



## INLAND COUNTIES EMERGENCY MEDICAL AGENCY POLICY AND PROTOCOL MANUAL

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### DEFINITIONS

#### I. PURPOSE

To provide definitions for common terms used throughout the ICEMA Policy and Protocol Manual.

#### II. DEFINITIONS

**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.

**Against Medical Advice (AMA):** A term used to when an individual refuses treatment and/or transport after EMS field personnel advise that it is indicated.

**Ambulance:** An emergency basic life support (BLS) or advanced life support (ALS) ambulance.

**Ambulance Arrival at ED:** The time the ambulance stops (actual wheel stop) at the location outside the hospital ED where the patient is unloaded from the ambulance.

**Ambulance Patient Offload Delay (APOD):** Any delay in ambulance patient offload time (APOT) that exceeds the local ambulance patient offload time standard of 25/30 minutes. This shall also be synonymous with "non-standard patient offload time" as referenced in the Health and Safety Code.

**Ambulance Patient Offload Time (APOT):** The interval between the arrival of an ambulance patient at an ED and the time that the patient is transferred to an ED gurney, bed, chair or other acceptable location and the ED assumes responsibility for care of the patient.

**Ambulance Patient Offload Time (APOT-1) Standard:** Ambulance patient offload time (APOT-1) of 25 minutes or less in San Bernardino County or 30 minutes or less in Riverside County (25/30).

**Ambulance Provider:** An entity properly permitted to operate an emergency ambulance service in one or more of the ICEMA's regional areas, e.g., Inyo, Mono or San Bernardino County.

**Base Hospital:** A hospital or hospitals under contract with ICEMA authorized and responsible for the direct supervision by an Emergency Department physician or Mobile Intensive Care Nurse (MICN) of certified Emergency Medical Technician-Paramedic (EMT-Ps) caring for patients while at the scene of an emergency, during transport to a general acute care hospital, during interfacility transfer of patients, and while the EMT-P is caring for patients in a general acute care hospital during training or continuing education.

**Certificate:** A valid Emergency Medical Technician (EMT) certificate issued pursuant to the California Health and Safety Code.

**Certifying Entity:** The ICEMA Medical Director, a public safety agency or the office of the State Fire Marshal if the agency has a training program for EMT or Advanced EMT (AEMT) personnel that is approved pursuant to the standards established in the Health and Safety Code.

**Certificate Holder:** For the purpose of this policy, shall mean the holder of a certificate, as that term is described above.

**Consent:** Consent is defined as the agreement and acceptance as to opinion or course of action.

**Consent - Involuntary:** In the absence of a parent or legal representative, emergency treatment and/or transport may be initiated without consent.

**Consent - Voluntary:** Treatment and/or transport of a minor shall be with the verbal or written consent of the parent or legal representative.

**Consent - Minor:** Except for circumstances specifically prescribed by law, a minor is not legally competent to consent to, or refuse medical care.

**Consent - Minor not requiring parental consent:** A person who is decreed by the court as an emancipated minor, has a medical emergency and parent is not available, is married or previously married, is on active duty in the military, is pregnant and requires care related to the pregnancy, is twelve (12) years or older and in need of care for rape and/or sexual assault, is twelve (12) years or older and in need of care for a contagious reportable disease or condition, or for substance abuse

**Designated Receiving Hospital:** A hospital that has been designated by the EMS Agency to receive EMS patients transported by ambulance.

**Disciplinary Cause:** An act that is substantially related to the qualifications, functions, and duties of an EMT or AEMT and is evidence of a threat to the public health and safety, per California Health and Safety Code (H&S 1798.200).

**Disciplinary Plan:** A written plan of action that can be taken by a relevant employer as a consequence of any action listed in California Health and Safety Code (H&S 1798.200c).

**Discipline:** Either a disciplinary plan taken by a relevant employer pursuant to the California Code of Regulations, Section 100206, or certification action taken by a medical director pursuant to the California Code of Regulations, Section 100204, or both a disciplinary plan and certification action.

