

VERDE VALLEY MEDICAL CENTER
Cottonwood, Arizona 86326

**EMERGENCY MEDICAL
SERVICE:
ORIENTATION MANUAL**

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Dale Curtis, M.D.
VVMC Base Hospital Administrative Medical Director

EMERGENCY MEDICAL SERVICES
ORIENTATION MANUAL

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VERDE VALLEY PROVIDER AGENCIES

<u>AGENCY</u>	<u>MAILING ADDRESS</u>
Verde Valley Ambulance Company	PO Box 1477; Cottonwood AZ 86326
Clarkdale Fire District	PO Box 308; Clarkdale AZ 86324
Verde Valley Fire District	2700 Goddard; Cottonwood AZ 86326
Cottonwood Fire Department	191 S. 6 TH St.; Cottonwood AZ 86326
Lake Montezuma/Rimrock Fire Dept	3240 Beaver Creek Rd; Rimrock AZ 86335
Sedona Fire District	2860 S.W. Drive; Sedona AZ 86336
Jerome Fire Department	PO Box 1025; Jerome 86331
Blue Ridge Fire Department	HC 31 Box 993, Happy Jack, AZ 86024

PREHOSPITAL CARE/CQI COMMITTEE MEMBERS

<u>Name</u>	<u>Agency</u>
Bill Boler	VVFD
Edward Mezulis David Guth	Sedona Fire Sedona Fire (a)
Tom Robison Bonnie Reay	MRFD MRFD (a)
Troy Hoke Larry Dawson	CWFD CWFD (a)
Gail Jones	VVAC
Terez Storm	JFD
Matt Robertson	Clarkdale Fire
Dr. Dale Curtis	VVMC EMS Director
Tish Arwine	VVMC Prehospital Manager
Dave Guth	VVMC Prehospital Assistant

PREHOSPITAL CONTINUOUS QUALITY IMPROVEMENT COMMITTEE

POLICY:

Prehospital continuous quality improvement will be done monthly by appointed representative by all Pre-Hospital Care agencies under Base Hospital Medical Direction agreement with Verde Valley Medical Center. Quality Improvement will be audited on an ongoing basis.

PURPOSE:

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

- 1 revise existing treatment guidelines
- 2 identify general area 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 send audited copies of patient encounter forms and compliance forms to the Pre-Hospital Care Department by the 10th of the end of the previous month. Failure to comply with this will result in disciplinary measures which may include termination of the Pre- Hospital Care Emergency Services Agreement.
- 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. Problems will be discussed with the ALS provider and/or the pre-hospital agency manager as necessary.
- 3 Develop a system to review the following categories of pre-hospital patient encounters to assure that both pre-hospital and base station personnel follow established protocols and procedures.
 - a. Monthly random review of 10% of patient care encounters.
 - b. All code arrests.
 - c. Helicopter utilization/flights
 - d. All refusals
 - e. Airway interventions
 - f. Monthly review of all cardiac chest pain patients.
 - g. 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 The audit will focus on specific aspects of the system or specific patient diagnosis sign/symptom, or treatment.
- 7 Each identified audit type will be monitored for the time period approved by the Pre-Hospital Administrative Medical Director

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, the Peer Review Committee, or the Medical Director.

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. A Quality Improvement Referral Form will be completed at this time. 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. Peer Review Committee: Those issues not resolved in the above paragraphs would be forwarded to a Peer Review Committee. The Committee's responsibility is to gather all facts concerning the issue. If the facts confirm that a problem does exist, a meeting should be scheduled as soon as possible. The private meeting should involve only the Committee and the parties involved directly in the incident 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.

ATTACHMENTS: Quality Improvement Referral Form

DISCIPLINARY PROCEDURE – PERFORMANCE CONFLICT RESOLUTION PROCEDURE

PURPOSE:

Clinical 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.

DEFINITION: N/A

PROCEDURE:

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

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.
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 the 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, written notification will be made to AzDHS BEMS as stated in Article 2 Chapter 25 Title 9.
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.

APPLICATION FOR MEDICAL DIRECTION

POLICY:

Each newly certified or newly hired ALS provider will apply to the base station and will be approved by the Pre-Hospital Medical Director and Pre-hospital Manager before he/she may function in the field. New ALS providers will be assigned a mentor within their pre-hospital agency. The mentor will monitor their calls, for patient care treatment, documentation and adherence to protocols. Documentation on providers care will be provided to the Pre-Hospital Care Department monthly. At the end of the 3 month evaluated probationary period the Pre-Hospital Medical Director will approve/deny completion of their probation period.

PURPOSE:

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

PROCEDURE:

1. Make an appointment with the Pre-Hospital Manager
2. Provide the Pre-Hospital Manager with the following:
 - a. Copies of current CPR, ACLS, PALS and ADHS certification cards.
 - b. Summary of previous experience, education, and employers.
 - c. Summary of previous base station affiliations.
3. Read and sign verification of understanding of the VVMC EMS orientation manual
4. Complete the orientation checklist and summary of experience during the appointment with the Pre-Hospital Manager
5. Complete any assigned training/quizzes on VerdeValleyEMS.org training website.
6. Complete 4 hours of clinical time at VVMC/SEC ED's.
7. Read and sign ALS Performance Contract utilizing VVMC as base station
8. ALS 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 months. At the end of the three month evaluated probationary period 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

Overall quality of documentation: Excellent Good Fair Poor

List of any outstanding performance measures noted

List any needs for improvement

Synopsis of critical calls reviewed with run number and chief complaint

Advanced procedures performed (IE: Intubation, IO, Cardio-version, needle decompression, etc.)

List additional training received during this evaluation period

Comments

VERIFICATION OF REVIEW AND UNDERSTANDING OF ORIENTATION MANUAL

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

Name

Date

Verde Valley Medical Center ALS Orientation Checklist

Date: _____

Medical Director

Prehospital Care Coordinator

1. Verification of Understanding packet.
2. Copy of current CPR/ACLS/PALS card.
3. Copy of current ADHS certification card.
4. Read following polices in EMS orientation manual.
 - a. medical direction
 - b. documentation guidelines
 - c. radio/telephone patch guidelines
 - d. recertification procedure/CE requirements
 - e. field treatment protocols
 - f. re-supply/drug box procedures
 - g. conflict resolution
 - h. refusal/nontransported patients
 - i. ALS interfacility transports
5. Review Offline Guidelines
6. ____ hours emergency department clinical time at VVMC or Sedona Emergicenter.
7. Completed online powerpoints/quizzes
8. Pyxis access completed

Date

Date

ALS PERFORMANCE CONTRACT UTILIZING VERDE VALLEY MEDICAL CENTER AS BASE STATION

I, _____, agree to perform my IEMT/CEP 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 maintain my patient care skills by adequate ride time, supplemental clinical time, attending at least 8 tape and chart reviews in a two year recertification period, attending an Airway skills workshop in each recertification period, and attending additional continuing education opportunities required by Arizona Department of Health Services to meet recertification requirements. I will keep my BLS, ACLS and PALS certifications current. I will keep my ADHS certification current. I understand that attendance at four tape and chart/run reviews 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 place a copy in the designated file for CQI review. 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 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

SUMMARY OF EMS EXPERIENCE

Name: _____ Date: _____

Certification level and number: _____

Certification date (first): _____ **Expiration date:**

Training program(s), date(s) and instructor(s): _____

Identify previous field experiences: _____

Previous base station affiliation:

Teaching experience, ACLS, PHTLS, CPR, etc. _____

Any other comments: _____

Verde Valley employer: _____

Signature

Date

BASE STATION POLICY ON CONTINUING EDUCATION

POLICY:

Verde Valley Medical Center Pre-Hospital Care Department will provide a minimum of two (2) hours of formal pre-hospital education a month in the form of run reviews and lecture. Run Reviews at individual agencies will be conducted on a regular basis by the Pre-Hospital Medical Director or Pre-Hospital Manager as requested by the agency.

VVMC will provide training for any new ADHS approved treatment, protocol, skill or drug within 90 days of receiving a rule change from ADHS and if approved by Medical Direction.

PURPOSE:

To provide a policy to ensure opportunities for continuing education. These opportunities will meet requirements for ADHS recertification.

PROCEDURE:

1. VVMC will provide the facilities, equipment, and audio-visual aids for the continuing education offered.
2. Prehospital case reviews may be included in the 2 hour meeting. Medics whose runs have been selected will be notified prior and asked to participate.
3. Follow up on the call will be presented by the Pre-Hospital Coordinator or Medical Director or designee if possible.
4. Base station run reviews will be held on a scheduled and posted basis. Changes from this schedule will be announced in advance.
5. A minimum of four run reviews annually must be attended at Verde Valley Medical Center to maintain medical direction. Verde Valley Medical Center will be the only approved location for run review credit. Continuing education is encouraged at other facilities but run review credit will not be granted. Agency specific run reviews, specialty training requirements and additional training topics may be provided throughout the calendar year and may be included as run review credit as approved by medical direction. Individuals must attend the entire run review to receive credit; no credit will be granted for partial attendance. Providers attending on shift will not receive credit if they must leave for a call. Providers arriving five minutes after the start of the program will not receive credit. CE's for run reviews will be handed out after the session. It is the provider's responsibility to sign in and out on the attendance roster and maintain their own paperwork.
6. If the yearly requirement of run reviews is not met the following actions will occur:
 - a. If an individual has only 3 run reviews in the calendar year the provider will be required to attend the January run review of the following calendar year. Four more run reviews will need to be achieved during that year to fulfill the current year's requirements. The provider will be placed on administrative probation until the January run review requirement is met. A formal letter outlining this probation will be forwarded to the provider and the agency's chief and/or representative.
 - b. If an individual has less than 3 run reviews in the calendar year medical control/medical direction will be suspended until the run review requirements for the previous year have been met. Four more run reviews after the previous year's requirements are completed will need to be completed by the end of the current calendar year.
7. If there are extenuating circumstances during this period that has made this requirement difficult this will be evaluated on a case by case basis by medical direction.

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 attend at least 4 run reviews at VVMC per year. Attendance at Annual Updates is also required if offered that year.
3. ALS personnel are to maintain an ongoing, current file of all C.E. hours completed.
4. 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.
5. A copy of the new certification shall be sent to the Pre-Hospital Manager when it is received by the ALS provider

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 make arrangements 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 with the Pre-Hospital Coordinator.
2. Suggested attire is their department's work uniform including a name tag. Scrubs may not be worn during clinical experience. Verde Valley Medical Center badge must be obtained prior through the human resource department. The following required forms to obtain badge can be obtained on the VerdevalleyEMS.org website under student process.
 - Workforce Member Confidentiality Agreement
 - Student Health Form
3. The provider will work under the supervision of an approved preceptor and will report to him/her.
4. Providers may be allowed to perform any skill within their certification level under the direction of the preceptor/physician.

ATTACHMENTS N/A

REFERENCES N/A

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 to give 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.

ALS DRUG BOX MAINTENANCE AND CONTROL

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 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. 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.
5. 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 a second ALS medical provider and will be documented on the first care form.
6. All drugs administered will be recorded on the patient's first care form. The original will go with the patient's medical record.
7. Drug boxes shall be restocked for medications given to patient from the EMS Pyxis machine "drug for drug" using the patient's name. Drugs cannot be restocked by the ED nurse on duty.
8. On duty ALS personnel are responsible for the drug box and contents at their agency and are accountable to the pharmacy for its contents.
9. Each EMS provider agency is responsible for checking their drug boxes for expiration dates, drug damage and deterioration, package damage, illegible labels, and for replacing outdates and damaged items as needed through the Pyxis.
 - a. Expired medications will be replaced within 30 days prior to the expiration date.
 - b. Exchange of expired medications will be removed from EMS Pyxis 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.
10. If a drug box is used on transport of a patient to a facility without the capability to restock a drug, the drug may be replaced from the Pyxis at either ED's upon return from the transport under the patient's name. If the patient was not treated at Verde Valley Medical Center or Sedona Emergi-Center the patient's name must be added to the Pyxis and a copy of the patient care report sent to pharmacy.
11. 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.
12. 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.
13. 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.

