Columbia County Emergency Medical Service

County Operating Procedures

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The following regulations provide guidance on the subject matter contained in this document. Please note that this is not an inclusive list. Please contact a Department of Health Emergency Care System representative for more information.

Regulations

1.1 **Revised Code of Washington (RCW)**

A. **RCW 18.73** – Emergency medical care and transportation services

1. **RCW 18.73.030** – Definitions

B. **RCW 70.168** – Statewide Trauma Care System

1. **RCW 70.168.015** – Definitions
2. **RCW 70.168.100** – Regional Emergency Medical Services and Trauma Care Councils
3. **RCW 70.168.170** – Ambulance services – Work Group – Patient transportation – Mental health or chemical dependency services

1.2 **Washington Administrative Code (WAC)**

A. **WAC Chapter 246-976** – Emergency Medical Services and Trauma Care Systems

1. **WAC 246-976-920** – Medical Program Director
2. **WAC 246-976-960** – Regional Emergency Medical Services and Trauma Care Councils
3. **WAC 246-976-970** – Local Emergency Medical Services and Trauma Care Councils

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1. Level of Medical Care Personnel to Be Dispatched to An Emergency Scene

1. PURPOSE

The appropriate level of emergency, BLS, ILS, ALS personnel, aid, or ambulance services will be dispatched to the emergency incident scene to provide timely patient care.

2. SCOPE

Appropriate licensed and trauma verified aid and ambulance services are dispatched to all emergency medical and trauma incidents within an identified service area.

3. GENERAL PROCEDURES

a. Columbia Couty Dispatch (CCD) is the E911 Dispatch Center initiating EMS responses in Columbia County.

b. The Dispatch Center will dispatch the appropriate EMS agency

i. Selection of first responding shall be based upon declared need (emergency vs. non-emergent)

ii. Jurisdiction

iii. Geographic factors

iv. Response time factors

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2. Guidelines for Rendezvous with Agencies That Offer Higher Level of Care

1. PURPOSE

To establish guidelines for rendezvous for a patient that would benefit from higher level intervention.

2. SCOPE

BLS or ILS units may rendezvous with a higher level of care. Rendezvous is appropriate when;

a. The patient may benefit from a higher level of care.

b. Resources may be limited or not available.

3. GENERAL PROCEDURES

a. BLS/ILS ambulance may determine the need for ALS ambulance rendezvous at any time

At the current time there is no ALS in Columbia County, Consider Air Transport or Walla Walla County units.

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3. Air Medical Services – Activation and Utilization

1. PURPOSE

Air Medical Service activation and utilization provides expeditious transport of critically ill or injured patients to the appropriate hospital, including designated/categorized receiving facilities.

2. SCOPE

All responders may initiate a helicopter response to the scene of incident requiring ALS as soon as deemed necessary and appropriate.

3. GENERAL PROCEDURES

a. Any emergency response agency in Columbia County may request a helicopter be launched by notifying CCD. This includes law enforcement personnel.

b. If the response agency at or enroute to the scene of patients with a High Risk for Serious Injury or Death determines that air medical transport can decrease the transport time of the patient by ≥ 20 minutes to the appropriate facility, they should contact dispatch and request a helicopter be launched (weather permitting.)

c. On-Scene flight acceptance criteria will be determined by the flight crew or other agency, as provided in the policies of the responding agency, based on information received from CCD.

d. CCD will provide the helicopter with the correct radio frequency to contact the ground unit/s.

e. The flight crew will transport the emergent patient per the State of Washington trauma, cardiac, or stroke triage tool by transporting the patient to the most appropriate health care facility.

f. The helicopter will make radio contact with the receiving facility as soon as possible.

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4. On-Scene Command

1. PURPOSE

Provide coordinated and systematic delivery of patient-centric emergency medical care and transport services at all incidents, including single EMS agency, multi-agency, and multijurisdictional responses.

2. SCOPE

To assure the expedient triage, treatment, and transfer of patients involved in an EMS event in Columbia County.

3. GENERAL PROCEDURES

a. A response will be initiated.

i. The first EMS provider on the scene will determine the need for ALS.

1. If the patient does not require transport or only BLS transport, the on-scene provider will cancel the responding ALS unit.
2. On-scene provider will communicate why ALS is not needed.

ii. The on-scene senior EMS provider shall assume medical command, if capable.

iii. If more than one agency responds, the first EMS provider to arrive is medical command.

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5. Prehospital Triage and Destination Procedure

1. PURPOSE

Provide guidance for transport destination decisions for Trauma, Cardiac, Stroke, Mental Health, and Chemical Dependence patients from the emergency medical scene to the appropriate receiving facility.

2. SCOPE

To define the hospital destination and determine the appropriate care for patients in Columbia County.

3. GENERAL PROCEDURES

a. In general, patients with non-life-threatening injuries or disease states will be delivered to the hospital of their or their family's choice/or as determined by the private physician.

i. If the patient does not have a hospital preference, they should be transported to the closest appropriate hospital.

ii. If the patient has a hospital preference, Medical Control can change the destination based on the availability of resources in Columbia County and at the destination hospital.

iii. If a patient is deferred, the ED provider acting as Medical Control shall contact, by landline, their counterpart at the other facility to confirm patient acceptance.

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5.1 Trauma Triage and Destination Procedure

1. PURPOSE

Trauma patients are identified and transported by a Washington State licensed and verified ambulance service to the most appropriate trauma designate hospital receiving facility to reduce death and disability.

2. SCOPE

To define the hospital destination and determine the appropriate care for trauma patients in Columbia County.

3. GENERAL PROCEDURES

Prehospital providers will utilize the most current State of Washington Prehospital Trauma Triage (Destination) Procedure and MPD protocols to direct prehospital providers to transport patients to an appropriate Washington State trauma designated hospital receiving facility.

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5.2 Cardiac Triage and Destination Procedure

1. PURPOSE

Patients presenting with signs and symptoms of acute cardiac distress are identified and transported to an appropriate categorized Washington State Emergency Cardiac System participating hospital to reduce death and disability.

2. SCOPE

To define the hospital destination and determine the appropriate care for patients with signs or symptoms of acute cardiac distress in Columbia County.

3. GENERAL PROCEDURES

Prehospital providers will utilize the most current State of Washington Prehospital Cardiac Triage Destination Procedure and MPD protocols to direct prehospital providers to transport patients to an appropriate Washington State Emergency Cardiac System participating hospital.

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5.3 Stroke Triage and Destination Procedure

1. PURPOSE

Patients presenting with signs and symptoms of acute stroke are identified and transported to an appropriate categorized Washington State Emergency Stroke System participating hospital to reduce death and disability.

2. SCOPE

To define the hospital destination and determine the appropriate care for patients with signs or symptoms of acute stroke in Columbia County.

3. GENERAL PROCEDURES

Prehospital providers will utilize the most current State of Washington Prehospital Stroke Triage Destination Procedure and MPD protocols to direct prehospital providers to transport patients to an appropriate Washington State Emergency Stroke System participating hospital.

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5.4 Mental Health and Chemical Dependency Destination Procedure

1. PURPOSE

Operationalize licensed ambulance services to transport patients from the field to alternate facilities for mental health or chemical dependency services.

2. SCOPE

Licensed ambulances may transport patients from the field to mental health or chemical dependency services in accordance with RCW 70.168.170.

3. GENERAL PROCEDURES

1. Prehospital EMS agencies and receiving mental health and/or chemical dependency facility participation is voluntary.
2. Prehospital EMS agencies will adhere to established MPD protocols related to transporting patients to alternate destinations.

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6. EMS/Medical Control Communications

1. PURPOSE

Communications between prehospital personnel, base station hospital (online medical control), and all receiving healthcare facilities are interoperable to meet the system needs.

2. SCOPE

Communications between prehospital personnel, base station hospital (online medical control), and all receiving health care facilities (to include designated trauma services and categorized cardiac and stroke services) utilize effective communication to expedite patient care information exchange.

3. GENERAL PROCEDURES

Contact Medical Control, or destination hospital, a minimum of three times for complicated medical and trauma patients:

1. Enroute
2. At the scene, with a quick scene size-up
3. Report with pertinent patient information

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7. Hospital Diversion

1. PURPOSE

Hospitals have diversion policies to divert patients to other appropriate facilities based on that facility's inability to provide care and intervention.

2. SCOPE

All designated trauma services and categorized cardiac and stroke hospitals within the Region have written policies to divert patients to other appropriate designated or categorized facilities.

3. GENERAL PROCEDURES

a. Hospitals will notify EMS transport agencies and other designated services in their area when they go into a diversion status.

b. Exceptions to redirection/diversion:

i. Airway compromise

ii. Cardiac arrest

iii. Active seizing

iv. Persistent shock

v. Uncontrolled hemorrhage

vi. Urgent need for IV access, chest tube, etc.

vii. Disaster declaration

viii. EMS personnel discretion

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9. Inter-Facility Transport Procedure

1. PURPOSE

To provide guidance on transferring high-risk trauma and medical patients without adverse impact on clinical outcomes.

2. SCOPE

All interfacility patient transfers shall be provided by appropriately licensed or verified service with appropriate certified personnel and equipment to meet the patient's need.

