



Inland Counties Emergency Medical Agency

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Serving San Bernardino, Inyo, and Mono Counties
Tom Lynch, EMS Administrator
Reza Vaezazizi, MD, Medical Director

DATE: August 19, 2021

TO: Dispatch Supervisors, Barstow Police Department
Dispatch Supervisors, CAL FIRE
Dispatch Supervisors, CONFIRE
Dispatch Supervisors, Ontario Fire Department

FROM: Reza Vaezazizi, MD
Medical Director

SUBJECT: LOCAL MEDICAL CONTROL CRITERIA FOR MEDICAL PRIORITY DISPATCH

The below listed Medical Priority Dispatch Systems (MPDS) card sets require “Local Medical Control” to define the criteria. Therefore, Reza Vaezazizi, MD, ICEMA Medical Director approved the following criteria for implementation into your MPDS protocols:

Protocol 9 - Cardiac or Respiratory Arrest/Death

B - Obvious Death:

- a - Cold and stiff in a warm environment
- b - Decapitation
- c - Decomposition
- d - Incineration
- e - NON-RECENT death
- f - Severe injuries obviously incompatible with life

Ω - Expected Death:

- x - Terminal illness
- y - DNR (Do Not Resuscitate) Order (i.e., CA State DNR Form, Physician Order for Life Saving Treatment-POLST)

Cardiac Arrest Pathway:

- C only - **Continuous Compression** until responder arrives

Protocol 10 - Chest Pain/Chest Discomfort (Non-Traumatic)

- Aspirin Administration approval

Protocol 14 - Drowning/Near Drowning/Diving/Scuba Accident

- Submersion ≥ 6 hours

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Protocol 18 - Headache

STROKE Treatment Time Window:

24 hours (T= onset of Symptoms = 24 hours)

Protocol 24 - Pregnancy/Childbirth/Miscarriage

HIGH-RISK Complications:

Premature Birth (24 - 36 weeks)

Multiple birth (≥ 24 weeks)

Bleeding Disorder

Blood thinners

Cervical cerclage (stitch)

Placenta abruption

Placenta previa

Female genital mutilation

OMEGA Referral:

NA - Refer to Alpha response

Protocol 28 - STROKE (CVA)/Transient Ischemic Attack (TIA)

STROKE Treatment Time Window:

24 hours (T = onset of Symptoms = 24 hours)

Authorize launch of Stroke Diagnostic Tool AFTER dispatch

Protocol 33 - Transfer/Interfacility/Palliative Care (*The use of this protocol will be authorized based on confirmation by EMD centers that the information received by a medical facility has been the result of evaluation by either Registered Nurse or Medical Doctor.*)

Acuity I: General Weakness or dizziness w/o a decreased level of consciousness

Acuity I: Abnormal lab values

Acuity I: Dehydration

Acuity I: Non-traumatic body pain (not severe and no chest pain)

Acuity I: G-tube/feeding tube displacement

Acuity I: Catheter displacement

Acuity I: Nausea/vomiting w/o blood

Acuity I: Irregular heart beat/rate w/o the presence of shock symptoms

Acuity I: Low oxygen levels w/o abnormal or difficulty breathing

Acuity II: Not defined

Acuity III: Not defined

Protocol 34 - Automatic Crash Notification (ACN)

Authorize the use of ACN protocol

Protocol 36 - Pandemic/Epidemic/Outbreak (PEO) Protocol

This protocol will remain deactivated until ICEMA Medical Director activates this protocol during PEO situation.

Protocol 37 - Definition and authorization of the minimum qualification of medical personnel defined as NURSE or DOCTOR for Protocol 37 interrogation:

- Medical Doctor (MD)
 - Physician Assistant (PA)
 - Nurse Practitioner (NP)
 - Registered Nurse (RN)
- Indicates Local Medical Control/Medical Director approved

If you have any questions, please contact Ron Holk, RN, EMS Coordinator, at (909) 388-5808 or via e-mail at ron.holk@cao.sbcounty.gov.

RV/RH/jlm

c: Art Andres, Director, CONFIRE
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