



**SAN MATEO COUNTY HEALTH
EMERGENCY
MEDICAL SERVICES**

EMS POLICY

101


Effective:

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Approval: EMS Director
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Signed: 

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APPROVED DEFINITIONS

I. PURPOSE

This policy defines the definitions used in EMS policies.

II. DEFINITIONS

Abuse: Evidence of physical or emotional harm or neglect, which may be defined as intimidation, cruel punishment, fiduciary (financial) abuse, abandonment, isolation or treatment resulting in physical harm or pain or mental suffering or the deprivation by a care custodian of goods and services which are necessary to avoid physical harm or mental suffering.

Acute stroke patient: A patient who meets assessment criteria for an acute stroke in accordance with LEMSA's patient care protocols and last known well time is within 24 hours.

Advance Health Care Directive ("AHCD"): A written document that allows an individual to provide healthcare instructions and/or appoint an agent to make healthcare decisions when unable or prefers someone speak for them. AHCD is the legal statutory declaration for healthcare proxy or durable power of attorney for healthcare and living will.

Advanced Life Support ("ALS"): Special services designed to provide definitive prehospital emergency medical care, including, but not limited to, cardiopulmonary resuscitation, cardiac monitoring, cardiac defibrillation, advanced airway management, intravenous therapy, administration of specified drugs and other medicinal preparations, and other specified techniques and procedures administered by authorized personnel under the direct supervision of a base hospital as part of a local EMS system at the scene of an emergency, during transport to an acute care hospital and while in the emergency department of an acute care hospital until responsibility is assumed by the emergency or other medical staff of that hospital.

Advanced Life Support ("ALS") Emergency Medical Responder Agency: An Emergency Medical Responder Agency authorized by LEMSA which provides paramedic personnel with ALS equipment to respond to medical emergencies with the capabilities to provide immediate ALS medical care prior to arrival of an ambulance.

Advanced Life Support ("ALS") Ambulance [or "Paramedic Ambulance"]: An ambulance authorized by LEMSA to provide ALS emergency services within San Mateo County.

Advanced Life Support (“ALS”) First Responder Unit (“FRU”): A first responder unit authorized by LEMSA to provide ALS emergency services within San Mateo County.

Aid-in-Dying Drug: A drug, or combination of drugs, determined and prescribed by a physician for a qualified individual, who shall self-administer to bring about their death due to terminal illness. The prescribed drug(s) may take affect within minutes to several days after self-administration.

Air ambulance: Any aircraft specifically constructed, modified, or equipped and staffed for the primary purpose of responding to emergency medical calls and transporting critically ill or injured patients. Air ambulance aircraft shall be ALS capable.

Assaultive behavior: The intentional or reckless act of causing physical injury to self or others.

Automatic External Defibrillator (“AED”): An automated external defibrillator device used by a trained person.

Authorized San Mateo County EMS Provider: An entity which has a written agreement with the LEMSA to provide emergency ambulance services with ALS ambulance transport; or a city or fire district which operated ALS ambulance services pursuant to the Wedworth-Townsend Paramedic Act, Article 3 and holds an exclusive operating area.

Base Hospital: A hospital authorized by LEMSA to provide online physician medical control to prehospital providers. A Base Hospital can provide basic and advanced life support medical direction.

Basic Life Support (“BLS”): Emergency first aid and cardiopulmonary resuscitation procedures which, as a minimum, include recognizing respiratory and cardiac arrest and starting the proper application of cardiopulmonary resuscitation to maintain life without invasive techniques until the victim may be transported or until advanced life support is available.

Basic Life Support (“BLS”) Ambulance: An ambulance authorized by LEMSA to provide BLS emergency services within San Mateo County.

Basic Life Support (“BLS”) measures: The provision of treatment designed to maintain adequate circulation and ventilation for a patient in cardiac arrest without the use of drugs or special equipment. Examples include:

- Assisted ventilation with a bag-valve mask device;
- Manual or automated chest compressions; and
- Automated External Defibrillator (“AED”).

Basic Life Support (“BLS”) Emergency Medical Responder Agency: An Emergency Medical Responder Agency authorized by LEMSA which provides Emergency Medical Technician (“EMT”) or Emergency Medical Responder (“EMR”) personnel with BLS equipment to respond to medical emergencies with the capabilities to provide immediate BLS medical care prior to the arrival of an ambulance.

Basic Life Support (“BLS”) First Responder Unit (“FRU”): A first responder authorized by LEMSA to provide BLS emergency services within San Mateo County.

California Emergency Medical Services Information System (“CEMSIS”): The state database that is used to store EMS data for the State of California.

Cardiac Catheterization Laboratory (“Cath lab”): The setting within the hospital where diagnostic and therapeutic procedures are performed on patients with cardiovascular disease.

Cardiac Catheterization Team: The specially trained health care professionals that perform percutaneous coronary intervention. The Team may include, but is not limited to, an interventional cardiologist, mid-level practitioners, registered nurses, technicians, and other health care professionals.

CARES: Cardiac Arrest Registry to Enhance Survival.

Child: Any person under the age of 18 years.

Code 2: Without lights and siren. May also be referred to as non-emergency or non-RLS (red lights and siren).

Code 3: With lights and siren. May also be referred to as emergency or RLS (red lights and siren).

Comfort-Focused Treatment Measures: Medical interventions with a primary goal of maximizing comfort. Providers shall relieve pain and suffering with medication by any indicated and clinically appropriate route and may use oxygen, suctioning, airway positioning, and manual treatment of airway obstruction.

Comprehensive Stroke Center (“CSC”): A hospital that has successfully completed and maintains Joint Commission accreditation as a CSC and enters into a written agreement with LEMSA to be designated as a stroke receiving center. These centers can treat both ischemic and hemorrhagic strokes.

Conservator: A responsible person or organization appointed by a judge who cares for another person who cannot care for her/ himself or manage her/ his own finances.

Critical Care Transport: Special services designed to provide definitive critical care such that the failure to assess/ recognize resuscitation needs and urgently initiate and maintain acute medical diagnostics and/ or interventions, pharmacological interventions, or technologies would likely result in sudden, clinically significant, or life-threatening deterioration in the patient's condition. These capabilities exceed those of an Advanced Life Support EMS unit.

Decision-Making Capacity: The ability of a patient who is fully oriented to use and understand information to make a decision, and communicate any decision made.

Dependent adult: Any person between the ages of 18 and 64 years who has physical or mental limitations which restrict their ability to carry out normal activities or to protect their

rights including, but not limited, to persons who have physical or developmental disabilities or those whose physical or mental abilities have diminished due to age.

Do Not Resuscitate (“DNR”): Applies to a patient without a pulse or respirations. DNR is a request to withhold interventions intended to restore cardiac activity and respirations. Examples include:

- No chest compressions;
- No defibrillation;
- No endotracheal intubation; or
- No cardiotoxic medications.

This does not include comfort-focused treatment measures. DNR does not mean “do not treat.”

Elder: Any person of the age 65 years or older.

Electronic Health Record (“EHR”): The official and legal patient care record completed by EMS personnel. Formerly referred to as ePCR.

Emergency Medical Dispatch (“EMD”): Priority Dispatching characterized by an Emergency Medical Dispatcher who is responsible for determining, using key medical questions, whether the call is a life threatening, or non-life-threatening emergency. The Emergency medical Dispatcher acts on the request and, using established guidelines, determines the level and type of response. This level of service includes pre-arrival instructions when indicated.

Emergency Medical Dispatcher: A person employed by a LEMSA approved dispatch center providing dispatch of designated emergency medical resources in San Mateo County and who has been authorized by the LEMSA.

Emergency Medical Services: The services utilized in responding to a medical emergency.

Emergency Medical Services Agency (“LEMSA”) [or “Agency”]: The San Mateo County EMS Agency is designated as the Local Emergency Medical Services Agency (LEMSA) and is statutorily charged with primary responsibility for administration and medical control of emergency medical services in San Mateo County.

Emergency Medical Services Quality Improvement Plan (“EQIP”): A plan submitted by a provider agency that articulates the processes used by that agency to monitor the quality of prehospital patient care provided by their EMS personnel.

