Emergency Medical Services Division
Policies – Procedures – Protocols

Public Safety First Aid Optional Skills Policies and Procedures (6000.00)

I. PROGRAM DESCRIPTION

A. The intent of the Public Safety First Aid Optional Skill (FAOPS) program is to provide early access to advanced first aid services, in conjunction with basic and advanced life support EMS system resources.

B. Optional skills may prevent or reduce mortality when used in association with basic life support and advanced life support EMS system resources.

C. This program is implemented in the Kern County area authorized by the Kern County Emergency Medical Services Division (Division).

D. These FAOPS policies and procedures differ from and are not applicable to a Layperson AED program. Persons operating a layperson program do so under their medical control, as authorized by State law.

E. Providers approved to operate an FAOPS program by the Division are doing so under the authority of the Medical Director.

F. Organizations intending to become authorized as a Provider shall be compliant with all provisions of these policies and procedures.

II. AUTHORITY

A. Health and Safety Code Division 2.5, Sections 1797.182 & 1797.183

B. California Code of Regulations, Title 22, Division 9, Chapter 1.5

III. GENERAL PROVISIONS

A. The purpose of this policy is to define the provider requirements, application procedure and medical control requirements for operation of a FAOPS Provider in compliance with California Code of Regulations Title 22.

B. The FAOPS program shall be operated by approved providers in compliance with Title 22, Division 9, Chapter 1.5 of the California Code of Regulation and EMS Division Policies and Procedures.

C. The Division may withdraw provider authorization, or withdraw training program authorization, in accordance to Title 22 of the California Code of Regulations.

D. This program is implemented and maintained under the authority of the Division and the Medical Director.

1. A Provider that intends to provide FAOPS procedures shall be authorized as a Provider by the Division.

2. An authorized Provider shall maintain compliance with applicable policies and procedures.

E. FAOPS providers shall only function within the Skills outlined in this policy when on duty and employed by an authorized FAOPS provider.

F. Providers must meet the requirements and perform each Skill as outlined by this policy.

G. These policies and procedures may be revised, modified or deleted at any time by the Division.

H. No entity may operate as a Provider in Kern County unless having valid Provider authorization from the Division.

I. The Provider must be a valid public safety agency within Kern County as a part of the EMS system.

J. Personnel Authorized by their Public Safety Provider shall be required to be accredited by the Division for FAOPS.

K. The Division may charge for regulatory costs incurred as a result of Provider application review, authorization, and re-authorization.

1. The specific fees are based upon Division costs.

2. Fee amounts shall be as specified in the County Fee Ordinance Chapter 8.13, if applicable.

IV. MEDICAL CONTROL

A. The Division shall approve public safety optional skill providers under the control of the Medical Director.

B. Any implementation of an optional skill must include implementation of AED simultaneously.

C. Medical control shall be maintained through compliance with these policies and procedures.

a. The provider may be evaluated by the Division on a case-by-case basis for compliance with these policies and procedures.

b. The Medical Director is responsible for medical control of the program.

c. Medical control includes:

a. Ensuring program compliance with policies and procedures
b. Training program monitoring
c. Skill proficiency monitoring and required reporting
d. Quality assurance monitoring
e. Case data reporting
f. Program approval
g. Training program approval
h. Defibrillator equipment authorization
i. Data collection
j. Program evaluation and compliance
k. Reporting to the California EMS Authority

V. PROVIDER REQUIREMENTS

A. No organization shall provide Optional skills unless authorized by the Division.

B. A Provider that intends to provide FAOPS level of service within the county shall submit a written request to the Division, including the following plans:

1. Written Request To Provide Service

2. Operational Plan

3. Training Plan

4. Data Plan

5. QI Plan

C. The Division shall, within twenty one (21) days of receiving the initial request, notify the requesting agency that the request has been received, and shall specify what information, if any, is missing.