3. GENERAL PROCEDURES

a. Medical responsibility during transport should be arranged at the time of the initial contact between referring and receiving physicians, and written treatment and transfer orders shall be obtained prior to transport.

b. Transporting personnel must receive an adequate summary of the patient's condition, current treatment, possible complications, and other pertinent medical information.

c. Upon determination that a patient's needs exceed the scope of practice and/or protocols. EMS personnel shall advise the facility that they do not have the resources to do the transfer.

d. Personnel and equipment used to transfer a patient shall be appropriate to the treatment needed or anticipated during transfer.

e. Vital signs will be taken and recorded every 30 minutes. Stable, sedated mental health patients will be monitored closely, and observations will be recorded as above.

f. Restraints shall be checked every 15 minutes.

g. All interfacility transfer patients will have vital signs taken at the beginning and end of the transfer.

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9.1. Out of County Emergent Inter-Facility Transport Procedure

1. PURPOSE

To provide for the safety of EMS crews, patients, the public, and other emergency responders.

2. SCOPE

EMS transport agencies coming into or leaving Columbia County for the purpose of emergency inter-facility transports shall notify CCD if running with lights and/or sirens.

3. GENERAL PROCEDURES

a. When en route to a facility in Columbia County for the purposes of patient transfer and the response requires a “Code” response, the transporting agency, or their respective dispatch center, shall contact CCD and advise of their code response. (509-382-2518)

b. The information to be given to the dispatch center will include:

i. Route of travel

ii. Destination

iii. Time of estimated arrival

c. If the transporting agency is leaving the area in a code response mode, that information will also be given to CCD.

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10. Procedures to Handle Types and Volumes of Patients That Exceed Regional Resources

1. PURPOSE

To provide for the standardization and integration of Mass Casualty Incident (MCI) Plans.

2. SCOPE

Major incidents/emergencies that create hazardous conditions that threaten public health that exceed local resources, and may involve multiple agencies, counties, and states.

3. GENERAL PROCEDURES

All EMS agencies and Incident Commanders working during an MCI event shall operate with the National Incident Management System (NIMS).

Based on available local resources, prehospital EMS responders will use appropriate protocols and procedures consistent with the Washington State Department of Health "Mass Causality-All Hazards Field Protocols" during an All-Hazards-MCI incident.

The Columbia County Department of Community Health will be notified where a public health threat exists. In addition, local Governing Officials with authority should be advised to proclaim a "state of emergency" for incidents/emergencies with health implications that threaten to overwhelm emergency response resources and healthcare systems.

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10.1. MCI

1. PURPOSE

To provide for the standardization and integration of MCI Plans between counties throughout the Region.

2. SCOPE

The following represents a broad guideline for common practices used by EMS providers when dealing with a mass casualty event.

3. GENERAL PROCEDURES

a. Triage System:

i. Initial triage should be rapid, with an emphasis on identifying severe but survivable injuries.

ii. A single system should be used throughout our EMS system. START and Jump/START are simple and effective tools for initial triage.

iii. A triage tag or identifier should be applied at the time of initial EMS contact.

iv. Secondary triage should be done at the scene (treatment area) with a focus on identifying patients whose outcomes will depend primarily on time-critical hospital-based interventions (surgery/critical care).

b. Initial treatment after triage may include:

i. Immediate lifesaving treatments should be done as soon as possible during initial EMS contact based on available resources.
   a. Maintain an open airway.
   b. Control severe bleeding.
   c. Treat open (sucking) chest wounds.
   d. Treat for shock.

ii. Secondary treatment
   a. Spinal restriction (prior to moving the patient).

   b. Definitive airway placement and oxygen administration.

   c. Needle decompression of tension pneumothorax.

c. Transport:

i. RED (critical) patients should be the priority for earliest transport to receiving hospitals, emphasizing those that need immediate surgical interventions.

ii. EMS staffed transport vehicles should be loaded to full capacity and provide Highest level EMS during transport, if possible.

iii. When ambulance capacity is exceeded, alternate transport vehicles (buses, etc.) should be considered to move the less severely injured. EMS personnel should be assigned to the vehicles.

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10.3. Highly Infectious Disease

1. PURPOSE

To provide guidance regarding the identification, triage, treatment, and post-incident management of patients with suspected highly infectious diseases.

2. SCOPE

Dealing with the incident and risk associated with highly infectious diseases requires a modified level of response from EMS agencies/personnel.

3. GENERAL PROCEDURES

Use of the Interim Guidance for Emergency Medical Services (EMS) Systems and 9-1-1 Public Answering Points (PSAPs) for Management of Patients under Investigation (PUIs) in the United States as published by the Centers for Disease Control and Prevention (CDC) and is endorsed by the Washington State Department of Health for inclusion in policies, procedures, and protocols.