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EMERGENCY MEDICAL SERVICES

POLICY MEMORANDUM #5200

EFFECTIVE DATE: 11/01/92

APPROVED BY:

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SUBJECT: EMS FIRST RESPONDER DEFINITION

AUTHORITY: CALIFORNIA HEALTH & SAFETY CODE, DIVISION 2.5, 1797.90, 1797.94

PURPOSE/POLICY: To define a Solano County First Responder Agency.

I. FIRST RESPONDER AGENCY IS:

A first responder agency is any public and/or private agency that, within its geographic jurisdiction or service area, elects to respond to medical emergencies concurrently with an EMS ambulance Service provider(s). At a minimum, a first responder agency's prime function when responding to the scene of a medical emergency is to provide emergency first aid and basic life support until arrival of an ambulance.

II. FIRE SUPPRESSION AGENCIES AS FIRST RESPONDERS

In Solano County, law and/or fire suppression agencies electing to respond to 911 requests for medical emergencies at a minimum are designated as a public safety first responder agency within their respective jurisdiction.

III. MINIMUM STANDARD OF MEDICAL TRAINING

The minimum standard of medical training for first responder personnel is First Aid for Public Safety Personnel as defined by Chapter 1.5 or Title XXII of the California Code of Regulations.

IV. POLICIES FOR 911 MEDICAL EMERGENCY DISPATCH

First responder fire agencies electing to provide medical first responder services shall, in conjunction with law enforcement agencies within their respective jurisdictions, establish policies to insure that first responders are appropriately dispatched to all 911 requests for medical emergencies. The only exceptions shall be those agencies where a call prioritization system, approved in writing by Solano County EMS, prioritizes a 911 request as not needing immediate EMS intervention and not needing the concurrent dispatch of a medical first responder agency.

V. THREE CLASSIFICATIONS OF FIRST RESPONDER AGENCIES

The Solano EMS System recognizes three classifications of First Responder Agencies:

- A. Public Safety First Aid – Most public safety fire and police agencies electing to respond to 911 requests for medical emergencies are automatically classified as Public Safety First Responders. Public Safety Agencies are required to have all personnel, at a minimum, trained to standards as defined by Chapter 1.5 of Title 22 of the California Code of Regulations. Medical reporting requirements are limited to records prescribed by the Public Safety Agency and to medical first aid equipment routinely stocked by the Public Safety Agency. Public Safety agencies electing to routinely respond to 911 requests for medical emergencies should comply with Quality Assurance standards prescribed by the EMS System Quality Assurance Plan (Policy #2205). It is recommended that all Public Safety First Aid Agencies have a written agreement with the EMS Office that defines the level of EMS service they shall provide to their community. Public Safety First Aid Agencies may provide defibrillation services in their service area if they adhere to the standards of Policy #3300.
- B. Public Safety EMT-1 = Public Safety Agencies electing to provide EMS services at a higher level than the minimum first aid standards shall be classified as a Public Safety EMT-I Agency and shall adhere to the following requirements:
 1. Contract/MOA – All Public Safety EMT-I Agencies shall have a contract/MOA with Solano County and be authorized by the County Health Officer to provide emergency medical services at the MET-I or EMT-D level. The public safety EMT-I agency may elect to bill for medical services rendered, but all charges for medical services shall be included in their Memorandum of Agreement (MOA) and approved by the Board of Supervisors.
 2. Quality Assurance Coordinator – All Public Safety EMT-I Agencies shall have a quality assurance coordinator who is a physician, registered nurse, paramedic or an authorized EMT-I.
 3. Medical Control – All Public Safety EMT-I Agencies shall comply with all medical control requirements including medical records, dispatch, stocking of equipment and supplies, patient care guidelines and quality assurance requirements prescribed by the EMS System Quality Assurance Plan (Policy #2205).
 4. Defibrillation – All Public Safety EMT-I Agencies shall provide emergency defibrillation using automatic or semi-automatic defibrillators unless exempted in writing by the EMS Medical Director.

- C. Public Safety EMT-P Agency – All Public Safety Agencies wishing to be classified as an EMT-P Service Provider shall adhere to the following requirements:
1. A fire department or other private/public safety organization may be approved to provide EMT-P service as a first responder agency in the County EMS System providing that such paramedic service is provided in a service area which has paramedic emergency ambulance service approved by and operating in conjunction with the County EMS System.
 2. The provision of EMT-P service by an approved first responder unit shall be predicated upon the concurrent dispatch of an ALS transport ambulance staffed with EMT-P personnel.
 3. The first responder paramedic unit shall be staffed with one (1) or more certified and accredited EMT-Ps. The first arriving EMT-P has full responsibility for the patient until that patient is formally turned over to an equal or higher trained person. EMT-Ps from the first responder paramedic unit should accompany the patient to the hospital and assist the transport unit EMT-Ps when requested.
 4. If Base Hospital contact has been made, the first responder EMT-P will inform the Base Hospital of the arrival of and transfer of patient care to the transporting EMT-P unit.
 5. EMT-Ps staffing the first responder paramedic unit shall comply with all pertinent treatment protocols and procedures.
 6. EMT-Ps staffing the first responder paramedic unit shall comply with all requirements established by the certifying authority for EMT-P certification/recertification and local accreditation.
 7. The Public Safety EMT-P Agency shall participate in the quality assurance and incident review process established by the EMS Office.
 8. The Public Safety EMT-P Agency shall abide by the following medical management responsibilities.
 - a. Initial responsibility for patient medical management shall rest with the EMT-P member of the first arriving paramedic unit.
 - b. Patient care may be transferred from first responder EMT-P to the transporting EMT-P unit after a verbal or written patient report is given. A copy of the first responder PCR written report shall be given to the transporting unit or the non-transferring EMT-P shall insure that the report will be submitted to the receiving hospital not later than 1 hour after the non-transferring EMT-P unit clears the scene.
 - c. The First Responder EMT-P should assist the transporting EMT-P on scene and/or enroute to the hospital, as requested, and as determined appropriate by the EMT-P caring for the patient.
 - d. Transporting EMT-Ps shall have all necessary equipment available to manage the patient at the time of transfer. Documentation of the transfer shall be recorded on the PCRs by both first responder and transporting EMT-Ps.

- e. Both first responder and transport EMT-Ps shall initiate a PCR for each patient contact. The first responder agency will ensure that receiving/base hospitals receive PCRs according to EMS policy.
 - 9. A public safety EMT-P agency may elect to bill for medical services rendered but all charges for medical services shall be included in the MOA and approved by the Board of Supervisors.
 - 10. All Public Safety EMT-P Agencies shall have a contract/MOA with Solano County and be authorized by the County Health Officer to provide emergency medical services at the EMT-P level.
 - 11. All Public Safety EMT-P Agencies shall have a quality assurance coordinator who is a physician, registered nurse or paramedic.
 - 12. All Public Safety EMT-P Agencies shall comply with all medical control requirements including medical records, dispatch, stocking of equipment and supplies, patient care guidelines and quality assurance requirements prescribed by the EMS System @Quality Assurance Plan (Policy #2203).
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