

Policy Definitions

9-1-1 ambulance provider: An ambulance provider holding a valid Contra Costa County emergency ambulance permit or contracting with the County to provide ALS ambulance response to 9-1-1 requests.

Abuse or Neglect: Refers to physical injury or death inflicted by other than accidental means on a child by any other person. It includes willful harm or injury; sexual abuse, assault, and exploitation; endangerment; deprivation of food, water or healthcare, and unlawful corporal punishment or injury. With respect to adults or dependents, it also includes abandonment, isolation, abduction, treatment resulting in physical harm or mental suffering, deprivation of goods or services by a custodian that are necessary to avoid physical harm or mental suffering, and financial abuse.

Accredited Center of Excellence Accreditation or ACE: The International Academies of Emergency Dispatch, through its College of Fellows, has established a high standard of excellence for emergency dispatch, providing the tools to achieve this high standard at both the dispatcher level through certification, and at the communication center level through the accreditation program.

Advanced Health Care Directive (AHCD): A legal written document that allows an individual to provide health care instructions or designate an agent to make health care decisions for that person. AHCD is the current legal format for a living will or Durable Power of Attorney for Health Care (DPAHC).

Advanced Life Support or ALS: Special services designed to provide definitive pre-hospital emergency medical care, including, but not limited to cardiopulmonary resuscitation, cardiac monitoring, cardiac defibrillation, advanced airway management, intravenous therapy, administration of specified drugs and other medicinal preparations, and other specified techniques and procedures administered by authorized personnel under the direct supervision of a Base Hospital as part of a local EMS system at the scene of an emergency, during transport to an acute care hospital, during interfacility transfer and while in the emergency department of an acute care hospital until responsibility is assumed by the emergency or other medical staff of that hospital.

Agent: An individual, eighteen years of age or older, designated in a power of attorney for health care to make health care decisions for the patient, also known as “attorney-in-fact.”

Air Ambulance Aircraft: Specifically constructed, modified or equipped and used for the primary purpose of responding to emergency calls and transporting critically ill or injured patients whose medical flight crew has at a minimum two (2) attendants certified or licensed in advanced life support.

Ambulance: An emergency basic life support (BLS) or advanced life support (ALS) ambulance.

Ambulance Parking: The practice of having patients arriving by 9-1-1 ambulance wait on the ambulance gurney for greater than thirty (30) minutes 90% of the time after arrival on hospital grounds.

Ambulance Provider: An entity properly permitted to operate an emergency ALS ambulance service in Contra Costa County.

Ambulance Stacking: Two or more 9-1-1 ambulances waiting for more than thirty (30) minutes at a single hospital.

Automated External Defibrillator or AED: Refers to an external defibrillator capable of cardiac rhythm analysis, which will charge and, with or without further operator action, deliver a shock after



Policy Definitions

electronically detecting and assessing ventricular fibrillation or rapid ventricular tachycardia. These devices are known as fully or semi-automatic defibrillators.

Basic Life Support or BLS: Emergency first aid and cardiopulmonary resuscitation procedures which, as a minimum, include recognizing respiratory and cardiac arrest and starting the proper application of cardiopulmonary resuscitation to maintain life without invasive techniques until the victim may be transported or until advanced life support is available.

Base Hospital: A hospital which, upon designation by the local EMS agency and upon the completion of a written contractual agreement with the local EMS agency, is responsible for directing the advanced life support system or limited advanced life support system and pre-hospital care system assigned to it by the local EMS agency.

Best Practices: Processes that, through experience and research, have proven to be the best method to achieve a desired result.

Bi-directional Data Exchange: A health information sharing project that builds on the previously established Federal Health Information Exchange program. Allows for two-way sharing of PHI data between prehospital providers and hospitals.

California EMS Data Set: The California approved list of core and elective data elements to be collected for EMS calls and transmitted to the local EMS agency for submission to the state data system.

Cardiopulmonary Resuscitation or CPR: The manual opening and maintaining of an airway, providing artificial ventilation by rescue breathing and providing artificial circulation by means of external cardiac compression.

CEMSIS: The California Emergency Medical Services Information System, which is the state repository that stores data from participating EMS systems.

CCCEMSIS: The Contra Costa County Emergency Medical Services Information System, which is a multi-system, multi-disciplinary data collection and management system.

Child: A person under the age of 18 years. The term “child” includes students who are under the age of 18.

Competency: The ability to understand and to demonstrate an understanding of the nature of the illness/injury and the consequence of declining medical care.

Computer Interpretation of STEMI: With printout of P12ECG done, a patient with a STEMI is identified distinctly with ***Acute MI Suspected*** (LP12) or ***MEETS ST ELEVATION MI CRITERIA*** (LP15) by a computerized algorithm present in the monitor-defibrillator unit (wording varies by manufacturer). Other abnormalities of P12ECG do not signify STEMI.

Conservator: Court-appointed authority to make health care decisions for a patient.

Contamination: When a hazardous material is physically present on a person’s skin, clothing or hair (external) or has been inhaled or ingested (internal).

Decision Making Capacity: The term used when determining whether or not a patient or subject is psychologically or legally capable of adequate decision-making. Decision making capacity relates to the specific medical decision at hand and does not imply a global ability to make any or all decisions



Policy Definitions

about health care or other matters.

Definitive Care: A level of therapeutic intervention capable of providing comprehensive health care services for a specific condition.

Delayed Patient Care Transfer: Patient care transfer between ambulance personnel and ED staff in excess of thirty (30) minutes.

Dependent adult: Anyone aged 18-64 who has physical or mental limitations that restrict his or her ability to carry out normal activities or to protect his or her rights. These include persons with physical or developmental disabilities or whose physical or mental abilities have diminished with age.

Do Not Resuscitate (DNR): A legal written document that expresses the patient's wishes to withhold cardiopulmonary resuscitation or advanced cardiac life support.

Donate Life California: A donor registry (internet-based, accessible by hospital personnel involved in transplant or tissue donation decisions) also contains the information on donor status that is present on driver's licenses or identification cards issued since 2006.

Dual Power of Attorney for Health Care (DPAHC): A legal written document that gives a person(s) designated by the patient the power to make health care decisions in the event the patient is unable to do so on their own. *See Advanced Health Care Directive*

Elder: Anyone age 65 or older.

Electronic Health Record or EHR: A legal record completed by prehospital personnel that includes the systematic documentation of a patient's medical history, assessment, and care.

Emergency Department or ED: The area of licensed general acute care hospital that customarily receives patients in need of emergent medical evaluation and care.

Emergency Medical Dispatch or EMD: The reception, evaluation, processing and provision of dispatch life support, management of requests for emergency medical assistance, and ongoing evaluation and improvement of the emergency medical dispatch process.

Emergency Medical Dispatch Center: Any dispatching center receiving and dispatching calls for EMS, which provide pre-arrival medical care instructions and/or tiered response resource management.

Emergency Medical Dispatcher: An individual certified by the International Academies of Emergency Dispatch (IAED) providing pre-arrival instructions (PAIs) and/or tiered response management.

Emergency Medical Services or EMS: The services utilized in responding to a medical emergency.

Emergency Medical Technician or EMT: An individual trained in all facets of basic life support according to standard prescribed by this part and who has a valid certificate issued pursuant to this part. This definition shall include but not be limited to, EMT and A-EMT.

Emergency Trauma Re-Triage: The movement of patients meeting specific high-acuity criteria to a trauma center for trauma care. Timeliness of evaluation and intervention at the trauma center is critical.

EMS Quality Improvement Program (EQIP): An integrated, multidisciplinary program that focuses on system improvement. Methods of evaluation are composed of structure, process and outcome measurements.



