


Sierra – Sacramento Valley EMS Agency Program Policy

Suspected Child Abuse/Neglect Reporting

	Effective: 12/01/2024	Next Review: 07/2027	830
	Approval: Troy M. Falck, MD – Medical Director		SIGNATURE ON FILE
	Approval: John Poland – Executive Director		SIGNATURE ON FILE

PURPOSE:

To establish requirements/procedures for EMS personnel to report suspected child abuse and/or neglect.

AUTHORITY:

PC, Ch. 916 (Part 4, Title 1, Chapter 2, Article 2.5) § 11164 - 11174.3.

DEFINITIONS:

- A. **Agencies authorized to accept mandated reports** – Police Department, Sheriff's Department, and Child Protective Services (CPS).
- B. **Child** – Any person under the age of eighteen (18).
- C. **Mandated reporter** – Includes paid firefighters, EMRs, EMTs, AEMTs, paramedics, teachers, peace officers, any healthcare practitioner, clergy member, childcare custodian, or an employee of a child protective agency.
- D. **Neglect** – The negligent failure of a parent or caretaker to provide adequate food, clothing, shelter, medical/dental care, or supervision.
- E. **Physical abuse** – A physical injury, including death, to a child that appears to have been inflicted by other than accidental means.
- F. **Sexual abuse** – Sexual assault on, or the exploitation of a minor. Sexual assault includes rape, rape in concert (aiding or abetting or acting in concert with another person in the commission of a rape), incest, sodomy, oral copulation, penetration of genital or anal opening by a foreign object, and child molestation. It also includes lewd or lascivious conduct with a child under the age of fourteen years, which may apply to any lewd touching if done with the intent of arousing or gratifying the sexual desires of either the person involved or the child. Sexual exploitation refers to conduct, or activities related to pornography depicting minors, and promoting prostitution by minors.

PRINCIPLES:

- A. The purpose of reporting suspected child abuse/neglect is to protect the child, prevent further abuse/neglect of the child and other children in the home, and begin treatment of the entire family. The infliction of injury/neglect, rather than the degree of that injury/neglect, is the determinant for intervention by law enforcement and/or CPS.
- B. California PC, § 11166 and 11168, requires that mandated reporters promptly report all suspected non-accidental injuries, sexual abuse, or neglect of children to local law enforcement and/or CPS.
- C. It is the job of law enforcement, CPS and the courts to determine whether child abuse/neglect has, in fact, occurred. It is not necessary for the mandated reporter to determine child abuse/neglect, but only to suspect that it may have occurred. Children under the age of five, especially less than six months, are at highest risk.
- D. All healthcare professionals are mandated to report suspected child abuse/neglect that they have knowledge of or observe in their professional capacity. Any person who fails to report as required may be punished by six months in jail and/or a \$1,000 fine.
- E. When a mandated reporter has knowledge of or has observed child abuse/neglect, that individual is required to report to law enforcement and/or CPS immediately or as soon as practically possible by telephone and shall complete/submit the suspected child abuse/neglect report form within 36 hours.
- F. When two or more mandated reporters are present at scene and jointly have knowledge of a known or suspected instance of child abuse/neglect, the telephone report can be made by a selected member and a single written report may be made and signed by the selected member of the reporting team. Any member who has knowledge that the designated reporter failed to uphold their agreement shall thereafter make the report.
- G. When a mandated reporter is not performing their job duties, they become discretionary reporters and are not required by law to report.
- H. Those persons legally required to report suspected child abuse/neglect have immunity from criminal or civil liability for reporting as required.

POLICY:


- A. If EMS personnel suspect child abuse/neglect, a prompt verbal report shall be made to law enforcement and/or CPS. If the child is in imminent danger, law enforcement shall be immediately notified/requested. To make a verbal report to CPS, call the applicable county CPS office using the appropriate 24-hour contact telephone number listed in this policy.

B. The suspected child abuse/neglect report shall be completed according to the instructions on the back of the form. The report shall be filled out as completely and clearly as possible. The completed form shall be submitted to law enforcement and/or CPS within 36 hours. A copy of the report should also be retained by the reporting party. An electronic version of the form/instructions can be obtained at the following link: https://oag.ca.gov/sites/all/files/agweb/pdfs/childabuse/ss_8572.pdf

C. The following information shall also be included in the PCR:

1. The name, department and badge # of the law enforcement officer and/or the name of the CPS social worker the report was made to.
2. The time of notification.
3. The disposition of the child, if not transported.

Suspected Child Abuse/Neglect Reporting Contact Information	
Butte County	Colusa County
<u>Chico Area (North County)</u> Child Protective Services: (800) 400-0902 765 East Ave., Suite 120 Chico, CA 95926 <u>Oroville Area (South County)</u> Child Protective Services: (800) 400-0902 78 Table Mountain Blvd., Oroville, CA 95965	Child Protective Services: (530) 458-0280 251 East Webster St., Colusa, CA 95932
Glenn County	Nevada County
Child Welfare Services: (530) 934-1429 420 E. Laurel St., Willows, CA 95988	Child Protective Services: (530) 273-4291 988 McCourtney Rd., Grass Valley, CA 95949
Placer County	Shasta County
Family & Children Services: (916) 872-6549 1000 Sunset Blvd., Rocklin, CA 95765	Child Protective Services: (530) 225-5144 1313 Yuba St., Redding, CA 96001
Siskiyou County	Sutter County
Child Protective Services: (530) 841-4200 2060 Campus Dr., Yreka, CA 96097	Child Protective Services: (530) 822-7227 1965 Live Oak Blvd., Suite A, Yuba City, CA 95991
Tehama County	Yuba County
Child Protective Services: (530) 527-1911 310 South Main St., Red Bluff, CA 96080	Child Protective Services: (530) 749-6288 5730 Packard Ave., Marysville, CA 95901

Sierra – Sacramento Valley EMS Agency Program Policy			
Suspected Elder/Dependent Adult Abuse Reporting			
	Effective: 12/01/2024	Next Review: 07/2027	832
	Approval: Troy M. Falck, MD – Medical Director		SIGNATURE ON FILE
	Approval: John Poland – Executive Director		SIGNATURE ON FILE

PURPOSE:

To establish requirements/procedures for EMS personnel to report suspected elder/dependent adult abuse.

