FIRE DEPARTMENT EMERGENCY AMBULANCE USE

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

Transport Date
Agency
County EMS Event #
Fire Agency Event #

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**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: