a wildland assignment or special medical assignment must notify Verde Valley Medical Center Pre-Hospital Coordinator by email or phone related to expected assignment dates, location of assignment, drug box number(s) and crew member(s).
11. Providers may only provide care under the approved scope of practice through Verde Valley Medical Center Medical Direction.
12. Current Offline Guidelines are to be used when providing medical treatments.
13. Personnel must patch to VVMC Medical Control for orders outside of current guideline
14. Personnel must have completed PCR on all patients and provide a copy to the Prehospital care office upon return.
15. Restocking of supplies and medications can be restocked upon return as necessary.
 - Patient's full name must be added to the Verde Valley Medical Center/Sedona Emergency Center pyxis medication machine. Copies of PCR must be sent to Prehospital Coordinator and Pharmacy.
16. Restocking from other facilities or agencies while on assignment is not guaranteed.
 - If the capability to restock exists, providers must ensure medication quantity and concentration meet DHS requirements.
 - Additional drug box tags must be available to maintain security if box is opened while on assignment.
17. Drug boxes must be stored in vehicles with a secured compartment. Each EMS provider is responsible for security and environmental control of the drug boxes while on duty.
18. When a discrepancy is found, (broken container, missing drugs etc.), an immediate report must be made to the duty supervisor, Pre-hospital Coordinator and the VVMC pharmacy. An incident report shall be filed with the pharmacy upon return. If the incident involves a Class II controlled substance it will also be reported to the State Board of Pharmacy, DPS narcotics division, DEA and local authorities.
19. Upon return to agency the Prehospital Coordinator must be notified of the return date and listing of all incidents.

PROCESS TO FOLLOW WHEN DISPOSING OF FULL SHARPS BINS

As stated in the Pre-Hospital Care Emergency Services Agreement “Hospital will ensure that the disposal of contaminated waste meets federal and state requirements”.

To meet these requirements agencies must insure that:

- Sharps bin is sealed by EMS staff prior to disposal at Verde Valley Medical Center (VVMC).
- Full, sealed sharps container must be placed by EMS staff in the designated large EMS sharps container found in the VVMC dirty utility room.
- Sharps bin **must not contain** any narcotic medication vials with medication still in them.
- Do not waste narcotic medication directly into sharps bin. Narcotic medication waste must be disposed of properly in marked medication waste containers.
- No external or community sharps are to be added to EMS sharps container or VVMC large bin.
- Sedona Fire District will dispose of full sharps containers at VVMC only.
- Stericycle will collect and replace the large sharps container every Tuesday
- Should agencies find large sharps bin full, please inform charge nurse who will contact housekeeping to replace bin.

Failure to ensure safe sharps disposal and comply with requirements puts NAH and our community at risk for improper handling and disposal of biohazardous waste.

Failure to meet these expectations will be regularly evaluated and has the potential to impact agreements where NAH supports our critical EMS teams by disposing of contaminated biohazardous waste and sharps.

EMT-BASIC IV THERAPY: CLINICAL REQUIREMENTS.

Submit the following to the Pre-hospital office:

- Provide Pre-hospital with certificate of training from AZDHS
- **Ten (10) proctored IV starts are required**, prior to allowing the EMT to initiate IV access in independently the field (utilize validation worksheet)
- Continued ability to initiate IV access in the field requires documented **5 field starts per calendar year**. (Utilize auditing tool)

ANNUAL REQUIREMENTS

EMT-Basic, annual field expectations for IV access/therapy.

- Five (5) successful IV starts/ per calendar year
- As well as patient record please fill out and submit an IV Therapy Initiation form to Pre-hospital office.
- If EMT is not able to achieve five successful IV starts, please arrange with an agency to get field starts.
- EMT-B will be limited to two (2) attempts at IV access peripherally per patient.
- Patient care documentation of IV start must include:
 1. Time of insertion
 2. Site/location of IV
 3. Number of attempts
 4. Gauge of catheter
 5. IV solution type
 6. Rate of IV
 7. Absence of problems: No infiltration noted, running well, good blood return, ect.
 8. Total volume of fluid infused at transfer of care.

Per Medical Direction: IV Initiation by an EMT should only be considered in the absence of an ALS provider and the existence of a critical need. The EMT must patch to medical control prior to initiating a field IV start per DHS guidelines