ANNA M. ROTH, RN, MS, MPH
HEALTH DIRECTOR

MARSHALL BENNETT
EMS DIRECTOR

SENAI KIDANE, MD
EMS MEDICAL DIRECTOR

CONTRA COSTA
HEALTH SERVICES

EMERGENCY MEDICAL
SERVICES AGENCY

777 Arnold Drive, Suite 110
Martinez, CA 94553-3642
Phone: (925) 608-5454

ADMINISTRATIVE BULLETIN

No. 21-BUL-001

TO: Contra Costa County Prehospital Care Providers, EMS Service Providers and Local Area Hospitals

FROM: Marshall Bennett, EMS Director

DATE: JANUARY 8, 2021

SUBJECT: **Q1 2021 Policy Update Public Comment Period**

The Contra Costa County Emergency Medical Services Agency (Agency) has released Emergency Medical Services (EMS) policy revisions for public comment. A pdf file of the policy revisions for each policy effected may be found on the Agency website at https://cchealth.org/ems/policies.php.

All public comments should be submitted using the online public comment form by **JANUARY 22, 2021**.

Public Comment Form Link

List of Policies under revision and open for public comment:

- 2005
- 2006
- 2007
- 4001
- 4003
- 4009
- 4011
- 5003
- 5004

Questions regarding this bulletin should be directed to: contracostaems@cchealth.org

2021 Public CCCEMSA Policy Change Tracking

Review & Brainstorm | Collaborate and Update | Public Comment

POLICY NUMBER

2005 Paramedic Preceptor Authorization

[Public Comment Form Link]

CHANGE NO.	LOCATION ON POLICY	ORIGINAL TEXT	NEW TEXT
1	I. Purpose	This policy establishes the criteria for authorization to perform as a Paramedic Preceptor in Contra Costa County.	This policy establishes the criteria for authorization to perform as a Paramedic Preceptor in Contra Costa County. No person shall precept or otherwise supervise or evaluate a Paramedic Intern unless that individual has been authorized as a Paramedic Preceptor by the Contra Costa County EMS Agency (EMS Agency) in accordance with this policy. <this is combined from Section II.>
2	II.B.	All Paramedic Preceptor candidates shall meet the following requirements	Paramedic Preceptor applicants shall provide an attestation by confirming they meet the following requirements by submitting:
3	II.B.1-6	Submit an application on the approved form to the EMS Agency.	(renumber) 2-6. remove "submit" 1. A preceptor application
4	V.A.2.	The paramedic preceptor precepts at least one (1) paramedic intern every eight-teen (18) months.	The paramedic preceptor shall precept at least one (1) paramedic intern within twelve (12) months after completion of precepting the last paramedic intern.

2021 Public CCCEMSA Policy Change Tracking

Review & Brainstorm | Collaborate and Update | Public Comment

POLICY NUMBER 2006 Paramedic Intern Authorization

[Public Comment Form Link]

CHANGE NO.	LOCATION ON POLICY	ORIGINAL TEXT	NEW TEXT
1	II. Requirements B.1.	Submit an application on the approved form to the LEMSA with payment of the established fee and with a copy of a government issued photo identification.	Submit an application to the LEMSA with a copy of a government issued photo identification. The application must verify the following:
2	II. Requirements B.2-6	na	Remove word "submit"
3	II. Requirements B.7.	Attend a Contra Costa County EMS system orientation within 6 months preceding the application.	Complete a Contra Costa County EMS system orientation within 6 months preceding the application.
4	II. Requirements B.8.	Pass a Contra Costa County paramedic internship competency based written examination on the LEMSA's optional scope of practice, policies, and protocols with a minimum score of 80%. A paramedic intern shall not be permitted to take the examination more than three (3) times in a twelve (12) month period.	Pass a LEMSA approved paramedic internship competency based written examination on local scope of practice, policies, and protocols with a minimum score of 80%. A paramedic intern shall not be permitted to take the examination more than three (3) times in a twelve (12) month period.
5	II. Requirements C.	Existing Paramedic Interns that have been placed into a paramedic internship in Contra Costa County prior to implementation of this policy shall be required to comply with this policy within twelve (12) months of its effective date.	Remove. NA.

