Santa Clara County EMT Test Study Guide

_____

Download the phone app for SCC EMS Policies

Santa Clara Co. EMS Protocols
Acid Remap LLC

Uninstall   Open

Details about Santa Clara County (See table B in Policy # 602: 911 EMS Patient Destination)
- 12 acute hospitals (11 emerg depts.)
- Dr. Miller is the county medical director
- Dr. Cody is the health officer for the county

Policy 214 (req for working in the county)
- IS-3
- ICS 100
- IS 700
- Orientation
- SEMS
- FRO
- AWR-160

Policy 617
- Must have badge visible if employed by private ambulance provider
- Renewal can be submitted up to 6 months before expires
- Takes 14 days to process

Policy 108 (Variance reporting)
- A: something is wrong, patients injured – immediately notify duty chief
- B: something wrong, patients not injured – have 5 business days to file report
- C: something awesome happened – have 7 business days to file report.

Triage card
A quick way to track people and equipment during MCI. Diff color tags mean diff things.
Example:
- Red Tag: Immediate
- Yellow Tag: Delayed
- Green Tag: Minor
- Black Tag: Deceased

Policy 302 – minimum inventory requirements
- <u>BLS Ambulance:</u> An approved SCC basic life support ambulance with at least 2 EMT's

- <u>BLS Unit (Non-Transport):</u> Any unit with emergency medical response at the basic life support level not designed for transport, must include at least 1 EMT.

- Look at the policy to see all inventory that is required.

Operations:

Policy # 818 EMS Communications System Guide
<u>Audible Tones:</u>
<u>Steady Alert</u> is used anytime the dispatcher needs to announce a priority message such as "All Points Broadcast" (APB); "Be on the Look Out" (BOLO); hospital on "Internal Disaster; etc. The tone is not to be used to report changes in hospital timers; suspension of meal breaks; hospital status changes (except for Internal Disaster); etc. The tone may be initiated by County Communications or upon the request of EMS Duty Chief, Chief 2, and/or Chief 1.

<u>Warbler Tone</u> is a fast pace continuous "high-low-high" sound. When this alert is issued, all non-emergency traffic must stop until the broadcast is completed. The warbler is used when requested by EMS Command staff (EFS, EMS Duty Chief, Chief 2, and/or Chief 1, etc.), County Communications, or when emergency traffic requires an immediate action such as an evacuation, shelter in place order, eminent safety issue, etc.

Policy EMS 811
5 levels of MPMP (Multiple Patient Management Plan a.k.a. MCI plan)
- Level 1 is up to 10 patients, requires 3 Ambulance and 1 Supervisor
- Level 2 is up to 20, Requires 6 Ambulance and 1 Supervisor
- Level 3 is up to 100, use triage tags
- Level 4 is over 100 patients
- Level 5 is catastrophic, all hands on deck

Field treatment sites (FTS) know the red, yellow, green and black (morgue) areas. Each area should have a manager and a manager of transport. Disaster Medical Support Units (DMSU) Mobilization Centers are used to mobilize resources.

Continuous Quality Improvement (CQI)
Medical director creates/regulates:
- prehospital transport protocols
- base hospital protocols
- emergency medical dispatch protocols
- medical/equipment authorization
- clinical quality improvement objectives

Professional Expectations
- skills competency
- documentation
- clean record

Physician desk reference/Taber's
- For approved medical abbreviations

Hospital info
Hospital list:
- Valley Medical all but comprehensive stroke
- Valley Medical only burn
- All ED except for EPS
- Stanford Hospital all but burn center
- Regional Hospital San Jose all but psych, pediatric, burn
- VMC – level 1 trauma (adult), level 2 (ped), Burn center
- Stanford – level 1 adult/ped
- Regional – level 2 adult
- SF General is level I trauma

Hospitals that are STEMI (heart attack) centers: (excludes EPS, PA VA, El Camino Los Gatos, St Louise)
- El Camino Hospital Mountain View
- Good Sam Hospital
- Kaiser Foundation Santa Clara
- O'Connor Hospital
- Regional Medical San Jose
- Kaiser Foundation San Jose
- Stanford University Medical Center
- Santa Clara Valley Medical Center

All hospitals are stroke centers except Palo Alto VA hospital and Emergency Psychiatric Services
Only Emergency Psych Services doesn't have ED

Policy 602
Patients "In extremis" go to the closest Hospital!!!
- In extremis means
  - Uncontrolled airway or inability to ventilate adequately
  - Breech or protruding limb
  - Visible external bleeding that can't be controlled despite all methods tried

ED Receiving Status
Diverting 911 System Ambulances (Red): Diverting all 911 System ambulance patients, except those in- extremis.
Open (Green): Accepting

Bypass (Red): Diverting all 911 Ambulance Traffic (except in-extremis patients).
Black: Internal disaster.

In-Extremis Patient Destination: transport to the closest hospital that is:
1. The closest to the incident location as determined by total emergency ambulance transport time.
2. That is not on internal disaster
Communications/Radio

- Channel 1 – county EMS
- Command 92 – ring downs to hospital for code 3 when cell phone contact not possible
- Specialty center hospital reports are transmitted command 92
  - Specialty reports should occur prior to departure from scene. Specialty centers include Trauma, Stroke, STEMI.
  - if air ambulance is being used, the report should be made by ground paramedics

- ***Orange button – emerg button for prehospital providers, if accidentally press must say "no further assistance needed" otherwise PD will be sent***

Incident command is always the first unit on scene until it is transferred to most qualified responder holding jurisdictional authority.

Policy 603 Diversion Zones
<u>Northern Diversion Zone</u>
Stanford University Hospital
El Camino Hospital of Mountain View
Kaiser Santa Clara

<u>Central Diversion Zone</u>
Regional Medical Center of San Jose
Santa Clara Valley Medical Center
O'Connor Hospital

<u>Southern Diversion Zone</u>
Good Samaritan Medical Center
Kaiser San Jose Medical Center
Saint Louise Hospital

Policy 618 Life Safety
- <u>*LCES*</u> = Lookouts, Communications, Escape routes, Safety zones

- <u>*CAN report*</u> – Conditions, Action and Needs (resource requests)

- Incident commander has to provide a C.A.N report to higher level responder ASAP when available. When transfer is made notify communication center.

- *LHZ (Life Hazard Zone):* Shall be marked with a minimum of 3 horizontal strands of RED and WHITE barrier tape with "*Do Not Enter*" or "*Do Not Cross*" printed in large lettering

- Yellow tape is not appropriate for designating a LHZ, ANY area barricaded with 3 horizontal strands of any color/pattern is a LHZ until proven otherwise

- <u>NO PERSON</u> shall enter an area marked with "*Do not cross*" or "*Do not enter*" at <u>ANY TIME</u>

- If an ambulance arrives at a scene on an active roadway before other responders position the ambulance before the scene to provide support <u>AGAINST</u> flowing traffic for egress.

- When on scene on an active roadway, try to position the driver's side of the vehicle angled away from flowing traffic

- If scene has been protected, arriving ambulances shall position beyond the scene for rapid egress.

- Emergency lights shall be used to alert others of emergency scene and provide the earliest possible visible warning.

- Scene lights (flood/takedown) shall be used where possible and appropriate for the incident

- EMS personnel staged for greater than 10 mins shall: Contact the IC, identify ways to quickly and safely access the patient, document all actions to quickly and safely access the patient in the PCR

- EMS personnel may NOT enter any scene where imminent danger exists for example: Tactical law enforcement entries, Hazardous materials entries, Water rescue, High/low angle rescue.

- In the event that EMS Personnel retreat, immediately notify county communications and IC, then request assistance. When safe to do so notify EMS supervisor of retreat and complete a variance report. Supervisor shall notify duty chief.