14. 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 10 days after receiving notification from an EMS Agency of any quantity of a controlled substance that is missing.
15. 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 and for accurate accounting of supplies/medications removed from the EMS Pyxis.

PROCEDURE:

1. Supplies are to be restocked from the EMS Pyxis only utilizing Prehospital Provider's Agency access code. Supplies removed are not billed to the patient but to the individual agency.
2. IV solutions are also on the Pyxis and are restocked the same way as supplies.
3. Medications are kept in the EMS Pyxis. 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 Pyxis can be addressed to a pharmacy tech or to the Pre-Hospital Manager.

VEHICULAR EXPERIENCE/ ORIENTATION FOR NURSES INTERMEDIARY

POLICY:

Nurse intermediaries will complete 12 clock hours of vehicular experience, (ambulance ride time) and orientation with Pre-Hospital Coordinator during their orientation period of employment. In subsequent years attendance at run reviews is required. All nurse intermediaries are required to attend two run reviews annually. Required attendance will be adjusted based on time of hire/orientation.

PURPOSE:

To assure that all nurse intermediaries have the opportunity to become more familiar with prehospital care. To acquaint new personnel with the local field capabilities, including procedures, personnel, and equipment.

PROCEDURE:

1. Time will be scheduled through the Pre-Hospital Coordinator.
2. Nurses will report for duty wearing business casual attire and name badge. Scrubs are also appropriate.
3. Time is primarily observation time but personnel may assist with patient care as desired within the limits of the individual's job description.
4. Ride time will be scheduled with Verde Valley Ambulance, Verde Valley Fire District or Sedona Fire District.
5. Upon completion of ride time a "prehospital vehicular experience" form is to be completed by RN and Shift Captain and returned to the Pre-Hospital Coordinator for documentation of completion.
6. Orientation of policies and guidelines will be covered by Pre-Hospital Coordinator or Pre-Hospital Assistant.
7. Upon completion of Nurse Intermediary will be qualified to answer the patch phone to provide direction to EMS providers under the direction of the ED Physician.

PREHOSPITAL VEHICULAR EXPERIENCE

Name / Title: _____

Date: _____ Time(s): _____ Total Time: _____

Agency: _____ Medic Signature: _____

Briefly Describe Call(s): _____

Describe Skills Observed and By Whom: _____

Describe Problems. If Any You Encountered: _____

Describe Education Needs. If Any, You Observed: _____

General Comments Regarding Experience: _____

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/I-99 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 R9-25-511.
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 and I-99 who has completed initial training is required to complete a refresher training that complies with R9-25-511 at least every 24 months.

RAPID SEQUENCE INTUBATION (RSI) USE BY EMT-P'S

VVEMS medical direction supports the use of RSI as an optional advanced airway management skill by properly trained EMT-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. EMT-P will work full-time for an agency that supports the optional RSI program.
2. EMT-P will complete the VVMC RSI training program before beginning to perform RSI in the field.
3. EMT-P will perform RSI using the Arizona Department of Health Services Recommendations for RSI in the field (ADHS, 2005).
4. EMT-P will complete a minimum of 12 patient or mannequin intubations yearly to continue to be included in the RSI program.
5. EMT-P will complete an annual RSI refresher course.
6. EMT-P will participate in mandatory immediate self assessment and ongoing departmental CQI on all RSI in the field cases.
7. If requested, EMT-P will participate in review of cases through the Prehospital Peer Review Committee.

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 Pre Hospital Care Treatment Guidelines.

