



FIRE DEPARTMENT EMERGENCY AMBULANCE USE

Effective: April 15, 2020
Replaces: August 2016
Review: July 2022

Transport Date ____/____/____	Agency <input type="checkbox"/> Gilroy Fire <input type="checkbox"/> Milpitas Fire <input type="checkbox"/> Morgan Hill Fire <input type="checkbox"/> San Jose Fire <input type="checkbox"/> Santa Clara Fire	County EMS Event #	Fire Agency Event #
---	---	---------------------------	----------------------------

STEP 1: The transporting paramedic shall select which one of the following criteria was used to make a transportation determination:

Fire Department Initiated Transport
 Time County Emergency Ambulance ETA was requested: _____ ETA provided: _____

(III.A.1) The patient is in need of a red lights/siren transport to the hospital and the County Emergency Ambulance **HAS NOT ARRIVED** on the scene **WITHIN 18 MINUTES**.
 (III.A.2) Cardiac or respiratory **ARREST**
 (III.A.3) Uncontrollable **AIRWAY** or inability to ventilate
 (III.A.4) **STEMI ALERT**
 (III.A.5) **STROKE ALERT**
 (III.A.6) Major Trauma Victim (MTV) **TRAUMA ALERT**
 (III.A.7) If the patient is in need of immediate transportation, after appropriate on-scene care and/or assessments due to a condition that will only benefit from immediate transport.

County Authorized Transport

(III.B.1) **COUNTY EMS DUTY CHIEF:**
 Select Reason: Standard Dispatch Order (SDO) #10 EMResource® Ambulance Query Other
 (III.B.2) **COUNTY EMERGENCY AMBULANCE EMS FIELD SUPERVISOR**
 Select Reason: MCI Level 2 or Greater Mechanical Failure
 (III.C.1) **COUNTY EMS IMPLEMENTED:** Standard Dispatch Order (SDO) #11
 (III.C.2) **COUNTY EMS IMPLEMENTED:** Standard Dispatch Order (SDO) #12
 (III.D.1) **COUNTY EMS AUTHORIZED:** Out of County Medical-Health Mutual Aid
 (III.D.2) **COUNTY EMS AUTHORIZED:** Use as/for Specialized Resource

STEP 2: Attach the CAD Record with dispatch, on scene, transport, at hospital, available times.

STEP 3: Complete the following:

Name of **Paramedic** Completing Form: _____ Signature: _____

STEP 4: Fire Agency Statement
 As an authorized department official, I verify that this use of a fire department emergency ambulance was appropriate.

EMS Program Manager/Representative's Signature & Date: _____

STEP 5: Submit to the Santa Clara County EMS Agency Contract Manager within ten (10) business days of transport.

Meets Utilization Criteria: **Yes** **No** Contract Manager's Signature & Date: _____

POLICY # 614 – SCHEDULE A: FIRE DEPARTMENT EMERGENCY AMBULANCE USE