- Personnel Accountability Reporting (PAR): A periodic welfare check to verify the safety and security of responders. (includes ride along, trainees, interns, patients, families etc.)

  o If a unit determines that all personnel are present and safe, the unit HAS PAR.
  o If all personnel are not present and/or safe, the unit does NOT have PAR

Policy 700 – S10

6 conditions that EMS must access for rescuer rehab:

a. Presence of chest pain, dizziness, shortness of breath, weakness (general and focal), nausea or headache.
b. General complaints such as muscle cramps or aches and pains
c. Signs and Symptoms of heat or cold-related stress
d. Changes in gait, balance, coordination, speech or behavior
e. Alertness, cognition and orientation to person, place and time

f. Any vital signs considered abnormal in local protocol (for either hypothermia or hyperthermia)

Policy 600 Pronouncement of Death

Resuscitative efforts may be withheld, discontinued, and/or death determined under the following circumstances for BLS personnel:
- Decapitation
- Total incineration of the body
- Decomposition of the body
- Rigor mortis accompanied by mortem lividity
- Pulseless patient with total separation or obvious destruction of the heart, brain, and/or lungs
- Pulseless patient with a valid DNR
- Pulseless patient who has exercised their right to die under the End of life Option Act

If above circumstances are met personnel will:
- Cancel any prehospital personnel en-route
- Provide appropriate comfort and care to family and bystanders
- Complete full PCR
- Notify appropriate authorities regarding the death, remain on scene UNTIL released by the local law enforcement or Coroner's Office personnel
- If decedent is at home or in a public place, contact the local PD

Policy 602/605 Prehospital Trauma Triage

Trauma Centers: **_(Know where these hospitals are on a map)_**

- Valley Medical Center (VMC): Trauma + Burn + PED
- Regional Medical Center of San Jose (RSJ): Trauma
- Stanford Health Care Center (SUH): Trauma + PED

- Major Trauma Victims (MTVs) Injured patients who meet the mechanism of injury, Anatomic, or Physiologic triage criteria (MAP)

- MTVs can't be taken out of county

- Adult MTVs shall be transported to the closest Trauma Center

- Pediatric MTVs under the age of 15 shall be transported to the closest pediatric trauma center (Stanford or VMC)

- Pregnant MTVs more than 20 weeks' gestation shall be transported to the closest trauma center with an approved level 3 neonatal ICU (Stanford or VMC)

- Injured patients are to be identified as an MTV if 1 or more of the following criteria are met.

- Adult MTV- Physiologic Criteria
    o GCS less than 14
    o Systolic BP less than 90
    o Resp Rate less than 10 or greater than 29 per min

- Pediatric MTV (under 15 years old)- Physiologic Criteria
    o GCS less than 14
    o Systolic BP less than 60 for child 6 years old or younger
    o Systolic BP less than 90 for child older than 6 years
    o Resp Rate less than 10 or greater than 29 per min
    o Resp Rate less than 20 per min in infant less than 1 year old

- MTV - Anatomic Criteria
    o Penetrating injuries to head, neck, back, abdomen, groin, or extremities proximal to the elbow or knee
    o 2 or more proximal long bone fractures
    o Traumatic paralysis or paresthesia
    o Flail or crushed chest
    o Amputations proximal to the wrist or ankle
    o Suspected pelvic fractures
    o Central Nervous System (CNS) changes witnessed by prehospital personnel including
        ▪ Post traumatic seizure
        ▪ Transitory or prolonged loss of consciousness
        ▪ Hemiparesis
    o Crushed, degloved or mangled extremity
    o Open or depressed skull fracture

- MTV - Mechanism of injury criteria
    o High risk auto crash evidenced by:
        ▪ impact speed more than 40 mph
        ▪ major auto deformity greater than 12 inches' occupant site or greater than 18 inches any other site
        ▪ significant structural damage to the vehicle caused by contact with patient's body ex: damage to steering wheel and/or column, windshield, etc.
        ▪ Ejection (partial or complete) from the vehicle
        ▪ death of a passenger in the same vehicle, who suffered the same or similar mechanism
        ▪ Prolonged extrication is required to free the victim
        ▪ Rollover with the unrestrained occupant

- Falls
  - *Adults:* more than 15 feet (one story is equal to 10 feet)
  - *Pediatric*: greater than 10 feet or twice the height of a child that is under 6 years old

- Auto vs pedestrian/bicyclist thrown, run over, or with significant (more than 20 mph) impact
- Motorcycle crash at greater than 20 mph
- Cycle crash with rider thrown a significant distance to sustain possible injury
- Special considerations
  - *Age:* Patients over age 55 have an increased risk of death from even moderately severe injuries