AUTHORITY:

- A. WIC § 15630 et seq.
- B. CCR, Title 22, § 100160 and § 100075.

DEFINITIONS:

A. **Dependent adult** – Any person between the ages of 18 and 64 years who meets one or both of the following criteria:

- 1. Has physical or mental limitations that restrict his or her ability to carry out normal activities or to protect his or her rights, including, but not limited to, persons who have physical or developmental disabilities, or whose physical or mental abilities have diminished because of age.
- 2. Is admitted as an inpatient to a 24-hour health facility, as defined in HSC § 1250, 1250.2, or 1250.3.

B. **Developmentally disabled person** – A person with a developmental disability specified by or as described as follows:

“Developmental disability” means a disability that originates before an individual attains age 18 years, continues, or can be expected to continue, indefinitely, and constitutes a substantial disability for that individual. As defined by the Director of Developmental Services, in consultation with the Superintendent of Public Instruction, this term shall include mental retardation, cerebral palsy, epilepsy, and autism. This term shall also include disabling conditions found to be closely related to mental retardation or to require treatment similar to that required for individuals with mental retardation but shall not include other handicapping conditions that are solely physical in nature.

C. **Elder/dependent adult abuse** – Either of the following:

1. Physical abuse, neglect, financial abuse, abandonment, isolation, abduction, or other treatment with resulting physical harm or pain or mental suffering.
2. The deprivation by a care custodian of goods or services that are necessary to avoid physical harm or mental suffering.

D. **Elder** – Any person 65 years of age or older.

E. **Reasonable suspicion** – An objectively reasonable suspicion that a person would entertain, based upon facts that could cause a reasonable person in a like position, drawing when appropriate upon his or her training and experience, to suspect abuse.

PRINCIPLES:

A. Paid firefighters, EMRs, EMTs, AEMTs, paramedics, and MICNs are mandated reporters, and have a legal obligation to report known or suspected elder or dependent adult abuse under the following circumstances:

1. When the reporter who in their professional capacity, or within the scope of their employment, has observed or has knowledge of an incident that reasonably appears to be physical abuse, abandonment, abduction, isolation, financial abuse, or neglect; or
2. When the reporter has observed a physical injury where the nature of the injury, its location on the body, or the repetition of the injury, clearly indicates that physical abuse has occurred; or
3. When the reporter is told by an elder or dependent adult that they have experienced behavior, including an act or omission, constituting physical abuse, abandonment, abduction, isolation, financial abuse, or neglect, or the reporter reasonably suspects that abuse has occurred.

B. Any mandated reporter who has knowledge, or reasonably suspects, that types of elder or dependent adult abuse for which reports are not mandated have been inflicted upon an elder or dependent adult, or that his or her emotional well-being is endangered in any other way, may report the known or suspected instance of abuse.

C. Reports made under the law are confidential. The identity of all persons making reports of elder or dependent abuse is also confidential. This information will be shared only between the investigating and licensing agencies, with the district attorney in a criminal prosecution resulting from the report, by court order, or when the reporter waives the right to remain anonymous.

- D. When two or more persons who are required to report are present and jointly have knowledge of a known or suspected instance of abuse of an elder or dependent adult, and when there is agreement among them, the telephone report may be made by a member of the team selected by mutual agreement and a single report may be made and signed by the selected member of the reporting team. Any member who has knowledge that the member designated to report has failed to do so shall hereafter make the report.
- E. Mandated reporters who report suspected cases of elder or dependent adult abuse, in good faith, have absolute immunity, both civilly and criminally, for making a report of abuse of an elder or dependent adult. This includes taking of photographs of the victim and surroundings to submit with the report.
- F. All healthcare professionals are mandated to report suspected elder/dependent adult abuse that they have knowledge of or observe in their professional capacity. Failure to report physical abuse, abandonment, abduction, isolation, financial abuse, or neglect of an elder or dependent adult, is a misdemeanor, punishable by not more than six months in the county jail, by a fine of not more than one thousand dollars (\$1,000); or both fine and imprisonment. Any mandated reporter who willfully fails to report physical abuse, abandonment, abduction, isolation, financial abuse, or neglect of an elder or dependent adult, where that abuse results in death or great bodily injury, shall be punished by not more than one year in a county jail, by a fine of not more than five thousand dollars (\$5,000), or by both fine and imprisonment.

POLICY:

- A. Verbal reports of physical abuse are to be made immediately, or as soon as possible, by telephone.
- B. When reporting abuse that allegedly occurred in a long-term care facility or adult day health care center, contact either the local law enforcement agency or the local Ombudsman program. When the abuse is alleged to have occurred anywhere else, contact either the local law enforcement agency or the local County Adult Protective Services.
- C. A written Report of Suspected Dependent Adult/Elder Abuse must be completed and submitted to the agency initially contacted within two (2) working days of the verbal report. Electronic versions of the reporting forms and instructions can be obtained at the following links:
1. Report of Suspected Dependent Adult/Elder Abuse (SOC 341):
<https://cdss.ca.gov/portals/9/fmuforms/q-t/soc341.pdf?ver=2018-11-15-132736-097>
 2. Report of Suspected Dependent Adult/Elder Financial Abuse (SOC 342):
<https://www.cdss.ca.gov/Portals/9/fmuforms/q-t/SOC342.pdf>

D. The following information shall also be included in the PCR:

1. The name, department and badge # of the law enforcement officer and/or the name of the APS social worker or Local Ombudsman the report was made to.
2. The time of notification.
3. The disposition of the elder/dependent adult if not transported.

