

# Walla Walla County Emergency Medical Service County Operating Procedures

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# COUNTY OPERATING PROCEDURE #1

## EMS PROVIDERS AND AMBULANCE DISPATCH

Effective date: 7/1/2001

### Standard

- A. Dispatch procedures will be standardized for all responses in Walla Walla County.

### Purpose

- A. To assure the most rapid availability of appropriate EMS personnel and ambulance service to ill and injured individuals in Walla Walla County, as mandated in Washington Administrative Code for EMS and Trauma Systems (WAC 246-976).

### Procedure

- A. The City of Walla Walla (E911) is the Dispatch Center initiating EMS responses.
- B. The Dispatch Center will dispatch appropriate EMS agency
  1. Selection of first responding shall be based upon declared need, (emergency vs. non-emergent)
  2. Jurisdiction
  3. Geographic factors
  4. Response time factors
- C. Waitsburg Ambulance Service and Walla Walla County Fire Protection District #2 are dispatched by Columbia County Dispatch Center.
- D. Two-tiered response

### Quality Assurance

- A. Dispatch communications problems will be reviewed by the Medical Program Director with Communications Center Staff and EMS providers, and reported to the Region CQI committee for review, if necessary.
- B. Dispatch communications concerns effecting patient care will be reviewed by the Medical Program Director with Communications Center Staff and EMS providers, and reported to the Region CQI Committee for review, if necessary.



## **COUNTY OPERATING PROCEDURE #2**

### **PATIENT TRIAGE, TRANSPORT, HOSPITAL DESTINATION**

Effective date: 7/1/2007

#### **Standard**

- A. To ensure that all emergent patients are transported to the most appropriate designated or categorized facility in accordance with the most current Washington State Triage Destination Procedures for Trauma, Cardiac and Stroke.

#### **Purpose**

- A. To define the hospital destination to determine the appropriate care for the patients of Walla Walla County in accordance to WAC 246-976-700.

#### **Procedure**

- A. In general, patients with non-life threatening injuries or disease states will be delivered to the hospital of their or their family's choice/or as determined by the private physician.
  - 1. If patient does not have hospital preference, Medical Control will be contacted to obtain destination instructions.
  - 2. If the patient has a hospital preference, Medical Control can change the destination based on prehospital assessment, triage destination procedures for trauma, cardiac, stroke criteria and availability of resources at the destination hospital.
  - 3. If patient deferred, the ED physician acting as Medical Control shall contact, by landline, their counterpart at the other facility to confirm patient acceptance.
- B. Any head and/or spinal cord injured patient with significant deterioration in level of consciousness, localizing neurologic signs, and/or Glasgow Coma Score of less than 13, should be directed to St. Mary Medical Center, unless redirected.
- C. Patients meeting Walla Walla County Trauma Triage Procedure Step 1, Step 2 and 2A will be transported to St. Mary Medical Center.
- D. Patients meeting Walla Walla County Trauma Triage Procedure Step 3, destination will be determined by contacting Trauma Control at St. Mary Medical Center/Medical Control, if at Walla Walla General Hospital, or the hospital of the patient's choice.
- E. St. Mary Medical Center is Medical Control for Oregon Trauma patients. Units responding to Oregon trauma scenes will contact SMMC. Those patients meeting Oregon Trauma Triage Criteria will be transported to SMMC.

#### **Quality Assurance**

- A. All Walla Walla County major trauma events will be reviewed locally and reported to the Region CQI committee, if necessary.
- B. All Walla Walla County triage, transport and hospital destination problems will be reviewed locally and reported to the Region CQI committee, if necessary



## **COUNTY OPERATING PROCEDURE #3**

### **INTERHOSPITAL/INTERFACILITY TRANSFERS**

Effective date: 7/1/2007

#### **Standard**

- A. To provide for patient's definitive diagnostic or therapeutic needs that may be beyond the capacity of one facility.

#### **Purpose**

- A. To identify procedures for interfacility transfers for emergency medical and trauma patients, by prehospital providers.

