

SAN LUIS OBISPO COUNTY EMERGENCY MEDICAL SERVICES AGENCY
PREHOSPITAL POLICY

Policy Reference No: 121A
Effective Date: 05/01/1998
Supersedes: N/A
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SUBJECT: ADVANCED LIFE SUPPORT (ALS) SPECIAL USE MEDIC

PURPOSE

To establish policy for the use of Paramedics and Paramedic teams in specialized responses at the scene of a special event.

AUTHORITY

California Code of Regulations, Title 22, Social Security, Division 9, Prehospital Emergency Medical Services, Article 2, General Provisions.

POLICY

- A. Certified accredited paramedics shall use this policy while at the scene of a special event and while performing emergency medical services at said special event.
- B. Paramedic personnel shall utilize ALS principles and skills as indicated in this protocol.
- C. Advanced Life Support (ALS) providers shall use this policy to guide them in creating a Special Use Medic Program to be used while servicing special events.

GENERAL PROVISIONS

- A. The ALS Special Use Medic is an optional prehospital advanced life support program administered by the San Luis Obispo County Emergency Medical Services Agency (EMSA) through authorized San Luis Obispo County ALS providers. The program functions as an extension to State and County ALS rules, regulations, policies, protocols, and operates under medical control and authority of the EMSA Medical Director.
- B. The primary purpose of the ALS Special Use Medic Program is to provide expedient ALS response and care to EMS incidents that may occur at special events within San Luis Obispo County prior to ALS transport unit scene arrival at an incident location within the special event area. The ALS Special Use Medic Program is to be provided by an authorized ALS provider at special events where the area, roadways, crowds, or access difficulty will delay conventional ALS ambulance or ALS first responder response time to an incident within the special event area.

- C. The ALS Special Use Medic Program entails the utilization of specially equipped and trained paramedic(s) with State licensure and local accreditation, employed by a San Luis Obispo County ALS provider.
- D. The ALS Special Use Medic Program shall be inclusive of, but not limited to, the use of bicycles (mountain bikes), all terrain vehicles, motorcycles, med-carts, and horseback. The San Luis Obispo EMSA must authorize any response mechanism not listed in this paragraph prior to use.
- E. The ALS Special Use Medic provider shall be responsible to provide all equipment and supplies in accordance with these policies that are mechanically sound, properly configured, and safe to operate within the ALS Special Use Medic role. The ALS Special Use Medic Program shall only be operated in accordance with these policies by a two-member team, including one member at EMT-I or paramedic level with required ALS Special Use Medic training and an approved response mechanism configured with basic life support supplies and equipment and one member at paramedic level with required ALS Special Use Medic training and an approved response mechanism configured with advanced life support supplies and equipment.
- F. Use of ALS Special Use Medic Program shall not be construed, interpreted or allowed to replace or modify in any way ALS transportation resources required by contract between the County of San Luis Obispo and ALS providers.

ALS SPECIAL USE MEDIC SCOPE OF PRACTICE

- A. The ALS Special Use Medic is authorized to provide prehospital ALS within the scope of practice allowed by the State of California and the San Luis Obispo County EMSA according to these policies and procedures.
- B. This authorization shall be commensurate with the ALS Special Use Medic ALS supplies and equipment inventory specified in these policies and specially refined for ALS Special Use Medic function.
- C. The ALS Special Use Medic team shall comply with all San Luis Obispo County ALS rules, regulations, policies, procedures, and protocols at all times.
- D. The ALS Special Use Medic paramedic shall coordinate appropriate notification, response, communications, and utilization of local EMS resources.

ALS SPECIAL USE MEDIC PROVIDER REQUIREMENTS

- A. A San Luis Obispo ALS provider wishing to conduct an ALS Special Use Medic Program shall provide written documentation to the EMSA. The written documentation shall include a description of the proposed program, ALS Special Use Medic personnel qualifications and training, and a written commitment to comply with ALS Special Use Medic policies and procedures.
- B. To be an ALS Special Use Medic provider all of the following minimum requirements shall be met:
 - 1. Existing paramedic provider authorized by the EMSA;
 - 2. Have and maintain an ALS Special Use Medic training program which complies with the provisions of these policies and procedures;

3. Have and maintain the appropriate equipment and supplies needed to deploy two-person ALS Special Use Medic teams;
 4. Have and maintain a quality assurance mechanism for the ALS Special Use Medic Program to ensure proper utilization; and
 5. Have and maintain records and reports according to these policies.
 6. An authorized ALS Special Use Medic provider shall ensure the ALS Special Use Medic Program is continually operated according to these policies and procedures.
- C. The EMSA may, with good cause, terminate an ALS Special Use Medic Program for non-compliance to these policies and procedures.