  - *Pediatric considerations:* Children sustain more head and multi-systems injuries that do adults due to the fact that traumatic force applied to a child's body is distributed over less body mass

  - *Co-morbid Factors:* presence of, cardiac, respiratory, or metabolic disease are factors that may merit the triage of patients with moderately severe injury to trauma centers

  - Alcohol, drug influence, and/or foreign language make an accurate neurological assessment difficult

* MTV - Ambulance Transport
- Transport all MTV's to designated trauma center

- If MTV refuses transport, base hospital contact must be made for base hospital physician consultation

- Patients who are not deemed MTV's should be transported to an appropriate acute care hospital with emergency services

Triage decisions
- Base hospital contact should be made when there are questions or problems regarding triage or transport to a designated trauma center

- If the patient meets trauma triage criteria, but the medic believes that transport to the trauma center is not indicated, base hospital contact is required for transport to a non-trauma center

Major burn criteria
- Patients with burn injuries are to be identified as major burn criteria if any of the following are present
  - Partial thickness burns greater than 10% of the total body surface area
  - Burns that include face, hands, feet, genitalia, perineum, or major joints
  - 3rd degree burns

- o Electrical burns, including lightning injury
- o Chemical burns
- o Inhalation injury
- o Burn injury in patients with pre-existing medical disorders that could complicate management, prolong recovery, or affect mortality

- Transport major burn patients to a designated burn center

- Patients who do not meet major burn criteria should be transported to an appropriate acute care hospital with emergency services

- Patients who meet the major burn criteria and who also meet major trauma victim and the traumatic injuries poses a greater risk and shall be transported to: (1) the closest trauma center to the incident location (2) that is accepting emergency ambulance patients

Policy 502 Refusal of Care

This policy is to define the circumstances in which a patient can refuse care/transport.
- Competent adults and certain competent minors have the right to refuse medical care when they have been properly informed of the benefits, risks, and alternatives to the recommended care.

- Secondly, this policy explains procedures for prehospital providers to follow when a patient refuses care/transport that has been recommended by the provider. Finally, this policy explains the procedures for prehospital providers to follow when both the provider and the patient agree that treatment and/or transport are not needed.

Minor legally able to make medical decisions: A person under 18 years of age that meets any of the following conditions:
- Was or is legally married

- Is on active duty in the military

- Has a court declared emancipation (with a valid copy of the declaration or Department of Motor Vehicles Identification card declaring emancipation)

- Is 15 years of age or older, living separate and apart from parent or guardian, and managing his/her own financial affairs

- Is 12 years of age or older, for the treatment of drug or alcohol abuse, or for infectious, contagious, or communicable diseases or sexually transmitted diseases

- For medical care related to the diagnosis or treatment of rape of sexual assault. [The prehospital provider shall attempt to contact the minor's parent or guardian and shall note in the minor's Patient Care Report the date and time of the attempted contact and whether it was successful or unsuccessful. Parent or guardian contact is not required if

the prehospital provider reasonably believes that the parent or guardian committed the sexual assault, or if the patient is over 12 and the alleged act is rape.]

- Is pregnant, for care related to prevention or treatment of pregnancy

A legal representative
An adult with whom a minor lives with, who is a spouse, parent, stepparent, brother, sister, stepbrother, stepsister, half-brother, or half-sister of a minor.

Persons Not Legally Able to Refuse Care
- An adult who is not competent.
- A Legal Representative who is not competent.
- A minor who is not legally able to make medical decisions.
- A minor who is legally competent to make medical decisions but is not competent.
- A person who is suicidal. Attempted or threatened suicide and must be recent and related to the call.
- A person that is on a California Welfare and Institutions Code Section 5150 psychiatric hold.

The prehospital provider must document all the following information in the Patient Care Record for any patient contact that results in a Refusal of Service:

- The patient is alert and oriented to time, place, person and event

- The patient does not have an altered mental status

- There are no barriers to communicating with the patient (e.g. the patient speaks English, or a translator is present to explain the prehospital providers information to the patient)

- The patient or legal representative understands the nature of the medical condition and the risks and the consequences of refusing care.