#### **Procedure**

- A. All interfacility transfers shall be in compliance with current OBRA/COBRA regulations and consistent with WAC 246-976-890/RCW 70.170.060(2).
- B. Transporting personnel must have adequate summary of patient's condition, current treatment, possible complications and other pertinent medical information.
- C. Upon determination that a patient needs exceed the scope of practice and/or protocols. EMS personnel shall advise the facility that they do not have the resources to do the transfer.
- D. Treatment orders should be obtained by transporting personnel.
- E. All orders should be in writing.
- F. All patients for emergency transfer must have at least one IV in place. Orders for IV solutions composition and rate to be provided.
- G. Transfer papers shall accompany the patient.
- H. Receiving physician to be contacted prior to transfer by transferring physician.
- I. Personnel and equipment used to transfer patient shall be appropriate to the treatment needed or anticipated, during transfer.
- J. Written orders for medications not covered by County Patient Care Procedures shall accompany patient.
- K. Vital signs taken and recorded every 30 minutes. Stable, sedated mental health patients will be monitored closely and observations will be recorded as above.
- L. Restraints shall be checked every 15 minutes.
- M. All interfacility transfer patients will have vital signs taken at beginning and ending of transfer.

#### **Quality Assurance**

- A. Interhospital/interfacility transfer problems will be reviewed locally and reported to the Region CQI committee for review, if necessary.
- B. Interhospital/interfacility transfer problems effecting patient care will be reviewed locally and reported to the Region CQI committee for review, if necessary.



# **COUNTY OPERATING PROCEDURE #4 ON SCENE MEDICAL COMMAND**

Effective date: 7/1/2007

## **Standard**

- A. Incident Command System will be initiated for all EMS responses in Walla Walla County.

## **Purpose**

- A. To assure the expedient triage, treatment and transfer of patients involved in an EMS event in Walla Walla County.

## **Procedure**

- A. Two-tiered response initiated
  - 1. First EMS provider on scene determines need for ALS
    - a. If does not require transport or only BLS transport, notify responding ALS unit or Dispatch to cancel
    - b. Identify self and communicate why not needed.
  - 2. If BLS/ALS is on scene, senior paramedic shall assume medical command.
  - 3. If more than one provider agency responds, first EMS provider to arrive is medical command.

## **Quality Assurance**

- A. Medical Incident Command concerns will be reviewed by the Medical Program Director, Communications Center Staff and EMS providers, and reported to the Region CQI committee for review, if necessary.
- B. Medical Incident Command concerns effecting patient care will be reviewed by the Medical Program Director with Communications Center Staff and EMS providers, and reported to the Region CQI committee for review, if necessary.



**COUNTY OPERATING PROCEDURE #5**  
**EMS/MEDICAL CONTROL COMMUNICATION**

Effective date: 7/1/2007

**Standard**

- A. Communications between Prehospital personnel and Medical Control will be standardized for all patients.

**Purpose**

- A. To define methods of expedient communications between Prehospital personnel and Medical Control.

**Procedure**

- A. Contact Medical Control, or destination hospital, a minimum of three times for all complicated medical and trauma patients.
- B. En Route
- C. At the scene, with quick scene size-up
- D. Report with pertinent patient information

**Quality Assurance**

- A. Communication problems will be reviewed locally and reported to the Region CQI committee for review, if necessary.
- B. Communications problems effecting patient care will be reviewed locally and reported to the Region CQI committee for review, if necessary.



## **COUNTY OPERATING PROCEDURE #6**

### **HELICOPTER ALERT AND RESPONSE**

Effective date: 7/1/2007

#### **Standard**

- A. Initiate a helicopter with ALS EMS personnel to the scene of a life-threatening incident as soon as deemed necessary and appropriate.

#### **Purpose**

- A. To define the criteria for request of on-scene ALS helicopter and who may initiate the request. (Weather permitting.)