2021 Public CCCEMSA Policy Change Tracking

Review & Brainstorm | Collaborate and Update | Public Comment

POLICY NUMBER

2007 EMS Orientation and Registration

[Public Comment Form Link]

CHANGE NO.	LOCATION ON POLICY	ORIGINAL TEXT	NEW TEXT
1	I. Purpose	This purpose of this policy is to establish the requirements and standardized criteria for the registration and orientation of EMS providers (e.g., EMTs, paramedics, flight paramedics, and MICNs) functioning in the Contra Costa County EMS system.	This purpose of this policy is to establish the requirements and standardized criteria for the registration and orientation of EMS providers (e.g., EMTs, paramedics, flight paramedics and nurses, and MICNs) functioning in the Contra Costa County EMS system.
2	II.EMS Orientation B.	EMS providers who apply to the LEMSA to attend a Contra Costa County EMS System Orientation shall have a valid California EMT certificate number or license number and shall provide proof of completion of an American Heart Association (AHA) Basic Life Support for Prehospital Providers (BLS PHP) CPR course that has not exceeded the recommended date for renewal at the time of application.	Remove.
3	III. Registration Requirements	EMS providers must be registered by their employer with the LEMSA prior to working. Registration must include the following information:	EMS providers must register with the LEMSA prior to working. Registration must include the following information:

2021 Public CCCEMSA Policy Change Tracking

Review & Brainstorm | Collaborate and Update | Public Comment

POLICY NUMBER **4001Public Safety/EMT AED Programs**

Public Comment Form Link

CHANGE NO.	LOCATION ON POLICY	ORIGINAL TEXT	NEW TEXT
1	IV.	IV. PUBLIC SAFETY AED INSTRUCTOR REQUIREMENTS To be authorized to instruct public safety personnel in the use of an AED, an AED instructor shall either: A. Complete an American Heart Association (AHA) recognized instructor course (or equivalent) including instruction and training in the use of an AED, or;	IV. PUBLIC SAFETY AED INSTRUCTOR REQUIREMENTS To be authorized to instruct public safety personnel in the use of an AED, an AED instructor shall complete an American Heart Association (AHA) recognized instructor course (or equivalent) including instruction and training in the use of an AED.

2021 Public CCCEMSA Policy Change Tracking

Review & Brainstorm | Collaborate and Update | Public Comment

POLICY NUMBER **4003 Receiving Hospitals**

Public Comment Form Link

CHANGE NO.	LOCATION ON POLICY	ORIGINAL TEXT	NEW TEXT
1	Alta Bates		**New number is 510-204-6008**
2	Kaiser Medical Center Oakland		**New number is 510-752-7667**
3	Northbay Medical Center		**New number is 707-646-5804**
4	St. Francis Memorial Hospital		**New number is 415-353-6373**
5	Kaiser Medical Center – Vacaville		**New number is 707-452-9892**

2021 Public CCCEMSA Policy Change Tracking

Review & Brainstorm | Collaborate and Update | Public Comment

POLICY NUMBER **4009 STEMI Triage and Destination**

Public Comment Form Link

CHANGE NO.	LOCATION ON POLICY	ORIGINAL TEXT	NEW TEXT
1	II.B	Paramedic personnel should review the 12-Lead ECG tracing in all instances to assure that little or no artifact exists. Repeat 12-Lead ECG may be necessary to obtain an accurate tracing. If computerized interpretation of accurately performed 12-Lead ECG indicates ***Meets ST Elevation Criteria*** the patient qualifies as a candidate for transport to an SRC. Patients without these findings should be transported in accordance with Policy 4002 – Patient Destination Determination.	B. Paramedic personnel should review the 12-Lead ECG tracing in all instances to assure that little or no artifact exists. Repeat 12-Lead ECG may be necessary to obtain an accurate tracing. If computerized interpretation of accurately performed 12-Lead ECG indicates ***Meets ST Elevation Criteria**** **or the ECG is interpreted as showing STEMI based on Paramedic judgement,** the patient qualifies as a candidate for transport to an SRC. Patients without these findings should be transported in accordance with Policy 4002 – Patient Destination Determination.

2021 Public CCCEMSA Policy Change Tracking

Review & Brainstorm | Collaborate and Update | Public Comment

POLICY NUMBER

4011 Prehospital Management of Pre-existing Patient Medical Devices/Equipment

[Public Comment Form Link]

CHANGE NO.	LOCATION ON POLICY	ORIGINAL TEXT	NEW TEXT
1	B. 1.	Special Populations 1. For dialysis patients whose peripheral access site (fistula/graft) has already been accessed, the existing IV line may be used by a paramedic for administration of fluids or medications.	Delete current language, move under Central Lines/Central Venous Access Device/Infusion Device
2	C.	Central Lines/Central Venous Access Device/Infusion Device	Change to B.
3	C.2.b	b. Exception: paramedics may access a dialysis fistula if the patient is in cardiac arrest and attempts at IV and IO access have failed.	Delete C.2.b.
4	Addition under B.2., would be new B.3.		**Paramedics may not perform initial access of central lines.**
5	Numbering change	B.3. and B.4	Change to B.4 and B.5.
6	C. Special Populations – Dialysis patient with extremity AV Fistula or Graft	New Section	1. Paramedics should not access a dialysis or graft. a. Exception: Paramedics may access a dialysis fistula if the patient is in cardiac arrest and attempts at IV and IO access have failed. 2. For dialysis patients who's peripheral access site (fistula/graft) has already been

			accessed, the existing IV line may be used by a paramedic for administration of fluids or medications.

2021 Public CCCEMSA Policy Change Tracking

Review & Brainstorm | Collaborate and Update | Public Comment

POLICY NUMBER

5003 EMS STEMI RECEIVING CENTER DESIGNATION

Public Comment Form Link

CHANGE NO.	LOCATION ON POLICY	ORIGINAL TEXT	NEW TEXT
1	III. Designation Criteria (C)(1)	Participate in GWTG-CAD.	e. The hospital shall have established protocols for triage, diagnosis, and Cath lab activation f. Written protocols shall be in place for the identification of STEMI patients. g. The hospital shall have a process in place for the treatment and triage of simultaneously arriving STEMI patients. h. The hospital shall maintain STEMI team and Cardiac Catheterization Team call rosters. i.STEMI receiving centers shall comply with the requirement for a minimum volume of procedures for designation required by the local EMS agency. j.The hospital shall have job descriptions and organizational structure clarifying the relationship between the STEMI medical director, STEMI program manager, and the STEMI team. k. A STEMI receiving center shall have reviews by local EMS agency or other designated agency conducted every three years. l. Additional requirements may be stipulated by the local EMS agency medical director.

2	III. Designation Criteria (C)(F)(1)	1. Participation in National Cardiac Data Registry (NCDR)	1. Participate in the "Get With The Guidelines" (GWTG) Coronary Artery Disease (CAD) program.

2021 Public CCCEMSA Policy Change Tracking

Review & Brainstorm | Collaborate and Update | Public Comment

POLICY NUMBER

5004 EMS Primary Stroke Center Designation

[Public Comment Form Link]

CHANGE NO.	LOCATION ON POLICY	ORIGINAL TEXT	NEW TEXT
1	IV. PSC Designation Criteria	Designation criteria for an EMS PSC in Contra Costa County shall require documentation of the following: A. The hospital is a 9-1-1 receiving hospital, licensed in the State of California. B. Certified as a Joint Commission or equivalent National Primary Stroke Center as approved by the LEMSA. C. Designation of the PSC Medical Director and PSC Nurse Program Manager. D. Hospitals may qualify for PSC designation as a Telestroke Center using telemedicine. E. A written commitment to fully participate in the Contra Costa County EMS Quality Improvement (QI) and data collection program. F. Participation in California Stroke Registry (CSR). G. Internal policies and procedures to assure reliable use of ReddiNet to communicate CT diversion in compliance with EMS Policy 5002 (Hospital CT / STEMI - Cardiac Cath Lab And Internal Disaster Diversion). H. A Community Stroke Reduction Plan including participation in outreach programs to reduce cardiovascular disease and stroke.	Designation criteria for an EMS Stroke Receiving Center in Contra Costa County shall require documentation of the following: A. The hospital is a 9-1-1 receiving hospital, licensed in the State of California. B. A written commitment to fully participate in the Contra Costa County EMS Quality Improvement (QI) and data collection program. C. Participate in the "Get With The Guidelines" (GWTG) Stroke Program and the California Stroke Registry. D. Internal policies and procedures to assure reliable use of ReddiNet to communicate CT diversion in compliance with EMS Policy 5002 (Hospital CT / STEMI - Cardiac Cath Lab And Internal Disaster Diversion). E. Adequate staff, equipment, and training to perform rapid evaluation, triage, and treatment for the stroke patient in the emergency department. F. Standardized stroke care protocol/order set. G.Stroke diagnosis and treatment capacity twenty-four (24) hours a day,

			seven (7) days a week, three hundred and sixty-five (365) days per year. H. Data-driven, continuous quality improvement process including collection and monitoring of standardized performance measures. I. Continuing education in stroke care provided for staff physicians, staff nurses, staff allied health personnel, and EMS personnel. J. Public education on stroke and illness prevention. K. A clinical stroke team, available to see in person or via telehealth, a patient identified as a potential acute stroke patient within 15 minutes following the patient's arrival at the hospital's emergency department or within 15 minutes following a diagnosis of a patient's potential acute stroke. 1. At a minimum, a clinical stroke team shall consist of: (i) A neurologist, neurosurgeon, interventional neuro-radiologist, or emergency physician who is board certified or board eligible in neurology, neurosurgery, endovascular neurosurgical radiology, or other board-certified physician with sufficient experience and expertise in managing patients with acute cerebral vascular disease as determined by the hospital credentials committee. (ii) A registered nurse, physician assistant or nurse practitioner capable of caring for acute stroke patients L. Written policies and procedures for stroke services which shall include written protocols and standardized orders for the emergency care of stroke patients. These policies and procedures shall be reviewed at least every three (3) years, revised as needed, and implemented.

			M. Data-driven, continuous quality improvement process including collection and monitoring of standardized performance measures. N. Neuro-imaging services capability that is available twenty-four (24) hours a day, seven (7) days a week, three hundred sixty-five (365) days per year, such that imaging shall be initiated within twenty-five (25) minutes following emergency department arrival. O. CT scanning or equivalent neuro-imaging shall be initiated within twenty-five (25) minutes following emergency department arrival. P. Other imaging shall be available within a clinically appropriate timeframe and shall, at a minimum, include: 1. MRI. 2. CTA and / or Magnetic resonance angiography (MRA). 3. TEE or TTE. Q. Interpretation of the imaging. 1. If teleradiology is used in image interpretation, all staffing and staff qualification requirements contained in this section shall remain in effect and shall be documented by the hospital. 2. Neuro-imaging studies shall be reviewed by a physician with appropriate expertise, such as a board-certified radiologist, board-certified neurologist, a board-certified neurosurgeon, or residents who interpret such studies as part of their training in ACGME-approved radiology, neurology, or neurosurgery training program within forty-five (45) minutes of emergency department arrival. (i) For the purpose of this subsection, a qualified radiologist shall be board certified by the American Board of Radiology or the American Osteopathic Board of Radiology. (ii) For the purpose of this subsection, a qualified neurologist shall be board certified by the American Board of Psychiatry and Neurology or the American Osteopathic Board of Neurology and Psychiatry. (iii)For the purpose of this subsection, a qualified

			neurosurgeon shall be board certified by the American Board of Neurological Surgery. R. Laboratory services capability that is available twenty-four (24) hours a day, seven (7) days a week, three hundred and sixty-five (365) days per year, such that services may be performed within forty-five (45) minutes following emergency department arrival. S. Neurosurgical services shall be available, including operating room availability, either directly or under an agreement with a thrombectomy-capable, comprehensive or other stroke center with neurosurgical services, within two (2) hours following the arrival of acute stroke patients to the primary stroke center. T. Acute care rehabilitation services. U. Transfer arrangements with one or more higher level of care centers when clinically warranted or for neurosurgical emergencies. V. There shall be a stroke medical director of a primary stroke center, who may also serve as a physician member of a stroke team, who is board-certified in neurology or neurosurgery or another board-certified physician with sufficient experience and expertise dealing with cerebral vascular disease as determined by the hospital credentials committee. 1. Additional requirements may be stipulated by the local EMS agency medical director.
2	Policy Title	EMS Primary Stroke Center Designation	EMS Stroke Receiving Center Designation