ALS SPECIAL USE MEDIC QUALIFICATIONS, CERTIFICATION AND TRAINING

- A. A minimum of one (1) member of the ALS Special Use Medic Team shall have and maintain active San Luis Obispo County paramedic accreditation. The other member of the team may be an EMT-I or paramedic with active San Luis Obispo County accreditation.
- B. An ALS Special Use Medic Team member shall receive a minimum of two (2) hours training in ALS Special Use Medic policies and procedures, ALS Special Use Medic scope of practice, communications systems and EMS resource utilization before being authorized to operate in an ALS Special Use Medic capacity. The ALS Special Use Medic provider may provide the training.
- C. The ALS Special Use Medic provider shall maintain records of paramedic and EMT-I personnel that have completed ALS Special Use Medic training.

ALS SPECIAL USE MEDIC PLANNING AND DEPLOYMENT

- A. The ALS Special Use Medic provider shall ensure appropriate deployment and utilization of ALS Special Use Medic Program.
- B. The ALS Special Use Medic provider shall develop a pre-event plan, based on the specific special event, which defines ALS Special Use Medic staffing, team transportation method to be used, hours of coverage, communications, area resources, incident reporting, and procedures for requesting additional resources. All assigned Special Use Medic personnel shall be provided a briefing in the pre-event plan for the special event.
- C. The ALS Special Use Medic team response mechanism shall only be deployed in a two-mechanism/two-member team configuration.
- D. Non-emergent activity, movement and positioning of an ALS Special Use Medic team shall be at the discretion of the ALS Special Use Medic provider.
- E. An ALS Special Use Medic provider shall only provide the ALS Special Use Medic Program for special events where area crowds, roadways, and general access would significantly delay response time of a conventional ambulance.

ALS SPECIAL USE MEDIC SCENE OPERATIONS

- A. ALS first responder capacity (meaning the ALS Special Use Medic team) is the first medical unit or first ALS level personnel arriving at scene:
 - 1. In a first responder capacity, the ALS Special Use Medic paramedic is expected to assume patient health care responsibility and/or medical group operations responsibility. If the ALS Special Use Medic team is the first unit arriving at the scene of an emergency incident involving a multi-agency response, the ALS Special Use Medic paramedic would assume incident commander responsibility until a public agency arrives, then the ALS Special Use Medic paramedic would automatically transition into medical group supervisor responsibility.
 - 2. The ALS Special Use Medic paramedic is expected to establish medical control, complete scene and patient assessment and initiate BLS/ALS patient treatment intervention according to San Luis Obispo County ALS policies, procedures, and protocols, as the patient condition necessitates. The ALS Special Use Medic paramedic is expected to initially bring necessary medical equipment and supplies to the patient for appropriate overall patient care management (avoid making patient contact, then leaving for equipment).
 - 3. The ALS Special Use Medic paramedic continues providing on scene patient care and maintains patient health care authority until an ALS ambulance arrives and the ALS Special Use Medic paramedic transfers patient care responsibility to the ALS ambulance paramedic. The normal focus of the ALS Special Use Medic program is to provide immediate care until an ALS ambulance arrives, transfer of patient care responsibility occurs, and the ALS Special Use Medic team rapidly becomes available for additional responses or use.
- B. ALS Special Use Medic Backup or Support Capacity means that an ALS ambulance paramedic is already on scene and the ALS Special Use Medic team arrives on scene as an additional ALS level resource. In this situation, the ALS Special Use Medic team is to assist with any or all patient health care responsibility or medical group supervisor responsibility at scene.

EMS RESOURCE UTILIZATION

The ALS Special Use Medic team shall be responsible for prudent notification, response and efficient utilization of all EMS resources to be used at the scene of an incident at which the team was the first responder.