1. A request is considered “completed” when the Division has received the following:
a. Written Request
b. Written Operational Plan
c. Written Notification and Verification of Data Provider
d. Written Training Program Plan
e. Written QI Plan
2. The Director of the Division shall render the decision to approve or disapprove the Provider request within thirty (30) days of receipt of the “completed” request.

D. The Provider shall, within thirty (30) days, notify the Division in writing of any changes to the information provided in the initial written request.

E. Any changes to the operational plan after approval as a Provider shall be approved by the Division.

1. An existing Provider shall submit an updated operational plan for approval prior to implementation.

2. The operational plan should include the items listed in Appendix A.

3. Upon approval by the Division the Provider may implement the changes to the operational plan as approved by the Division.

F. The Division shall approve and monitor training programs including refresher training within its jurisdiction to assure compliance with this policy and Title 22, Division 9, chapter 1.5.

1. Approve course outline and refresher outline

2. Approve the written and skills exam required for training course completion

3. Approve optional skill instructors

G. The Provider shall ensure compliance with the initial and on-going training requirements for all FAOPS providers.

1. The training program must be approved prior to implementation.

2. Any changes to the training program after approval shall be approved by the Division.

3. An existing Provider shall submit an updated training program plan for approval prior to implementation.

4. Upon approval by the Division the Provider may implement the changes to the training program as approved by the Division.

H. The Provider shall assist the Division with individual case research if requested.

I. The Provider shall provide quality assurance monitoring and skills verification every two (2) years to all FAOPS accredited personnel as required by policy.

J. A Provider authorized by this Division may be placed on probation, suspended or revoked for non-compliance with these policies and procedures.

K. The Provider shall provide treatment in compliance with California Code of Regulations, Title 22, Division 9, Chapter 1.5, §1000018 & §1000019.

L. The Provider shall adhere to and meet documentation and data requirements as outlined by the Division *Patient Care Record Policies and Procedures*.

M. A Provider shall provide Optional Skills as outlined in in this policy.

VI. TRAINING STANDARDS

A. First Aid Certification

1. Personnel who are providing Optional Skills must have a current Public Safety First Aid certification issued by their Public Safety agency.

2. Personnel must maintain compliance with Title 22, Division 9, Chapter 1.5.

3. Personnel must maintain compliance with Division policy

4. The Provider shall ensure initial certification one year from effective date of the individual's initial employment and, thereafter, continued certification in First Aid.

B. CPR

1. All optional skill personnel shall be certified in CPR and AED equivalent to the current American Heart Association's Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care at the Healthcare Provider level or certified by the Commission on Peace Officer Standards and Training (P.O.S.T.) that is approved by the California EMS Authority. Approved courses are listed under Title 22 Chapter 1.5 section §100023.

2. The Provider shall ensure initial certification and, thereafter, continued certification in CPR and AED.

C. AED

1. Training for the AED shall result in the public safety first aid provider being competent in the use of the AED and shall include the following topics and skills:

a. Proper use, maintenance and periodic inspection of the AED.

b. The importance of cardiopulmonary resuscitation (CPR), defibrillation, advanced life support (ALS), adequate airway care, and internal emergency response system, if applicable.

c. Overview of the EMS system, the local EMS system's medical control policies, 9-1-1 access, and interaction with EMS personnel.

d. Assessment of an unconscious patient, to include evaluation of airway, breathing, and circulation to determine cardiac arrest.

e. Information relating to AED safety precautions to enable the individual to administer a shock without jeopardizing the safety of the patient or rescuers or other nearby persons.

f. Recognition that an electrical shock has been delivered to the patient and that the defibrillator is no longer charged.

g. Rapid, accurate assessment of the patient's post-shock status.

h. The appropriate continuation of care following a successful defibrillation.

2. In order to be authorized to utilize the defibrillator, an individual shall pass a written and skills examination with a pre-established standard, which tests the ability to assess and manage the specified conditions listed in subsection (1) of this section.