PURPOSE:

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

PROCEDURE:

1. Treatment Guidelines:

- a. For ALS Providers utilizing "Medical Control Options" radio contact must be made with the on-line physician or nurse intermediary for any situation listed in the Criteria for Base Hospital Contact (see Criteria for Base Hospital Contact).
- b. For ALS Providers utilizing VVMC "Standing Orders" radio contact can be made to the Base Hospital Emergency Department physician, nurse intermediary or the receiving facility as protocol dictates.

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

Should an ALS support unit experience inability to establish radio contact through EMSCOM standing orders should be followed. The following field procedures should be initiated:

- a. Attempt to contact the Base Hospital via dedicated phone line: 928 639 6172
- b. Attempt communication with Base Hospital Y1100 through EMSCOM Med Channel 11

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 transmissions with extensive history of non pertinent information.

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. Identifying information should not be given over the EMSCOM radio.

5. If the receiving facility is also a certified ALS Base Hospital, care of the patient and direct communication with Emergency Medical Technicians rendering that care may be transferred to the receiving medical control authority at the discretion of the sending medical control authority.

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. All patients are assumed to be ALS unless criteria for BLS are present and the providers and online medical direction are comfortable making the patient a BLS transport. This will require a patch by medic requesting permission to down grade pt to BLS.

Criteria for Base Hospital Contact

ALS providers will contact the base hospital for medical direction in the following circumstances and under all circumstances where ALS protocols need to be instituted:

1. Medical Cases

- | | |
|--|---|
| a. Chest pain | f. Recent change in mental status |
| b. Shortness of breath | g. More than one acutely-ill person |
| c. Hematemesis, melena or hematochezia | h. Painful, cold, pulseless extremity |
| d. Loss of consciousness (syncope, seizures) | i. Acute abdominal pain with abnormal vital signs |

- e. Possible drug overdose or ingestion of poisonous substances
- j. Terminal malignancy in distress.

2. Trauma Cases

- a. Motorcycle, auto versus pedestrian, or auto versus bicycle accidents.
- b. Suspected fractures of femur, pelvis, spine or skull.
- c. Extremity wounds with distal neurological and/or vascular compromise.
- d. Head injuries with history of loss of consciousness or presently-impaired mental status.
- e. Penetrating wounds of head, neck, chest, abdomen or thigh.
- f. Blunt trauma to abdomen or precordium.
- g. Facial, neck, electrical or extensive burns (+20 percent),
- h. Significant acute external blood loss.
- i. Water accidents and near drownings
- j. Extrication problems
- k. Multiple casualties

3. Obstetrical / Gynecological Cases

- a. Vaginal hemorrhage
- b. Abortion
- c. Childbirth
- d. Ectopic pregnancy

4. Psychiatric Cases

- a. Suicide (attempts or verbalization)
- b. Hallucinations with behavioral problem
- c. Violent or dangerous patients (result of mental disorders)

5. General Cases

- a. Signs of shock:
 - 1. Hypotension (systolic blood pressure of 90 or less in adult)
 - 2. Altered mental status
 - 3. Weak, thready peripheral pulses
 - 4. Cold, clammy extremities
- b. To confirm asystole in suspected DOA.
- c. Any patient who, in the opinion of ALS personnel, would benefit from base hospital consultation.
- d. Any patients with identified medical emergencies who refuse treatment or transportation to a hospital.
- e. Abnormal body temperatures.
- f. Where there is a physician on the scene who wishes to take control of patient care.

The ALS responders must patch on any questionable situation:

- 1. Any uncomfortable condition:
 - a. Environmental hazard
 - b. Security problems
- 2. When disagreements arise between responding EMS providers or with law enforcement.

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, cellular phone, or EMSCOM 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. FMC's Emergency Department will immediately communicate all pertinent patient information to the on duty physician/nurse intermediary at the receiving facility.
3. 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 twice to contact VVMC by either/or cell phone, telephone or EMSCOM 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 EMSCOM (C-1190), or dedicated phone line (928) 779-1851 to initiate communication with FMC.
4. Notify the Pre-Hospital Coordinator within 72 hours each time the alternate base station is used for medical control. Include a copy of the patient first care form and the nature of the communication failure.