Suspected Elder/Dependent Adult Abuse Reporting Contact Information	
Butte County	Colusa County
Ombudsman: (530) 898-5923 Adult Protective Services: (800) 664-9774 78 Table Mountain Blvd., Oroville, CA 95965	Ombudsman: (530) 898-5923 Adult Protective Services: (530) 458-0280 251 East Webster St., Colusa, CA 95932
Glenn County	Nevada County
Ombudsman: (530) 898-5923 Adult Protective Services: (530) 865-1178 P.O. Box 611, Willows, CA 95988	Ombudsman: (916) 376-8910 Adult Protective Services: (530) 265-1639 950 Maidu Ave. Nevada City, CA 95959
Placer County	Shasta County
Ombudsman: (916) 376-8910 Adult Protective Services: (916) 787-8860 101 Cirby Hills Dr., Roseville, CA 95678	Ombudsman: (530) 229-1435 Adult Protective Services: (530) 225-5798 PO Box 496005, Redding, CA 96049
Siskiyou County	Sutter County
Ombudsman: (530) 229-1435 Adult Protective Services: (530) 842-7009 2060 Campus Dr., Yreka, CA 96097	Ombudsman: (916) 376-8910 Adult Protective Services: (530) 822-7227 1445 Veterans Memorial Cir Yuba City, CA 95993
Tehama County	Yuba County
Ombudsman: (530) 898-5923 Adult Protective Services: (530) 527-1911 PO Box 1515, Red Bluff, CA 96080	Ombudsman: (916) 376-8910 Adult Protective Services: (530) 749-6471 5730 Packard Ave., Marysville, CA 95901

Sierra – Sacramento Valley EMS Agency Program Policy			
Patient Restraint Mechanisms			
	Effective: 12/01/2024	Next Review: 07/2027	852
	Approval: Troy M. Falck, MD – Medical Director		SIGNATURE ON FILE
	Approval: John Poland – Executive Director		SIGNATURE ON FILE

PURPOSE:

To provide guidelines on the use of restraint mechanisms by EMS personnel for patients who are violent, potentially violent, or who may harm themselves or others.

AUTHORITY:

- A. HSC, Division 2.5, § 1797.202, 1797.220, and 1798.
- B. CCR, Title 22.
- C. WIC, 5150.

PRINCIPLES:

- A. Restraint mechanisms are to be used only when necessary, in situations where the patient is potentially violent or is exhibiting behavior that is dangerous to self or others.
- B. Prehospital personnel must consider that aggressive or violent behavior may be a symptom of medical conditions such as head trauma, hypoxia, alcohol or drug related problems, hypoglycemia or other metabolic disorders, stress, or psychiatric disorders.
- C. The method of restraint used shall allow for adequate monitoring of vital signs and shall not restrict the ability to protect the patient's airway or compromise vascular or neurological status.
- D. Restraints applied by law enforcement require the officer to remain available at the scene and/or during transport to remove or adjust the restraints for patient safety.

POLICY:

- A. General Principals
 - 1. Restrained patients shall not be transported in a prone position. EMS personnel must ensure that the patient's position does not compromise their respiratory/circulatory systems and does not preclude any necessary medical intervention to protect or manage the airway should vomiting occur.

2. Monitor vital signs and be prepared to provide airway/ventilation management.
3. The base and/or receiving hospital shall be informed as soon as possible that the patient has been restrained, the type of restraint used and the reason for restraint.

B. Forms of Restraint

1. Physical Restraint:

- Restraint devices applied by EMS personnel must be padded soft restraints that will allow for quick release.
- Restrained extremities should be evaluated for pulse quality, capillary refill, color, temperature, nerve, and motor function immediately following application and every 10 minutes thereafter. It is recognized that the evaluation of vascular and neurological status requires patient cooperation, and thus may be difficult or impossible to monitor.
- Restraints shall be applied in such a manner that they do not cause vascular, neurological, or respiratory compromise. Any abnormal findings require the restraints to be removed and reapplied, or supporting documentation as to why restraints could not be removed and reapplied.
- Restraints shall not be attached to movable side rails of a gurney.
- If the patient is actively spitting; a surgical mask or oxygen mask (at appropriate flow rate) may be placed over the patient's mouth to protect EMS personnel and others. If this method fails, a light weight, sheer, protective mesh hood may be used. When the mesh hood is placed over the patient's head, their mouth and/or nose shall never be obstructed, and the patient's airway/respiratory status shall be continuously monitored. The mesh hood shall never be tightened in any manner to secure it around the patient's neck.
- The following forms of restraint shall not be applied by EMS personnel:
 - Hard plastic ties or any restraint device requiring a key to remove.
 - Restraining a patient's hands and feet behind the patient.
 - "Sandwich" restraints, using backboard, scoop-stretcher, or flats.

2. Chemical Restraint:

- For patients who are combative, such that harm to self or others is likely, consult treatments outlined in protocols M-11 and M-11P (as applicable).

C. Law Enforcement Applied Restraints

1. The general principles of this policy shall pertain to patients with restraints applied by law enforcement who are treated/transported by EMS personnel.
2. Restraint devices applied by law enforcement must provide sufficient slack to allow the patient to straighten their abdomen/chest and to take full tidal volume breaths.

3. Restraint devices applied by law enforcement require the officer's continued presence to ensure patient and scene safety. The officer should accompany the patient in the ambulance or follow the ambulance during transport. Patients in custody/arrest remain the responsibility of law enforcement.
4. At the discretion of law enforcement, applied restraint devices may be replaced by EMS restraints if doing so does not threaten the safety of the patient and/or EMS personnel.

D. Interfacility Transport of Psychiatric Patients

Two-point, locking, padded cuff and belt restraints and/or two-point locking, padded ankle restraints may only be used during interfacility transport of psychiatric patients on a 5150 hold, under the following circumstances:

1. Transport personnel must be provided with a written restraint order from the transferring physician/designee as part of the transfer record.
2. Transport personnel shall always have immediate access to the restraint key during transport.
3. Restrained extremities should be evaluated for pulse quality, capillary refill, color, temperature, nerve, and motor function immediately following application and every 10 minutes thereafter. Any abnormal findings require the restraints to be adjusted or removed and reapplied, or supporting documentation as to why restraints could not be adjusted or removed and reapplied.

E. Documentation

The following information shall be documented on the patient care report:

1. Reason for restraint.
2. Type of restraint utilized and identity of personnel applying restraint.
3. Assessment of the vascular/neurological status of the restrained extremities and cardiac/respiratory status of the restrained patient.

Sierra – Sacramento Valley EMS Agency Program Policy			
EMR Initial & Renewal Certification			
	Effective: 12/01/2024	Next Review: 07/2027	904
	Approval: Troy M. Falck, MD – Medical Director		SIGNATURE ON FILE
	Approval: John Poland – Executive Director		SIGNATURE ON FILE

PURPOSE:

To specify the process for obtaining a S-SV EMS Emergency Medical Responder (EMR) certification.