#### **Procedure**

- A. Any emergency response agency in Walla Walla County may request a helicopter be put on standby by notifying WESCOM, the Walla Walla County Dispatch Center. This includes law enforcement personnel.
- B. If the BLS/ALS unit at, or enroute to the scene of patient/s meeting life-threatening criteria, as defined in the Walla Walla County Patient Care Procedures, CRITERIA FOR ALS TRANSPORT and TWO-TIERED RESPONSE DISPATCH CRITERIA FOR EMS PERSONNEL, determines that air medical transport can decrease the transport time of the patient by 20 minutes to the appropriate facility, they should contact Dispatch for an ALS helicopter to be launched, (weather permitting.)
- C. On-Scene flight acceptance criteria will be determined by flight crew or other agency, as provided in the policies of the responding agency; based on information received from WESCOM.
- D. WESCOM will provide the helicopter with the correct radio frequency to use to contact the ground unit/s.
- E. The flight crew will transport the emergent patient per the State of Washington trauma, cardiac or stroke triage tool by transporting the patient to the most appropriate health care facility.
- F. The helicopter will make radio contact with the receiving facility as soon as possible.

#### **Quality Assurance**

- A. Reports of all helicopter scene responses will be submitted to the Region CQI committee. These will be reviewed, with local input, to ensure the appropriate use of the helicopter. All reports will include response times, location and conditions.



## **COUNTY OPERATING PROCEDURE #7**

### **BLS/ILS AMBULANCE RENDEZVOUS WITH ALS AMBULANCE**

Effective date: 7/1/2007

#### **Standard**

- A. To provide optimum care for the patients of Walla Walla County.

#### **Purpose**

- A. To establish guidelines for rendezvous for patient that would benefit from ALS intervention. Requirement for all patients meeting ALS Dispatch Requirements and Criteria for ALS Transport.

#### **Definitions**

- A. ALS – Advanced Life Support as defined in WAC 246-976-010
- B. Attempted – after identification of the need for ALS intervention, every effort will be made to arrange a BLS/ILS ambulance with ALS ambulance rendezvous.
- C. BLS – Basic life Support as defined in WAC 246-976-010
- D. ILS – Intermediate Life Support as defined in WAC 246-976-010
- E. Rendezvous – a pre-arranged agreed upon meeting either on scene, enroute from or another specified location.

#### **Procedure**

- A. BLS/ILS ambulance may determine need for ALS ambulance rendezvous at any time.
- B. Based on updated information, ALS ambulance may be given the option to cancel.
- C. Prior to BLS/ILS ambulance transporting patient from scene, ETA of ALS shall be determined. If ETA is  $\leq 5$  minutes and transport time is  $\geq 10$  minutes, BLS/ILS ambulance will remain at the scene until ALS arrive. (Exception: major trauma victim or patient without patent airway).
- D. Upon rendezvous, ALS provider will determine method of transport, (BLS/ILS unit vs. ALS unit) in accordance with RCW 18.71.210.

#### **Quality Assurance**

- A. Any deviation from this procedure shall be reviewed by the responding agencies and the MPD
- B. BLS/ILS rendezvous problems will be reviewed locally and reported to the Region CQI committee for review, if necessary.
- C. BLS/ILS rendezvous problems effecting patient care will be reviewed locally and reported to the Region CQI committee for review, if necessary





## **COUNTY OPERATING PROCEDURE #8**

### **DOCUMENTATION AND DATA SUBMISSION**

Effective date: 7/1/2007

#### **Standard**

- A. Documentation and data submission will be standardized for all responses in Walla Walla County.

#### **Purpose**

- A. To implement local procedures for licensed and trauma verified aid and ambulance services on medical /trauma incident report (MIR) writing and data submission in accordance with the Washington Administrative Codes (WAC 246-976-330 and 430) and South Central Region Patient Care Procedure #10.
- B. To review skill maintenance and field performance of certified personnel for quality assurance purposes (WAC 246-976-910).
- C. To encourage complete and accurate documentation of patient information and treatment.

#### **Procedure**

- A. An approved EMS MIR must be appropriately completed and filed for any call for EMS assistance resulting in patient contact within Walla Walla County, regardless of patient transport.
- B. This applies to BLS and ALS units.
- C. Includes public assist calls.
- D. Non-transporting agencies may use a County or State approved form.
- E. Transporting agencies will leave a copy of the patient care record at the receiving facility.
- F. Patient records are confidential. Disclosure of patient information shall be governed by applicable state and federal regulations regarding confidentiality.
- G. Copies of all records will be submitted to the Walla Walla County Office of EMS for data submission into WEMSYS, according to the written Data Submission Agreements. These agreements are reviewed and signed every year.

