

# APPENDIX C

## COUNTY OPERATING POLICIES (COPS)

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#### BENTON FRANKLIN COUNTIES PATIENT CARE GUIDELINES

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Kevin Hodges, M.D  
Medical Program Director  
Benton-Franklin Counties

April 4, 2022

Date

**PROTOCOL TITLE: COUNTY OPERATING POLICY #1**

<b>COUNTY OPERATING POLICY # 1</b>	Effective Date: 4/1/91 Reviewed: 06/17/2025	Page: 1 of 1
SUBJECT: ACLS AND PALS REQUIREMENT		

**I. STANDARD**

To retain Protocol Privilege within Benton-Franklin Counties all pre-hospital ALS personnel shall maintain a current ACLS certification and a current PALS certification.

**II. PURPOSE**

To ensure that the ALS care giver has the most current information provided by the American Heart Association for the treatment of a broad range of patients with life-threatening cardiac rhythms and other life-threatening illnesses and injuries.

**III. PROCEDURE**

1. Participate and pass an approved AHA ACLS class at least once every 2 years.
2. Participate and pass an approved AHA PALS course at least once every 2 years.

**IV. QUALITY ASSURANCE:**

ACLS codes will be reviewed by the MPD and/or designee. Deviation from a standard algorithm may require on-line physician consultation. These algorithms should not be construed as prohibiting flexibility as long as each action is justified and thoroughly documented. Critical or otherwise atypical/interesting cases may be reviewed by the MPD QA/QI process.

**COUNTY OPERATING POLICY #1**


Kevin Hodges, M.D  
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Benton-Franklin Counties

June 18, 2019

Date

**PROTOCOL TITLE: COUNTY OPERATING POLICY #2**

<b>COUNTY OPERATING POLICY # 2</b>	Effective Date: 1/1/98 Reviewed: 9/12/11	Page: 1 of 2
SUBJECT: ALS INITIAL CERTIFICATION BENTON -FRANKLIN COUNTY		

**I. STANDARD**

To provide a uniform method for ALS EMS personnel either new to the field, or new to the area, to become familiar with local, regional and state patient care protocols and procedures.

**II. PURPOSE**

1. To ensure EMS providers are qualified to provide an advanced level of medical care in the pre-hospital setting.
2. To ensure the EMS providers are familiar with local, regional and state patient care protocols and precedents.

**III. PROCEDURE**

1. Prior to the MPD recommending ALS personnel for state certification and the ability to practice in Benton-Franklin Co. the following shall be accomplished.
  - a. Pass the National Registry Exam or Washington State Paramedic Exam(s) and provide proof of current certification.
  - b. Meet all state requirements for certification identified in WAC 246-976-142.
  - c. Pass the County Protocol Exam with a minimum score of 80%.
  - d. Provide documentation of satisfactory completion in ACLS, PALS and PHTLS (or equivalent).
  - e. Provide letters of recommendation, on official letterhead, from (1) most recent employer or agency of association in the field of emergency medical service, and (2) MPD and/or Paramedic Course Instructor/Physician Advisor.

**COUNTY OPERATING POLICY #2**



Kevin Hodges, M.D  
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June 18, 2019  
Date

**PROTOCOL TITLE: COUNTY OPERATING POLICY #2**

<b>COUNTY OPERATING POLICY # 2</b>	Effective Date: 1/1/98 Reviewed: 9/12/11	Page: 2 of 2
SUBJECT: ALS INITIAL CERTIFICATION BENTON -FRANKLIN COUNTY		

2. After the above has been accomplished and the provider receives his/her state certification card, the following should be completed to the satisfaction of the MPD before functioning in the field in an unsupervised setting, (as the sole lead Paramedic).
  - a. Render care in the field in conjunction with a jointly approved agency preceptor, to a minimum of twenty (20) ALS patients.
  - b. ALS patient contacts should include but are not limited to;
    - i. One ACLS code
    - ii. One trauma that meets the criteria for modified or full trauma team activation at the receiving facility.
  - c. Administering medications, starting IV's, I.O.'s Oral-tracheal Intubation, etc.
  - d. Demonstrate proficiency at writing Patient Care Reports and radio communication
  - e. Meet with the MPD for an oral interview. At this time proof of completion of the above must be presented to the MPD office.
  - f. The above requirements are meant as a general guideline and are not meant to cause an undue burden on a paramedic or agency. In any event a "good faith" effort is expected and exceptions to the above must have the express written permission of the MPD.
  - g. Students who have graduated from the Columbia Basin College Paramedic Program and did the majority of their ride time with a local agency will only be subject to 10 ALS calls and be excluded from 2.b.
  - h. Agencies may petition the MPD for a reduction in requirements of Section 2 for students who graduated from an accredited Paramedic Program and did most of their ride time with a local agency.



Kevin Hodges, M.D  
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June 18, 2019

Date

**PROTOCOL TITLE: COUNTY OPERATING POLICY #3**

<b>COUNTY OPERATING POLICY # 3</b>	Effective Date: 1/1/01 Reviewed: 08/21/18	Page: 1 of 2
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SUBJECT:  
MPD MANDATORY MEETING  
REQUIREMENT

**I. STANDARD**

To maintain protocol privileges in Benton-Franklin Counties all paramedics are required to watch 100% of all MPD meetings within their 3-year certification period. Every year Paramedics must attend 50% of MPD Meetings live. Live is defined as:

1. A provider who is physically in person at an approved MPD Meeting site.
2. A provider who is attending online while on shift.
3. A provider may attend online while not at work one time a year and count towards a live attendance.

**II. PURPOSE**

The purpose of this requirement is to ensure that all Paramedics have an on-going forum to:


1. Develop a Dialogue with the County MPD.
2. Review and receive feedback on patient care issues.
3. Receive information on new protocols and protocol changes.
4. Share system problems and goals.
5. Have periodic formal evaluation of skills and knowledge.

**III. PROCEDURE**

MPD meetings will be held quarterly.

Individuals are responsible for registering their attendance at these meetings by signing the roster. The roster shall be maintained by the MPD Assistant. Your attendance will be tracked for compliance. Your agency supervisor will be notified of non-compliance to this policy. Failure to maintain these annual requirements may result in the loss of the Protocol privileges in Benton-Franklin Co. Reinstatement will occur once the provider has successfully made up the meetings missed or completed other remediation and education tasks to the satisfaction of the MPD.

**COUNTY OPERATING POLICY #3**

  
 Kevin Hodges, M.D  
 Medical Program Director  
 Benton-Franklin Counties

June 18, 2019  
 Date

**PROTOCOL TITLE: COUNTY OPERATING POLICY #3**

<b>COUNTY OPERATING POLICY # 3</b>	Effective Date: 1/1/01 Reviewed: 08/21/18	Page: 2 of 2
SUBJECT: MPD MANDATORY MEETING REQUIREMENT		

**IV. QUALITY ASSURANCE**

Strive to link the CME programs to CQI. Provide a mechanism to help ensure a uniform application of performance standards and enhance the system's ability to provide quality patient care.

**COUNTY OPERATING POLICY #3**



Kevin Hodges, M.D  
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Benton-Franklin Counties

June 18, 2019  
Date

**PROTOCOL TITLE: COUNTY OPERATING POLICY #4**

<b>COUNTY OPERATING POLICY #4</b>	Effective Date: 9/3/96 Reviewed 06/17/25	Page: 1 of 1
SUBJECT: HELICOPTER ALERT & RESPONSE		

**I. STANDARD**

To appropriately request an aero medical evacuation of a critically ill or injured patient in an expeditious manner when ground transport could likely put the patient at increased risk of morbidity or mortality.

**II. PURPOSE**

To define the criteria for requesting an aero medical evacuation, and who may initiate the request.

**III. PROCEDURE**

1. On-scene ALS helicopter may be requested for time critical patients in areas where air transport will save 15 minutes or more over ground ambulance transport.

Responding EMS or Fire shall consider alerting helicopter service to a stand-by or launch mode in those cases where there are prolonged response and return times, gravity of the incident, prolonged extrications, or seriousness of the patient's condition, .

2. Ideally the highest level EMS certified person on-scene should determine the need for helicopter response; however, on-scene law enforcement personnel may request helicopter response where EMS personnel are not readily available.
3. Request for on-scene ALS helicopter shall be initiated through the appropriate emergency-dispatching agency. The dispatching agency will provide the helicopter with the correct radio frequency to use to contact the ground unit.
4. If the patient meets trauma system or triage criteria 1 the ALS helicopter will transport the trauma patient to the highest-level trauma facility within 30 minutes air transport time and the helicopter crew is expected to make contact with the receiving trauma facility in a timely manner while transporting the patient.

**COUNTY OPERATING POLICY #4**



Kevin Hodges, M.D  
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June 18, 2019  
Date

**PROTOCOL TITLE: COUNTY OPERATING POLICY #5****COUNTY OPERATING POLICY # 5**

Effective Date: 06/17/25

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Reviewed Date: 06/17/25

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SUBJECT:  
HOSPITAL DESTINATION**I. STANDARD**

To define a standard method in Benton/Franklin Counties for determining patient's destination.

**II. PURPOSE**

To assure prompt transport to the appropriate Hospital.

**III. PROCEDURE:**

In general, patients with non life-threatening injuries or illnesses may request transport to the hospital of their choice. This destination may also be selected by the patient's family members or private physician as appropriate. This hospital choice should be within reasonable range of the ambulance and not unnecessarily take the transporting unit out of service for an extended period of time. For example, a patient in Prosser may request transportation to a Tri-Cities hospital or to Sunnyside, however transport to Ellensburg or Spokane would likely be unreasonable.

In certain cases, the choice of hospital destination may be determined by protocol. Such cases include the need for immediate PCI/cath lab, Trauma System entries, or need for a hyperbaric chamber or other hospital-specific resources. (RCW 70.168.015). Trauma patients shall be triaged in the field by EMS and transported to the trauma facility with the appropriate resources.

In the event of an unstable airway uncontrolled in the field, the patient should be transported to the nearest Emergency Department for stabilization regardless of eventual destination.

**Diversion:**

1. Hospitals must update their diversion status on-line in real time, and again immediately on cessation of diversion status.
2. EMS units will confirm hospital status by utilizing the on-line system prior to initiating transport.
3. EMS will attempt to recognize hospital diversion requests as monitored through the online application and will use their best judgment to determine the best destination for each patient.

**PROTOCOL TITLE: COUNTY OPERATING POLICY #5**

**COUNTY OPERATING POLICY # 5**

Effective Date: 06/17/25  
Reviewed Date: 06/17/25

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SUBJECT:  
HOSPITAL DESITNATION

- 4. EMS may not be reasonably able to recognize all hospital diversion requests, except in cases of diversion for physical plant issues (e.g., No CT scanner available, flooding, etc.)
- 5. An ambulance enroute with a patient will not be diverted – diversion must be established prior to the ambulance initiating transport. EMS units should use their best judgment to determine the safest destination for their patient in the setting of attempted diversion while enroute.
- 6. Due to difficulties that translate to problems for patients, families, and hospitals, a hospital is either accepting ambulance traffic or they are not (barring physical issues as above). No “modified divert” (e.g., only accepting patients living in a specific geographic area, from a specific EMS agency, or other similar criteria) will be recognized.


**If two or more local hospitals/emergency departments are diverting:**

- 1. All patients will be transported to hospitals per normal DOH triage guidelines.
- 2. Outside of DOH triage guidelines, ambulance patients will be transported to the closest ED felt to be appropriate by the EMS crew.
- 3. Emergency Departments are expected to develop plans for the placement of ambulance patients during times of high volume. This may include transport to the waiting room, hall beds, other options. The MPD office is available for consultation on best practices established for these situations nationwide.

**Variances:**

- 1. Variances will be reported immediately to the EMS Medical Program Director’s office for information and tracking.
- 2. Arbitration and further guidance may be requested from the Washington State DOH and/or the State Attorney General’s Office.

**COUNTY OPERATING POLICY #5**

  
 Kevin Hodges, M.D  
 Benton-Franklin Counties

June 18, 2019  
 Date Medical Program Director

**PROTOCOL TITLE: COUNTY OPERATING POLICY #5**

**COUNTY OPERATING POLICY # 5**

Effective Date: 06/17/25

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SUBJECT:

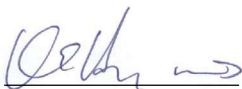
HOSPITAL DESTINATION

3. Refusal by an ED to evaluate and/or perform a medical screening exam on an EMS patient requesting this service may result in referral to state and federal authorities as a violation of EMTALA and any other applicable laws.

**Dispatch:**

1. In the event the on-line system is down the Southeast Communications Center (SECOMM) will maintain diversion status of Benton and Franklin County hospitals as initiated and provided by the hospitals. EMS units preparing to transport may inquire with SECOMM regarding a diversion at their intended transport hospital.
  - a. Hospitals reporting diversions will provide the reason for the diversion and the anticipated length of the diversion if known.
  - b. SECOMM will not generally be requested to call the hospital for updated diversion information.

**COUNTY OPERATING POLICY #5**



Kevin Hodges, M.D  
Medical Program Director  
Benton-Franklin Counties

June 18, 2019

Date

**PROTOCOL TITLE: COUNTY OPERATING POLICY #5**

<b>COUNTY OPERATING POLICY #5</b>	Effective Date: 06/17/25 Reviewed Date: 06/17/25	Page: 4 of 4
SUBJECT: HOSPITAL DESTINATION		

Hospital Ambulance Status shall be according to the following designations:

**GREEN:** Hospital is accepting all ambulance patients.

**YELLOW:** Hospital is selectively diverting ambulance traffic (for example, unable to accept critical patients due to lack of OR or ICU beds).

**RED:** Hospital is diverting all ambulance patients.

Policies for changing a hospital’s Ambulance Status are the discretion of the receiving hospital. For the good of the patient and the community, notification of “ambulance divert” status (YELLOW or RED) must be made to the 911 dispatch service in advance and should not affect a transporting unit already enroute with a patient. It is the duty of the hospital to notify the 911 dispatch service any time the status of the hospital changes.

Exceptions to intended transport destinations in extreme circumstances may be requested by online medical control and should be immediately honored by the transporting unit. Any exceptions will be referred by the transporting unit to be reviewed by the county Medical Program Director.

**V. QUALITY ASSURANCE**

Hospital Destination Issues will be reviewed through local measures and reported to the regional CQI Committee for review if necessary.

Emergency Department	Trauma Level	Stroke Level	Cardiac Level
Kadlec Regional Medical Center	II	II	I
Trios Health (Southridge)	III	II	I
Lourdes Medical Center	IV	II	N/A
Prosser Memorial Hospital	IV	III	N/A

**COUNTY OPERATING POLICY #5**



Kevin Hodges, M.D  
Medical Program Director  
Benton-Franklin Counties

June 18, 2019  
Date

**PROTOCOL TITLE: COUNTY OPERATING POLICY #6**

**COUNTY OPERATING POLICY # 6**

Effective Date: 06/17/25  
Reviewed: 06/17/25

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SUBJECT:  
CONTINUING EDUCATION  
REQUIREMENTS

**I. STANDARD**

Continuing education is a requirement for recertification at the state and local level. EMS Personnel maintaining certification within Benton/Franklin County will follow WAC 246-976-161 - Educational Requirements for Recertification and their MPD approved OTEP/CME Education Plan.

Educational requirements for the recertification or renewal of Washington State EMS certification, (EMR, EMT, AEMT or Paramedic) may be completed through the two following methods:

1. **The "Continuing medical education (CME) method"** WAC 246-976-162 is a series of education courses following initial certification to maintain and enhance skill and knowledge to meet educational requirements for recertification. CME requires the successful completion of a written and practical skills certification examination as part of the recertification requirements.
2. **The "Ongoing training and evaluation program (OTEP) method"** WAC 246-976-163 is a program of education for EMS personnel, approved by the MPD and the Department of Health to meet the education requirements and core topic content for recertification. OTEP includes cognitive, affective, and psychomotor evaluations following completion of each topic presentation to determine student competence of topic content.

To retain Protocol Privileges within Benton-Franklin Counties all providers shall document the completion of educational requirements of one of the above methods.

**COUNTY OPERATING POLICY #6**



Kevin Hodges, M.D  
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Benton-Franklin Counties

June 18, 2019

Date