AUTHORITY:

- A. HSC, Division 2.5, § 1797.204, 1797.210 & 1797.212.
- B. CCR, Title 22, Division 9, Chapter 1.5.

POLICY:

- A. S-SV EMS certification is required to function as an EMR in the S-SV EMS region.
- B. This policy does not apply to personnel who are certified by another EMR certifying entity (CAL FIRE, CHP, etc.).
- C. No individual shall hold themselves out to be an EMR unless that individual is currently certified as such by S-SV EMS or another appropriate EMR certifying entity.
- D. A S-SV EMS certified EMR is responsible for notifying S-SV EMS of their current mailing address and shall notify S-SV EMS in writing within thirty (30) calendar days of any and all changes of the mailing address.

PROCEDURE:

- A. S-SV EMS Initial EMR Certification:
 - 1. To be eligible for a S-SV EMS initial EMR certification, an individual shall meet/complete the following:
 - Be 18 years of age or older.
 - Meet one of the following training/eligibility requirements:
 - Possess a course completion record, dated within the past twelve (12) months, from an S-SV EMS approved EMR training program.

- Possess a course completion record or other documented proof of successful completion, dated within the past twelve (12) months of any initial training program that meets or exceeds the U.S. Department of Transportation Emergency Medical Responder National Emergency Medical Services Educational Standards and Instructional Guidelines.
 - Possess a current EMR certification card issued by another certifying entity. Acceptance of an EMR certification card issued by another certifying entity shall be at the sole discretion of the S-SV EMS Agency.
 - Complete a state criminal history background check within 60 days from the date of application.
 - Complete the S-SV EMS Agency EMR Initial Certification Application, and provide copies of the following:
 - Proof of compliance with one of the training/eligibility requirements listed above.
 - A current and valid U.S. state-issued Driver's License or photo identification.
 - A completed S-SV EMS Live Scan form.
 - Pay the non-refundable/non-transferable initial certification fee.
2. S-SV EMS will issue an EMR certificate to eligible individuals who apply for an initial S-SV EMS EMR certificate and meet all of the requirements listed in this section of the policy.
- The certificate effective date shall be the day the certificate is issued.
 - The certificate expiration date shall be the last day of the month two (2) years from the effective date.

B. S-SV EMS Renewal EMR Certification:

1. To be eligible for a S-SV EMS renewal EMR certification, an individual shall meet/complete the following:
- Possess a current S-SV EMS issued EMR certification.
 - Meet one of the following continuing education (CE) requirements:
 - Successfully complete a 12-hour refresher course from an approved EMR training program within 24 months prior to applying for renewal, or
 - Obtain at least 12 hours CE, within 24 months prior to applying for renewal, from an approved CE provider in accordance with the provisions contained in California Code of Regulations (Title 22, Division 9, Chapter 11).
 - Complete the S-SV EMS EMR Renewal Certification Application and provide copies of the following:
 - Proof of compliance with one of the continuing education requirements listed above.
 - A current and valid S-SV EMS Issued EMR certification card.
 - A current and valid U.S. state-issued Driver's License or photo identification.
 - A completed skills competency verification form (904-A).

- Verification of skills competency shall be valid for a maximum of two (2) years for the purpose of applying for EMR certification renewal.
 - Pay the non-refundable/non-transferable renewal certification fee.
2. A S-SV EMS certified EMR who is a member of the Armed Forces of the United States and whose certification expires while deployed on active duty, or whose certification expires less than six (6) months from the date they return from active duty deployment with the Armed Forces of the United States shall have six (6) months from the date they return from active duty deployment to complete the EMR certification renewal requirements. In order to qualify for this exception, the individual shall:
- Submit proof of membership in the Armed Forces of the United States.
 - Submit documentation of his or her deployment starting and ending dates.

CE credit may be given for documented training that meets the requirements contained in California Code of Regulations (Title 22, Division 9, Chapter 11) while the individual was deployed on active duty. CE documentation shall include verification from the individual's Commanding Officer attesting to the training.

3. S-SV EMS will issue an EMR certificate to eligible individuals who apply for a S-SV EMS renewal EMR certificate and meet all of the requirements listed in this section of the policy.
- If the EMR renewal requirements are met within six (6) months prior to the current certificate expiration date, the effective date of the renewal certificate shall be the date immediately following the expiration date of the current certificate. The certificate will expire the last day of the month two (2) years from the day prior to the effective date.
 - If the EMR renewal requirements are met more than six (6) months prior to the expiration date, the effective date of the renewal certificate shall be the day the certificate is issued. The certificate expiration date will be the last day of the month two (2) years from the effective date.

C. Reinstatement of an Expired S-SV EMS EMR Certification:


1. To be eligible for a S-SV EMS renewal EMR certification following expiration of a previously issued S-SV EMS EMR certification, an individual shall meet/complete the following:
- Possess an expired S-SV EMS issued EMR certification.
 - If S-SV EMS has submitted a 'No Longer Interested' (NLI) request to the DOJ due to the time lapse following expiration of the previously issued EMR certification, the individual shall complete a state criminal history background check within 60 days from the date of application.

- Complete the EMR Renewal Certification Application and provide copies of the following:
 - Proof of compliance with one of the continuing education requirements listed below (based on the period of lapse).
 - An expired S-SV EMS issued EMR certification.
 - A completed S-SV EMS Live Scan form (if required).
 - A current and valid U.S. state-issued Driver's License or photo identification.
 - A completed skills competency verification form (904-A).
 - Verification of skills competency shall be valid for a maximum of two (2) years for the purpose of applying for EMT certification renewal.
 - Pay the non-refundable/non-transferable renewal certification fee.
 - Meet the following CE requirements:
 - Lapse of less than six (6) months:
 - Successfully complete a 12-hour refresher course from an approved EMR training program within 24 months prior to applying for renewal, or
 - Obtain at least 12 hours of CE, within 24 months prior to applying for renewal, from an approved CE provider in accordance with the provisions contained in California Code of Regulations (Title 22, Division 9, Chapter 11).
 - Lapse of six (6) months or more, but less than 12 months:
 - Successfully complete a 12-hour refresher course from an approved EMR training program, and an additional 12 hours of CE, within 24 months prior to applying for reinstatement, or
 - Obtain at least 24 hours of CE, within 24 months prior to applying for reinstatement, from an approved CE provider in accordance with the provisions contained in California Code of Regulations (Title 22, Division 9, Chapter 11).
2. S-SV EMS will issue an EMR certificate to eligible individuals who apply for reinstatement of a S-SV EMS EMR certificate and meet all of the requirements listed in this section of the policy.
- The effective date of the certificate shall be the day the certificate is issued.
 - The certificate expiration date shall be the last day of the month two (2) years from the effective date.
- D. Denial, Suspension, or Revocation of an S-SV EMS Issued EMR Certification:

A S-SV EMS issued EMR certification may be denied, suspended, or revoked for any act that is substantially related to the qualifications, functions, and duties of an EMR and is evidence of a threat to the public health and safety (pursuant to California Health and Safety Code, Division 2.5 § 1798.200).

