

# SAN JUAN ISLAND EMS

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San Juan County Public Hospital District No. 1



# Paramedic Orientation

SAN JUAN COUNTY PUBLIC HOSPITAL DISTRICT NO. 1

***San Juan Island EMS • Island Air Ambulance***

***San Juan School of Wilderness EMS***

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© San Juan County PHD No. 1  
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**EMERGENCY 9-1-1**

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## Foundations

*“We make house calls.” This was the longstanding motto of San Juan Island EMS (SJIEMS) adorning shirts and flyers. It embodied the idea, that San Juan Island EMS was willing to bring service to the community, wherever it was needed. Much has changed 1977, including the motto, but the sentiment remains the same. We’ll be there when you need us, where you need us.*

The purpose of this section is to familiarize the reader with the general history, important timeline and principals under which we operate. At the end of the section we hope that you will be appreciative of the sacrifice, wisdom, and hard work of the many that have gone before us. We stand on the shoulders of others. San Juan Island EMS has consistently operated 24/7/365 since January 1, 1977. Some form of ambulance service with first aid can be traced as far back as 1973 through private efforts of a nursing home, most notably the Carter Family who operated the nursing home at the time. Their ICC Ambulance Company’s orange Cadillac ambulance was donated to the Fire Department until a new box ambulance could be built and delivered.

### **100.01 Founding Leadership**

Frank Wilson, EMT-B was the first leader of the San Juan Aid Unit begun under the San Juan County Fire Protection District No. 3 in January of 1977. He was the Aid Unit Captain under Fire Chief Glen Potter. Frank led the Aid unit out of the Fire Department and under the San Juan County Public Hospital District No. 1 in 1995. He continued his leadership as the EMS Administrator until his death from cancer in 2004. His passionate service to the community

through the Aid Unit was only rivaled by his passion for good fishing and love for his family, who served alongside him for many years. The current EMS facility is named in his honor as the “Frank Wilson EMS Building” at 540 Spring Street in the Town of Friday Harbor, WA.

**100.02 General Timeline**

Over the years, there has not been an orderly account taken of the ongoing history and events of San Juan Island EMS. We have taken some time to account for some known events, however, we desire to lengthen and add other important events and people to this general timeline as information becomes available.

- ✓ 1973 Carter Family established Islands Convalescent Center Ambulance Company from their nursing home. 60 calls were logged in the first year of operation.
- ✓ 1976 July 1<sup>st</sup>, the San Juan Aid Unit is established under the San Juan County Fire Protection District No. 3 and begins tax funded service the following year on January 1, 1977.
- ✓ 1995 San Juan Island EMS is moved out from under the Fire District and into San Juan County Public Hospital District No. 1 (SJCPHD) on a 6 year renewable levy.
- ✓ 2001 Terrorists attack the United States beginning multiple wars abroad and sweeping changes at home. The Department of Homeland Security is established.
- ✓ 2004 Frank Wilson dies from cancer, leaving a grieving community and a legacy of service and dedication. Cheryl Gardener serves as interim EMS Administrator.
- ✓ 2005 Chief Jim Cole hired as new EMS Administrator from Cleveland, Ohio.
- ✓ 2006 San Juan School of Wilderness EMS is established and affiliated with SOLO School of Wilderness Medicine.
- ✓ 2007 Island Air Ambulance is first FAA approved single piston engine air ambulance program in the Continental US. Also, first field approval of stretcher system purchased through community support and hard work of Jackie and Will Hamilton. FAA and State licensed for BLS transports.

- ✓ 2008 SJIEMS responds to 1098 calls. The first time there had been more than 1,000 calls in one year since beginning in 1973.
- ✓ 2009 Sheriff Bill Cumming partners with SJIEMS to retrofit, stock, and operate the first State of Washington licensed water ambulance the *P/V Guardian* under SJIEMS.
- ✓ 2009 Island Air Ambulance gains upgraded FAA and State of Washington DOH approval for advanced life support operations.
- ✓ 2010 SJIEMS hires Dr. Michael Sullivan as Agency Medical Director with major upgrade in training, CQI and capabilities. Field electronic medical record instituted through interMedix.

**100.03 Principals**

San Juan Island EMS is an organization driven to excellence by its mission, vision, and values. They were first established in 2005 and again updated in 2008 through a collaborative effort of the Board of Commissioners and the volunteers and staff of San Juan Island EMS. They are stated in the active present tense to signify that these are living building blocks of our organization which are never terminally accomplished.

**100.03.01 Mission**

**“Providing exceptional compassionate patient care and education to our island community.”**

This is what we are to do every day. Our two main focuses are patient care and education. We believe in proactive reactivity. In other words, we want to plan and prepare to react to needs in the community through the patient care we deliver and the education of our own department members and the general community.

**100.03.02 Vision**

**“Expanding the scope of patient services and education, with excellence, to meet the challenges of our changing island community.”**

If we are successfully accomplishing our daily mission, we will see our vision fulfilled. Our community is fundamentally changing in size and age. A new hospital will be built within a few years. We are in the middle of tough economic times, and people are in need. We must be flexible and scalable in how we deliver services to wisely steward our resources and efforts. The vision is a target in the future, that if we are successful with our mission, we will continue to achieve.

**100.03.03 Values**

These values are the “how” we go about accomplishing our mission. They are the guiding steps that tell us the reason and the way in which we will successfully accomplish our mission.

- Adopting innovative, island appropriate systems and techniques using best practices.
- Advocating for our patient’s needs. They are our most important focus.
- Building leadership and professionalism within our organization.
- Improving patient care and clinical quality.
- Delivering patient care in an environment of safety, confidentiality, and compassion.
- Developing a strong sense of camaraderie.
- Educating the public to decrease accidents and illnesses and increase community preparedness.
- Ensuring clinically relevant training.
- Fostering communication and cooperation with the community and other public safety agencies.
- Meeting challenges with flexibility and creativity.
- Promoting an environment of trust, respect, and safety among team members.
- Providing appropriate management of financial and physical resources.

**100.03.04      *Motto***

**Rescue. Resource. Response.**

This motto embodies our principals in an easily remembered statement. We are first about responding to rescue those in distress and need. We desire to be an active community resource that proactively improves the lives of our residents and visitors and prevents illness and injury when possible. We are first responders. We continue to bring whatever is needed to those in need, weather on land, sea, air, or the internet.

## Organization

*No person is an island. Emergency Medical Services is a system of people and processes that synergize efforts to save lives and prevent suffering. Knowing to who we are accountable, allows each part of the system to do its own part in making an effective whole.*

**C**lear delineation of governance and organizational structure is requisite to providing accountability and leadership to patients, tax payers, community members, coworkers, medical oversight and governmental authorities.

### **101.01 Ownership**

SJIEMS is a legal entity as much as it is a family.

#### **101.01.01 Legal Organization**

San Juan Island EMS is known under the IRS Employer Identification Number (EIN) 91-1666544. A junior taxing district of San Juan County in the State of Washington.

San Juan Island EMS  
c/o San Juan County Auditor  
PO Box 638  
Friday Harbor, WA 98250-0638

#### **101.01.02 Trade Names**

We are known by the following names:

- San Juan Island EMS (predominant ground and marine)
- Island Air Ambulance (predominant air)
- San Juan School of Wilderness EMS (predominant wilderness education)

- AHA San Juan Community Training Center (predominant CPR and First Aid education)

**101.01.03 Parent Organization**

San Juan Island EMS is an operation of the San Juan County Public Hospital District No. 1, a legal municipality within the government structure of San Juan County, in the State of Washington. The Board of Commissioners is legislated to set policy through resolution and levy property taxes.

**101.01.04 Licensure**

SJIEMS is a State of Washington “Verified ALS Ambulance” service under the State of Washington Department of Health Division of EMS and Trauma Systems. There are no local licensure requirements.

**101.02 Organizational Structure**

SJIEMS is a definable organization of accountabilities.

**101.02.01 Chain of Command**

1. We have two chains of command, an operational and a tactical. The operational chain of command speaks to the non-patient care aspects of SJIEMS. The tactical addresses the medical response and care of patients and on-scene accountabilities.
2. Supporting documents include:
  - a. AD-15 “Tactical and Administrative Chains of Command”
  - b. SOG 103-10 “EMS Organizational Chart”

**101.02.02 External Reporting**

The State of Washington does not have a developed reporting requirement to date. We do, however, have several reporting mechanisms internally, to be described later in this document.

**101.02.03 Position Descriptions**

Our department is a county municipal third-service model made up of career paramedics and administrative staff and volunteer EMTs. The Chief has a direct reporting relationship to the Board of Commissioners and all career staff and volunteers administratively report to the Chief. The Director of Facilities reports to the Executive Assistant. The Executive Assistant and the Director of Prevention Education report to

the Chief. Volunteer EMTs report to the Chief in their EMT role. In their Volunteer Officer role, they report to various career staff.

1. Career Positions:
  - a. EMS Administrator/Chief Medical Officer
  - b. Executive Assistant/Communications Officer
  - c. Paramedics
    - i. Paramedic/Quality Officer
    - ii. Paramedic/Training Officer
    - iii. Paramedic/Wellness Officer
    - iv. PRN Paramedic
  - d. Director of Outreach/Prevention Officer
  - e. Director of Facilities/Preparedness Officer
2. Volunteer Positions:
  - a. Volunteer Emergency Medical Technicians
    - i. Probationary EMT
    - ii. Agency EMT
    - iii. Senior EMT
  - b. Volunteer Officers
    - i. EMT Liaison Officer
    - ii. Flight Officer
    - iii. Marine Officer
    - iv. Supply Officer
    - v. Transport Officer

## The Paramedic

*The Paramedic is much more than an advanced life support professional. He/she is a role model, a team leader, and a mentor to all.*

The San Juan Island paramedic is a revered and coveted position in our agency and in our community. The paramedic is the visible representation of San Juan Island EMS and the San Juan County Public Hospital No. 1 both on and off duty. He/she is the secret keeper of people's deepest and darkest failures and foibles as well as their knight in shining armor.

### **102.01 Position Description**

The paramedic is the highest level prehospital professional in our system.

#### **102.01.01 Summary Position Description**

Engages in the provision of advanced life support pre-hospital activities including direct patient care, supervision and direction of ambulance crews, basic life support provider mentoring/direction, public education, and other duties as required. Incumbent stands an assigned 24 hour shift, or other assigned shift, responding as needed during that shift; does related work as required. Develops and maintains agency specific Continuous Quality improvement (CQI) Program within budgetary constraints using best practices.

#### **102.01.02 Critical Elements of Performance**

This is what we must do all the time: Assumes responsibility for advanced life support pre-hospital care; provides supervision and care of patients in the pre-hospital environment including the utilization of monitor/defibrillators, numerous medications, endotracheal intubation, IV therapy and other associated tasks;

performs critical advanced life support procedures according to medical protocol; performs independently in situations involving both basic and advanced life support activities; directs subordinates, including certified first responders and EMT-Basics, in the provision of patient care; works seamlessly with both career and volunteer personnel; safely operates emergency ambulances and other duty response vehicles; follows all emergency medical services regulations; provides field evaluation and training to basic life support personnel; assumes initial command of scenes involving multiple patients or complex incidents; attends classes and performs those activities required to familiarize and maintain currency with the proper practices and procedures of emergency medical services to effect an efficient delivery of services.

**102.01.03 Performance Standards**

Maintains control of rescue scenes; assumes role of attendant-in-charge on all advanced life support incidents; effectively determines the nature and extent of illness or injury to a patient; administers medical treatment to and transports sick and injured patients to the most appropriate medical facility; directs supporting personnel as required; effectively communicates with patients, bystanders, and members of the emergency health care team; completes detailed patient care reports; completes evaluations of subordinate personnel; acts as field training officer for basic and advanced life support personnel as assigned; safely operates emergency vehicles; performs basic maintenance of equipment; effectively participates in and contributes to station training drills; interacts tactfully and courteously with career and volunteer emergency services personnel; maintains appearance in accordance with department standards; discharges all duties according to district policy, departmental guidelines, and EMS regulations; demonstrates ability to work under high stress conditions; directs the activities of all personnel on scene in the absence of a formal supervisor.

**102.01.04 Knowledge Skills and Abilities**

**1. Knowledge**

- a. Comprehensive knowledge of emergency medical services principles and techniques.
- b. Comprehensive knowledge of laws, regulations, and ordinances pertaining to emergency medical services.
- c. Comprehensive knowledge of local medical protocols.
- d. Knowledge of local emergency medical response system.
- e. Knowledge of county's topography, road system, and traffic patterns.
- f. Knowledge of techniques used in classroom instruction and delivery of programs.
- g. Knowledge of basic field training techniques.
- h. Knowledge of policies and procedures.
- i. Knowledge of department policies and procedures.
- j. Knowledge of EMS CQI standards as template for CQI foundation.
- k. Knowledge of agency budgetary constraints and resources both within and outside of the agency.
- l. Knowledge of appropriate protocols, medical protocols, procedures, and guidelines.

**2. Skills**

- a. Skill to perform duties required of a Washington State Certified Paramedic.
- b. Skill in the use of tools and adjuncts associated with advanced prehospital patient care.
- c. Skill in operating light duty emergency vehicles, including sedans and ambulances, in emergency conditions.
- d. Skill in the preparation of written and electronic reports and forms.
- e. Skill in dealing with people in a variety of situations.
- f. Skill in working side-by-side with both career and volunteer emergency personnel.
- g. Skill in managing emergency medical incident scenes.

- h. Skill in operating computers, medical equipment, and a broad range of computer based medical programs and electronic medical records.
- i. Skill in planning, conducting and directing education programs and services for initial and ongoing CQI program.
- j. Skill in developing and planning CQI processes.
- k. Skill in encouraging personnel participation and agency compliance in the CQI process.
- l. Skill in created reports and databases as needed for reporting on CQI efforts and outcomes.

### 3. Abilities

- a. Ability to work well with others.
- b. Ability to establish and maintain cooperative relationships.
- c. Ability to work with and support volunteer emergency personnel in the accomplishment of their mission.
- d. Good physical and mental condition, capable of performing all assigned duties.
- e. Ability to work in stressful situations including extreme weather environments.
- f. Ability to use independent judgment in making patient care decisions within the scope of local protocols and medical control guidelines.
- g. Ability to follow verbal and written orders.
- h. Ability to direct subordinates.
- i. Ability to communicate effectively both orally and in writing.
- j. Ability to maintain all required certifications and licensures.
- k. Ability to teach and/or participate in training drills.
- l. Ability to work rotating shifts.
- m. Ability to proactively handle scheduling and administrative assignment in addition to field duties with attention to detail and punctuality.

#### **102.02 Minimum Qualifications**

- 1. Graduation from an accredited high school or GED equivalent
- 2. Certified at the Washington State Paramedic level or above
- 3. National Registry as a Paramedic
- 4. Current ACLS and PALS certifications

5. Completion of or enrolled in an approved Emergency Vehicle Operator's Course (EVOC)
6. Completion of all mandated NIMS courses
7. Valid Washington State issued driver's license within one month of hire
8. Successful completion of field training program resulting in the release to function as a paramedic under general supervision as approved by County MPD.

**102.03 Licensure and Certification**

In order to complete the requirements for both the State of Washington and for the County MPD approval, the paramedic must complete the following:

**102.03.01 Application and Reciprocity**

1. State Application is obtained at:  
<http://www.doh.wa.gov/hsqa/emstrauma/reciproc.htm#Paramedic>
2. All required State of Washington reciprocity examinations, evaluations, training and paperwork with signatures.
  - a. Chief, Training Officer and MPD Signatures.
  - b. Attach copies of all required documented trained and graduation/certifications as necessary.
  - c. These must be completed, documented, and sent to the Department of Health. Before sending, please make a full copy for the EMS Office to be filed in your personnel file.
3. State Driver License
  - a. Obtain Washington State Driver's License within 30 days.
  - b. Give copy to Executive Assistant for personnel file once obtained.
4. Hiring and Employment Forms
  - a. Completion and appropriate filing of all forms including:
    - i. County Payroll New Hire Checklist (Chief to complete)
    - ii. Federal W-2

- iii. Federal I-9 with required documents to show Executive Assistant such as Driver License, SSN Card, Passport, etc.
- iv. Federal W-9
- v. Direct Deposit/Draw Forms if desired
- vi. WA PERS Enrollment
- vii. WA DRS Enrollment
- viii. Others as needed by County Payroll Clerk

**102.03.02 Paperwork**

- 1. Agency Paperwork
  - a. Health and Benefits
    - i. Health/Prescription/Vision Enrollment
    - ii. Life and Disability Insurance
    - iii. Dental Insurance
    - iv. NAEMT Professional Associations Application
  - b. Employment Forms
    - i. Current copies of:
      - 1. Current Driver's License
      - 2. NREMT-P
      - 3. State Paramedic
      - 4. BLS
      - 5. ACLS
      - 6. PALS
      - 7. Other Certifications
      - 8. Current CE to be input into Ninth Brain System (See Exec. Assist.)
      - 9. Agency Credit card
      - 10. Individual IPS/Pacific Pride Account
  - c. Access to Online Systems
    - i. interMedix for Toughbook
    - ii. interMedix for online access
    - iii. Ninth Brain
    - iv. EMSOnline.net (King County System)
    - v. Agency Email and App suite
    - vi. Website secured access for calendar

**102.04 Salary and Benefits**

We seek to adequately compensate our personnel and encourage longevity through competitive salary and benefits. We desire to pay a living wage, so that the staff member can support himself/herself within the community as residency is required.

**102.04.01 Salary and Shifting**

1. The paramedic/officer is a professional exempt (salary, non-hourly) staff member of SJIEMS.
  - a. The salary is paid monthly by either direct deposit at midnight of the 25<sup>th</sup> or on the scheduled payroll date whichever is later.
  - b. Direct deposit of payroll is preferred by the agency.
  - c. Up to 40% of the staff member's regular salary can be taken as a "draw" on the 15<sup>th</sup> of each month if desired.
  - d. If more than 14 days of on-call work is performed, they are additionally compensated per 24 hour on call shift.
2. Shifts are 24 hours in duration starting and ending at 0800 hours.
  - a. 14 shifts are required to be "on-call" as a first response paramedic
  - b. 2 days (16 hours) are required as administrative days for attendance at agency training, committee work, or continuing education.
  - c. The chief may, at his discretion, re-assign shift and administrative days as necessary for operations or agency goals totaling 16 shifts.
  - d. Scheduled shifts may be traded with permission from the Chief.
  - e. The shifts should generally not exceed more than 7 days in a row, except under extreme circumstances or in low volume seasons.
  - f. Mandatory overtime may be required in extreme circumstances.
  - g. All shift scheduling and trading must be preapproved by the Chief.

**102.04.02 Benefits**

1. The SJIEMS staff are public employees. Compensation is derived from public funds.
2. Benefits are subject to change at the discretion of the EMS Administrator/Board of Commissioners and are approved by the Board of Commissioners.
3. Current benefits include:
  - a. 100% paid Medical/Prescription/Vision plan with deductibles and copays as employee responsibility.
  - b. 100% paid Dental Plan
  - c. 100% paid L&I Insurance (Worker's Comp)
  - d. Public Employee Retirement System (PERS) II/III Plan with employer and employee contribution.
  - e. Washington DRS Deferred Compensation with employer contribution and voluntary employee contribution
  - f. 100% paid Life and Short/Long Term Disability Insurance
  - g. Agency Owned Health Reimbursement Account (HRA)
    - i. \$1,500 per employee
    - ii. \$900 per covered employee dependent
    - iii. Total per family can be used for any covered person in the family
  - h. \$30/monthly Wellness/Fitness benefit
  - i. Paramedic chase car for use on-island for official and personal business and for off-island business only
  - j. \$1,000 annual benefit for off-island continuing education/certification fees, etc.
  - k. Free online continuing education to include Ninth Brain Suite and EMSOnline.net.
  - l. Agency mobile phone or reimbursement of up to a\$50/month for agency portion of personal mobile phone.
  - m. Free in-house coffee and sometimes out of house coffee supplied by the Chief. ☺

## The Agency

*San Juan Island EMS is a public safety healthcare and transportation agency that serves our patients and community with increasing compassionate capabilities and services in an atmosphere of excellence. We are a system of people that effectively use diverse island appropriate tools and techniques to provide service.*

**S**an Juan Island EMS is a group of dedicated professionals which need to be in right relationship with diverse and dynamic communities and systems.

### **103.01 Physical and Governance Relationships**

We exist in the physical and political spaces.

#### **103.01.01 Response Area**

1. The EMS District
  - a. San Juan County Public Hospital District No. 1 is a junior taxing district of San Juan County Government. The voters of the following geographical areas are property tax paying residents of the District.
  - b. The Town of Friday Harbor (The only incorporated Municipality in the county)
  - c. San Juan Island
  - d. Brown Island
  - e. Henry Island
  - f. Pearl Island
  - g. Speiden Island
  - h. Johns Island
  - i. Stuart Island

- j. All waterways and other non-ferry served islands of the county under mutual aid agreement with the San Juan County Sheriff's Office.
- 2. Other Public Safety Agencies within our District
  - a. San Juan County Sheriff's Office
    - i. Sheriff Rob Nou
    - ii. Lead Dispatcher Robin Delazerda
  - b. San Juan County Fire Protection District No. 3 (San Juan Island Fire Department)
    - i. Chief Steve Marler
    - ii. Assistant Chief Brad Creeseey
    - iii. County Fire Marshal currently vacant
  - c. Town of Friday Harbor Fire Department (currently under contract with SJI Fire)
    - i. Chief currently vacant
  - d. San Juan County and Town of Friday Harbor Department of Emergency Management
    - i. Brendan Cowan, Director
- 3. Other County Public Safety Agencies
  - a. San Juan County Fire Protection District No. 4 (Lopez Fire and EMS)
    - i. Fire Chief Jim Ghiglioni
    - ii. Lead Paramedic Marty Clark
  - b. San Juan County Fire Protection District No. 2 (Orcas Fire and Rescue)
    - i. Fire Chief Mike Harris
    - ii. Paramedic Division Chief Patrick Shepler
  - c. San Juan County Fire Protection District No. 5 (Shaw Fire and Aid)-BLS Only. SJIEMS provides paramedic on request.
    - i. Fire Chief Brud Johnson
    - ii. EMT Coordinator Helen Riggins

**103.01.02      *Response and Relationships***

- 1. Geography and Terrain
  - a. A archipelago of over 100 island in the extreme Northwest of the United States bordering Victoria, BC Canada to our west, Vancouver BC, Canada to our north and Bellingham Washington to our Northeast and Anacortes, WA to our due east.

- b. Rural and wilderness areas with somewhat primitive county roads and trails encompassing over 100 square miles of land. No traffic lights in the county.
- c. Many roads are privately owned and not maintained by government agencies.
- d. Waterways are turbulent ocean saltwater filled with marine animals and plants, most notable the Orca and mink whales.
- e. The islands are considered to be a part of the North Puget Sound and more recently known as the Salish Seas describing the cluster of water and land masses which make up the San Juan Islands.

## 2. County Government

- a. There are multiple governmental bodies in the San Juan Islands.
  - i. The Town of Friday Harbor
    - 1. Elected 5 Member Town Council and Non-Voting Mayor (except to break tie)
    - 2. Appointed Town Administrator
  - ii. Unincorporated San Juan County
    - 1. Elected 6 Member County Council
  - iii. Multiple Junior Taxing Districts
    - 1. Elected Board of Commissioners
    - 2. Able to pass legislation and levy taxes.
- b. Hospital District Associations
  - i. The SJCPHD1 does not report to the County Council. It is an independent district, however, we do utilize the county government services statutorily available to us for:
    - 1. Receiving property and other taxes
    - 2. Payroll services
    - 3. Banking accounting
    - 4. Audit oversight
    - 5. Disbursement of public funds
  - ii. SJCPHD1 is a member of the Washington Association of Public Hospital Districts and its governance is regulated by appropriate

WAC and RCW statutes and laws governing public hospital districts. We are not governed by the Washington Association of Fire Chiefs or the Bureau of Volunteer Firefighters.

- iii. SJCPHD1 functions in two separate and distinct manners.
  - 1. IIMC Physicians Clinic
  - 2. San Juan Island EMS

**103.02 EMS Relationships and Accreditation**

We exist in relational and affiliation spaces.

**103.02.01 Relationships**

**1. Within the County**

- a. San Juan County EMS Council
- b. San Juan County Chiefs Association
- c. EMS / IIMC Quarterly Meetings
- d. SJC Prevention Committee

**2. Regionally**

- a. North Region EMS Council
  - i. Executive Committee
  - ii. Prehospital and Education Committees

**3. State**

- a. Airlift Advisory Council
- b. Premier Purchasing Group under PeaceHealth
- c. Washington Rural Health Association

**4. Nationally**

- a. International Association of EMS Chiefs
- b. National Association of EMTs
- c. International Association of Flight Paramedics
- d. Center for Public Safety Excellence Review Site
- e. National Association of EMS Physicians
- f. North Central EMS Cooperative
  - i. Western EMS Network
- g. National Rural Health Association EMS
- h. Wilderness Medical Society
- i. Association of Air Medical Services

**103.02.02 Accreditation and Licensure**

1. State of Washington Department of Health EMS and Trauma Systems
  - a. Licensed ALS Ambulance Agency
  - b. Licensed ALS Air Medical Agency (Island Air)
  - c. Licensed EMS Vehicles
  - d. Licensure of all EMS personnel
2. National Registry of EMTs (NREMT)
  - a. Paramedic National Registry
3. Commission on the Accreditation of Ambulance Services (CAAS)
  - a. In process with 2012 implementation accreditation date goal.
4. Northwest Affiliate of SOLO School of Wilderness Medicine
5. Accredited American Heart Association Community Training Center (AHA CTC)
6. Center for Public Safety Excellence designation of Chief Cole as Chief Medical Officer.

**103.03 Contacting EMS**

While our job it to respond, we want to be found when necessary.

**103.03.01 Physical Locations**

1. Frank Wilson EMS Building is located at 540 Spring Street, Friday Harbor, WA 98250. We only receive packages here and no postal mail.
2. Roche Harbor Station is located at 32 Cessna Drive Roche Harbor, WA 98250. We do not receive any package or mail at this location as it is storage only.
3. Island Air Ambulance is located at 72 Airport Circle Drive Friday Harbor, WA 98250.

**103.03.02 Mailing/Telephone/Internet Addresses**

1. Our postal mailing address is P.O. Box 2178 Friday Harbor, WA 98250-2178. All postal mail must be sent to this address and not to any physical address. The PO Box key is available in the office.
2. Our main business telephone number is 360-378-5152 with the additional lines of 378-4489 and 378-5299.
3. Our faxes are:

- a. HIPAA compliant fax 360-378-3583
  - b. General fax 360-378-3028 (in main classroom)
4. Website: [www.sanjuanems.org](http://www.sanjuanems.org)
5. Personnel email addresses are [firstname.lastname@sanjuanems.org](mailto:firstname.lastname@sanjuanems.org)
6. Email Lists include:
  - a. General/Main [info@sanjuanems.org](mailto:info@sanjuanems.org)
  - b. All Personnel [allagency@sanjuanems.org](mailto:allagency@sanjuanems.org)
  - c. Staff [staff@sanjuanems.org](mailto:staff@sanjuanems.org)
  - d. Medics [medics@sanjuanems.org](mailto:medics@sanjuanems.org)
  - e. Officers [officers@sanjuanems.org](mailto:officers@sanjuanems.org)
  - f. Supplies/Ordering [ordering@sanjuanems.org](mailto:ordering@sanjuanems.org)
7. Role Emails include:
  - a. Office (Cady) [office@sanjuanems.org](mailto:office@sanjuanems.org)
  - b. Training (Weyshawn) [training@sanjuanems.org](mailto:training@sanjuanems.org)
  - c. CPR/SOLO (Lainey) [prevention@sanjuanems.org](mailto:prevention@sanjuanems.org),  
[solocourses@sanjuanems.org](mailto:solocourses@sanjuanems.org)
  - d. Facilities (Ben) [facilities@sanjuanems.org](mailto:facilities@sanjuanems.org)
  - e. Chief (Jim) [chief@sanjuanems.org](mailto:chief@sanjuanems.org)
  - f. Marine Officer (Robert Benton) [marine@sanjuanems.org](mailto:marine@sanjuanems.org)
  - g. Flight Officer (Patricia Benton) [flight@sanjuanems.org](mailto:flight@sanjuanems.org)
  - h. Medical Director (Dr. Sullivan) [doc@sanjuanems.org](mailto:doc@sanjuanems.org)
  - i. EMT Liaison (Herb) [communications@sanjuanems.org](mailto:communications@sanjuanems.org)
  - j. Quality Officer (Travis) [quality@sanjuanems.org](mailto:quality@sanjuanems.org)
  - k. Transport Officer (Deanna) [transports@sanjuanems.org](mailto:transports@sanjuanems.org)

## Guidance/Governance

*As a public safety healthcare agency, we are guided by  
hand of best practice standards of operation.*

**G**overnance Policies, Administrative Directives, Standard Operating Guidelines, and Standing Orders provide a framework for effective and safe operations.

### **104.01 Governance Policies (GP)**

These documents are the operating policies of how the Board of Commissioners will conduct District business.

#### **104.01.01 Global Governance Process**

The job of the Board is to govern the activities of the Inter Island Medical Center (IIMC), and the San Juan Island Emergency Medical Services (SJIEMS). On behalf of the citizens of the Hospital District through defining and answering the expected achievements, values and other broad characteristics of the IIMC, the EMS and its mission.

#### **104.01.02 Executive Limitations**

The IIMC and EMS Administrators will not engage in means unacceptable to the Board, including dishonesty; unethical, imprudent, illegal, or unprofessional behavior; and withholding of information, which may be detrimental to the welfare of the organization.

#### **104.01.03 Board CEO Linkage**

The Board's sole official connection to the operation organizations, their achievements, and conduct will be through the Administrator of the IIMC and EMS Administrator.

**104.02 Administrative Directives (AD)**

These documents are the official policies set forth from the Board of Commissioners that set forth specific rules of certain matters. These must be adopted and approved in public session of the Board. The last number is the year when the AD was last updated by the Board.

- AD-01-06 Employee Discipline and Grievance Policy
- AD-02-06 EMT Application Process
- AD-03-10 Mutual Aid Policy
- AD-04-10 Outer Island EMS Response
- AD-05-10 Off Island Ambulance Transports
- AD-06-06 Per Diem and Mileage Allowances
- AD-07-06 Transport of District Personnel and Family
- AD-08-06 Alcohol and Drug Use/Abuse
- AD-09-06 Sick Leave/PTO
- AD-10-06 Anti-Sexual Harassment
- AD-11-06 EMS Fees
- AD-12-06 Mobile Communications/Phones
- AD-13-06 Public Records
- AD-14-06 Reimbursement Schedule for Training
- AD-15-10 Chain of Command/Report (CAAS 101.02.01)
- AD-16-06 Expense Reporting/Stipend Request
- AD-17-06 Hepatitis B Immunization
- AD-18 to 33 *REMOVED*
- AD-34-10 Requirements for Maintaining Volunteer Status
- AD-35-06 *REMOVED*
- AD-36-06 *REMOVED*
- AD-37-06 Recording Fixed Assets
- AD 38-06 Volunteer Recognition and Banquets
- AD 39-09 Identity Theft Program (Red Flag Rules)
- AD 40-09 Volunteer and Employee Health
- AD 41-10 Reimbursements from Crimes

**104.03 Standard Operating Guidelines (SOG)**

These documents are the guidelines set forth by the EMS Administration for the safe and productive operation of the agency and its mandates. They are usually vetted through the EMS Administrator, the Officers Committee and then the general agency when necessary. They are all approved by the EMS Administrator and do not need to be presented publicly or approved by the Board of Commissioners. The last number is the year when last updated by the agency.

- SOG 101-10 Fixed Asset Management
- SOG 102-05 Surplus of Fixed Assets
- SOG 103-10 EMS Organizational Chart
- SOG 104-06 Sporting Event Standby
- SOG 105-05 *MOVED TO POLICY AD-37-06*
- SOG 106-05 *MOVED TO POLICY AD-38-06*
- SOG 107-10 Billing Company Guidelines
- SOG 108-06 ICS and Scene Management
- SOG 109-10 Narcotics Safety and Accountability
- SOG 110-06 Disease Control and Injury
- SOG 111-06 Vehicle Safety and Operations
- SOG 112-06 Volunteer Discipline and Grievance
- SOG 113-10 Receipt of Checks and Deposits
- SOG 114-07 Night Rider Program
- SOG 115-06 EMT Staging at IIMC
- SOG 116-06 Dual Role ALS Personnel
- SOG 117-10 Transport Activation and Med. Control
- SOG 118-07 Decon. of Equipment and Apparatus
- SOG 119-10 WEMSYS Information Uploading
- SOG 120-09 Island Air Ambulance Operations
- SOG 121-08 Marine Response and Transport
- SOG 122-07 Release of PHI to Law Enforcement
- SOG 123-09 Exposure Control Plan
- SOG 124-08 Incident Command Priorities
- SOG 125-08 Tactical Channel Assignment
- SOG 126-08 IAA Loading and Unloading
- SOG 127-10 Paramedic Paperwork Requirements
- SOG 128-09 Paramedic Rig Checks
- SOG 129-09 Firearms Safety
- SOG 130-10 Scheduled Transfers
- SOG 131-10 Post EMS Patient Contact Comm.
- SOG 132-10 Patient Safety and System Utilization
- SOG 133-10 EMTALA Compliance
- SOG 134-10 CQI Process
- SOG 135-10 CQI Process Diagram
- SOG 136-10 Comm. and Social Media Usage
- SOG 137-10 Travel and Meals Specifics
- SOG 138-10 Ride-along Program
- SOG 139-10 Service Animal Transportation

**104.04 Standing Orders (SO)**

These documents are by order of the EMS Administrator in cases of immediate need for clarification on an issue of safety or operations which have not been vetted throughout the agency for input. These may be left to stand, rescinded or incorporated later into SOGs. The last number is the year originally when issued by the Chief.

- SO-01-06 Emergency Communication in Power Outage
- SO-02-07 Non-service Animals in the EMS Building
- SO-03-09 Use of Soap at EMS Building
- SO-04-09 Large Patient Movement
- SO-05-09 Awards and Commendations Guideline
- SO-06-10 Online Medical Direction

**104.05 Job Descriptions (JD)**

These documents are the current job description for all personnel, weather career staff or volunteers. These will be updated at the discretion of the Chief with exception of the EMS Administrators description which is contractual and must be approved and amended in public session.

- JD-ADMN EMS Administrator/ Chief Med. Officer
- JD-EXEC Executive Assistant/ Comm. Officer
- JD-PMQA Paramedic/ Quality Officer
- JD-PMTR Paramedic/ Training Officer
- JD-PMWL Paramedic/ Wellness Officer
- JD-FACL Director of Facilities/ Preparedness Ofc.
- JD-OUTR Director of Outreach/ Prevention Ofc.
- JD-VEMT Volunteer EMT
- JD-VOFC Volunteer Officer
- JD-PRNP PRN Paramedic

## Apparatus/Equipment

*The tools of the EMS trade are extremely visible, the ambulance, the monitor, but there is nothing more visible and important than the person who uses them to the benefit of the patient.*

**A**mbulances and equipment are the means by which we practice our profession. Over the past years, our tools have greatly expanded to include many different types of apparatus and equipment that many agencies never have the opportunity to deploy. With this diversity comes an increased burden of maintenance and training.

### 105.01 Apparatus

SJIEMS deploys a vast array of patient moving equipment. These are a necessity for our remote circumstance and diversity of patient needs.

1. NFPA standards are utilized as a basis for the minimum and ongoing maintenance required to keep all apparatus mission ready.
2. Apparatus is maintained by contract with Paul Spencer, a Licensed Emergency Vehicle Technician who happens to live here in the islands. His work is overseen by the Director of Facilities.
3. The Director of Facilities oversees the work of the EVT and performs non-mechanical maintenance of the apparatus as well.
4. All apparatus are annually licensed by the State of Washington Department of Health EMS and trauma Systems under our agency verification license.
5. All apparatus are routinely assessed for fitness for duty and records kept by the Director of Facilities.

6. Apparatus are capital fixed assets of the agency and are annually tracked.

**105.01.01      *Ambulances***

1. We operate three ground Mobile Intensive Care Units (MICUs) on the main island of San Juan.
  - a. Two are located in the Town of Friday Harbor at 540 Spring Street. (Aid 31, Aid 32)
  - b. One is located in a shared EMS/Fire station at Roche Harbor resort at 32 Cessna Drive. (Aid33)
2. Each ambulance exceeds the minimum State required equipment and specifications. The ambulance at Roche Harbor is an Intermediate Life Support equipped ambulance. It lacks paramedic level medications and a full LifePak 12, because it is seldom deployed. This MICU will be upgraded in 2011 to be a full ALS unit.
3. Each ambulance is a Type III box style ambulance on a Ford chassis.
4. Each has a usable life as determined by the EVT and Director of Facilities.

**105.01.02      *Paramedic Chase Cars***

1. We operate four Paramedic chase vehicles, each one assigned to a paramedic for on-island response and off-island official business.
2. Each generally has a usable life of 6 years or 100,000 miles or sooner as determined by the EVT and Director of Facilities.
3. Each car is equipped with all State required BLS and ALS equipment for licensure including
  - a. LifePak 12
  - b. Med Kit
  - c. Trauma Kit
  - d. Airway Kit
  - e. OB/Peds Kits
  - f. Portable suction
  - g. Backboard/spinal immobilization equipment
  - h. Fire Extinguisher, jumper cables, tire chains, etc.
4. The vehicle is inspected weekly, or more often, by the paramedic assigned to the vehicle.

5. All maintenance issues or problems should be immediately reported to the Director of Facilities for inspection and repair as necessary.

**105.01.03 MCI Trailers**

1. We operate two MCI trailers.
  - a. One is used as a mobile clinic/emergency shelter.
  - b. One is utilized for storage of the decontamination unit and other essential equipment.
2. The units are stored on Beaverton Valley road at the SJC maintenance facility storage lot. The key to the after-hours gate is kept on the wipe board at the front of the ambulance bays.

**105.01.04 Jointly Operated Apparatus**

1. The *P/V Guardian* is a twin engine catamaran 44 foot boat owned by the San Juan County Sheriff's Office.
  - a. SJIEMS partnered with the SO to modify and outfit the *P/V Guardian* as a fully license water ambulance. It has all required Intermediate Life Support Equipment for State standards.
  - b. The paramedic equipment from the medic's chase car is brought aboard the boat to make it a fully capable ALS ambulance.
  - c. SJIEMS maintains all medical equipment aboard while the SO maintains and provides captains for the vessel.
  - d. Only the patient and crew may be transported aboard the vessel. No family or passengers unless medically required, such as a pediatric patient.
  - e. SJIEMS staff one paramedic and 3 EMTs on each boat call when possible.
  - f. Guardian operations are overseen by Marine Officer.
2. Island Air Ambulances are owned, maintained, and leased along with pilot from our FAA Part 135 provider, Island Air, Inc. of Friday Harbor
  - a. Cessna 206 capable of carrying stretcher system and is IFR capable. No family members may ride.

- b. Cessna 207 capable of carrying stretcher system and two attendants plus one family member approved by pilot.
- c. Stretcher system and medical oxygen maintained by Island Air.
- d. All medical equipment is maintained by SJIEMS.
  - i. Specialized compact monitor/defibrillator aboard.
  - ii. Flight med pack in Aid 31 and Aid 32.
  - iii. All other required equipment should be taken from chase car or ambulance if necessary.
  - iv. SJIEMS staffs two providers on all flight when possible.
- e. Operations overseen by Flight Officer.

**105.02 Equipment**

SJIEMS deploys equipment to enable effective care and operations. The PC Notebook can be just as lifesaving as the defibrillator when used properly.

1. Best practice standards are utilized as a basis for the decision to purchase and the ongoing maintenance required to keep all equipment mission ready.
2. General equipment categories are described as:
  - a. Office Equipment
  - b. Building/Facilities Equipment
  - c. Communications
  - d. Medical Equipment
3. Equipment over the cost of \$300 each is generally seen as capital equipment and that under \$300 as disposable equipment.
  - a. All equipment must be inspected and utilized appropriately at all times.

- b. Capital equipment is tracked and within an approved Asset tracking program for operational and financial accounting efficiencies.
4. There are several “key code” and combination locks throughout the facilities and apparatus:
- a. Chase cars door code
  - b. Outside doors to EMS Building
  - c. Office door
  - d. Supply Room
    - i. Drug safe within supply room
  - e. Aid 31 Drug box
  - f. Friday Harbor Airport
  - g. Roche Harbor Station
  - h. Cessna Drive gate code
5. There are multiple key locks :
- a. Ambulances
  - b. Chase cars
  - c. IIMC
  - d. Aid 32/Aid33 drug lockers
6. There are gate cards/openers:
- a. EMS garage doors
    - i. Friday Harbor
    - ii. Roche Harbor
  - b. Helipad gate opener
  - c. Airport gate card

**105.02.01 Office Equipment and Supplies**

Office equipment is purchased and managed under the direction of the Executive Assistant.

- 1. Computers (including field Toughbooks)
- 2. Copiers, faxes and all other durable office equipment and supplies and ordered, stocked and maintained by the EA.
- 3. The EA is to be notified if any paperwork, forms, and or field supplies are low or in need of repair, replacement or maintenance.

**105.02.02 Building/Facilities Equipment**

1. Any necessary supplies for the proper running and maintenance of the building and its grounds are the responsibility of the Director of Facilities.
  - a. Cleaning and maintenance supplies and equipment.
  - b. Building and facility supplies and stock.
  - c. Apparatus parts and supplies.
2. Apparatus supplies such as containers, boxes, paperwork.
3. Grounds and parking lots maintenance.
4. Generator and station maintenance.
5. If any problem, repair, or concern is noted, it should be directed immediately to the Director of Facilities.

**105.02.03 Communications Equipment**

1. Communications equipment will be maintained and in working order under the appropriate rules and FCC contracts as required.
  - a. Telephones will be reimbursed at \$50/month if not provided by the agency. Employee will care for and maintain his/her own cell phone.
    - i. Carrier determined by the agency
    - ii. Bluetooth capable
  - b. Pagers
    - i. Minitor IV and V are used
    - ii. Issued by the Director of Facilities and programmed for the “All Agency” and “Paramedic” tones.
  - c. Portable Radios
    - i. Multiple manufacturers.
    - ii. Used in accordance within Agency SOG and FCC regulations
    - iii. Carried on every call.
  - d. Mobile Radios
    - i. Agency VHF in all agency apparatus with own engine.
    - ii. UHF interoperable frequency radio in command cars only, used for communication on Sheriff Frequency.
  - e. Stationary Radios
    - i. Maintained by Director of Facilities utilizing professional radio company for repairs as necessary.

- ii. Main transmitter on Hillview Terrace Water Tower
  - 1. Operated from County Dispatch
- f. Main frequency is 155.280 MHZ on VHF.

**105.02.04 Medical Equipment**

There are multiple forms of medical supplies and equipment.

- Disposable Patient Care Supplies
  - Over the Counter Medications
  - Prescription Medications
  - Medical Equipment
  - Medical Devices (physician approved)
1. Disposable supplies will be ordered and stocked in such quantities as to allow for uninterrupted normal operations of 90 days and handle a mass casualty of up to 100 people.
  2. OTC medications will be kept in secured areas but not in the Medication safe, unless deemed “dangerous.”
  3. Prescription Medications are obtained under our MPD DEA license and their use is outlined in the Physician Authorized Medical Guidelines.
    - a. Narcotic (Controlled)
      - i. Fentanyl
      - ii. Morphine
      - iii. Dilaudid
    - b. Non-Narcotic
      - i. Multiple outlined in Medical Guidelines.
  4. Medical Equipment

**105.02.05 Accounts and Charges**

1. Personnel Issued:
  - a. Visa Credit Card
  - b. Health Cards
    - i. Medical/Prescription/Vision
    - ii. Dental
    - iii. HRA
2. Apparatus Issued:
  - a. Petro San Juan Gas card
  - b. IPS Gas card
  - c. Wave to Go Ferry card
3. Credit Accounts on Island:
  - a. ACE Hardware

- b. Browne Home Center
- c. NAPA Auto parts

## Response

*Responding is what we do. We respond to people's needs without prejudice. We get to where we are needed with safety, expediency, and accuracy.*

Getting to the patient with the right resources, as quickly as appropriate, and with great expertise is our goal. We desire to move the patient quickly but carefully, and to the most appropriate facility the first time they are transported.

### 106.01 Response

SJIEMS responds as an Advanced Life Support agency. We have different modes by which we respond, but the goal is always the same... the appropriate level of response to all requests for service. We respond in appropriate and scalable fashion for these types of calls:

1. Fit for Jail
2. Scheduled Transport
3. Non-scheduled (Emergency) Transport
4. 9-1-1 Response
5. Island Air Ambulance Response

#### 106.01.01 Jail Calls

1. Under mutual aid contract with the San Juan County Sheriff's Office, we provide a Fit for Jail assessment when requested.
  - a. If deemed routine or non-emergent, the on-call paramedic is paged as a sole responder to the SJSO jail and assesses, and treats the patient.
2. If the patient is not transported, contact medical control, and the Jail is notified of what needs to be done for the

patient and the conversation is documented in the patient care report.

3. If the patient needs to be transported, the call is upgraded to a full response and the EMTs and an ambulance will be paged to the jail to complete the call.

**106.01.02      *Scheduled Transport***

1. Must be GREATER THAN 24 hours before the time of transport. If less than 24 hours, it will be considered a Non-Scheduled Transport and immediately paged out for response.
2. Patient complaints of difficulty breathing, chest pain, stroke symptoms, altered LOC, etc. should be immediately paged out and NOT scheduled.
3. There are no direct admissions to extended healthcare facilities without patient first being seen by physician.
4. When a patient is being scheduled by a physician's office or healthcare facility for a transport, the following guideline will be followed:
  - a. Patient's physician must preauthorize the transport(s).
  - b. Physician will contact the Transport Officer who will verify the request, contact all parties and then contact the on-call paramedic. A page out will occur for personnel to respond to a phone number for consideration to be on the crew for the transport.
5. Final arrangements will be communicated to all required parties including the on call paramedic.
6. Scheduled crew will be paged out at appropriate time. On-call paramedic may need to respond if requested.
7. On-call paramedic will ensure that all required paperwork and call reporting is completed to standing guidelines.

**106.01.03      *Non-Scheduled (Emergency) Transport***

1. LESS THAN 24 hours before the time of desired transport.
2. On-call paramedic may be paged to the transferring facility to advise or coordinate the transport.
3. If in doubt, the highest level of personnel and capability should be considered.
4. The following factors may be considered:

- a. Patient condition
    - i. Acute
    - ii. Non-acute
  - b. Destination requested
    - i. Must be a hospital ED or for admission.
    - ii. Cannot be for physician appointment in outpatient clinic.
  - c. Ongoing treatments
    - i. Need for monitor, oxygen, IV, medications
    - ii. Stable or unstable
    - iii. Pain or pain free
  - d. Weather
  - e. Crew and personnel availability
  - f. Vehicle availability
  - g. Length of transport
  - h. Loss of personnel due to time or conditions
5. ALS, Acute, Unstable
- a. Airlift Northwest
  - b. Island Air with ALS Crew
  - c. Guardian Water Ambulance
  - d. Coast Guard or Navy
  - e. Ambulance on ferry with ALS crew
6. ALS, Non-Acute, Stable
- a. Island Air with ALS or BLS crew
  - b. Airlift Northwest
  - c. Consider extended stay at IIMC and await change in condition/availability of Air Medical
  - d. Guardian Water Ambulance
  - e. Ambulance on ferry with ALS crew
7. BLS, Stable
- a. Island Air with BLS crew
  - b. Consider extended stay at IIMC and await change in condition/availability
  - c. Airlift Northwest if medically appropriate
  - d. Ambulance on ferry with BLS crew
  - e. Guardian as last resort.

**106.01.04 9-1-1 Responses**

- 1. San Juan County Dispatch (Dispatch) receives 9-1-1 call and pages “All Agency.”
  - a. Paramedic responds directly to the call.
  - b. Close EMTs respond as first responders

- c. EMTs also respond to station to get ambulance and then respond to the scene.
2. First arriving EMT sums up the call and reports:
  - a. Code Red-True emergency, all units continue hot
  - b. Code Yellow- Response still needed but non-emergency
  - c. Code Green- All units not on scene are released from responding.
3. Paramedic may still respond regardless of code.
4. Patient refusals may be Code Yellow as paramedic needs to assess condition.
5. Sufficient personnel should be called when appropriate.

**106.01.05 Island Air Ambulance Response**

1. Island Air Ambulance may be requested by another agency for response and transport of one of their patients.
2. Follow IAA response matrix.
3. Consider ability to respond:
  - a. Availability of aircraft
  - b. Availability of extra paramedic
  - c. Availability of EMTs
  - d. Appropriateness of request (i.e. pregnant but 2-3 minutes apart should not be transported)

**106.02 Activation of External Transport Resources**

SJIEMS interacts with several other agencies that complete the transport of the patient to mainland facilities. They need some standard and some specialty information for each of their missions.

1. The agencies we usually interface with are:
  - a. Island Air (Island Air Ambulance)
  - b. San Juan County Sheriff's Office (Guardian)
  - c. Washington State Ferry Service
  - d. Airlift Northwest
  - e. Mainland Ambulance/Fire Services
  - f. US Coast Guard
  - g. US Navy
2. Information to be give includes:
  - a. Location of pickup/interface
  - b. Destination facility or location
  - c. Third service or agency for them to interface
  - d. Advise of a Trauma Code, Cath Code, or Stroke Code
  - e. Patient

- i. Name
- ii. Age
- iii. Weight
- iv. Condition/Severity
- v. Diagnosis/Presenting Problems
- f. ETA to interface location
- g. All other pertinent information
- h. All other information requested by agency

**106.02.01 Island Air Ambulance**

1. Island Air is our Part-135 provider located at 72 Airport Circle Drive. Page “All Pilots” at 360-336-1356 back to a phone you can answer. You may also be able to call 360-378-3090 for activation during the day.
2. Cessna 207 is generally to be utilized because of two attendant carrying capabilities.
3. Cessna 206 may be utilized because of IFR capabilities.

**106.02.02 Sheriff Office Guardian Water Ambulance**

1. Call 360-378-4151 or radio Dispatch to activate.

**106.02.03 Washington State Ferry**

1. The Washington State Ferry Service will ferry our apparatus and personnel on their schedule.
2. If priority boarding is needed, contact them via radio or by calling 360-378-8665.
3. Let them know what will be loading when and where.

**106.02.04 Airlift Northwest**

1. Airlift Northwest Dispatch center is located in Seattle, WA. Call 800-426-2430 or ask Dispatch to contact.
2. Make sure patient is able to physically fit into aircraft.
  - a. Use measuring tool
  - b. Estimate weight higher than lower if questionable.

**106.02.05 Mainland Ambulances**

Mainland ambulances may need to be utilized to complete transports from airports or marinas from Island Air or Guardian transports. If patient is going via Airlift Northwest, they will arrange for their own ground transports if needed. If only a BLS is available, and you have an ALS patient, the paramedic will need to go with the ambulance agency to the

receiving facility. The paramedic will then be returned to the port for return to the island.

1. Seattle/King County
  - a. BLS/ALS
    - i. AMR 206-444-4444
2. Mt. Vernon/Skagit County
  - a. BLS
    - i. AMR 206-444-4444
    - ii. Cascade Ambulance 800-244-8642
  - b. ALS
    - i. Skagit County Dispatch 360-428-3211
3. Bellingham/Whatcom County
  - a. BLS/ALS
    - i. Whatcom County Dispatch 360-676-6811

**106.02.06 US Coast Guard**

The US Coast Guard is a federal military agency with a strong presence in the Pacific Northwest due to our proximity to the Canadian border and the many remote waterways and mountainous regions of the area. They are a LAST RESORT transportation agency available when the LIFE or LIMB of the patient is at risk and ALL OTHER resources have been exhausted.

1. Call Coast Guard Group Port Angeles at 360-417-5840 or radio Dispatch to activate.
  - a. In addition to the standard information, you will likely need to speak directly with one of their commanders and their Flight Surgeon. Having good telephone contact is a necessity when possible.
  - b. You will need to accompany your patient aboard their helicopter to the final destination.
    - i. There is a CG “Swimmer” aboard who has the same education as an EMT basic. They will be glad to assist you at your direction.
    - ii. During night time operations, they run on “blackout” protocol. You will have limited lighting available.

- iii. You will need to load any and all necessary equipment with you for your flight because limited equipment is available aboard. This includes oxygen.
- c. USCG may or may not be able to return you to the island.
  - i. Be sure to take identification, money and your agency credit card to procure lodging and or transportation back to the island.

**106.02.07 US Navy**

The US Navy is a federal military agency with a strong presence in the Pacific Northwest due to many naval shipyards and training facilities. They are another LAST RESORT transportation agency available when the LIFE or LIMB of the patient is at risk and ALL OTHER resources have been exhausted including Coast Guard.

1. Call or radio Dispatch to activate.
  - a. In addition to the standard information, you will likely need to speak directly with one of their commanders and their Flight Surgeon. Having good telephone contact is a necessity when possible.
  - b. You will usually NOT need to accompany your patient aboard their helicopter to the final destination.
    - i. There is usually a Flight Surgeon (MD) and a Navy Corpsman (Paramedic) aboard who will take over patient care from you.

**106.03 Response Areas**

On the first call of your shift, you drive to the Town and transport the patient in an ambulance to the Clinic. On your next call you respond aboard the Guardian to a boat in the middle of the San Juan Channel, transport to a remote beach where you board a Coast Guard Helicopter to a mainland hospital and return. Your third call of the shift is flying aboard Island Air to a remote island where you treat a critical trauma patient that you then load onto an Airlift Northwest helicopter for

evacuation to Harborview Medical Center in Seattle. You return to Roche Harbor because of weather. It's now time for lunch.

1. We respond and treat and transport on:
  - a. Land
  - b. Sea
  - c. Air
2. We utilize several forms and types of apparatus on a regular basis.
  - a. Paramedic chase cars
  - b. Ground MICUs
  - c. Water Ambulance
  - d. Fixed Wing Airplanes
  - e. ALNW Helicopters/Turbo Commander
  - f. Military Helicopters/Boats

**106.03.01 Land Response**

1. The majority of our response is on wheels on the road, like most EMS agencies. But, these wheels take us to very different types of terrains and communities within our island community.
  - a. **Town of Friday Harbor**
    - i. Medical Facilities/Providers
      1. IIMC
      2. San Juan Healthcare Assoc.
      3. Life Care Center of the San Juans
      4. Village at the Harbour Assisted Living
      5. R House Adult Family Home
      6. Multiple Dentists and Chiropractors
    - ii. Nursing and Extended Care Facilities
    - iii. The Grange
    - iv. Legion Hall
    - v. Masonic Hall
    - vi. Public Restaurants and Recreation sites
    - vii. Friday Harbor Marina
      1. Various docks
      2. Buildings
      3. Facilities
      4. Yacht Club
      5. CBP Office

- viii. Town Corridor (Spring Street)
- ix. Memorial Park
- x. WSF Docks
- xi. Mullis Senior Center
- xii. Community Theater
- xiii. Palace Theater
- xiv. Community Library
- xv. Commercial businesses
- xvi. Manufacturers
- xvii. Multiple Schools/Systems
  - 1. FH Elementary
    - a. Head Start Building
    - b. Elementary School Fields
  - 2. FH Middle School
  - 3. FH High School
    - a. HS Track
    - b. HS Football Field
    - c. HS Gym
    - d. Turnbull Gym
    - e. Tennis Courts
  - 4. Spring Street International School
  - 5. Multiple Day Cares
  - 6. Paideia Classical Elementary School
  - 7. Stillpointe School
  - 8. Other private schools
  - 9. San Juan Island School System
    - a. Offices
    - b. Griffin Bay High School
- xviii. Federal Post Office
- xix. Town Hall
- xx. County Offices
  - 1. County 9-1-1 PSAP (Dispatch)
  - 2. Sheriff's Office and Jail
  - 3. Assessor's Office
    - a. Payroll
    - b. Vehicle Licensing
  - 4. Treasurer's Office
  - 5. Auditor's Office
  - 6. Elections Office
  - 7. Health and Human Services
- xxi. Town Fire Department
- xxii. Town Public Works
- xxiii. Apartment and Condo Complexes

xxiv. Single and multiple family homes

**b. Outlying town area**

- i. Friday Harbor Airport
- ii. Town and Country Trailer Park
- iii. Jackson's Beach
- iv. Turn Point/ Pear Point
- v. Golf Course and Clubhouse
- vi. University of Washington Marine Biology Campus
- vii. County Fire Department on Mullis Street
- viii. County Public Works
- ix. Animal Protection Shelter
- x. County Fair Complex
- xi. Jensen Bay Shipyard
- xii. Shipyard Cove Marina
- xiii. Skagit Valley College San Juan Extension
- xiv. Warbass Way Marinas

**c. Trail Systems**

- i. Extensive walking trails throughout the island [www.sanjuanislandtrails.org](http://www.sanjuanislandtrails.org)

**d. Trailer Parks**

- i. Sunrise Ridge (Town and Country)
- ii. Cattle Point Road at Madden Lane
- iii. Heritage (Cattle Point near Eagle Cove)

**e. North End**

- i. Roche Harbor [www.rocheharbor.com](http://www.rocheharbor.com)
  1. Village
  2. Marina
  3. Restaurants
  4. Shops
  5. Condos
  6. Docks
  7. Airstrip
- ii. White Point
- iii. Westcott Oyster Farm/Bay  
[www.westcottbay.com](http://www.westcottbay.com)

**f. Parks**

- i. Limekiln Point State Park (Whale Watch Park)  
[www.stateparks.com/lime\\_kiln\\_point.html](http://www.stateparks.com/lime_kiln_point.html)
- ii. San Juan County Park/Campsites

- iii. National Parks (no camping)  
[www.nps.gov/sajh/index.htm](http://www.nps.gov/sajh/index.htm)
  - 1. English Camp
  - 2. American Camp
- iv. American Camp National Park
  - 1. 4<sup>th</sup> of July Beach
  - 2. South Beach
  - 3. Jakle's Lagoon
- g. Cape San Juan
  - i. Interpretive Center and Lighthouse
  - ii. Cape Pool
  - iii. Cape Marina/docks
- h. Beaches
  - i. Jackson's Beach
    - 1. Beach
    - 2. Boat Ramp
    - 3. Courts
  - ii. South Beach
    - 1. Salmon Rocks
  - iii. 4<sup>th</sup> of July Beach
  - iv. Jakle's Lagoon
  - v. Eagle Cove
  - vi. American Camp Beach
- i. Resorts
  - i. Roche Harbor Resort  
[www.rocheharbor.com](http://www.rocheharbor.com)
  - ii. Lakedale Resort and Camping  
[www.lakedale.com](http://www.lakedale.com)
  - iii. Snug Harbor Resort [www.snugresort.com](http://www.snugresort.com)
  - iv. Lonesome Cove Resort  
[www.lonesomecove.com](http://www.lonesomecove.com)

**106.03.02      Sea Response**

- 1. Our district includes 6 outer islands. We need to effectively serve these and the waterways and other non-ferry served islands when requested
  - a. Brown Island
    - i. Sits in Friday Harbor
    - ii. Has full-time caretakers
    - iii. Has fire engine and a small vehicle that a patient can be transported on

- iv. Best access is by dock to nearest home.
  - v. Has recreation center with large pool.
  - vi. Central marina.
  - vii. Can have caretakers paged through Dispatch to first respond.
- b. Pearl Island
    - i. Small island just to north of Roche Harbor
    - ii. Part time residents
    - iii. No common facilities
    - iv. Best access is to closest dock.
  - c. Henry Island
    - i. Largest outer island with multiple full-time residents
    - ii. North and west of Roche Harbor
    - iii. Central Marina and docks
    - iv. Full-time caretaker
  - d. Speiden Island (Private island)
    - i. East of Roche Harbor
    - ii. Full-time caretaker on island
    - iii. Used by Oakley as corporate retreat
    - iv. No public access
  - e. Johns Island
    - i. Full-time caretaker residents at Camp Nor'wester
      - 1. 300-400 kids and counselors in the late spring to early fall.
      - 2. Usually staffed with RN and WEMTs when in operation.
      - 3. We do WFA for staff each year.
    - ii. Summer homes on east and north end of island
    - iii. Has small airstrip in middle of island.
  - f. Stuart Island
    - i. Small island north of Roche Harbor
    - ii. Part time residents
    - iii. No common facilities
    - iv. Best access is dock closest to call.
  - g. Others
    - i. Jones Island (State Park)
      - 1. Running water
      - 2. Maintained campsites
      - 3. Public dock
      - 4. Populated year round

- ii. Turn Point Island (State Park)
  - 1. Maintained campsites
  - 2. No docks
  - 3. Composting toilets
- iii. 40 other part-time populated islands with dwellings/facilities

**106.03.03 Air Response**

1. SJIEMS is the only 9-1-1 EMS agency that also operates air medical services. Much work and dedication have gone into the building and operation of Island Air Ambulance. It remains a work in progress with great potential for more service to our community and regionally as well.
  - a. Cessna 206
    - i. IFR capable
    - ii. Stretcher system capable
    - iii. If two pilots, only one attendant can accompany.
  - b. Cessna 207
    - i. VFR only capable
    - ii. Stretcher system capable
    - iii. Can accommodate two attendants plus two pilots.
    - iv. Best configuration for patient care.
    - v. Should be standardly used for all patient transports unless unavailable or otherwise medically necessary (patient must sit up with legs dangling).
2. Stretcher systems field approved by FAA and qualified for use in all Island Air 206s and 207.
3. Planes may be used to transport crews and equipment to the scene of a call and then patient put aboard an Airlift Helicopter. The crew and equipment would then be transported back to Friday Harbor or patient loaded and continued on to mainland for hospitalization.
4. The pilot is fully in charge of anything safety or operations related. EMS is in charge of all patient care.
5. The Flight Officer works with the Chief and the Island Air, Inc. staff on operational issues.
6. All equipment needed for the flight should be placed aboard prior to launch and safely stored according to pilot directions.

7. ALL EMS personnel responding as Island Air Ambulance must be FAA trained/certified annually through an internal certification program with Island Air.

## Operations

*We are known by our doing. We are not an agency of idle talk or powerless words. We do what we say we will do. There can be no lesser standard.*

**D**oing what is best for our patients must always be the highest priority. The patient can never be second on the list. There are many values by which we operate. We are not merely providers...we are advocates. Our operations ARE patient care.

### **107.01 Dress Code/Uniform**

Professionals are what we are. How we serve people will define their impression of our professionalism, not a patch or uniform.

1. Cleanliness and personal hygiene is essential.
2. Clean appropriate clothing for the season is expected.
  - a. If you were a visitor to the island, what might you expect a rescuer to wear?
3. Something identifying you as a member of SJIEMS.
  - a. Your agency badge
  - b. An agency shirt or coat
  - c. Appropriate safety gear
  - d. A stethoscope with name tag, etc.
4. If at an accident scene or off-road rescue:
  - a. Closed hard soled shoes to prevent foot injury
  - b. Safety vesting and helmet.
  - c. Turnout gear if needed.
5. If called to court to testify, participating in an official parade/funeral etc, or representing the agency off-island at an official event other than CE:
  - a. Dress white uniform shirt, badge.
    - i. A necktie for court, funeral, etc.

- b. Black or navy pants with belt.
- c. Black shoes and socks.
6. Consider class A uniform for “important” public events, etc.

**107.02 Public Safety Affiliations**

Paramedics are a rare and precious commodity in the islands. As such, singleness of purpose is essential to all public safety organizations and to our agency in particular.

1. Paramedics cannot be dually affiliated with SJIEMs and any other public safety agency.
2. SJIEMS paramedics can work PRN for other EMS agencies only after fulfilling SJIEMS shifting and administrative requirements.

**107.03 Safety and Security of Apparatus/Equipment**

The Paramedic Chase Car is a powerful tool for the paramedic. It is filled with essential and dangerous devices and medications.

1. The vehicle is to be locked at any time the vehicle may be left unattended in a non-secured area.
  - a. The vehicle will not lock with the key in the ignition.
  - b. The vehicle is equipped with a door code unlocking system with a system wide code that is never to be shared.
  - c. Vehicles should be parked in well lighted and easily visible places when possible to prohibit break-ins.
2. Paramedic issued narcotics are to be removed from the vehicle when stored at the EMS Building or parked in areas where the vehicle may be vulnerable to break-ins.
3. In extreme weather situations, hot summer days and cold winter days, drugs should not be stored in the vehicle. They should be removed and kept in a safe room-temperature environment.
4. Vehicle should be plugged into a battery trickle charge system, if equipped, do keep the battery at optimal operating levels.
  - a. When parking the vehicle for extended times where the battery is unable to be trickle charged, remove all charging equipment from holders and charging units such as:
    - i. Rechargeable flashlights
    - ii. GPS units
    - iii. Cell phone rechargers
5. Oil is to be checked regularly when vehicle is being refueled.
6. Gas supply is to be refilled to full when the tank registers  $\frac{1}{2}$  or less. It is to be refilled to full when less than  $\frac{3}{4}$  in extreme weather

- situations or fuel supply interruption is possible (i.e. power outages or disruption of ferry service).
7. Vehicle should be cleaned weekly or more often as necessary to keep a positive public appearance.
    - a. Windows cleaned weekly interior and exterior.
    - b. Interior vacuumed and cleaned.
  8. All concerns of poor/underperformance or breakdowns should be immediately reported to the Chief and the Agency Mechanic.
    - a. Consider swapping vehicles to remain in service
    - b. Check fluids
    - c. Take no chances with safety; if in doubt, place vehicle out of service and report immediately.

**107.04 KEYS AND CODES**

1. Keep all SJIEMS issued keys in a safe place.
  - a. Vehicle keys/key fobs
  - b. Ambulance narcotic locker keys
  - c. Gate keys/fobs
2. IIMC key issued directly to you from the IIMC administration.
  - a. If a key is lost, the whole IIMC must be re-keyed.
  - b. The person who lost their key must pay IIMC \$500 for the building to be re-keyed at their own cost.

**107.05 DESIGNATORS AND RADIO TRAFFIC**

1. Designators are used to identify personnel and apparatus.
  - a. **SJIEMS Designators:**
    - i. Personnel:

1. Echo 1	Chief Jim Cole
2. Med36	Travis Potter
3. Med 37	Weyshawn Koons
4. Med38	Ryan Nelson
5. Med 39	Various PRN Paramedics
6. Doc 1	SJIEMS Medical Director
7. PIO 30	PIO Cady Davies
    - ii. Apparatus:
      1. Ground Apparatus
        - a. Aid 31
        - b. Aid 32
        - c. Aid 33
        - d. Ops 34

First out 9-1-1 MICU
First out Transport/ Secondary MICU
Roche Harbor Intermediate MICU
EMS Pickup when not assigned to a paramedic

- e. MCI 1            MCI Trailer
- f. MCI 2            MCI Trailer
- 2. Air Apparatus
  - a. Air Ambulance 1      Cessna 207
  - b. Air Ambulance 2      Cessna 206
  - c. Air Ambulance 3      Any other IAA aircraft

**b. Sheriff's Office Designators:**

- i. "San Juan" is County Dispatch
- ii. Personnel:
  - 1. Zebra 1            Sheriff Rob Nou
  - 2. Zebra 3            Under Sheriff Jon Zerby
  - 3. David 1            Lead Detective Brent Johnson
  - 4. David 2            Detective Lach Buchanan
  - 5. 100 Units          San Juan Deputies
    - a. 101      San Juan Island Sergeant
    - b. 150 Units      Reserve San Juan Deputies
  - 6. 200 Units          Orcas Deputies
    - a. 201      Orcas Island Sergeant
    - b. 250 Units      Reserve Orcas Deputies
  - 7. 300 Units          Lopez Deputies
    - a. 301      Lopez Island Sergeant
    - b. 350 Units      Reserve Lopez Deputies
  - 8. 500 Units          Dispatchers
  - 9. 550 Units          Work Crew Leaders
- iii. Apparatus:
  - 1. Boat 1/Guardian      Water Ambulance Boat
  - 2. Boat 2/Shamu          Orcas Sheriff's Boat
  - 3. Boat 3                  Lopez Sheriff Boat

**c. San Juan Island Fire Designators**

- i. Personnel:
  - 1. San Juan 1          Chief Steve Marler
  - 2. San Juan 2          Brad Creese, Train. Officer
  - 3. San Juan 3          Fire Duty Officer (various)
- ii. Apparatus:
  - 1. Rescue 341          Heavy Rescue/Auto extrication
  - 2. Fire Boat Confidence (Port of Friday Harbor response only)

**d. Lopez Fire and EMS (ALS)**

- i. Personnel:

1. Lopez 1      Fire Chief Jim Ghiglioni
2. Paramedic 46      Traci RedELk
3. Paramedic 44      Mary Clark

ii. Apparatus:

1. Aid 41      Lopez Village
2. Aid 44      Backup Ambulance

e. Orcas Fire and Rescue (ALS)

i. Personnel:

1. Chief 21      Fire Chief Mike Harris
2. Paramedic 22      Patrick Shepler
3. Paramedic 23      Val Harris
4. Paramedic 24      Mik Preysz
5. Paramedic 25      Jeff Larsen

ii. Apparatus:

1. Aid/Med 21      Eastsound MICU
2. Aid/Med 22      Second Eastsound MICU
3. Aid/Med 23      Rosario Resort
4. Aid/Med 24      Deer Harbor
  - a. Aid=EMTs aboard
  - b. Med=Paramedic aboard

f. Shaw Fire and Aid (BLS)

i. Personnel:

1. Shaw 1      Fire Chief Brud Joslin
2. Shaw 2      Helen Riggins (Lead EMT)

ii. Apparatus:

1. Aid 51      Shaw BLS Ambulance

2. Radio traffic generally used is clear and plain language with the use of very few codes or signals. Use the unit designator first that you are trying to contact, followed by your unit designator.

- Contacting Dispatch = “San Juan, Med36”
- Dispatch contacting you = “Med36, San Juan”

a. Common Language Nomenclature:

- i. Responding = enroute to the call
- ii. On scene = arrived at the call
- iii. Establishing “x” command = You are assuming Incident Command of the “x” = named incident

- iv. Establishing MSO= You are now Medical Group Command at the scene of a multi-agency response where incident command is already established
- v. Enroute “x”= transporting/enroute to “x” destination
- vi. “x” aboard= x=# patients being transported
- vii. Arrived= arrived at destination
- viii. Available/In Service= can accept another call
- ix. Not Available= Out of Service (Repair or cleaning)
- x. Returning= enroute to station
- xi. In quarters= at the station/radios are off
- xii. Sufficient Personnel= No one else needed at the scene
- xiii. Code Red-True emergency, all units continue hot
- xiv. Code Yellow- Response still needed but non-emergency
- xv. Code Green- All units not on scene are released from responding.
- xvi. Standing Down= No longer responding, returning to quarters or available for another call
- xvii. On detail= Conducting official agency business that may delay response. i.e. “On detail, fueling”
- xviii. Welfare Check= responding code yellow as a single responder to establish welfare of a patient.
  - 1. Give address
  - 2. Keep in radio contact
  - 3. Announce “on scene”
  - 4. If patient is okay, announce “Code 4”
  - 5. Radio “In Service” when call completed.
- xix. Standby for Page= Dispatch about to page out a call. Keep off the air. Respond as appropriate
- xx. Standby for Announcement= Dispatch about to page out important non-response information, keep off the air. No need to acknowledge.
- xxi. Put “x” on Standby= Notify “x” that we may need them.
  - 1. i.e. “Put Airlift on standby.”
- xxii. Launch= Dispatch “x” to respond to the call.
  - 1. i.e. “Launch Airlift, Friday Harbor to Harborview, 16y/o Male Head Trauma, 120 pounds.”
- xxiii. All Agency Response= Page out all personnel and ground ambulances and available paramedics. (i.e. multi-car MVC with 4 critical patients, etc.)
- xxiv. HBD= Has Been Drinking
- xxv. MVA Injury Known or Injury Unknown

- xxvi. Unknown Medical
- xxvii. Standby= Code yellow response, location given during dispatch.

**b. Codes:**

- xxviii. Code 1= Out in the county
- xxix. Code 4= Call is under control
- xxx. Code 23= Within the limits of the town
- xxxi. Code 100= person is deceased
- xxxii. 220= Known Mental Patient

## ***In Conclusion***

**Y**ou have been chosen from your peers to become more than what you were, perhaps more than what you even want to become. SJIEMS is a place of change and growth and risk. Every day is a chance to advance a little or to just skate by. Ultimately, you will decide what SJIEMS really is and what it will accomplish. If you allow yourself to be stretched and challenged, we will be successful. Welcome aboard!