#### **Quality Assurance**

- A. The following incidents will be reviewed:
  - 1. ALS - whenever patient is treated with medication or care is discontinued
  - 2. BLS - whenever Defibrillation is attempted.
  - 3. Esophageal Tracheal Combitube or King Airway is attempted.
- B. Documentation problems will be reviewed by the Medical Program Director and responding EMS personnel - BLS and ALS and reported to the Region CQI Committee for review, if necessary.
- C. Documentation problems effecting patient care will be reviewed by the Medical Program Director with the responding EMS personnel - BLS and ALS and reported to the Region CQI committee for review, if necessary.



## **COUNTY OPERATING PROCEDURE #9**

### **EMERGENCY PREPAREDNESS/SPECIAL RESPONDERS**

Effective date: 7/1/2007

#### **Standard**

- A. Each county Emergency management Administration within the South Central Region shall have a written Emergency Preparedness plan that includes EMS and health care facilities per RCW and WAC.

#### **Purpose**

- A. To assure that the county Emergency Preparedness written plan addresses EMS and designated trauma services roles and responsibilities in multi-casualty and disaster incidents.

#### **Procedure**

- A. Each local EMS & Trauma Care Council may approve County Operating Procedures (COPs) that meet or exceed the STANDARD and PURPOSE described above. The local Council will provide the Region Council with a copy of their COPs for review, adoption and inclusion with the Region PCPs. The Region Council will make a recommendation to DOH that the COPs be approved.
- B. Local EMS & Trauma Care Councils will verify that EMS agencies and designated trauma services roles and responsibilities in county emergency preparedness plans are included and accurate.
- C. Local EMS & Trauma Care Councils will verify and submit as an addendum a list of special responders from each county's emergency preparedness plans.

#### **Definition**

- A. Special Responders – Organizations or individuals who provide and contribute emergency response and skills outside the usual and customary EMS response.

#### **Quality Assurance**

- A. The South Central Region PCP Committee will review and update PCPs at least every two years or as needed. PCPs will be submitted to Local EMS & Trauma Councils and MPDs for their input every two years.



# **COUNTY OPERATING PROCEDURE #11**

## **OUT OF COUNTY EMERGENCY INTERFACILITY RESPONSES**

Effective date: 10/1/2002; reviewed: 2008

### **Standard**

- A. EMS transport agencies coming into, or leaving, Walla Walla County, for the purpose of emergency inter-facility transports, will notify Walla Walla Dispatch Center of intent to enter or leave the county, if running with lights and/or sirens.

### **Purpose**

- A. Provide for the safety of crews, patients, the public and other emergency responders.

### **Procedure**

- A. When enroute to a facility in Walla Walla County for purposes of patient transfer and the response requires a “Code” response, the transporting agency, or their respective dispatch center, will contact Walla Walla Dispatch Center of their code response. (509.527.1960)
- B. The information to be given to the dispatch center will include:
  - 1. Route of travel
  - 2. Destination
  - 3. Time of estimated arrival
- C. If the transporting agency will be leaving the area in a code response mode, that information will also be given to the Walla Walla dispatch center.
- D. This procedure applies to BLS and ALS units.

### **Quality Assurance**

- A. Identified agencies, not adhering to the emergency transport policy, may be subject to review by the Medical Program Director, Walla Walla County office of EMS and the Region CQI committee, if necessary.
- B. It will be the responsibility of the Walla Walla County Department of EMS to maintain communications with surrounding agencies in the matter of the above policy.



**COUNTY OPERATING PROCEDURE #12**  
**KING AIRWAY CME/OTEP REQUIREMENTS**

Effective date: 12/1/2007

**Standard**

- A. All EMS providers in Walla Walla County that have special skills endorsement on the ®King Airway are required to maintain additional Continuing Medical Education to remain certified at that skill level.

**Purpose**

- A. To assure that providers maintain proficiency in the use of the ®King Airway

**Procedure**

- A. Training Components – ®King Airway
  - 1. Continuing Medical Education shall be completed annually
  - 2. Each person must successfully complete the practical skills exam that includes intubation and extubation on an airway manikin. Practice session must include simulated “mega-code” situations.
- B. Each individual’s Continuing Medical Education needs to be documented and a
- C. Record kept on file for audit by the MPD and/or designee.

**Quality Assurance**

- A. MPD and/or designee will review actual occurrences on a regular basis.
- B. Training records will be audited for compliance. Failure to maintain Continuing Medical Education may result in the loss of the MPD’s permission to perform this special skill.



## COUNTY OPERATING PROCEDURE #13 ADVANCED EMT TRAINING REQUIREMENTS

Effective date: 1/1/2008

### Standard

- A. In Walla Walla County, approval of ILS personnel shall be based on the recommendations that are found in South Central Region EMS/TC Plan and approved by Washington State Department of Health. Burbank Fire District #5 is currently the only recognized “area of need” for ILS level of responder in Walla Walla County.
- B. This level is not to substitute for paramedics in existing services, diminishing the level of existing care. When a paramedic system exists, ILS personnel shall arrange for ALS rendezvous. **However if the time to estimated paramedic arrival and evaluation exceeds transport time to the hospital the patient may be transported via BLS/ILS to the nearest hospital.**

### Purpose

- A. The purpose of Advanced EMT level of training and certification is to provide specific, limited life-saving skills to rural areas that cannot yet make the commitment to develop or maintain full paramedic service.

### Procedure

- A. Pass a Washington State approved Advance EMT course. (WAC 246-976-141)
- B. Complete all required paperwork and obtain MPD recommendation.
- C. Maintain all Advance EMT skills and educational requirements as outlined in WAC 246-976-161,162.163.

### Quality Assurance

- A. MPD and/or designee will review all EMS runs where Advance EMT skills are used.
- B. Training records will be audited for compliance. Failure to maintain Continuing Medical Education or skills may result in the loss of the MPD’s permission to perform at the Advanced EMT level.



## **COUNTY OPERATING PROCEDURE #14**

### **ALS COUNTY CERTIFICATION**

Effective date: 1/2008; Updated: 4/2009

#### **Standard**

- A. Walla Walla Fire Department is the only recognized ALS transporting agency in the county. Paramedics that volunteer with agencies that are within close proximity, 4-15 minutes response times, of Walla Walla Fire, may not be recognized to practice as a paramedic in Walla Walla County.
- B. The county MPD will review request for ALS personnel to work in Walla Walla County and determine if there is a need for that level of service outside of the Walla Walla Fire Department.

#### **Purpose**

- A. To assure a uniform method is in place for ALS EMS personnel new to Walla Walla County are familiar with local, Regional and state patient care protocols and procedures.

#### **Procedure**

- A. Prior to MPD recommending a paramedic to practice in Walla Walla County the following shall be accomplished.
  - 1. Pass a County Protocol Exam with a minimum score of 80%.
  - 2. Provide documentation of current ACLS, PALS and PHTLS (or equivalent).
  - 3. Provide documentation of current OTEP or CME.
  - 4. Provide letters of recommendation, on official letterhead, from the most recent employer or agency of association in the field of emergency medical service, and from the MPD that you were practicing under prior to coming to Walla Walla County.
- B. After the above has been accomplished, the Paramedic will meet with Walla Walla County MPD. The MPD will make the final determination of whether or not to recommend them for ALS certification in Walla Walla County.

#### **Quality Assurance**

- A. As a functioning paramedic in Walla Walla County your EMS run reports will be subject to review by the MPD and/or designee.
- B. Paramedics are required to remain current with your CME/OTEP including ACLS, PALS and PHTLS.
- C. Paramedics shall work within the parameters of the Walla Walla County ALS protocol.



# COUNTY OPERATING PROCEDURE #15 PREHOSPITAL QUALITY IMPROVEMENT

Effective date: 12/2000

## Standard

- A. To establish a process of record review for the prehospital care provider and EMS agencies.

## Purpose

- A. To improve patient care and outcome by timely records review in an appropriate, non-critical manner that will assure confidentiality.

## Procedure

- A. Use the QI program Instructions as established by DOH and signed by the county Medical Program Director
- B. Use the County policies regarding case review worksheets and Pledge of Confidentiality.
- C. A committee will be appointed by the County Medical Program Director.
- D. Reviews will be done on a monthly basis for EMS personnel.
- E. Responses to be reviewed:
  - 1. All code patients
  - 2. All 12 Lead EKG responses with appropriate patient follow-up
  - 3. All trauma responses activating trauma teams
  - 4. Trauma deaths in the field
  - 5. Deaths of children
  - 6. Any record review requested by medical personnel at sending or receiving medical facilities.
- F. Basic Life Support Reviews:
  - 1. Any request from a BLS response agency or personnel
  - 2. Twice a year for all county Agencies using the documentation forum under OTEP
  - 3. This review will be done by the MPD or an MPD Designee
- G. Records that fall out of screening response will be reviewed by a QI Committee member. If records do not meet specific QI criteria, these records are to be reviewed by the QI Committee.

## Quality Assurance

- A. All reviews will be confidential.
- B. The Pledge of Confidentiality will be signed by all attending.



# COUNTY OPERATING PROCEDURE #16

## CHILD ABUSE MANDATORY REPORTING

Effective date: 3/2009

### Standard

- A. Child abuse is the physical and mental injury, sexual abuse, negligent treatment, or maltreatment of a child under the age of 18 by a person who is responsible for the child's welfare. The recognition of abuse and the proper reporting is a critical step to improving the safety of children and preventing child abuse.

### Purpose

- A. To provide guidelines for the identification of suspected child abuse and the procedure for reporting such suspicions by prehospital care personnel.
- B. To maintain compliance with RCW 26.44.180 and Substitute House Bill 1333 for cases of child fatalities and child physical abuse or criminal child neglect.

### Procedure

- A. Assess for and document physical or mental signs of abuse.
- B. Assess for and document signs and symptoms of neglect.
- C. Immediately report suspicious findings to on-shift supervisor, receiving hospital if transported, or the Department of Social & Health Services (RCW 26.44.030).
- D. Documentation to include but not limited to:
  - 1. The name, address and age of the child.
  - 2. The name and address of the child's parents, stepparent, guardians or other persons having custody of the child.
  - 3. The nature and extent of the alleged injury or injuries.
  - 4. The nature and extent of alleged neglect.
  - 5. The nature and extent of the alleged sexual abuse.
  - 6. Any evidence of previous injuries, including their nature and extent.
  - 7. Any other information that may be helpful in establishing the cause of the child's death, injury or injuries, and the identity of the alleged perpetrator or perpetrators.

*NOTE: Waitsburg Ambulance Service responds in both Columbia and Walla Walla Counties. Waitsburg Ambulance follows Columbia County medical protocols, but when responding to suspected abuse and neglect cases in Walla Walla County will report to the appropriate Walla Walla County agencies following those protocols and procedures.*

### Quality Assurance

- A. All cases of abuse or neglect will be reviewed by the MPD, and reported to the Region CQI committee for review, if necessary.
- B. Agency supervisors who are responsible for reporting must have reasonable knowledge of HIPAA and Abuse and Neglect reporting requirements.





**COUNTY OPERATING PROCEDURE #17**  
**PUBLIC ACCESS DEFIBRILLATORS (P.A.D)**

Effective date: 7/1//2007

**Standard**

- A. To facilitate immediate treatment in an emergency, individuals or entities may purchase and install public access defibrillators. Public access defibrillators, (P.A.D.), or automated external defibrillators (AED), are portable devices designed to analyze a victim's heart rhythm and, if necessary, deliver an electrical shock to restore normal heart rhythm.
- B. Only trained personnel are to apply and use an AED.

**Purpose**

- A. Every year in the United States, approximately one million people die as a result of cardiovascular disease. About one-third of these deaths result from cardiac arrest, the sudden and unexpected loss of heart function.
- B. Immediate treatment of cardiac arrest using defibrillation raises the survival rate from such an event from one to five percent to 90 percent if performed immediately. The survival rate drops 10 percent for each minute that treatment is delayed.
- C. In 1998, the laws of the State of Washington were amended to permit the use of AED by lay providers. The law establishes minimum P.A.D. program standards. By meeting these standards, persons and entities delivering patient care with AEDs are provided limited immunity from civil liability.

**Procedure**

- A. A person or entity which acquires a P.A.D. is responsible for ensuring that:
  - 1. Defibrillator purchase and implementation is coordinated with the local Walla Walla County EMS Office.
  - 2. Medical direction and authorization for using the defibrillator is obtained from the county Medical Program Director (MPD)
  - 3. The person or entity using an AED must receive instruction in CPR and the use of the defibrillator following a curriculum approved by the State Department of Health.
  - 4. The acquirer must maintain and test the AED in accordance with the manufacturer's guidelines.
  - 5. The defibrillator user telephones 9-1-1 as soon as possible after emergency use of the defibrillator.
  - 6. The defibrillator user provides appropriate follow-up data to Walla Walla County EMS Office upon request



## Quality Assurance

- A. A person who uses a defibrillator at the scene of an emergency and all other persons and organizations providing emergency services under this policy are immune from civil liability for any personal injury that results from any act or omission in the use of the defibrillator. (RCW 70.54.310)
- B. The immunity from civil liability does not apply if the acts or omissions amount to gross negligence or willful or wanton misconduct. (RCW 70.54.31)



## **COUNTY OPERATING PROCEDURE #18**

### **IM EPI ADMINISTRATION**

Effective date: 7/1//2010

#### **Standard**

- A. EMTs in Walla Walla County are required to take MPD approved IM Epi Administration specialized training class prior to being permitted to use this skill in the field for treatment of patients with severe anaphylaxis.

#### **Purpose**

- A. To assure that EMT's maintained proficiency in the administration of IM Epi.

#### **Procedure**

- A. Training components – IM Epi for anaphylaxis
  - 1. Continuing Medical Education shall be completed annually and will include:
    - a. Review of anaphylaxis
    - b. Written exam
    - c. Skill proficiency
- B. Individuals shall maintain documentations of training and a record kept on file for audit by the MPD and/or designee.

#### **Quality Assurance**

- A. MPD and/or designee will review actual occurrences on a regular basis.
- B. Training records will be audited for compliance. Failure to maintain Continuing Medical Education may result in the loss of the MPD's permission to perform this special skill.



**COUNTY OPERATING PROCEDURE #19**  
**CARDIAC AND STROKE TRIAGE AND TRANSPORT PROCEDURE**

Effective date: 7/20//2011

**Standard**

- A. All licensed and trauma verified aid and/or ambulance services in Walla Walla County shall utilize the most current State of Washington Prehospital Cardiac or Stroke Triage Destination Procedure, to identify and transport patients with signs or symptom of acute cardiac or stroke.

**Purpose**

- A. To reduce deaths, disability and nursing home placements due to heart attack, stroke and cardiac arrest.
- B. To ensure that all patients presenting with acute cardiac or stroke signs and symptoms are identified and transported to the most appropriate hospital.

**Procedure**

- A. EMS will utilize the most current State of Washington Prehospital Cardiac or Stroke Triage Destination Procedure for all suspected acute cardiac or stroke patients.
- B. Patients are to be transported to the nearest State categorized cardiac and stroke hospital.
- C. In Walla Walla County patients that do not have a preference of hospital, MCC will direct EMS to Walla Walla General Hospital, Providence St. Mary's Medical Center or on the north end of the county Kadlec Medical Center or Kennewick General Hospital.

**Quality Assurance**

- A. MPD and/or designee will review actual occurrences on a regular basis. Data will be reviewed for compliance to Walla Walla County Operation Procedure #19 and the South Central Region PCP #15.