DOUMENTATION AND QUALITY ASSURANCE

- A. The ALS Special Use Medic provider shall develop a pre-event plan based on the specific special event, which defines ALS Special Use Medic staffing, team transportation method to be used, hours of coverage, communications, area resources, incident reporting, and procedures for requesting additional resources. All assigned Special Use Medic personnel shall be provided a briefing in the pre-event plan for the special event.
- B. The ALS Special Use Medic paramedic shall complete a Patient Care Record for every patient contact.
- C. The ALS Special Use Medic provider shall maintain, at a pre-determined location, a Dataport capable computer for use of the ALS Special Use Medic team. The location of this computer is the discretion of the ALS Special Use Medic provider and will be part of the pre-event briefing.
- D. The ALS Special Use Medic provider shall provide ALS Special Use Medic pre-event plans, related data and/or ALS Special Use Medic program evaluations to the EMSA upon request.

REQUIRED ALS SPECIAL USE MEDIC EQUIPMENT AND SUPPLIES

- A. The ALS Special Use Medic paramedic and ALS Special Use provider shall be responsible to maintain a complete inventory of required ALS Special Use Medic equipment and supplies as specified in these policies. BLS supplies and equipment shall be configured on one (1) team response mechanism and ALS supplies and equipment shall be configured on one (1) team response mechanism as determined by the ALS Special Use Medic provider. Both team response mechanisms must be staffed and operated together to be in compliance with these policies.
- B. The ALS Special Use Medic paramedic and ALS Special Use Medic provider shall be responsible for the care and maintenance of all ALS Special Use Medic inventory. ALS Special Use Medic inventory shall also be subject to inspection by the EMSA.
- C. The ALS Special Use Medic team shall have, at the minimum, all of the ALS Special Use Medic inventory items on the attached list.

ALS SPECIAL USE MEDIC INVENTORY
EXPENDABLE

**MEDICATION
INVENTORY**

Item/ Description	Minimum Amount
Adenosine (Adenocard)	24.0 mg
Albuterol (Proventil)	2.5 mg
Aspirin (chewable 81 mg tablets)	4 tablets
Atropine Sulfate	3.0 mg
Dextrose 50%	50.0 gm
Diphenhydramine (Benadryl)	100.0 mg
Epinephrine, 1:10,000	3.0 mg
Epinephrine, 1:1,000	2.0 mg
Furosemide (Lasix)	100.0 mg
Lidocaine	200.0 mg
Naloxone (Narcan)	4.0 mg
Nitroglycerine, Metered Dose Spray	1 bottle

**INTRAVENOUS ACCESS:
SOLUTIONS & ACCESSORIES**

Item/ Description	Minimum Amount
Alcohol Preps	10
Betadine Preps	10
IV Catheters (14, 16, 18, 20, 22, 24)	2 each
IV Extension Tubing	2
IV MaxiDrip Administration Set	2
Hypodermic Needles (18or 20 gauge)	5
Lancets (for blood glucose analysis)	2
NS 0.9% (1000 ml bags)	2
NS 0.9% for injection (10 ml vials)	2
Saline Locks	2
Syringes (1, 3, 10, 20 cc)	1 each
Tourniquets	2
Vacutainer Tube (red)	1

AIRWAY MAINTENANCE

Item/ Description	Minimum Amount
Cricothyrotomy Kit (Pertrach Kit, adult 5.6 mm I.D., cuffed & Pertrach Kit, pediatric 4.0 mm I.D. uncuffed)	1 each
Endotracheal Tubes (2.5, 3, 4, 4.5 mm) uncuffed	1 each
Endotracheal Tubes (5, 6, 7, 7.5, 8 mm) cuffed	1 each
Lubricant, water soluble (K-Y)	5 ml
Oral Pharyngeal Airways (0-6)	1 set
Oxygen Mask, adult & pediatric	1 each
Oxygen, Nasal Cannula	1
Oxygen, Medication Nebulizer	1
Band-aids, (1"x3")	5
Dressing, 3" Kling/Kerlix	2 sterile
Dressing, 4"x4"	10 sterile
Dressing, 8"x10"	2 sterile
Tape, 1" Plastic IV	1
Tape, 1" Silk or Cloth	1
Vaseline Gauze	1 sterile

MISCELLANEOUS SUPPLIES

Item/Description	Minimum Amount
Cervical Collars, Solid Plastic Construction (infant, child, adult-adjustable or equivalent)	1 each
Cold Packs (single use disposable)	2
ECG Electrodes, adult	6
ECG Electrodes, pediatric	3
Electrode Jelly	1 bottle
Gloves, multi-size, non-permeable and non-sterile (box with minimum of 6 pairs)	1 box
Shield, transparent or goggles for eye protection	2
Splint, cardboard (arm, wrist, leg) or equivalent	1 each
Surgical Mask	2