E. Application Processing:

1. A completed EMR application and all required supporting documentation must be submitted to S-SV EMS prior to processing.
2. S-SV EMS will normally process completed applications within 10 business days.
 - S-SV EMS is required to receive and review an EMR applicant's criminal background results before issuing an EMR certification.
 - Application processing may be delayed, and additional information/ investigation may be required prior to processing for applicants with a criminal background.

Sierra – Sacramento Valley EMS Agency Program Policy			
Paramedic Accreditation			
	Effective: 12/01/2024	Next Review: 07/2027	913
	Approval: Troy M. Falck, MD – Medical Director		SIGNATURE ON FILE
	Approval: John Poland – Executive Director		SIGNATURE ON FILE

PURPOSE:

To establish the requirements for obtaining and maintaining accreditation to practice as a paramedic in the S-SV EMS region.

AUTHORITY:

- A. HSC, Division 2.5, § 1797.84, 1797.185, 1797.194, and 1797.214
- B. CCR, Title 22, Division 9, Chapter 4, § 100166.

POLICY:

A. Initial Paramedic Accreditation:

1. To obtain initial S-SV EMS paramedic accreditation, an individual shall:
 - Submit a completed paramedic accreditation application.
 - Provide a copy of their current California paramedic license.
 - Provide a copy of their current U.S. state-issued driver’s license or photo identification card.
 - Effective on or after July 1, 2024, provide a copy of their current PALS, PEPP, APLS or Handtevy Prehospital Pediatric Provider Course (for entities using the Handtevy system) recognition.
 - Effective on or after July 1, 2024, provide a copy of their current ACLS Course recognition.
 - Successfully complete an S-SV EMS paramedic accreditation class and pass a policy/protocol examination with a minimum score of 80%.
 - If the examination is failed twice, the individual will be required to repeat the paramedic accreditation class prior to re-testing.
 - Provide verification of one of the following:
 - Current paramedic accreditation from another California LEMSA.
 - Successful completion of a paramedic training program field internship conducted in the S-SV EMS region within the previous six (6) months.

- Successful completion of a supervised field evaluation consisting of a minimum of five (5), but no more than ten (10), ALS contacts conducted in the S-SV EMS region within the previous 60 days.
 - Pay the accreditation fee.
2. An individual with a current California paramedic license may practice in the paramedic basic scope of practice, under the affiliation of an S-SV EMS approved ALS prehospital service provider agency and direct supervision of an S-SV EMS accredited paramedic, until they have completed the initial accreditation process. This temporary authorization shall be valid for a maximum of 60 days, after which time all initial accreditation requirements must be met for the individual to continue to practice as a paramedic in the S-SV EMS region.
 3. If initial accreditation requirements are not met within 60 days of completion of the S-SV EMS paramedic accreditation class, the individual must repeat all initial accreditation requirements to obtain S-SV EMS paramedic accreditation.
 4. S-SV EMS will issue a paramedic accreditation certificate to eligible individuals, within 10 working days of submission/verification of all requirements listed in this section of the policy.
 - The accreditation certificate effective date will be the day the certificate was issued.
 - The accreditation certificate expiration date will be the expiration date listed on the individual's current California paramedic license.

B. Renewal/Maintenance of Paramedic Accreditation:

1. To renew/maintain accreditation, an S-SV EMS accredited paramedic shall complete the following each time they renew their California paramedic license:
 - Submit a completed S-SV EMS paramedic reaccreditation application.
 - Provide a copy of their renewed California paramedic license.
 - Provide a copy of their current PALS, PEPP, APLS or Handtevy Prehospital Pediatric Provider Course (for entities using the Handtevy system) recognition.
 - Effective on or after July 1, 2024, provide a copy of their current ACLS Course recognition.
 - Complete S-SV EMS mandated education.
2. Failure to comply with the renewal/maintenance of paramedic accreditation requirements listed in this policy will result in a lapse of paramedic accreditation, and the individual will not be allowed to practice as a paramedic in the S-SV EMS region until they comply with the renewal/maintenance of paramedic accreditation requirements.

- For a lapse greater than 6 months, the individual shall also successfully complete an S-SV EMS paramedic accreditation class and pass a policy/protocol examination with a minimum score of 80% to be eligible for paramedic accreditation renewal.
3. S-SV EMS will issue a paramedic accreditation certificate to eligible individuals, within 10 working days of submission/verification of all requirements listed in this section of the policy.
- The accreditation certificate effective date will be the effective date listed on the individual's renewed California paramedic license.
 - The accreditation certificate expiration date will be the expiration date listed on the individual's renewed California paramedic license.

C. ALS Prehospital Service Provider Agency Responsibilities:

1. ALS prehospital service provider agencies are responsible for the following:
- Verifying their paramedic personnel have a current and valid S-SV EMS accreditation prior to allowing them to practice independently as a paramedic in the S-SV EMS region.
 - Verifying the accreditation renewal/maintenance status of their paramedic personnel on an ongoing basis.
 - Ensuring that their paramedic personnel are kept current on S-SV EMS policies/protocols.
 - Ensuring that their paramedic personnel complete all S-SV EMS required training/education.
2. If there is a change in the employment status of an S-SV EMS accredited paramedic employee, the ALS prehospital service provider agency shall submit a completed S-SV EMS Paramedic Employee Status Report (913-A or online form) to S-SV EMS within 30 calendar days of such change.