- The patient has been advised that he or she may call 9-1-1 if they wish to receive subsequent treatment/transport

- The risks and complications of refusal have been explained to the patient

- The patient is 18 years of age or older or is a minor legally able to make medical decisions

- In situations where all the conditions identified above cannot be met or where a patient is not competent to refuse care, the prehospital provider shall contact the Base Hospital for direction. Basic Life Support prehospital providers shall request the response of paramedic level providers in such cases.

What was FOR SURE on the test!

Question: About a hazmat spill, and how far to stage or what is considered small or large
Answer: 100ft-small, 500ft-large

Question: What tone is used when the dispatcher needs to communicate critical safety information to the 911 system
Answer: Warbler Tone

Question: What channel is used for hospital ringdown
Answer: Command 92

Question: Patients in extremis go to?
Answer: The Closest hospital

Question: A Physician at the scene can or cannot provide direction
Answer: Physicians cannot provide medical direction

Question: Update on EMS policies may be available through all except
Answer: Mailed hard copy

Question: EMS chief can do everything except
Answer: Investigative authority or jurisdiction of the incident (over locals)

700s:
What is the age for a child trauma victim to be considered an adult?
Answer: 15 years +

700s: What is the indication for a CAT?
Answer: Uncontrollable limb hemorrhage

Know the 3 trauma catchment zones
  - Northwest=Stanford
  - Southwest=VMC
  - East=Regional Medical Center of SJ (RSJ)

T/F: a victim can be designated as a major trauma victim or minor trauma victim
I believe (??) this is false, only Major Trauma Victim (MTV exists)

T/F: ALS can handoff to BLS in an MCI.
Answer: TRUE

T/F: ALS can handoff to BLS if ALS interventions are performed.
Answer: FALSE!

T/F: County Communications is the only authority that can authorize helicopters at an emergency scene
Answer: TRUE

T/F: Once transporting, a competent adult patient can only leave the ambulance at the nearest ED.
Answer: FALSE, if they demand to leave ambulance crew should pullover when safe

Who has jurisdiction for handling dead body if patient dies in their home?
Answer: Fire or PD (if on scene)

T/F: Major trauma victims can be transported to out of county hospitals.
Answer: FALSE, MTVs can't leave county

BLS Ambulance can transport an emergent patient if:
Answer: If on scene to ED time is less than 10 min, advise County Communications, request a County EMS Event Number
* If BLS ambulance is dispatched to call with ALS First Response Unit, and ALS units aren't available, the medic will take his equipment and ride in BLS unit

SCC Map
Two sections, need to know what's NW - Stanford, SW - Valley, E - San Jose Regional

Quizlets and other resources
https://quizlet.com/_5u6bv8
https://quizlet.com/_5r9fsi

Rules and attire re: exam

Attire
- Uniforms are requested as the preferred attire and are to be worn in accordance with department/agency standards. Guests or those who are not uniformed providers are expected to dress appropriate for a business casual environment.

- Depending on program that is being offered, other dress standards may apply. These standards will be included in the course confirmation letter or on the course flyer.

- Examples include the need for personal protective equipment, "light duty" wear, or formal attire.

- Caps/hats are may not be worn in the classroom or indoor setting.

- Close toe shoes are required. Safety boots may be required depending on our course requirements.

- At no time are shorts, T-shirts, sandals/flip flops appropriate. Attire with logos or sayings must be free from profanity or any illustration, wording, or graphic that may directly or indirectly cause any person to be offended. [Suggestion: Wear your well pressed uniform or slacks, collared shirt, and close toe shoes].

Cheating
- Cheating, assisting others to cheat, or submitting an unoriginal work is not acceptable and will not be tolerated.

- Those suspected of cheating, assisting others to cheat, or submitting unoriginal work will be dismissed from the class and their company/department notified. Depending on the nature of the occurrence; certification, accreditation, or other certificate action may occur.

Extra tips
Bring two forms of official ID with you (i.e. passport and driver's license) so you can head right on over to the office and take your badge picture/get the process started if you pass