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 clinical coordinator will notify FMC ED and the Sedona Fire Dispatch. Sedona Fire Dispatch will notify each provider agency to resume medical direction with VVMC.

NURSE INTERMEDIARY'S RESPONSIBILITY IN PROVIDING MEDICAL DIRECTION

Policy

A nurse intermediary is an Emergency Department Registered Nurse who has completed the Pre-Hospital Orientation, completed 12 hours of ambulance ride-along time and has been determined by the Director or Clinical Coordinator 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 another facility, the nurse intermediary will relay all available information to the physician or nurse at the receiving facility. For example, a patch comes to VVMC and patient is directed to Sedona Emergicenter.

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 CAREpoint 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 on CD.
4. Receives 12 Lead transmissions through Rosetta telemetry boxes,

The radio ID is: Yavapai-1100

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

PREHOSPITAL DOCUMENTATION POLICY

Policy: EMS reports will be completed on all patients assessed and/or treated. Original First Care Forms and EKG strips will become a part of the patient's medical record at the receiving hospital. A copy of the report will be made accessible upon request from the attending physician, receiving hospital, or the Pre-Hospital Care Department.

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

Procedure:

Written reports should be thorough, concise, and legible. All reports should include:

- a. nature of injury or illness
- b. chief complaint
- c. ABC's (primary survey)
- d. level of consciousness
- e. history of present illness or mechanism of injury
- f. physical exam and pertinent findings (secondary survey)
- g. monitor strip and interpretation (if indicated)
- h. pertinent negative findings
- i. medical history
- j. vital signs (2 complete sets are preferable) and at least every 10 minutes on serious or unstable patients to include GCS (Glasgow Coma Scale)
- k. medications and allergies
- l. treatment rendered and appropriate times and dosages
- m. response to treatment
- n. patient assessment and changes in condition en route
- o. condition of patient on arrival at receiving facility
- p. communication with base hospital and time
- q. amount of IV fluid infused
- r. base station physician or nurse contacted
- s. identification of individual(s) performing ALS skills
- t. names and certifications numbers of all pre-hospital providers involved with patient care
- u. signature at end of narrative by author only

ACTIVITY LEVELS FOR MAINTAINING MEDICAL DIRECTION

POLICY:

ALS personnel, under Verde Valley Medical Center administrative and/or on-line medical direction, will be required to maintain their skill levels by fulfilling certain activity levels during their two year certification period.

DEFINITION N/A

PROCEDURE

1. Each ALS medic will complete the following:
 - a. A minimum of 18 ALS calls per year. Should the medic not fulfill this criterion, the Base Hospital will decide what types of further activities will be required. This will vary, depending on the medic and is not meant to be punitive, but educational.
 - b. Airways skills workshop every 2 years if not met through ALS Refresher Course.
 - c. Completion of an advanced level trauma life support course or equivalent shall have occurred previously or should be completed within 12 months time of affiliation with VVMC.
2. In order to encourage communication with Base Hospital, ALS personnel receiving medical direction from VVMC are encouraged to attend monthly CE and run reviews held at VVMC and yearly agency specific run reviews. A minimum of 4 run reviews per calendar year are required to maintain medical direction with VVMC.
3. The Base Hospital shall ensure or provide training for any new BEMS approved, required or optional treatment, protocol, or medication that is approved by the Administrative Medical Director.
4. ALS providers needing Administrative Medical Director's signature on National Registry Recertification Applications for skills verification must provide the National Registry application for recertification 30 days before NR expiration date.

ATTACHMENTS N/A

REFERENCES N/A

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. All appropriate information on the form will be provided by Agency.
3. Check appropriate line items as to type of change.
4. 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.
5. 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: _____

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 card.**

EMERGENCY INTERFACILITY TRANSFER

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.

DEFINITION N/A

PROCEDURE N/A

ATTACHMENTS N/A

REFERENCES N/A

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 N/A

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.

ATTACHMENTS N/A

REFERENCES N/A

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 anesthetic or surgical procedures.
- 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.