Paramedic Employee Status Report

913-A

ALS prehospital service provider agencies are responsible for the following:


- Verifying their paramedic personnel have a current and valid S-SV EMS accreditation prior to allowing them to practice independently as a paramedic in the S-SV EMS region.
- Verifying the renewal/maintenance status of their accreditation on an ongoing basis.

ALS provider agency:	
Name of person completing this form:	
Status change effective date:	
Paramedic name:	Paramedic license #:
Applicable Status Change	
<input type="checkbox"/> Has been hired as a paramedic by our organization	
<input type="checkbox"/> Is no longer functioning as a paramedic with our organization	
<input type="checkbox"/> Is no longer employed as a paramedic by our organization	
<input type="checkbox"/> Other (please explain in the comments section below)	
Comments:	

Submit Completed Forms to the S-SV EMS Agency (info@ssvems.com)

Sierra – Sacramento Valley EMS Agency Program Policy

MICN Authorization/Reauthorization

	Effective: 12/01/2024	Next Review: 07/2027	915
	Approval: Troy M. Falck, MD – Medical Director		SIGNATURE ON FILE
	Approval: John Poland – Executive Director		SIGNATURE ON FILE

PURPOSE:

To establish a mechanism for obtaining authorization or reauthorization as a Mobile Intensive Care Nurse (MICN) within the S-SV EMS region. MICN means a registered nurse (RN) authorized by the S-SV EMS Medical Director to provide instructions to prehospital EMS personnel according to approved S-SV EMS policies/protocols.

AUTHORITY:

- A. HSC, Division 2.5, § 1797.56, 1797.200, 1797.220, 1798.100, and 1798.105.
- B. CCR, Title 22, Division 9, Chapters 3 and 4.
- C. BPC, § 2725.

POLICY:

- A. An individual shall comply with the initial authorization requirements and obtain S-SV EMS MICN authorization prior to functioning as a MICN in the S-SV EMS region.
- B. A MICN shall comply with the reauthorization requirements, prior to the expiration date of their current authorization, in order to maintain S-SV EMS MICN authorization. Failure to comply with the reauthorization requirements means that the MICN has failed to maintain authorization and shall not function as a MICN in the S-SV EMS region until all reauthorization requirements are met.
- C. A MICN shall only provide medical direction to prehospital personnel when they are on-duty in a S-SV EMS base hospital emergency department.

PROCEDURE:

MICN Initial Authorization Requirements:

- A. To be eligible for initial MICN authorization, an individual shall comply with the following requirements:
 - 1. Be currently licensed as an RN in California.

2. Be currently employed in a S-SV EMS base hospital emergency department and be recommended for MICN authorization by the base hospital.
 3. Have a minimum of six months (1040 hours) of clinical experience within the last 24 months in an acute care hospital emergency department.
 4. Meet one of the following training program criteria:
 - Successful completion of a S-SV EMS approved MICN training program (including the four-hour ground ambulance ride-along and base hospital orientation components) within the previous 12 months.
 - Successful completion of a S-SV EMS approved MICN training program within the previous 12 – 24 months, successful completion of a MICN training program from another California LEMSA within the previous 24 months, or possess a current/valid MICN authorization from another California LEMSA, and complete the following additional requirements within the previous 90 days:
 - A minimum four-hour ride-along with a S-SV EMS approved ALS 911 ground ambulance provider, which includes two ALS contacts, or two ALS patient scenarios conducted by the paramedic.
 - A base hospital orientation with the S-SV EMS designated base hospital.
 5. Attend the S-SV EMS Paramedic Accreditation course within the last 90 days (note: this training may also be conducted by S-SV EMS representatives during the initial MICN training program).
 6. Submit a completed MICN initial authorization application.
 7. Provide documentation/evidence of the items listed above, in addition to copies of the following current/valid items:
 - U.S. state-issued driver's license or photo identification card.
 - Healthcare Provider CPR recognition.
 - ACLS recognition.
 - PALS or APLS recognition.
 8. Pay the S-SV EMS MICN initial authorization fee.
- B. S-SV EMS will issue a MICN authorization certificate within ten business days to eligible individuals who apply for initial MICN authorization and comply with the initial authorization requirements listed in this policy. The effective date of the MICN authorization certificate will be the day the certificate is issued, and the expiration date will be the last day of the month two years from the effective date of the initial authorization.

MICN Reauthorization:

- A. A MICN shall comply with the following requirements, prior to the expiration date of their current authorization, in order to be eligible for S-SV EMS MICN reauthorization:
1. Submit a completed MICN reauthorization application.
 2. Maintain and provide copies of the following current/valid items:
 - California RN license.
 - U.S. state-issued driver's license or photo identification card.
 - Healthcare Provider CPR recognition.
 - ACLS recognition.
 - PALS or APLS recognition.
 3. Complete 12 hours of EMS continuing education during the current authorization cycle as follows:
 - A minimum of four hours of prehospital care focused education of recorded or written patient care records.
 - A minimum four-hour ride-along with a S-SV EMS approved ALS 911 ground ambulance provider, which includes two ALS contacts, or two ALS patient scenarios conducted by the paramedic.
 - The remaining four hours may be from either of the categories above, or the MICN may complete an additional four-hour ride-along with a S-SV EMS approved ALS non-transport provider, which includes two ALS contacts, or two ALS patient scenarios conducted by the paramedic.
 4. Maintain employment in a S-SV EMS base hospital emergency department and provide documentation of base hospital reauthorization recommendation.
 5. Pay the S-SV EMS MICN reauthorization fee.
- B. S-SV EMS will issue a MICN authorization certificate within ten business days, to eligible individuals who apply for MICN reauthorization and comply with the MICN reauthorization requirements listed in this policy.

If the reauthorization requirements are met within six months prior to the current authorization expiration date, the effective date of reauthorization certificate will be the date immediately following the expiration date of the current authorization certificate and will expire two years from the day prior to the effective date. If the reauthorization requirements are met greater than six months prior to the current authorization certificate expiration date, the effective date of reauthorization certificate will be the date the individual applied for reauthorization, and the authorization certificate expiration date will be the last day of the month two years from the effective date.