**DNR Form - Prehospital:** Form developed by the California Medical Association (CMA) for use statewide for prehospital DNR requests. This form has been approved by EMSA and ICEMA. This form should be available to EMS field personnel in the form of the white original DNR form or as a photocopy. The original or copy of the DNR form will be taken with the patient during transport. **The DNR form shall not be accepted if amended or altered in any way.**

**DNR Medallion/Bracelet/Necklace:** A medallion/bracelet/necklace worn by a patient, which has been approved for distribution by the California Emergency Medical Services Authority (EMSA). There are currently only three (3) approved vendors that produce the DNR medallions and bracelets

**Do Not Resuscitate (DNR):** A written order by a physician or the presence of a DNR medallion/bracelet or necklace indicating that an agreement has been reached between the physician and patient/or surrogate that in the event of cardiac or respiratory arrest the following medical interventions will **NOT** be initiated:

- Chest compressions
- Defibrillation
- Endotracheal intubation
- Assisted ventilation

- Cardiotonic drugs, e.g., Epinephrine, Atropine or other medications intended to treat a non-perfusing rhythm

**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 emergency medical personnel or a public safety agency. An unforeseen condition or situation in which the individual has need for immediate medical attention, or where the potential for immediate medical attention is perceived by EMS personnel or a public safety agency.

**Emergency Department Medical Personnel:** An ED physician, mid-level practitioner (e.g., Physician Assistant, Nurse Practitioner) or Registered Nurse (RN).

**Emergency Medical Dispatch (EMD):** The reception, evaluation, processing and provision of dispatch life support; management of requests for emergency medical assistance; ongoing evaluation and improvement of the emergency medical dispatch process.

**Emergency Medical Dispatch (EMD) Centers:** Any dispatching center receiving and dispatching calls for emergency medical services, which provide pre-arrival medical care instructions and/or tiered response resource management.

**Emergency Medical Dispatcher:** An individual certified by the National Academy of Emergency Medical Dispatch (NAEMD) providing pre-arrival instructions and/or tiered response management.

**Emergency Medical Dispatch (EMD) Program:** The reception, evaluation, processing and provision of dispatch life support; management of requests for emergency medical assistance; ongoing evaluation and improvement of the emergency medical dispatch process.

**Emergency Medical Services (EMS) Field Personnel:** EMTs, AEMTs, EMT-II and/or EMT-Ps responsible for out of hospital patient care and transport consistent with the scope of practice as authorized by their level of credentialing. People who have been certified, authorized or accredited as qualified to provide prehospital emergency medical care pursuant to California Health and Safety Code.

**EMT-P Student Intern:** An individual who is enrolled in an approved California EMT-P training program and is required to complete a field internship in order to become eligible for a California EMT-P license.

**EMT-P Preceptor:** An individual licensed as an EMT-P, who has been working for an ICEMA authorized Advanced Life Support (ALS) service provider as a licensed EMT-P in the field for at least two (2) years, or an individual licensed as an EMT-P who has worked a minimum of five (5) years with one year for an ICEMA authorized ALS service provider, and completed an ICEMA approved preceptor training workshop. EMT-P preceptors must be in good standing with their employer and not subject to any disciplinary action against their license. Each training program is responsible for ensuring that the field preceptor has the required experience and training.

**EMS Provider:** First responder and/or ambulance provider participating in the EMD program. Any entity possessing a current ICEMA issued permit to provide air ambulance/air rescue service within the County. An organization employing BLS, LALS, or ALS field personnel (AEMT, EMT, EMT-P, RN) for the delivery of emergency medical care to the sick and injured at the scene of an emergency.

**First Responder Provider:** An organization authorized by ICEMA to participate in the EMS system that is the initial contact for patients in the prehospital setting.

**First Responder Vehicle:** An emergency basic life support (BLS) or advanced life support (ALS) non-transport vehicle operated by an EMS provider.

**Functioning Outside of Medical Control:** Prehospital emergency medical care which is not authorized by, or is in conflict with ICEMA policies or protocols, or any treatment instructions issued by the base hospital providing immediate medical direction.

**Hospital Emergency Response Team (HERT):** Organized group of healthcare providers from a designated Level I or II Trauma Center, with local emergency medical services agency (LEMSA) approval as a HERT provider, who are available 24 hours/day, 7 days/week (24/7) to respond and provide a higher level of on scene surgical expertise.

**Imminent Death:** A condition wherein illness or injuries are of such severity that in the opinion of EMS field personnel, death is likely to occur before the patient arrives at the receiving hospital.

**Incident Commander (IC):** Designated officer with overall responsibility for the management of the incident.

**Legal Representative:** A person who is granted custody or conservatorship of another person.

**Local Medical Emergency:** A Local Medical Emergency shall exist when a "local emergency" as that term is used in Government Code, Section 8630 has been proclaimed by the governing body of a city or county, or by an official so designated by ordinance.

**Medical Advisory Committee (MAC):** Primary committee that advises the ICEMA Medical Director on the clinical or medical aspects of Emergency Medical Services (EMS) within the ICEMA region

**Medical Triage:** Medical sorting and prioritization of a patient by ED medical personnel. Medical triage includes acceptance of a verbal patient report from EMS field personnel.

**Minor:** Any person under eighteen (18) years of age.

**Mobile Intensive Care Nurse (MICN):** A Registered Nurse (RN) who is functioning pursuant to the Business and Professions Code, Section 2725 and has been deemed qualified and authorized by the ICEMA Medical Director to provide Advanced Life Support services or to issue physician directed instructions to EMS field personnel within an Emergency Medical Services (EMS) system according to ICEMA developed standardized procedures and consistent with statewide guidelines.

**Mobile Intensive Care Nurse - Administrative (MICN-A):** An ICEMA authorized MICN who has applied for, completed and achieved all ICEMA requirements for "MICN-A" designation and qualifies as a MICN-A to work in an administrative/supervisory capacity for an ALS provider approved by ICEMA.

**Mobile Intensive Care Nurse - Base Hospital (MICN-BH):** An ICEMA authorized MICN who has applied for, completed and achieved all ICEMA requirements for "MICN-BH" designation and qualifies as a MICN-BH to issue physician directed instructions to EMS field personnel while working for a recognized base hospital within the ICEMA region.

**Mobile Intensive Care Nurse - Critical Care Transport (MICN-C):** An ICEMA authorized MICN who has received additional training related to critical care transport and achieved all ICEMA requirements for "MICN-C" designation and qualifies to provide ALS services during critical care ground transports by approved EMS providers.

**Mobile Intensive Care Nurse - Flight (MICN-F):** An ICEMA authorized MICN who has applied for, completed, and met all ICEMA requirements for "flight" designation and qualifies to provide prehospital ALS during flight operations aboard air ambulance and/or air rescue aircraft.

**Mobile Medic Specialty Program:** A specialty program that utilizes boats, bicycles, motorcycles, golf carts and/or powered all-terrain vehicles or for ALS or BLS response designed to deliver EMT, AEMT, and/or EMT-P to the scene of injury and/or transport a patient from the scene of injury to other awaiting EMS units.

**Model Disciplinary Orders (MDO):** The Recommended Guidelines for Disciplinary Orders and Conditions of Probation (EMSA Document #134) which were developed to provide consistent and equitable discipline in cases dealing with disciplinary cause.

**Notification of Defense:** Notification sent to ICEMA by certificate holder that states certificate holder intends to defend actions through an administrative hearing process.

**Optional Scope Program:** Any EMT/AEMT/EMT-P program that may require approval from the Medical or Executive Director to function outside of the basic scope of practice that is not initiated region-wide.

**Patient:** An individual with a complaint of pain, discomfort or physical ailment. An individual regardless of complaint, with signs and/or symptoms of pain, discomfort, physical ailment or trauma. These signs/symptoms include, but are not limited to:

- Altered level of consciousness.
- Sign and/or symptoms of skeletal or soft tissue injuries.
- Altered ability to perceive illness or injury due to the influence of drug, alcohol or other mental impairment.
- Evidence that the individual was subject to significant force.

**Patient Contact:** Determined to be achieved when any on duty BLS, LALS, or ALS field personnel (AEMT, EMT, EMT-P, RN) comes into the presence of a patient.

**Physician Orders for Life-Sustaining Treatment (POLST):** A physician's order that outlines a plan of care reflecting the patient's wishes concerning care at life's end. The POLST form is voluntary and is intended to assist the patient and family with planning that reflect the patient's end of life wishes. It is also intended to assist physicians, nurses, healthcare facilities and EMS field personnel in honoring a person's wishes for life-sustaining treatment.

**Policy(ies) - EMS System:** EMS system organization, principal functions and mode of operations for providers and healthcare facilities within the ICEMA region that guide EMS system operation.

**Protocol(s) - Patient Care:** Medical Standards that provide the framework for the medical treatment and care routinely provided to patients within the ICEMA region.

**Public Safety AED Service Provider:** An agency or organization which is responsible for and is approved to operate an AED, and employs public safety personnel (firefighter, lifeguard, or peace officer), and who obtain AEDs for the purpose of providing AED services to the general public.

**Reasonable Search:** A brief attempt by EMS field 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's license or other identification card with this information. A reasonable search shall not take precedence over patient care/treatment.

**Relevant Employer(s):** Employers who provide ambulance services and/or a public safety agency where the EMT or AEMT works or was working for at the time of the incident under review, either as a paid employee or a volunteer.

**Specialty Program:** Any program that may require approval from the ICEMA Medical Director to function due to regulations or any variance from standard ICEMA policies or protocols either in equipment or procedures.

**Standardized Patient-Designated Directives:** Forms or medallions that recognize and accommodate patient's wish to limit prehospital treatment at home, in long term care facilities or during transport between facilities. Examples include:

- Statewide EMSA/California Medical Association (CMA) Prehospital DNR Form, (Ref. No. 815.1)
- Physician Orders for Life-Sustaining Treatment (POLST, Ref. No. 815.2)
- State EMS Authority-Approved DNR Medallion

**Supportive Measures:** Medical interventions used to provide and promote patient comfort, safety, and dignity. Supportive measures may include but are not limited to:

- Airway maneuvers, including removal of foreign body
- Suctioning
- Oxygen administration
- Hemorrhage control
- Oral hydration
- Glucose administration
- Pain control (i.e., Fentanyl)

**System Advisory Committee (SAC):** Primary committee that advises the ICEMA EMS Administrator on the operational aspects of Emergency Medical Services (EMS) within the ICEMA Region.

**Tactical Medicine Specialty Program:** A specialty program that meets all the prerequisites established by POST/EMSA for the delivery of emergency medical care during law enforcement special operations.

**Transfer of Patient Care:** The orderly transition of patient care duties from EMS personnel to receiving hospital ED medical personnel.

**Unusual Event:** An incident that significantly impacts or threatens public health, environmental health or emergency medical services.

**Verbal Patient Report:** The face to face verbal exchange of key patient information between EMS field personnel and/or ED medical personnel.

**Written EMS Report:** The written report supplied to ED medical personnel (either through the electronic patient care report (ePCR), or actual written report (if ePCR is not available) that details patient assessment and care that was provided by EMS field personnel.

**Zone - Hot or Exclusive:** That area immediately around the spill where contamination does or could occur. It is the innermost of the three zones of a hazardous materials site. It is the zone where mitigation measures take place. Special protection is required for all personnel operating in this zone. All personnel exiting this zone will require decontamination.

**Zone - Warm or Contamination Reduction:** That area between the Exclusion Zone and the Support Zone. This zone contains the Contamination Reduction Corridor where the decontamination team decontaminates the personnel leaving the Exclusion Zone. This zone may require a lesser degree of protective equipment than the Exclusion Zone. This area separates the contaminated area from the clean area and acts as a buffer to reduce contamination of the clean area. No contamination should pass through to the clean area.

**Zone - Cold or Support:** The clean area outside of the Contamination Control Line. Special protective clothing is not required. This is the area where resources are assembled to support the hazardous materials operation.