ALS SPECIAL USE MEDIC INVENTORY
NON-EXPENDABLE

AIRWAY MAINTENANCE

Item/Description	Minimum Amount
Intubation Tube Stylets, adult	1
Intubation Tube Stylets, pediatric	1
Laryngoscope Blades:	
A. Straight (sizes - 0, 1, 2, 3)	1
B. Curved (sizes - 2, 3)	1
Laryngoscope Handle	1
Magil Forceps, adult & pediatric	1 each
Oxygen Tank—Portable with regulator, liter flow control (500 psi minimum)	1
Portable Suction Unit or V-Vac equivalent	1
Ventilation Bag—valve unit with oxygen port and reservoir	1
Ventilation Bag Mask, semi-open, valveless, transparent (adult & pediatric)	1 each

CARDIAC & COMMUNICATIONS

Item/Description	Minimum Amount
Defibrillation Paddles, adult & pediatric	1 set each
Oscilloscope/Defibrillator with patient cables/capable of synchronization	1 unit
Portable Radio with voice access into the San Luis Obispo County Medical Communications System	2

MISCELLANEOUS MEDICAL SUPPLIES AND EQUIPMENT

Item/Description	Minimum Amount
Blood Pressure Cuff with Gauge, adult	1
Glucometer with 10 disposable sensors	1
Portable light	1
Puncture Proof Sharps Container	1
Trauma Scissors	1
Stethoscope	1

An ALS Special Use Medic provider may elect to carry additional drugs and/or equipment, up to the standardized drug and equipment levels of ALS first responder or ALS ambulance as specified by protocol.

SPECIAL USE MEDIC INSERVICE

- A. General Provisions
- B. Purpose
- C. Team Construct
 - ALS response mechanism
 - BLS response mechanism
- D. Provider Requirements
 - EMS authorization (subject to termination)
 - Maintain two-team response mechanisms
 - Q/A mechanism for proper utilization
 - Maintain records and reports
- E. Medic/EMT Qualifications, Certification and Training
 - Both—minimum of two hours of policy and procedure training
 - Medic—have and maintain SLO County Accreditation
 - EMT/2nd Medic—have and maintain SLO EMT/Paramedic Accreditation
 - Records of training/certification
 - Authorization subject to withdraw by EMSA provider
- F. Planning and Deployment
 - Pre-event plan
 - Pre-event briefing
 - Each deployment is a two-response mechanism/two-member team
 - Team response configuration
 - Non-emergency activity/movement
 - Deployment guidelines and types of events
- G. Scene Operations
 - Paramedic assumes patient care provider/Incident Commander role until public agency arrives
 - Paramedic establishes medical control and initiates ALS/BLS patient treatment
 - Paramedic continues care until transfer of care to ALS ambulance paramedic
 - During mass casualty incident, Special Use Paramedic may utilize BLS ambulance for transport when ALS procedures have been initiated if patient condition requires or medic is required to stay at scene to continue treatment on additional patients.
- H. Back-Up Support Capacity
 - When Special Use Medic arrives on scene after ALS paramedic ambulance, Special Use Medic may assist at ambulance medic or Incident Commander's discretion as an additional resource.

- I. Scope of Practice
 - State/County Scope of Practice
 - Protocols authorized by EMSA Medical Director
 - SLO County Paramedic Rules and Regulations
 - Resource utilization

- J. Communication Systems
 - 1. Required Communication Equipment
 - Cellular telephone
 - Hand-held radio with Med channel capabilities—one per team member
 - Lapel microphones/headsets/earplugs
 - Spare batteries
 - 2. Channels of Operation/Frequencies
 - Med 1
 - Med 3
 - Talk around
 - 3. Cellular Service
 - Base medic phone numbers
 - 4. Reference Card
 - Frequency/radio list reference card will be issued to Special Use Medics
 - Special Use Medics are required to carry the card when deployed
 - 5. Communication Testing/Radio Checks
 - Each radio will be tested for function with Med Com Med channel for base contact prior to deployment

- K. Scene Control Policy
 - County guidelines
 - Company guidelines

- L. EMS Resource Utilization
 - Back-up units
 - Special Use Medic backup to on-scene units
 - MCI
 - Assisting companies/agencies

- M. Equipment and Supplies List Review
 - ALS response mechanism
 - BLS response mechanism