ADMINISTRATIVE

ORGANIZATION
YEMSA OVERVIEW
YEMSA MISSION, VISION, & VALUES
YEMSA STAFF
YEMSA ADVISORY COMMITTEES

CERTIFICATION
YEMSA FEE SCHEDULE
PARAMEDIC SCOPE OF PRACTICE
PARAMEDIC ACCREDITATION PROCESS
PARAMEDIC REACCREDITATION PROCESS
PARAMEDIC ACCREDITATION ACTIONS
PARAMEDIC INFREQUENT SKILLS VERIFICATION FORM
PARAMEDIC INTUBATION VERIFICATION FORM
EMERGENCY MEDICAL TECHNICIAN (EMT) SCOPE OF PRACTICE
EMERGENCY MEDICAL TECHNICIAN (EMT) CERTIFICATION PROCESS
EMERGENCY MEDICAL TECHNICIAN (EMT) RECERTIFICATION PROCESS
EMERGENCY MEDICAL TECHNICIAN (EMT) CERTIFICATION ACTIONS
EMERGENCY MEDICAL TECHNICIAN (EMT) REQUEST FOR LIVE SCAN SERVICE REQUEST FORM
EMERGENCY MEDICAL TECHNICIAN (EMT) SKILLS COMPETENCY VERIFICATION FORM
EMERGENCY MEDICAL TECHNICIAN (EMT) CONTINUING EDUCATION (CE) REQUIREMENTS
EMERGENCY MEDICAL RESPONDER (EMR) SCOPE OF PRACTICE
EMERGENCY MEDICAL RESPONDER (EMR) CERTIFICATION PROCESS
EMERGENCY MEDICAL RESPONDER (EMR) RECERTIFICATION PROCESS
EMERGENCY MEDICAL RESPONDER (EMR) CERTIFICATION ACTIONS
EMERGENCY MEDICAL RESPONDER (EMR) SKILLS COMPETENCY VERIFICATION FORM

TRAINING PROGRAMS
EMERGENCY MEDICAL TECHNICIAN (EMT) TRAINING PROGRAM REQUIREMENTS & APPROVAL PROCESS
EMERGENCY MEDICAL TECHNICIAN (EMT) TRAINING PROGRAM: APPLICATION PACKET WITH FORMS FOR COURSE APPROVAL
   EMERGENCY MEDICAL TECHNICIAN (EMT) TRAINING PROGRAM APPLICATION FORM
   PROGRAM DIRECTOR INFORMATION FORM
   PROGRAM CLINICAL COORDINATOR INFORMATION FORM
   PRINCIPLE INSTRUCTOR INFORMATION FORM
   TEACHING ASSISTANT INFORMATION FORM
   CLINICAL EXPERIENCE PROVIDER INFORMATION FORM
   CLASS SITE LOCATION INFORMATION FORM
   APPLICATION TO TAKE THE EMERGENCY MEDICAL TECHNICIAN (EMT) CHALLENGE EXAMINATION FORM
   EMERGENCY MEDICAL TECHNICIAN (EMT) GRADUATE ROSTER
   EMERGENCY MEDICAL TECHNICIAN (EMT) ATTACHMENT CHECKLIST
CONTINUING EDUCATION (CE) PROVIDER PROGRAM REQUIREMENTS & APPROVAL PROCESS
CONTINUING EDUCATION (CE) PROVIDER PROGRAM APPLICATION FORM
TRAINING PROGRAMS (CONTINUED)

EMERGENCY MEDICAL RESPONDER (EMR) TRAINING PROGRAM REQUIREMENTS & APPROVAL PROCESS
EMERGENCY MEDICAL RESPONDER (EMR) TRAINING PROGRAM APPLICATION FORM
EMERGENCY MEDICAL DISPATCH (EMD) PROGRAM REQUIREMENTS & APPROVAL PROCESS

QUALITY

CONTINUOUS QUALITY IMPROVEMENT (CQI) PROGRAM
CRITICAL INCIDENT STRESS DEBRIEF (CISD)
EMS EVENT REPORTING POLICY
PROTOCOL REVIEW PROCESS

AUTOMATED EXTERNAL DEFIBRILLATOR (AED)

AUTOMATED EXTERNAL DEFIBRILLATOR (AED) SERVICE PROVIDER PROGRAM REQUIREMENTS & RESPONSIBILITIES
AUTOMATED EXTERNAL DEFIBRILLATOR (AED) SERVICE PROVIDER PROGRAM APPLICATION & APPROVAL PROCESS
AUTOMATED EXTERNAL DEFIBRILLATOR (AED) SERVICE PROVIDER APPLICATION FORM
AUTOMATED EXTERNAL DEFIBRILLATOR (AED) PROGRAM FOR LAY RESCUE PERSONNEL
AUTOMATED EXTERNAL DEFIBRILLATOR (AED) INSTRUCTOR APPLICATION FORM
AUTOMATED EXTERNAL DEFIBRILLATOR (AED) SKILLS COMPETENCY VERIFICATION FORM
AUTOMATED EXTERNAL DEFIBRILLATOR (AED) USE NOTIFICATION FORM
AUTOMATED EXTERNAL DEFIBRILLATOR (AED) ANNUAL PROGRAM UPDATE FORM
PUBLIC ACCESS DEFIBRILLATION (PAD) FREQUENTLY ASKED QUESTIONS (FAQ)
PUBLIC ACCESS DEFIBRILLATION (PAD) AUTOMATED EXTERNAL DEFIBRILLATOR (AED) PROGRAM APPLICATION FORM
YEMSA AED PROGRAM BROCHURE

SERVICE PROVIDER

9-1-1 AMBULANCE RESPONSE TIME CRITERIA
9-1-1 AMBULANCE SERVICE PROVIDER DISPATCH REQUIREMENTS
AIR AMBULANCE SERVICE PROVIDER PERMIT APPLICATION FORM
AUTHORIZATION FOR ADVANCED LIFE SUPPORT (ALS) PROVIDER
BASIC LIFE SUPPORT (BLS) AMBULANCE SERVICE PROVIDER PERMIT APPLICATION FORM
BASIC LIFE SUPPORT (BLS) LOCAL SCOPE
BASIC LIFE SUPPORT (BLS) SERVICE PROVIDER POLICY FOR SPECIAL EVENTS & STANDBYS COVERAGE
BASIC LIFE SUPPORT (BLS) SERVICE PROVIDER SPECIAL EVENTS & STANDBYS COVERAGE APPLICATION FORM
BIOMEDICAL EQUIPMENT MAINTENANCE
CARDIOVASCULAR ST ELEVATION MYOCARDIAL INFARCTION (STEMI) RECEIVING CENTERS (SRC) CRITICAL CARE TRANSPORT (CCT) SUPPLEMENT APPLICATION FORM
EMERGENCY MEDICAL TECHNICIAN (EMT) OPTIONAL SCOPE SKILLS
EMERGENCY MEDICAL TECHNICIAN (EMT) OPTIONAL SCOPE ACCREDITATION ACTIONS
EMERGENCY MEDICAL TECHNICIAN (EMT) STATUS REPORT FORM
EMERGENCY MEDICAL RESPONDER (EMR) STATUS REPORT FORM
EPINEPHRINE AUTO-INJECTOR AND NALOXONE (NARCAN) ADMINISTRATION FORM
EQUIPMENT & SUPPLY SHORTAGES
SERVIE PROVIDER (CONTINUE)
HOSPITAL DIVERSION POLICY
MANAGEMENT OF CONTROLLED SUBSTANCES
PARAMEDIC SERVICE PROVIDER RESPONSIBILITIES
PARAMEDIC ACCREDITATION FIELD EVALUATION CRITERIA
PARAMEDIC 5 CALL EVALUATION FORM
PARAMEDIC 5 CALL CANDIDATE FIELD TRAINING OFFICER (FTO) EVALUATION FORM
PARAMEDIC 5 CALL EVALUATION FIELD TRAINING OFFICER (FTO) SUMMARY FORM
PARAMEDIC FIELD TRAINING OFFICER (FTO) AUTHORIZATION POLICY
PARAMEDIC FIELD TRAINING OFFICER (FTO) APPLICATION FORM
PARAMEDIC PRECEPTOR AUTHORIZATION POLICY
PARAMEDIC PRECEPTOR APPLICATION FORM
PREHOSPITAL PROVIDER AGENCY UNIT INSPECTIONS
YEMSA ADVANCED LIFE SUPPORT (ALS) AMBULANCE INVENTORY LIST
YEMSA ADVANCED LIFE SUPPORT (ALS) NON-TRANSPORTING INVENTORY LIST
YEMSA ADVANCED LIFE SUPPORT (ALS) STANDBY INVENTORY LIST
YEMSA BASIC LIFE SUPPORT (BLS) AMBULANCE INVENTORY LIST
YEMSA BASIC LIFE SUPPORT (BLS) NON-TRANSPORTING INVENTORY LIST
YEMSA BASIC LIFE SUPPORT (BLS) STANDBY INVENTORY LIST
YEMSA CRITICAL CARE TRANSPORT (CCT) AMBULANCE INVENTORY LIST
SERVICE PROVIDER APPLICATION PROCESS & PROCEDURE
SERVICE PROVIDER VERIFICATION OF PARAMEDIC MAINTENANCE TRAINING
SPECIALTY & OPTIONAL SCOPE TRAINING PROGRAM APPLICATION FORM
SERVICE PROVIDER REQUIREMENTS & RESPONSIBILITIES FOR PARAMEDIC INTERFACILITY
TRANSREN (IFT) OPTIONAL SKILLS
SERVICE PROVIDER APPLICATION & APPROVAL PROCESS FOR PARAMEDIC INTERFACILITY
TRANSREN (IFT) OPTIONAL SKILLS
SERVICE PROVIDER APPLICATION FOR PARAMEDIC INTERFACILITY TRANSREN (IFT) OPTIONAL
SKILLS FORM
SERVICE PROVIDER REQUIREMENTS & RESPONSIBILITIES FOR EMERGENCY MEDICAL
TECHNICIAN (EMT) OPTIONAL SCOPE
SERVICE PROVIDER APPROVAL PROCESS FOR EMERGENCY MEDICAL TECHNICIAN (EMT)
OPTIONAL SCOPE
SERVICE PROVIDER APPLICATION FOR EMERGENCY MEDICAL TECHNICIAN (EMT) OPTIONAL
SCOPE FORM
SERVICE PROVIDER EMERGENCY MEDICAL TECHNICIAN (EMT) OPTIONAL SCOPE PRINCIPAL
INSTRUCTOR FORM
SERVICE PROVIDER EMERGENCY MEDICAL TECHNICIAN (EMT) OPTIONAL SCOPE COMPETENCY
DOCUMENTATION RECORD
SERVICE PROVIDER EMERGENCY MEDICAL TECHNICIAN (EMT) OPTIONAL SCOPE ANNUAL
UTILIZATION REPORT FORM

EMERGENCY MEDICAL SERVICE (EMS) AIRCRAFT
EMERGENCY MEDICAL SERVICE (EMS) AIRCRAFT UTILIZATION & QUALITY IMPROVEMENT
PROGRAM (QIP)
EMERGENCY MEDICAL SERVICE (EMS) AIRCRAFT OPERATIONS
MEMORANDUMS
FEBRUARY 1, 2020 EMS POLICY AND PROTOCOL UPDATE
SEPTEMBER 1, 2019 PARAMEDIC ACCREDITATION AND REACCREDITATION POLICY
AUGUST 1, 2019 EMS PROTOCOL & POLICY REVISIONS RELEASE
MAY 9, 2019 CHANGE TO PARAMEDIC REACCREDITATION REQUIREMENTS
APRIL 1, 2019 PAIN MANAGEMENT UPDATE
JANUARY 1, 2019 EMS REVISIONS UPDATE

YEARN REPORT
2018/2019 ANNUAL REPORT – YOLO COUNTY EMERGENCY MEDICAL SERVICES AGENCY & EMERGENCY PREPAREDNESS

SKILL SHEETS
SKILLS COMPETENCY VERIFICATION BLEEDING CONTROL – HEMOSTATIC DRESSING FORM
SKILLS COMPETENCY VERIFICATION BLEEDING CONTROL – Tourniquet Form
SKILLS COMPETENCY VERIFICATION BLOOD GLUCOSE LEVEL ASSESSMENT FORM
SKILLS COMPETENCY VERIFICATION CARDBOVERSION DEFIBRILLATION FORM
SKILLS COMPETENCY VERIFICATION EPINEPHRINE AUTO-Injector ADMINISTRATION FORM
SKILLS COMPETENCY VERIFICATION NALOXONE (NARCAN) ADMINISTRATION FORM
SKILLS COMPETENCY VERIFICATION NASOGASTRIC (NG) & OROGASTRIC (OG) TUBES FORM
SKILLS COMPETENCY VERIFICATION SUPRAGLOTTIC AIRWAY FORM
SKILLS COMPETENCY VERIFICATION SUPRAGLOTTIC AIRWAY I-gel® FORM
SKILLS COMPETENCY VERIFICATION TRANSCUTANEOUS CARDIAC PACING (TCP) FORM

POLICIES
AUTO AID, MUTUAL AID, OUT OF REGION RESPONSE
CANCELLATION OR REDUCTION OF ADVANCED LIFE SUPPORT (ALS) RESPONSE
COMMUNICATION FAILURE
DO NOT RESUSCITATE (DNR), PHYSICIAN ORDERS FOR LIFE SUSTAINING TREATMENT (POLST), & END OF LIFE OPTIONS (AID-IN-DYING DRUG)
EMERGENCY MEDICAL SERVICE (EMS) PREHOSPITAL DO NOT RESUSCITATE (DNR) FORM
FIELD BLOOD COLLECTION POLICY
FIRELINE EMERGENCY MEDICAL TECHNICIAN (EMT) PROGRAM
FIRELINE PARAMEDIC PROGRAM
HAZARDOUS MATERIALS (HAZ MAT) OR WEAPONS OF MASS DESTRUCTION (WMD)
INTERFACILITY TRANSPORT (IFT) OF ST ELEVATION MYOCARDIAL INFARCTION (STEMI) PATIENTS
MEDICAL CONTROL AT SCENE OF AN EMERGENCY
MEDICAL CONTROL FOR ACUTE CARE TRANSFERS
PARAMEDIC EXPANDED SCOPE INTERFACILITY TRANSPORTS (IFT)
PATIENT DESTINATION
PATIENT REFUSAL OF TREATMENT TRANSPORT
PHYSICIAN ON SCENE
PHYSICIAN ORDERS FOR LIFE-SUSTAINING TREATMENT (POLST) FORM (2016)
PREHOSPITAL DOCUMENTATION
REDIINET UTILIZATION POLICY
RELEASE OF EMERGENCY MEDICAL SERVICE (EMS) RECORDS
RELEASED AT SCENE AGAINST MEDICAL ADVICE FORM
RERAINTS & VIOLENT PATIENTS
POLICIES (CONTINUED)
SUSPECTED CHILD ABUSE REPORTING
SUSPECTED CHILD ABUSE REPORT FORM FILLABLE
SUSPECTED ELDER & DEPENDENT ADULT ABUSE REPORTING
SUSPECTED DEPENDENT ADULT ELDER ABUSE CONFIDENTIAL REPORT FORM FILLABLE
TACTICAL MEDICINE OPERATIONAL PROGRAM
TRANSFER OF PATIENT CARE
TREATMENT & TRANSPORT OF MINORS
WEAPONS POLICY

PROTOCOLS
ACUTE CEREBROVASCULAR ACCIDENT (STROKE)
ACUTE RESPIRATORY DISTRESS
AGITATED AND/OR COMBATIVE PATIENTS
AIRWAY OBSTRUCTION
ALLERGIC REACTION & ANAPHYLAXIS
ALTERED LEVEL OF CONSCIOUSNESS (ALOC)
BURNS
CHEST PAIN DISCOMFORT WITH CARDIAC ETIOLOGY
CHILDBIRTH
CRUSH INJURY/SYNDROME
DETERMINATION OF DEATH
DYSTONIC REACTION
EXTERNAL HEMORRHAGE CONTROL
HEAT ILLNESS
HYPOTHERMIA
INGESTION - OVERDOSES - POISONING
MEDICAL CARDIAC ARREST
MENTAL HEALTH TRIAGE FORM
MENTAL HEALTH TRIAGE
NAUSEA & VOMITING
NEONATAL RESUSCITATION
NERVE AGENT TREATMENT
PAIN MANAGEMENT
PEDIATRIC BRIEF RESOLVED UNEXPLAINED EVENTS (BRUE)
PEDIATRIC PATIENT CARE
POST RESUSCITATION CARE
SEDATION
SEIZURE
SHOCK
SNAKEBITE
SPINAL INJURY ASSESSMENT
SUSPECTED SEPSIS
SYMPTOMATIC BRADYCARDIA
TACHYCARDIA WITH PULSES
TASERED PATIENTS
TENSION PNEUMOTHORAX
TERMINATION OF RESUSCITATION (TOR)
TRAUMA PATIENT CARE
PROCEDURES
TRAUMATIC CARDIAC ARREST
12-LEAD ECG
AIRWAY MANAGEMENT
CONTINUOUS POSITIVE AIRWAY PRESSURE (CPAP)
END-TIDAL CARBON DIOXIDE (EtCO₂) MONITORING
INTRAOSSEOUS (IO) INFUSION
MUCOSAL ATOMIZATION DEVICE (MAD)
NASOGASTRIC (NG) & OROGASTRIC (OG) TUBES
PRE-EXISTING VASCULAR ACCESS DEVICES (PVAD)
TRANSCUTANEOUS CARDIAC PACING (TCP)
VENTRICULAR ASSIST DEVICE (VAD)
VENTRICULAR ASSIST DEVICE (VAD) FIELD GUIDE

PUBLIC SAFETY
PUBLIC SAFETY INTRANASAL (IN) NALOXONE (NARCAN) PROVIDER AUTHORIZATION
PUBLIC SAFETY PROVIDER AGENCY INTRANASAL (IN) NALOXONE APPLICATION FORM
PUBLIC SAFETY INTRANASAL (IN) NALOXONE (NARCAN) TREATMENT FOR SUSPECTED OPIOID OVERDOSE
PUBLIC SAFETY NALOXONE (NARCAN) ADMINISTRATION FORM

QUICK REFERENCES
DESIGNATED SPECIALTY HOSPITALS CHART
FIRST RESPONDER MENTAL HEALTH COMMUNITY CONNECTION CARD
GRIEF SUPPORT
HIGH PERFORMANCE-CPR GUIDE
IV ACETAMINOPHEN (TYLENOL) DOSING REFERENCE SHEET
TRACHEOSTOMY EMERGENCIES
YOLO COUNTY STEMI CATCHMENT AREAS MAP
YOLO COUNTY STROKE RECEIVING CENTERS MAP
YOLO COUNTY TRAUMA CATCHMENT AREAS MAP

MEDICATION PROFILES
ACETAMINOPHEN
ADENOSINE
ALBUTEROL
AMIODARONE
ASPIRIN
ATROPHINE
CALCIUM CHLORIDE 10%
DEXTROSE 10%
DIPHENHYDRAMINE HCL
EPINEPHRINE
FENTANYL
GLUCAGON
IPRATROPNIUM BROMIDE
KETAMINE
KETOTOLAC
MEDICATION PROFILES (CONTINUED)
MIDAZOLAM HYDROCHLORIDE
NALOXONE
NITROGLYCERIN
NITROPASTE 2%
NORMAL SALINE 0.9%
ONDANSETRON
SODIUM BICARBONATE
TRANEXAMIC ACID

ARTICLES
THE PROFILE OF WOUNDING IN CIVILIAN PUBLIC MASS SHOOTING FATALITIES
BOLUS DOSE EPINEPHRINE IMPROVES BLOOD PRESSURE BUT IS ASSOCIATED WITH INCREASED
MORTALITY IN CRITICAL CARE TRANSPORT
TIMING OF ADVANCED AIRWAY PLACEMENT AFTER WITNESSED OUT-OF-HOSPITAL CARDIAC ARREST

MEETINGS & TRAININGS
2020 CQI PAC MEETING DATES
2020 EMCC MEETING DATES
2020 ALS UPDATE CLASS SCHEDULE
2020 PARAMEDIC ORIENTATION DATES
2020 3RD ANNUAL EMS SYMPOSIUM FLYER

PLANS
COMMUNICABLE DISEASE EXPOSURE CONTROL PLAN
EMS PLAN 2018
INTENTIONAL MASS CASUALTY PLAN (IMCI)
MASS CASUALTY INCIDENTS
TRAUMA SYSTEM STATUS REPORT 2018
YOLO COUNTY EMS STROKE SYSTEM PLAN 2018
YOLO STEMI SYSTEM OF CARE PLAN 2018
YOLO COUNTY EMS QUALITY IMPROVEMENT PLAN (EQIP) 2018