Policy Definitions

- EMS Provider:** First responder and/or ambulance provider participating in the Contra Costa County EMS System.
- First Responder Provider:** An organization authorized by Contra Costa County EMS to participate in the EMS system as the initial contact for patients in the pre-hospital setting.
- Hospital:** An acute care hospital licensed under Chapter 2 (commencing with Section 1250) of Division 2, with a permit for basic emergency service.
- Immediate Family:** The spouse, domestic partner, adult child(ren) or adult sibling(s) of the patient.
- Imminent Death:** A condition wherein illness or injuries are of such severity that in the professional opinion of emergency medical personnel, death will probably occur before the patient arrives at the receiving hospital. This definition does not include any conscious patient regardless of the severity of illness or injury.
- Incident Command System or ICS:** A standardized on-scene emergency management system.
- International Academies of Emergency Dispatch or IAED:** The IAED is a non-profit standard-setting organization promoting safe and effective emergency dispatch services world-wide.
- Local EMS Agency or LEMSA:** The agency, department or office having primary responsibility for administration of emergency medical services in a county.
- Mandated Reporter:** Any healthcare practitioner, childcare custodian or employee of a child protective agency. This includes EMTs and paramedics.
- Medical Arrest:** Cardiac arrest with total absence of observers or witness information **OR** cardiac arrest in which arrest occurred greater than fifteen (15) minutes prior to arrival of prehospital personnel without resuscitative measures taken.
- Medical Control:** Physician responsibility for the development, implementation and evaluation of the clinical aspects of an EMS system.
- Mobile Intensive Care Nurse or MICN or Authorized Registered Nurse:** A registered nurse who is functioning pursuant to Section 2725 of the Business and Professions Code and who has been authorized by the medical director of the local EMS agency as qualified to provide pre-hospital advanced life support or to issue instructions to pre-hospital emergency medical care personnel within an EMS system according to standardized procedures developed by the local EMS agency consistent with statewide guidelines established by the authority.
- Multi-casualty Incident or MCI:** A natural or human caused event that may overwhelm the medical resources within a system and may result in multiple injuries or deaths. It is characterized by a limited geographic scope and can be managed by an on-scene command system.
- NEMIS:** The National Emergency Medical Services Information System, which is the national repository that standardized and stores data from all participating EMS systems.



Policy Definitions

- Newborn Safe Surrender Kits:** These kits are used by Safely Surrender Site personnel and contain all written procedures and materials necessary to accept a safely surrendered baby.
- Non-emergency ambulance provider:** An ambulance provider holding a valid Contra Costa County non-emergency ambulance permit.
- Optimal Patient Care Transfer:** Patient care transfer between ambulance personnel and ED staff in fifteen (15) minutes or less.
- Paramedic or EMT-P or Mobile Intensive Care Paramedic:** An individual whose scope of practice to provide advanced life support is according to standards prescribed by this division and who has a valid certificate issued pursuant to this division.
- Paramedic Preceptor:** “Paramedic Preceptor” or “Preceptor” means a licensed California and Contra Costa County accredited paramedic that is authorized to supervise and instruct paramedic students during their field internship.
- Paramedic Intern:** “Paramedic Intern” or “Intern” means a paramedic student that has completed didactic and clinical portions of paramedic training and is eligible for and who is in the process of completing the field internship portion of paramedic training and who has been authorized as a paramedic intern in Contra Costa County.
- Patient:** Any person encountered by prehospital personnel who demonstrates any known or suspected illness or injury **OR** is involved in an event with significant mechanism that could cause illness or injury **OR** who requests care or evaluation.
- Patient Care Delay:** Patient Care Delays are serious, largely preventable, patient safety incidents. Patient transfer of care delays shall be defined by a period of greater than sixty (60) minutes from arrival at the hospital to patient care transferred (turnover report given and patient no longer on EMS gurney).
- Patient Care Transfer Time:** The time when the patient is removed from the ambulance gurney and transferred into the care of ED staff. This period includes EMS patient care verbal report to ED receiving staff.
- Prehospital 12-Lead ECG:** A 12-lead electrocardiogram obtained by EMS crews or in rare circumstances by a medical facility or office other than a hospital.
- Prehospital Provider:** EMS and Fire First Responders and/or Transport Providers.
- Protected Health Information (PHI):** Individually identifiable health information, including demographic information collected from an individual.
- Psychiatric Detention:** Refers to a patient who is held under the authority of Welfare and Institutions Code, Section 5150, because the patient is a danger to himself/herself, a danger to others, or gravely disabled (e.g., unable to care for self). This written order may be placed by a law enforcement officer, County mental health worker or an emergency physician certified by the County to place an individual on a 5150 hold.



Policy Definitions

Qualified Person: A competent person making a decision for him/herself or another who is qualified by one of the following:

1. An adult patient defined as a person who is at least eighteen (18) years old; OR
2. A minor (under eighteen [18] years old) who qualifies based on one of the following conditions:
 - a. A legally married minor;
 - b. A minor on active duty with the U.S. military;
 - c. A minor seeking prevention or treatment of pregnancy or treatment related to sexual assault;
 - d. A minor, twelve (12) years of age or older, seeking treatment of contact with an infectious, contagious or communicable disease or sexually transmitted disease;
 - e. A self-sufficient minor at least fifteen (15) years of age, living apart from parents and managing his/her own financial affairs;
 - f. An emancipated minor (must provide proof); OR
3. The parent of a minor child or a legal representative of the patient (of any age). Spouses or relatives cannot consent to or decline care for the patient unless they are legally designated representatives.

Quality Improvement or QI: A method of evaluation of services provided, which includes defined standards, evaluation methodologies and utilization of evaluation results for continued system improvement.

Reasonable Search: A brief attempt by emergency medical personnel to locate documentation that may identify a patient as a potential organ donor, or one who has refused to make an anatomical gift. This search shall be limited to a wallet or purse that is on or near the individual to locate a driver's license or other identification card with this information. A purse or wallet search by emergency medical personnel must be done in the presence of a witness.

Safely Surrendered Baby Program: The local program that includes county-wide policies and procedures for the training of personnel responsible for safe surrender of infants. This program is administered jointly by the Employment and Human Services' Children and Family Services and Contra Costa Health Services (CCHS) Family, Maternal and Child Health Programs Division. CCHS Emergency Medical Services (EMS) Division supports this program as part of its EMS for Children efforts.

Safely Surrender Site: Contra Costa Safely Surrender Sites include hospitals, fire stations, County Health Centers and Kaiser medical offices.

ST-Segment Elevation Myocardial Infarction or STEMI: A specific finding on P12ECG showing ST-segment elevation of 1 mm or greater in anatomically contiguous leads, indicating this specific type of myocardial infarction.



Policy Definitions

Standardized Patient-Designated Directives:

1. DNR: Statewide Emergency Medical Services Authority (EMSA)/California Medical Association (CMA) Prehospital DNR Form. A DNR may also present as a standard DNR medallion/bracelet (e.g., Medi-Alert).
2. POLST: Physician Orders for Life Sustaining Treatments a standardized and signed designated-physician order that addresses a patient's wishes about a specific set of medical issues related to end-of-life care.

STEMI Alert: Notification to STEMI Receiving Center that a patient is inbound with possible myocardial infarction. Notification should be given as soon as a STEMI is identified.

STEMI Receiving Center or SRC: Hospitals designated by Contra Costa EMS as those to which patients with identified STEMI on P12ECG will be transported based on the center's prompt availability of invasive cardiac care.

Stroke Alert: Notification to Stroke Receiving Center that a patient is inbound with stroke like symptoms. Notification should be given as soon as symptoms are identified.

Trauma Transfer: The movement of other patients with traumatic injuries to a trauma center (those not meeting "Emergency Trauma Re-Triage criteria") whose needs may be addressed in a prompt fashion but are less likely to require immediate intervention.

Traumatic Arrest: Cardiac arrest resulting from blunt or penetrating trauma.

Unusual Level of Demand: Periods of unanticipated high levels of ED demand that are unable to be addressed by internal protocols for ED saturation (e.g., multi-casualty incidents or hospital internal disaster). Unusual level of demand does *not* include predictable high utilization periods associated with normal EMS system operations (e.g., seasonal influenza, time of day or day of week).

Unstable: A patient who has a life- or limb-threatening condition requiring immediate and definitive care. An unstable patient may have chest discomfort, blood pressure less than 90mmHg, respiratory distress, pulmonary edema, airway compromise, neurological changes from baseline, signs of actual or impending shock or may meet criteria for transport directly to a trauma center. Refer to EMS Administrative Policy #1003 for additional information regarding patients with valid DNR or POLST orders.

Whole Person Care (WPC): An EMS/health care system quality initiative designed to provide a high level of the coordination of health, behavioral health, and social services in a patient-centered manner with the goals of improved outcomes and more efficient and effective use of resources.