Emergency Medical Technician (“EMT”): A certified prehospital care provider who operates within the BLS scope of practice.

EMS Duty Officer: The authorized on-call representative of the LEMSA charged with emergency medical services system level oversight and direction.

EMS Personnel: San Mateo County EMS system prehospital providers including EMTs and paramedics.

EMS Response: Any 9-1-1 or non-emergency medical response originating in or serviced

by San Mateo County EMS Personnel.

EMS Supervisor: A paramedic approved by the LEMSA responsible for operational and clinical leadership and supervision of emergency medical services at the provider agency level.

End of Life Option Act: California state law authorizing an adult, eighteen years or older, who meets certain qualifications, and who has been determined by his or her attending physician to be suffering from a terminal disease to make a request for an “aid-in-dying drug” prescribed for the purpose of ending their life in a humane and dignified manner.

Field Training Officer (“FTO”): A licensed and San Mateo County accredited paramedic with a minimum of two year’s full-time equivalent experience, eighteen months of which must be within San Mateo County; paramedic license and accreditation must be in good standing with the State and County.

Fireline paramedic: A paramedic who meets all prerequisites established by FIRESCOPE and is authorized by the paramedic’s department to provide ALS treatment on the fireline to ill or injured fire suppression personnel.

Health information: Any information possessed by a healthcare provider regarding a patient’s medical history, mental or physical condition, or treatment, or the specific circumstances surrounding a specific patient identifiable incident (e.g., suspected child/elder abuse).

Home County: The county in which the paramedic is based and where the paramedic is accredited to practice.

Immediately Available: Unencumbered by conflicting duties or responsibilities, responding without delay upon receiving notification, or being physically available to the specified area of the hospital when the patient is delivered in accordance with EMS Agency policies and procedures.

Imminent Death: A condition wherein illness or injuries are of such severity that in the professional opinion of EMS personnel, death is likely to occur before the patient arrives at the receiving hospital. For purposes of this policy, this definition does not include any conscious patient regardless of the severity of illness or injury.

Implied Consent: A form of consent when surrounding circumstances exist that would lead a reasonable person to believe that this consent had been/ would be given, although no direct, express, or explicit words of agreement had been uttered. Implied consent applies to emergency, life-saving care only.

Interfacility Transfer: The transfer of a patient from one acute general care facility to another acute general care facility.

Legal Guardian: A person appointed by a judge who is not a child’s parent who oversees the care of the child, including making decisions about the child’s healthcare.

Limited Advanced Life Support (“LALS”) Emergency Medical Responder Agency: An

Emergency Medical Responder Agency authorized by LEMSA which provides Advanced EMT personnel with LALS equipment to respond to medical emergencies with the capabilities to provide immediate LALS medical care prior to the arrival of an ambulance.

Mass Casualty Incident (“MCI”): Any single incident that results in enough patients to cause strain to the Emergency Medical Services (EMS) system, overwhelm the initial response contingent, or cause critical impacts to receiving emergency departments and/ or specialty care services (e.g., trauma, pediatric, stroke, STEMI) within the EMS system, as determined by the Incident Commander or EMS Duty Officer.

Medical Authority: LEMSA delegates the authority and responsibility to routinely function as the authority for patient healthcare management at the scene of an emergency to that licensed or certified health care professional at the scene of the emergency who is most medically qualified specific to the provision of rendering emergency medical care amongst San Mateo County EMS prehospital personnel present. If no licensed or certified health care professional is available, the authority shall be vested in the most appropriate medically qualified representative of public safety agencies who may have responded to the scene of the emergency. When on scene, the EMS Supervisor or Clinical Field Specialist of the County contracted emergency ambulance services provider, or EMS Supervisor of the County designated Paramedic First Response Service Provider shall function as the Medical Authority. The delegation of Medical Authority shall not supersede the medical control of the emergency medical services system vested in the LEMSA.

Medical Emergency: A condition or situation in which an individual has a need for immediate medical attention, or where the potential for such need is perceived by prehospital personnel or a public safety agency.

MEDS Viewer: A proprietary product furnished at no cost by American Medical Response which allows the receiving hospital to view and obtain a copy of the prehospital patient care record for the STEMI patient.

Mobile Stroke Unit (“MSU”): An ambulance capable of delivering at minimum Advanced Life Support (“ALS”) services that has a Computerized Tomography (“CT”) scanner capable of performing head CTs in the community and prior to arriving at a hospital.

Mobile Stroke Unit (“MSU”) Program: A predetermined plan that includes a MSU and MSU team who respond in an ambulance and provide high level acute stroke care at the scene of an emergency, during transport to an acute care hospital and while in an acute care hospital until responsibility is assumed by the emergency or other medical staff of that hospital. The program is approved by the EMS Agency to be deployed in the prehospital setting to provide rapid assessment of suspected acute stroke patients by utilizing a mobile computed tomography (“CT”) scanner on-scene and able to transmit images to a remote site and provide a hard copy to receiving hospitals. Further elements of the program can include treatment with intravenous thrombolytic therapy, hemostatic agents, and blood pressure medications and determination of appropriate hospital destination depending on

CT scanner findings and consultation with closest receiving facility capable of supporting the suspected or confirmed stroke patient.

Mobile Stroke Unit (“MSU”) Team: An organized group of health care providers that specialize in stroke care and may include, but not limited to a radiology technician, registered nurse, paramedic, emergency medical technician, and neurologist.

National Emergency Medical Services Information System (“NEMSIS”): The national database that is used to store EMS data from the United States and its territories.

Off-road vehicle (“ORV”): An alternative vehicle that is not an authorized ambulance used to extract a patient from a limited access area to an area accessible by an ambulance or air ambulance. These vehicles are not intended to be used for nor are authorized to transport patients to a hospital.

Obvious Death Criteria: Physical exam findings a paramedic, EMT, designated first responder, or public safety officer can use to determine if resuscitative measures are not indicated.

Palliative Care: The World Health Organization (“WHO”) defines palliative care as “An approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial, and spiritual.”

Paramedic: A licensed prehospital care provider who operates within the ALS scope of practice.

Parent: The lawful father or mother of a person.

Patient: Any person for whom 9-1-1 services have been activated and that EMS personnel encounter (see Patient Contact) and who meets any of the following criteria:

1. Has a chief complaint or demonstrates illness or injury;
2. Is not oriented to person, place, time or event;
3. Requires or requests an assessment, field treatment, or transport; or
4. Is a minor who is not accompanied by a parent or legal guardian and appears to be ill or injured.

Patient Contact: Any time when EMS personnel encounter a patient and perform any of the following:

1. Offer medical assistance when medically indicated;
2. Perform a visual assessment of clinical acuity;
3. Perform a hands-on physical assessment, including vital signs;
4. Determine the mechanism of injury;
5. Obtain a history of present illness; or

6. Witness any medical care rendered by other parties.

Percutaneous Coronary Intervention (“PCI”): A procedure used to open or widen a narrowed or blocked coronary artery to restore blood flow supplying the heart, usually done on an emergency basis for a STEMI patient.

Physician Orders for Life Sustaining Treatment (“POLST”): A signed POLST is a legally valid physician order form that addresses a patient’s wishes related to end-of-life care. A POLST may be signed by a physician, nurse practitioner, or physician assistant. POLST may be used for both adult and pediatric patients.

Physician: A licensed Doctor of Osteopathic Medicine (“DO”) or Doctor of Medicine (“MD”) licensed in the State of California.

Primary Stroke Center (“PSC”): A hospital that has successfully completed and maintains Joint Commission accreditation as a PSC and enters into a written agreement with LEMSA to be designated as a PSC. These centers can treat stroke patients throughout the continuum of care.

Priority 1 Response: An emergency (lights and siren) response.

Priority 3 Response: A non-emergency (no lights or siren) response.

Protected Health Information (“PHI”): Individually identifiable health information that is held or transmitted in any form or media, whether electronic, written, spoken, printed, digital, recorded, or photographic, which can be linked to an individual or there is a reasonable basis to believe it can be used to identify an individual.

Public Safety Communications (“PSC”): San Mateo County Public Safety Communications, the LEMSA authorized Emergency Medical Dispatch service provider.

Quality Improvement (“QI”): Methods of evaluation that are composed of structure, process, and outcome evaluations that focus on improvement efforts to identify root causes of problems, intervene to reduce or eliminate these causes, take steps to correct the process, and recognize excellence in performance and delivery of care.

Reasonable Search: A brief attempt by prehospital personnel to locate documentation that may identify a patient as a potential organ donor, or one who has refused to make an anatomical gift. This search shall be limited to a wallet or purse that is on or near the individual to locate a driver license or other identification card with this information. This requirement may be met by asking a family member, if one is present, about the presence of an organ donor card. A reasonable search shall not take precedent over patient care/treatment.

Reasonable suspicion: Information known to EMS personnel which, based on their training and experience, would lead another EMS provider in the same situation to suspect that the injury or condition of the patient was the result of a violent act or neglect.

Refusal of Care: A pathway for ALS personnel on scene of an emergency incident to follow when an individual identified as a “patient” refuses medical treatment/ambulance

transportation or when a parent(s), legal guardian, or designated decision maker refuses medical treatment/ambulance transport for a minor identified as a patient. Only ALS personnel may complete a Refusal of Care; BLS personnel are required to contact the Base Hospital for Refusal of Care requests.

Reportable Event: An unexpected event/ occurrence during the dispatch, rescue, care, or transport of a patient requiring emergency medical care that is not the direct cause of serious physical, psychological injury, or the risk thereof, but does require investigation for the purposes of quality improvement.

Rescue aircraft: Any aircraft the usual function of which is not prehospital emergency medical transport, but which may be used for prehospital transport when use of an air or ground ambulance is inappropriate or unavailable. Rescue aircraft may be ALS or BLS capable.

Safe Surrender Site: A location designated by the board of supervisors of a county or by a local fire agency, upon the approval of the appropriate local governing body of the agency, to be responsible for accepting physical custody of a minor child who is 72-hours old or younger from a parent or individual who has lawful custody of the child and who surrenders the child pursuant to Section 271.5 of the Penal Code or a location within a public or private hospital that is designated by that hospital to be responsible for accepting physical custody of a minor child who is 72 hours old or younger from a parent or individual who has lawful custody of the child and who surrenders the child pursuant to Section 271.5 of the Penal Code.

San Francisco International Airport (“SFO”): The areas within and immediately surrounding the San Francisco International Airport operated by the City and County of San Francisco.

Scene Management Authority: Authority for the management of the scene of an emergency shall be vested in the appropriate public safety agency having primary investigative authority.

Selective Treatment Measure: Similar to comfort-focused treatment measures, selective treatment measures are medical interventions used to provide and promote patient comfort, safety, and dignity. Selective treatment measures applicable for POLST and AHCD may include but are not limited to:

- Airway maneuvers, including foreign body removal;
- Suctioning;
- Oxygen;
- Hemorrhage control;
- Oral hydration;
- Glucose administration;
- Pain control (fentanyl);
- IV administration and fluids if necessary; and
- Positive pressure ventilation.

Sentinel Event: Any unexpected event/ occurrence involving death or serious physical or psychological injury, or the risk thereof. The phrase “or the risk thereof” includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome. An Unusual Event/Occurrence is considered a Sentinel Event if it could reasonably be considered the direct cause of a death or serious injury. Sentinel Events warrant immediate investigation and reporting to LEMSA.

Special Weapons and Tactics (“SWAT”): A law enforcement team which uses specialized equipment and tactics in high-risk situations.

ST Segment Elevation Myocardial Infarction (“STEMI”): A clinical syndrome defined by symptoms of myocardial infarction in association with ST-segment elevation on Electrocardiogram (“ECG”).

Standardized Patient Designated Directives: Describes the forms or medallion that recognizes and accommodates a patient’s wish to limit prehospital treatment at home, in long term care facilities, or during transport between facilities. Examples include:

- Statewide Emergency Medical Services Authority (“EMSA”) / California Medical Association (“CMA”) Prehospital DNR Form;
- State EMS Authority approved DNR medallion;
- Physician Orders for Life Sustaining Treatment (“POLST”); and
- Advanced Health Care Directive (“AHCD”).

STEMI Critical Care System [or “STEMI Care System”]: An integrated prehospital and hospital program that is intended to direct patients with field or Referral Hospital identified STEMI directly to hospitals with specialized capabilities to promptly treat these patients.

STEMI Care: Emergency cardiac care for a STEMI Patient.

STEMI Information System: The computer information system maintained by each SRC which captures the presentation, diagnostic, treatment and outcome data sets required by the EMS Agency and the SRC Standards.

STEMI Medical Director: A qualified physician board-certified by the American Board of Medical Specialties (“ABMS”) as defined by the EMS Agency and designated by the hospital that is responsible for the STEMI program, performance improvement, and patient safety programs related to a STEMI critical care system.

STEMI Patient: A patient with symptoms of myocardial infarction in association with ST-Segment Elevation in an ECG.

STEMI Program: An organizational component of the hospital specializing in the care of STEMI patients.

STEMI Program Manager: A registered nurse or qualified individual as defined by the EMS Agency, and designated by the hospital responsible for monitoring, coordinating and evaluating the STEMI program.

STEMI Quality Improvement Committee: The confidential multi-disciplinary peer-review

committee, comprised of representatives from the STEMI Receiving Centers (“SRC”), STEMI Referral Hospitals (“SRH”) and other professionals designated by the EMS Agency, which audits the STEMI Critical Care System, makes recommendations for system improvements, and functions in an advisory capacity to the EMS Agency on other STEMI and cardiac care system issues. Committee members designated by the EMS Agency may include, but are not limited to, SRC medical directors and program managers, representatives from SRH, interventional and non-interventional cardiologists, emergency medicine sub-specialists, and representatives from ground and air emergency medical services providers.

STEMI Receiving Center (“SRC”): A licensed general acute care facility that enters into a written agreement with the LEMSA, meets the minimum hospital STEMI care requirements pursuant to Section 100270.124 and can perform PCI.

STEMI Receiving Center Services: The customary and appropriate hospital and physician services provided by a SRC to STEMI patients, which, at a minimum, meet SRC Standards.

STEMI Referral Hospital (“SRH”): A licensed general acute care facility that meets the minimum hospital STEMI care requirements pursuant to Section 100270.125.

STEMI Team: Clinical personnel, support personnel, and administrative staff that function together as part of the hospital’s STEMI program.

Thrombectomy Capable Stroke Center (“TSC”): A primary stroke center with the ability to perform mechanical thrombectomy for an ischemic stroke patient and meets the designation requirements by Joint Commission and enters into a written agreement with LEMSA to be designated as a TSC. These centers can treat both ischemic and hemorrhagic strokes throughout the continuum of care.

Trauma Center: A hospital designated by the San Mateo County Emergency Medical Services Agency as a facility to receive and render appropriate, complex, multi-disciplinary care to trauma patients.

Unusual Event/ Occurrence: Any event or occurrence deemed to have impact or potential impact on patient care, and/ or any practices felt to be outside the norm of acceptable patient care. Unusual Events/Occurrences also cover events outside the “normal” flow of operations surrounding dispatch, response, rescue, and disposition of all EMS responses. Unusual Events/Occurrences may or may not have life threatening impacts.

Valid DNR Order for Patients in a Licensed Health Care Facility: A written or electronic document in the medical record with the patient’s name and statement “Do Not Resuscitate”, “No Code”, or “No CPR”, that is signed and dated by a physician. Also includes a POLST with Do Not Attempt Resuscitation/ DNR checked and AHCD with instructions stating resuscitation should be withheld/discontinued.

Valid DNR Order for Patients at a Location Other Than a Licensed Facility: An alternate and valid DNR order that includes:

- EMSA/ CMA Prehospital Do Not Resuscitate Form, fully executed;
- DNR medallion;
- POLST with Do Not Attempt Resuscitation checked; and
- AHCD when instructions state resuscitation should be withheld/ discontinued.