D. Naloxone

1. Training in the administration of naloxone shall result in the public safety first aid provider being competent in the administration of naloxone and managing a patient of a suspected narcotic overdose.

a. The training shall include the following topics and skills:

i. Common causative agents
ii. Assessment findings
iii. Management to include but not be limited to:

a.) Need for appropriate personal protective equipment

b. Profile of Naloxone to include, but not be limited to:

i. Indications
ii. Contraindications
iii. Side/adverse effects
iv. Routes of administration
v. Dosages
vi. Mechanisms of drug action
vii. Calculating drug dosages

viii. Medical asepsis
ix. Disposal of contaminated items and sharps

2. At the completion of this training, the student shall complete a competency based written and skills examination for administration of naloxone which shall include:
a. Assessment of when to administer naloxone,
b. Managing a patient before and after administering naloxone,
c. Using universal precautions and body substance isolation procedures during medication administration,
d. Demonstrating aseptic technique during medication administration,
e. Demonstrate preparation and administration of parenteral medications by a route other than intravenous.
f. Proper disposal of contaminated items and sharps.

E. Epinephrine Auto-Injector

1. Training in the administration of epinephrine shall result in the public safety first aid provider being competent in the administration of epinephrine and managing a patient of a suspected anaphylactic reaction.

2. The training shall include the following topics and skills:
a. Common causative agents;
b. Signs and symptoms of anaphylaxis;
c. Assessment findings;
d. Management to include but not be limited to:
i. Need for appropriate personal protective equipment and scene safety awareness;
e. Profile of epinephrine to include, but not be limited to:
i. Class;
ii. Mechanisms of drug action;
iii. Indications;
iv. Contraindications;
v. Dosage and route of administration;
vi. Side/ adverse effects;
f. Administration of epinephrine by auto-injector;
i. Site selection and administration;
ii. Medical asepsis;
iii. Disposal of contaminated items and sharps.

3. At the completion of this training, the student shall complete a competency based written and skills examination for administration of epinephrine which shall include:
a. Assessment of when to administer epinephrine;

b. Managing a patient before and after administering epinephrine;
c. Accessing 9-1-1 or advanced life support services for all patients suffering anaphylaxis or receiving epinephrine administration;
d. Using universal precautions and body substance isolation procedures during medication administration;
e. Demonstrating aseptic technique during medication administration;
f. Demonstrate preparation and administration of epinephrine by auto-injector;
g. Proper disposal of contaminated items and sharps.

F. OPA/NPA

1. Training in the use of OPAs and NPAs shall result in the public safety first aid provider being competent in the use of the devices and airway control and shall include:
a. Anatomy and physiology of the respiratory system;
b. Assessment of the respiratory system;
c. Review of basic airway management techniques, which includes manual and mechanical;
d. The role of OPA and NPA airway adjuncts in the sequence of airway control;
e. Indications and contraindications of OPAs and NPAs;
f. The role of pre-oxygenation in preparation for OPAs and NPAs;
g. OPA and NPA insertion and assessment of placement;
h. Methods for prevention of basic skills deterioration;
i. Alternatives to the OPAs and NPAs.

2. At the completion of initial training a student shall complete a competency-based written and skills examination for airway management which shall include the use of basic airway equipment and techniques and use of OPAs and NPAs.

G. Oxygen

1. Administration of supplemental oxygen shall be used for the patient with respiratory distress and exhibiting such signs and symptoms requiring supportive respiratory care.

2. Training in the administration of oxygen shall result in the public safety first aid provider being competent in the administration of supplemental oxygen and use of bag-valve-mask ventilation for patient requiring oxygen administration and ventilation.

3. The training shall include the following topics and skills:

a. Integrating the use of supplemental oxygen by non-rebreather mask or nasal cannula based upon local EMS protocols;
b. Assessment and management of patients with respiratory distress;
c. Profile of Oxygen to include, but not be limited to:

i. Class;
ii. Mechanism of Action;
iii. Indications;
iv. Contraindications;
v. Dosage and route of administration (mask, cannula, bag-valve-mask);
vi. Side/ adverse effects;

d. Oxygen Delivery Systems;

i. Set up of oxygen delivery including tank opening, use of regulator and liter flow selection.
ii. Percent of relative oxygen delivered by type of mask;
iii. Oxygen delivery for a breathing patient, including non-rebreather mask and nasal cannula;
iv. Bag-Valve-Mask and Oxygen delivery for a non-breathing patient;

e. Safety precautions.

4. At the completion of the training, the student shall complete a competency based written and skills examination for the administration of oxygen which shall include the topics listed above and:
a. Assessment of when to administer supplemental oxygen and ventilation with a bag-valve-mask;
b. Managing a patient before and after oxygen administration;
c. Demonstrating preparation of the oxygen delivery system;
d. Demonstrating application of supplemental oxygen by non-rebreather mask and nasal cannula on a breathing patient;
e. Demonstrating use of bag-valve-mask on a non-breathing patient

H. Atropine and Pralidoxime Auto-Injector

1. Atropine and Pralidoxime auto-injector use is limited to self or peer care as indicated in CCR Title 22, Division 9, Chapter 1.5, Section 100019.e.

2. Training in the administration of auto-injectors containing atropine and pralidoxime shall result in the public safety first aid provider being competent in the administration of auto-injectors for nerve agent intoxication.

3. The training shall include the following topics and skills:

a. Integrating the use of auto-injectors for nerve agent intoxication based upon local EMS protocols;
b. Assessment and recognition of patients with nerve agent intoxication;
c. Management of patients with nerve agent exposure, including the need for appropriate personal protective equipment, decontamination principles, and scene safety awareness;
d. Profile of atropine and pralidoxime chloride to include, but not be limited to:

i. Class;
ii. Mechanism of action;
iii. Indications;
iv. Contraindications;
v. Dosage and route of administration;
vi. Side/ adverse effects;

e. Auto-Injector delivery and types (ie Duo-Dote, Mark I)

i. Medical asepsis;
ii. Site selection and administration;
iii. Disposal of contaminated items and sharps;
iv. Safety precautions.

4. At the completion of the training, the student shall complete a competency based written and skills examination for the administration of auto-injectors containing atropine and pralidoxime chloride for nerve agent intoxication which shall include the topics listed above and:
a. Assessment of when to administer nerve agent auto-injector;
b. Managing a patient before and after auto-injector administration;
c. Accessing 9-1-1 or advanced life support services following administration of atropine and pralidoxime.
d. Demonstrating preparation, site selection, and administration of the auto-injector;
e. Demonstrating universal precautions and body substance isolation procedure during medication administration;
f. Demonstrating aseptic technique during medication administration;
g. Proper disposal of contaminated items and sharps.

I. Validation of Course Completion.

1. Each trainee who successfully completes an approved course of instruction and successfully passes the competency based written and skills exams shall be given a certificate or written verification to that effect by the institution, organization or agency which provides the instruction.

2. Each certificate or written verification of course completion shall include the following information:

a. Indicate initial or refresher training and number of training hours completed;

i. Topics completed;

ii. Date of issue;

iii. Date of expiration;

b. Expiration of training shall be 2 years from the date of course completion

3. Each training program provider shall maintain a record of the names of trainees and the date(s) on which training courses have been completed for at least four (4) years.

4. Such training records shall be made available for inspection by the Division upon request.

J. Retraining

1. Retraining requirements shall be satisfied every two years by successful completion of:

a. An approved retraining course which includes a review of the topics and demonstration of the optional skills, and which consists of no less than eight (8) hours of first aid and CPR including AED every two (2) years; or

b. By maintaining current and valid licensure or certification as an EMR, EMT, Advanced EMT, Paramedic, Registered Nurse, Physician Assistant, Physician or by maintaining current and valid EMR, EMT, AEMT or Paramedic registration from the National Registry of EMTs; or,

c. Successful completion of a competency based written and skills pretest of the topics and skills with the following restrictions:

i. That appropriate retraining be provided on those topics indicated necessary by the pretest, in addition to any new developments in first aid, CPR and changes to the optional skills;

ii. A final test be provided covering those topics included in the retraining for those persons failing to pass the pretest; and

iii. The hours for the retraining may be reduced to those hours needed to cover the topics indicated necessary by the pretest.

2. The entire retraining course or pretest may be offered yearly by any approved training course, but in no event shall the retraining course including CPR and AED or pretest be offered less than once every two (2) years.

VII. INSTRUCTOR STANDARDS

A. CPR/AED

1. To be authorized to instruct public safety personnel in the use of CPR/AED, an instructor shall either:

a. Complete an American Red Cross or American Heart Association recognized instructor course (or equivalent) including instruction and training in the use of an AED, or

b. Be approved by the Division and meet the following requirements:

i. Be CPR/AED accredited or able to show competency in the proper utilization of CPR/AED, and

ii. Be able to demonstrate competency in adult teaching methodologies.

B. Medications (Epinephrine Auto-Injector, Atropine/ Pralidoxime, Naloxone)

1. To be authorized to instruct public safety personnel in the use of Naloxone, Atropine/ Pralidoxime, and Epinephrine Auto-Injector an instructor shall either:

a. Be a paramedic licensed with the State of California and accredited in Kern County;

b. Be a registered nurse currently licensed with the State of California; or

c. Be a currently licensed physician

2. An instructor shall be approved by the Division prior to instruction and meet the following requirements:

a. Able to show competency in the proper utilization of the medication being instructed upon, and

C. Oxygen, OPA and NPA

1. To be authorized to instruct public safety personnel in the use of oxygen, OPA and NPA an instructor shall either:

a. Be an EMT licensed with the State of California

b. Be a paramedic licensed with the State of California;

c. Be a registered nurse currently licensed with the State of California; or

d. Be a currently licensed physician

2. An instructor shall be approved by the Division prior to instruction and meet the following requirements:

a. Able to show competency in the proper utilization of the medication being instructed upon, and

b. Be able to demonstrate competency in adult teaching methodologies.

D. Instructor Approval Process

1. During the course of the initial application process the Provider shall provide a detailed instructor list for all optional skills items.

2. If any changes are necessary after initial approval, a written request shall be submitted to the Division for approval prior to implementation.
a. The request must come from the organization's authorized representative
b. The request must provide the reason for the change.
c. The request must provide the qualifications of the instructor.

3. The initial application list or any subsequent change should have the following information for each instructor:
a. Name of Instructor
b. Instructor License/Certifications/Accreditations
c. Subject the instructor will be teaching
d. Experience in the subject being taught
e. Teaching methodology education

4. Any change shall be approved prior to an instructor teaching optional skill material.

VIII. TRANSFER OF CARE

A. Care shall be transferred to the person with healthcare authority, when appropriate, as specified in the *Scene Control Policy.*

B. In any instance that an optional skill is used transport to a hospital shall be indicated.

IX. DOCUMENTATION REQUIREMENTS

1. A FAOPS electronic report form shall be submitted to the Division for each case of use of an optional skill as outlined in *Patient Care Record Policies and Procedures*.

2. The EMS Division will submit program performance data to the California EMS Authority as required.

X. SKILLS INDICATIONS AND USE

A. AED

1. Indications
a. Unconscious and pulseless patients

2. Contraindications

a. Under 1 year of age
b. Presence of pulse
c. Conscious patients

3. Required Equipment
a. Automatic or semi-automatic external defibrillator
b. Adult defibrillator pads
c. AED equipment shall be approved by the Division
d. The provider shall maintain AED equipment in accordance with manufacturer specifications and keep documentation of compliance.

4. Considerations
a. If AED application is indicated the FAOPS shall request ALS transport personnel be responded to the scene.
b. Once applied to the patient, the patient's airway, respirations and circulatory status shall be monitored until patient care is transferred to a higher level of care in accordance with the *Scene Control Policy*.
c. Once applied to the patient, AED equipment shall remain in place until advanced life support personnel with necessary airway, ECG monitoring and defibrillation equipment assume care of the patient.

B. Naloxone

1. Indications
a. Suspected narcotic overdose with respiratory depression
b. Altered level of consciousness with respiratory depression
c. The goal of Naloxone administration is to improve respiratory drive, NOT to return patient to their full mental capacity.

2. Contraindications
a. Not significant in the above indication

3. Equipment
a. Intranasal Mucosal Atomization Device

4. Considerations
a. If Naloxone administration is indicated the FAOPS shall request ALS transport personnel be responded to the scene.
b. Once administered to the patient, the patient's airway and respirations shall be monitored until patient care is transferred to a higher level of care in accordance with the *Scene Control Policy*.

C. Atropine and Pralidoxime Auto-Injector

1. Indications

a. Antidote for organophosphate poisoning (not carbamates)

b. Antidote for nerve agent poisoning

c. For patients exhibiting multiple symptoms of nerve agent organophosphate exposure ABSLUDGEM

i. A-Altered mental status
ii. B-Bronchorrhea, Breathing difficulty or wheezing, Bradycardia
iii. S-Salivation, Sweating, Seizures;
iv. L-Lacrimation (tearing);
v. U-Urination;
vi. D-Defecation or Diarrhea,
vii. G-GI upset (abdominal cramps),
viii. E-Emesis (vomiting),
ix. M-Miosis/Muscle activity (twitching).

d. Multiple patients with multiple symptoms makes diagnosis more likely.

2. Contraindications

a. Hypertension is relative contraindication

b. Layperson not part of the emergency response

3. Equipment

a. Atropine/Pralidoxime Auto-Injector

4. Considerations

a. Administration of auto-injectors containing atropine and pralidoxime chloride shall be used for nerve agent exposure for self or peer care while working for a public safety provider.

b. If Atropine/Pralidoxime administration is indicated the FAOPS shall request appropriate haz-mat and medical resources be responded to the scene and advise of the critical nature of the incident.

c. Atropine should be given first.

D. NPA/OPA

1. Indications

a. Severe respiratory distress

b. Respiratory arrest

2. Contraindications

a. Responsive patients with spontaneous respirations.

b. Unresponsive patients with a gag reflex

3. Equipment

a. NPA or OPA (appropriately sized for the patient)

4. Considerations

a. If OPA/NPA is indicated the FAOPS shall request ALS transport personnel be responded to the scene.

b. Once placed in the patient's airway, airway and respirations shall be monitored until patient care is transferred to a higher level of care in accordance with the *Scene Control Policy*.

E. Oxygen

1. Indications

a. Whenever oxygen demands may be increased

b. Shortness of Breath or Respiratory Distress

2. Contraindications

a. Not significant in the above indication

3. Equipment

a. Nasal Cannula

i. Used for patients who are typically on oxygen at home or require mild supportive respiratory care.

ii. A nasal cannula is a low flow system in which the tidal volume mixes with ambient gas (room air).

iii. Inspired oxygen concentration depends on the flow rate through the cannula and the patient's tidal volume.

b. Face Mask Medium Concentration

i. Used for patients who need greater respiratory support and are obviously ill with mild respiratory distress.

ii. Patients shall be responsive with spontaneous respirations.

iii. A Face Mask is a high flow system in which the tidal volume mixes with ambient gas (room air).

iv. Inspired oxygen concentration depends on the flow rate through the mask and the patient's tidal volume.

c. Face Mask with Oxygen Reservoir

i. Used for patients who are seriously ill and present with severe respiratory distress

ii. Patients shall be responsive with spontaneous respirations.

iii. These patients may have diminished levels of consciousness and may be at risk for nausea and vomiting.

iv. A tight fitting mask always requires close monitoring.

4. Considerations

a. If Oxygen administration is indicated the FAOPS shall request ALS transport personnel be responded to the scene
b. Once administered to the patient, the patient's airway and respirations shall be monitored until patient care is transferred to a higher level of care in accordance with the *Scene Control Policy*.
c. Oxygen therapy should never be withheld from a patient in respiratory distress.
d. Use with caution in COPD patients and observe for changes in respiratory and mental status

F. Epinephrine

1. Indications
a. Allergic reaction/anaphylaxis

2. Use Caution
a. Hypertension

3. Equipment
a. Epinephrine Auto-Injector

4. Considerations
a. If Epinephrine administration is indicated the FAOPS shall request ALS transport personnel be responded to the scene.
b. Once administered to the patient, the patient's airway and respirations shall be monitored until patient care is transferred to a higher level of care in accordance with the *Scene Control Policy*.

Revision Log:

June 1, 2015 - Policy Implemented
November 13, 2015 - Added P.O.S.T. to approved training. EMCAB approved.

Appendix A: Plan(s) Details

A. Written Request

1. Name of the organization and function within the EMS system

2. Specify the geographic area to be served

3. Specify the optional skills item(s) being requested.

4. Contact Information

5. Location of base of operation

6. Level of services currently provided

7. A description of areas and communities within Kern County where FAOPS level of service is intended to be provided.

8. A description of the population to be served.

9. A list and explanation of any additional rates or charges to the public as a result of providing FAOPS service

10. Affirmation from an authorized organization representative that the organization will maintain continued compliance with Division policies and procedures.

11. Intended implementation date

B. Operational Plan

1. The operational plan should include a detailed description of the program.

2. The Provider shall maintain equipment and/or medications in accordance with manufacturer specifications and keep documentation of compliance.

3. At a minimum, it should include the following:

4. The organizational structure

a. Position in charge of the EMS program
b. How does the PSFA fit into the organization structure?
c. If a medical director

i. Provide contact information
ii. Provide qualifications
iii. Provide duties

5. Contact for the Division

a. Identify the person in charge of PSFA program
b. Identify the contact point in an emergency

6. Preparation
a. Inventory
i. What is the process to control inventory?
ii. How often is inventory checked?
iii. How are units or personnel restocked?
iv. How often are AEDs checked?
v. What is the AED check process?
b. Vehicle
i. Provide a maintenance schedule
ii. Is there a back-up vehicle?
iii. Is the vehicle marked with identification First Aid or Basic Life Support?
c. Equipment
i. The type and description of equipment to be used for each optional skills
ii. Number of units and locations
iii. Updates to the EMS Division of any change in equipment.
iv. Updates to the EMS Division of any change in number of units or location.
d. Operational Times
i. When are PSFA personnel on duty?
ii. How are on-duty times determined?
e. Staffing
i. How many PSFA personnel are on duty?
ii. How is this determined?
iii. Provide an updated staff list.

7. Operations
a. Unit Positioning
i. Does the unit roam?
ii. Is the unit stationed at a given location?
iii. Is the unit posted?
iv. If there is a unique model describe
v. How do you determine which unit responds?
vi. Is the closest unit responded?
b. Notification
i. How does the customer access the services?
ii. Who is notified in an emergency?
iii. How are they notified?
iv. How does that person respond?
v. If a dispatch center is used, how are the units notified?

vi. When is ECC notified of the emergency?

c. Treatment/Transport

i. Who determines when an ambulance responds?

ii. How is it determined to take a patient to a rendezvous point or wait for the ambulance?

iii. In what situations are the patients moved?

d. Communications Plan

i. Describe the communications used

ii. When will communications with ambulance be established?

e. Identify Access Points for EMS (Military base, Oil Lease, etc)

i. Landing Zones

ii. Gates or Roadways for rendezvous points

iii. Office/Clinic/Station

iv. Staging locations

C. Training Plan

1. Provide documentation of the requirements as outlined by Section VI of this policy.

D. Data Plan

1. Identify how reports will be conducted

2. Program records shall be maintained by the Provider, and all records shall be made available to the Division upon request.

3. Provide the name of the organization that will be used to provide data to the EMS Division.

E. QI Plan

1. Provide a complete QI plan that details the QI process for the requesting agency's system.