MICN Reauthorization After Lapse:


- A. In addition to the reauthorization requirements specified in this policy, an individual with a lapsed MICN authorization shall also meet the following requirements in order to be eligible for reauthorization:
1. If the authorization has lapsed for less than 12 months, the MICN shall attend the S-SV EMS Paramedic Accreditation course within the previous 90 days.
 2. If the authorization has been lapsed between 12 – 24 months, the MICN shall:
 - Attend the S-SV EMS Paramedic Accreditation course within the previous 90 days.
 - Complete a base hospital MICN re-orientation with the S-SV EMS base hospital within the previous 90 days.
 - Complete an additional four-hour ride-along with a S-SV EMS approved ALS 911 ground ambulance provider, which includes two additional ALS contacts, or two additional ALS patient scenarios conducted by the paramedic (total of eight hours of ambulance ride-along). At least four hours of ambulance ride along shall be completed within the previous 90 days.
 3. If the authorization has lapsed for greater than 24 months, all of the initial authorization requirements must be met.
- B. S-SV EMS will issue a MICN authorization certificate within ten business days, to eligible individuals who apply for MICN reauthorization and successfully complete the requirements listed in this policy. The effective date of the MICN reauthorization certificate will be the day the certificate is issued, and the certificate expiration date will be the last day of the month two years from the effective date of the reauthorization certificate.

APPLICATION PROCESSING:

A completed MICN authorization/reauthorization application and all required supporting documentation must be submitted to S-SV EMS prior to processing.

Sierra – Sacramento Valley EMS Agency Program Policy

EMS Incident Reporting & Investigation

	Effective: 12/01/2024	Next Review: 07/2027	927
	Approval: Troy M. Falck, MD – Medical Director		SIGNATURE ON FILE
	Approval: John Poland – Executive Director		SIGNATURE ON FILE

PURPOSE:

To establish incident reporting and investigation requirements for EMS personnel, EMS provider agencies and base/modified base hospitals.

AUTHORITY:

- A. HSC, Division 2.5, § 1797.200 and 1798.
- B. CCR, Title 22, Division 9, Chapters 2, 3, 4, 6 & 12.

REPORTABLE INCIDENTS:

- A. Sentinel Events – An unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof.
- B. Breach of the standard of care (i.e. failure to assess/act, patient abandonment).
- C. Medication errors.
- D. Treatment errors, or errors in assessment/application of treatment guidelines.
- E. Care beyond the appropriate scope of practice.
- F. Failure to follow S-SV EMS policy or protocol.
- G. Any alleged or known injury to a patient as a result of actions by EMS personnel.
- H. Suspected violations of HSC, Division 2.5, § 1798.200, including:
 - 1. Fraud in the procurement of any certificate or license.
 - 2. Gross negligence.
 - 3. Repeated negligent acts.
 - 4. Incompetence.

5. The commission of any fraudulent, dishonest, or corrupt act that is substantially related to the qualifications, functions, and duties of prehospital personnel.
6. Conviction of any crime which is substantially related to the qualifications, functions, and duties of prehospital personnel. The record of conviction or a certified copy of the record shall be conclusive evidence of the conviction.
7. Violating or attempting to violate directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provision of this division or the regulations adopted by the authority pertaining to prehospital personnel.
8. Violating or attempting to violate any federal or state statute or regulation that regulates narcotics, dangerous drugs, or controlled substances.
9. Addiction to, the excessive use of, or the misuse of, alcoholic beverages, narcotics, dangerous drugs, or controlled substances.
10. Functioning outside the supervision of medical control in the field care system operating at the local level, except as authorized by any other license/ certification.
11. Demonstration of irrational behavior or occurrence of a physical disability to the extent that a reasonable and prudent person would have reasonable cause to believe that the ability to perform the duties normally expected may be impaired.
12. Unprofessional conduct exhibited by any of the following
 - The mistreatment or physical abuse of any patient resulting from force in excess of what a reasonable and prudent person trained and acting in a similar capacity while engaged in the performance of his or her duties would use if confronted with a similar circumstance. Nothing in this section shall be deemed to prohibit an EMT, AEMT, or paramedic from assisting a peace officer, or a peace officer who is acting in the dual capacity of peace officer and EMT, AEMT, or paramedic, from using that force that is reasonably necessary to effect a lawful arrest or detention.
 - The failure to maintain confidentiality of patient medical information, except as disclosure is otherwise permitted or required by law.
 - The commission of any sexually related offense specified under PC, § 290.
- I. Critical vehicle and non-biomedical equipment failures shall be reported utilizing the S-SV EMS Critical Vehicle Failure/Equipment Failure Report Form.
- J. Biomedical equipment failures shall be reported in accordance with S-SV EMS Policy 715.

POLICY:**A. EMS Personnel Responsibilities:**

1. Immediately notify the receiving facility RN or physician if a reportable incident impacts or has a potential to impact a patient's health and well-being.
2. Notify the on-duty supervisor of any reportable incident as soon as possible, and subsequently submit a written incident report describing the details of the reportable incident by the end of the shift in which the event occurred.
3. Reasonably cooperate with the investigation of any reportable incident.

B. EMS Provider Agency and/or Hospital Staff Responsibilities:

1. If the EMS provider agency or hospital is the reporting entity:
 - Provide a written report of the incident and any other pertinent incident related materials to the investigating entity within three (3) working days of becoming aware of a reportable incident.
 - Provide reasonable/appropriate information to the investigating entity to assist them in completing their investigation.
2. If EMS provider agency or hospital staff receive notification of a reportable incident from another reporting entity:
 - Acknowledge receipt of the incident to the reporting entity within three (3) working days.
 - Conduct an adequate investigation of the incident, which at a minimum shall include:
 - A review of all pertinent incident related documentation, including PCRs, incident reports and any other documentation relevant to the investigation.
 - A review of other materials relevant to the investigation (medical records, voice recordings, etc.).
 - Interviews with complainants, witnesses, prehospital personnel and/or hospital personnel deemed relevant to the investigation.
 - Determine the appropriate action/resolution, which may include one or more of the following:
 - No action necessary.
 - Remedial education.
 - Provider disciplinary action.
 - Referral of prehospital personnel to S-SV EMS and/or EMSA for further review and/or potential certification/license action.
 - Referral of the incident to S-SV EMS for possible case review and/or policy/protocol revision.

-
- C. Investigations should be completed in a timely manner and should be routinely resolved within 21 calendar days of notification. The reporting entity shall be advised if the investigation is expected to last longer than 21 calendar days, and appropriate updates shall be provided until a resolution is reached.
- D. EMS provider agencies shall utilize the S-SV EMS Prehospital Provider Incident Tracking Form (927-A), or similar provider agency documentation, to record the notification, investigation, findings and resolution of reportable incidents. This documentation shall be provided to S-SV EMS upon request, or for any incident that requires referral to S-SV EMS for additional review/action.
- E. Appropriate notification of investigation completion/findings/resolution, in compliance with current employment and confidentiality laws, shall be provided to the reporting entity at the conclusion of the investigation.
- F. EMS provider agencies and/or hospitals shall report any of the following to S-SV EMS within three (3) working days of occurrence confirmation:
1. Sentinel Events.
 2. Any alleged or known injury to a patient as a result of actions or omissions by EMS personnel.
 3. Any alleged or known violation of HSC, Division 2.5, § 1798.200.
 4. Any incident believed to require S-SV EMS notification, including if the reporting party is not satisfied with the investigating entity's incident findings/resolution.
- G. EMS provider agencies shall notify S-SV EMS within three (3) working days of the occurrence of any of following:
1. An EMT, AEMT or paramedic is terminated or suspended for disciplinary cause.
 2. An EMT, AEMT or paramedic resigns/retires following notice of an investigation based upon evidence indicating disciplinary cause.
 3. An EMT, AEMT or paramedic is removed from EMT/AEMT/paramedic related duties for disciplinary cause after the completion of the employer's investigation.



S-SV EMS Prehospital Provider Incident Tracking Form

927-A

CONFIDENTIAL

(In accordance with California Civil Code Section 56, et seq, California Evidence Code Section 1040 and section 1157. Et seq, and California Code of Regulations, Title 22, Division 9)

Reporting Entity Information:

Name of Reporting Entity:	
Phone Number:	Email Address:
Date Received:	Receipt Acknowledgement Date:

Incident Logistics:

<input type="checkbox"/> Butte <input type="checkbox"/> Colusa <input type="checkbox"/> Glenn <input type="checkbox"/> Nevada <input type="checkbox"/> Placer <input type="checkbox"/> Shasta <input type="checkbox"/> Siskiyou <input type="checkbox"/> Sutter <input type="checkbox"/> Tehama <input type="checkbox"/> Yuba		
Date Investigation Opened:		Date Investigation Closed:
Incident Date:	Incident Time:	Run #:
Incident Location:		
Prehospital Agencies Involved:		
Hospitals Involved:		
Personnel Involved:		

Type of Reportable Incident(s):

<input type="checkbox"/> Sentinel Event	<input type="checkbox"/> Breach of the Standard of Care
<input type="checkbox"/> Medication Error	<input type="checkbox"/> Treatment Error
<input type="checkbox"/> Key Equipment Failure Related to Patient Care	<input type="checkbox"/> Care Beyond the Appropriate Scope of Practice
<input type="checkbox"/> Failure to Follow S-SV EMS Policy/Protocol	<input type="checkbox"/> Suspected Violation of HSC, Div. 2.5, § 1798.200
<input type="checkbox"/> Alleged or Known Injury to a Patient as a Result of Actions by EMS Personnel	
<input type="checkbox"/> Other	

Specific Issue(s):

<input type="checkbox"/> Airway	<input type="checkbox"/> Inappropriate Behavior	<input type="checkbox"/> MICN Issues
<input type="checkbox"/> AMA/RAS	<input type="checkbox"/> Interpersonal	<input type="checkbox"/> Patient Assessment
<input type="checkbox"/> Base/Modified Base Contact	<input type="checkbox"/> Manpower/Resource Utilization	<input type="checkbox"/> Patient Transfer
<input type="checkbox"/> Destination	<input type="checkbox"/> MCI	<input type="checkbox"/> Patient Turnover
<input type="checkbox"/> Dispatch	<input type="checkbox"/> Medical Control	<input type="checkbox"/> Physician Issues
<input type="checkbox"/> Documentation	<input type="checkbox"/> Medication Broken/Missing	<input type="checkbox"/> Policy Clarification
<input type="checkbox"/> Equipment Failure	<input type="checkbox"/> Medication Error	<input type="checkbox"/> Scope of Practice
<input type="checkbox"/> Equipment Utilization	<input type="checkbox"/> Other:	



S-SV EMS Prehospital Provider Incident Tracking Form

927-A

CONFIDENTIAL

(In accordance with California Civil Code Section 56, et seq, California Evidence Code Section 1040 and section 1157. Et seq, and California Code of Regulations, Title 22, Division 9)

Description of Incident (attach additional documentation if necessary):

Incident Investigation Checklist (items used/reviewed during the incident investigation):

<input type="checkbox"/> Base Hosp. Audio Files	<input type="checkbox"/> Dispatch Audio Files	<input type="checkbox"/> PCR
<input type="checkbox"/> Base Hosp. Documentation	<input type="checkbox"/> Dispatch Logs	<input type="checkbox"/> RAS/AMA Forms
<input type="checkbox"/> Cardiac Monitor/AED Reports	<input type="checkbox"/> Incident Reports	<input type="checkbox"/> S-SV EMS Policy/Protocol
<input type="checkbox"/> Prehospital Personnel Interview(s):		
<input type="checkbox"/> Interviews/Discussions With Other Personnel:		
<input type="checkbox"/> Other:		



S-SV EMS Prehospital Provider Incident Tracking Form

927-A

CONFIDENTIAL

(In accordance with California Civil Code Section 56, et seq, California Evidence Code Section 1040 and section 1157. Et seq, and California Code of Regulations, Title 22, Division 9)

Comments (attach additional documentation if necessary):

Resolution(s):

<input type="checkbox"/> No Action Required	<input type="checkbox"/> Remedial Education	<input type="checkbox"/> Disciplinary Action
<input type="checkbox"/> Referral to S-SV EMS and/or the California EMS Authority for Potential Certification/Licensure Action		
<input type="checkbox"/> Referral to S-SV EMS for Possible Case Review or Policy/Protocol Revision		
<input type="checkbox"/> Other:		
S-SV EMS Agency Referral Date:		
Date Notification of Resolution Provided to Reporting Party:		

Investigator Information

Name/Title of Person Completing Investigation: