

# **Flathead County**

# **Emergency Medical**

# **Services**

# **Regulations**



Flathead County Emergency Medical Services  
Flathead City-County Health Department  
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**TABLE OF CONTENTS**

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	<b>Page</b>
Section 1 - Declaration of Policy and Purpose .....	2
Section 2 - Authorities for the Program .....	2
Section 3 - Administration .....	2
Section 4 - EMS Advisory Committee .....	2
Section 5 - Flathead County EMS Medical Director .....	3
Section 6 - Provider Agency Off-Line Medical Director .....	5
Section 7 - Medical Direction for EMS Provider Agencies .....	6
Section 8 - Medical Content of Prehospital Care Policies .....	7
Section 9 - Levels of Prehospital Care in Flathead County .....	8
Section 10 - Dispatch Criteria for EMS Services .....	8
Section 11 - Documentation of Prehospital Care.....	9
Section 12 - Release of Prehospital EMS Reports.....	10
Section 13 - Confidentiality of Patient Information .....	10
Section 14 - EMS Quality Improvement Program.....	11
Section 15 - EMS Conflict Resolution .....	11
Section 16 - Requests for EMS Service Area or Service Level Change .....	14
Reference R1 - EMS Quality Improvement Program Guidelines .....	15
Appendix A1 - Request for EMS Service Area or Service Level Change .....	17
Appendix A2 - Patient Short Form .....	18

**Section 1 - Declaration of Policy and Purpose**

The Flathead County Board of Commissioners and the Flathead City-County Board of Health understand the importance of coordinating emergency medical services activity throughout Flathead County. On July 9<sup>th</sup>, 2007, the Board of County Commissioners adopted Resolution 2075 authorizing the Flathead City-County Board of Health:

- To develop rules for the provision of emergency medical services,
- To create emergency medical services response jurisdictions,
- To appoint and contract with a medical director with delegated authority to implement policies, procedures and protocols approved by the Board of Health,
- To define levels of care within each response unit balancing state regulation with local policies, procedures and protocols,
- To continue managing and distributing funds.

**Section 2 - Authorities for the Program**

Sections 7-34-101 through 7-34-104, M.C.A. authorize the Board of Commissioners to establish and/or maintain ambulance services including adopting rules and establishing fees and charges for the furnishing of ambulance services.

**Section 3 - Administration**

Resolution 2075 authorizes the Flathead City-County Board of Health to administer the emergency medical services programs of Flathead County. Flathead County Emergency Medical Services (FCEMS) is a division of the Flathead City-County Health Department established to administer the program.

**Section 4 - EMS Advisory Committee**

**PURPOSE:** The purpose of the EMS Advisory Committee shall be to provide a forum for exchange of ideas regarding prehospital care, continuing education programs, training programs, certification and accreditation, policy development, and operational issues involving the EMS community. The Committee serves in an advisory capacity to the Flathead City-County Board of Health.

**4.1 Meetings**

The EMS Advisory Committee shall meet on an as-needed basis on the last Monday of the month, or as determined by the Chair. The meeting shall be open and public. A consensus building process will be used to the extent practicable and the voting members will settle unresolved issues. The meeting will be recorded via minutes and/or videotaping. FCEMS will maintain a distribution list for meeting minutes and will provide them via email, paper

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mail, or the website. All questions, concerns, and correspondence related to the EMS Advisory Committee shall be directed to the Committee Chair.

#### 4.2 Committee Composition

##### 4.2.1 Non-Voting Members:

- A. Committee Chair: County Health Officer or his/her designee.
- B. Two representatives of the Board of Health.
- C. Flathead County EMS Medical Director.
- D. One representative of FCEMS.
- E. One representative of the Office of Emergency Services.

##### 4.2.2 Voting Members (eleven):

- A. Three representatives of different ALS Provider Agencies.
- B. Three representatives of different BLS Transporting Agencies.
- C. Three representatives of different BLS Non-Transporting Agencies.
- D. One Off-line Medical Director from North Valley Hospital.
- E. One Off-line Medical Director from Kalispell Regional Medical Center.

4.2.3 Nominations for voting member representatives shall be directed to the Committee Chair. The Board of Health will review the nominations and select the voting members of the advisory committee.

4.2.4 Terms for Voting Members will be three years. To start the cycle for the three member groups, one will be appointed for one year, one will be appointed for two years, and one will be appointed for three years. Upon new or renewed appointment, the term will be three years ensuring that one voting member from each identified agency type will be appointed or renewed each year.

### **Section 5 - Flathead County EMS Medical Director**

PURPOSE: To describe the role and responsibilities of Flathead County EMS Medical Director.

5.1.1 **FLATHEAD COUNTY EMS MEDICAL DIRECTOR** - An Emergency Medicine Physician designated by the Board of Health to direct and coordinate the medical and administrative aspects of prehospital medical care and related activities within Flathead County. The Medical Director shall comply with the policies, procedures and protocols established by the State Board of Medical Examiners, Montana Department of Public Health and Human Services (DPHHS), EMS & Trauma Systems Section.

5.1.2 **OFFLINE MEDICAL DIRECTOR** means a physician who is responsible and accountable for the overall medical direction and medical supervision of an emergency medical service and who is responsible for the proper application of patient care techniques and the quality of care provided by the emergency medical services personnel. The term includes only a

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physician who volunteers the physician's services as an offline medical director or whose total reimbursement for those services in any 12-month period does not exceed \$5,000.

- 5.2 The Flathead County EMS Medical Director must be actively working in the field of emergency medicine as an emergency physician.
- 5.3 The Flathead County EMS Medical Director must ensure that the prehospital medical care activities comply with the policies, procedures and protocols of FCEMS:
- 5.3.1 Medical Direction and Supervision of Prehospital Medical Care by:
- A. Ensuring the provision of medical direction and supervision of prehospital care for Offline Physicians, Prehospital Care Providers, and assigned EMS provider agency personnel.
  - B. In consultation with others, assist in the development of policies, procedures and protocols associated with the proper functioning of FCEMS in-line with the direction established with the Board of Health.
  - C. Ensuring that prehospital medical care adheres to current established medical guidelines, and that Advanced Life Support activities adhere to current policies, procedures and protocols of FCEMS.
  - D. Ensuring the appropriateness of qualifications of prehospital personnel and their related EMS units and ensure they are dispatched appropriately.
- 5.3.2 Ensuring the development and institution of prehospital education programs for Medical Control Physicians, Off-line Medical Directors and all EMT personnel and trainees.
- 5.3.3 Providing Audit and Evaluation of Off-line Physicians, and ensuring the on-going provision of audit and evaluation of EMS provider agency personnel. This audit and evaluation shall include, but not be limited to:
- A. Clinical skills and supervisory activities pertaining to the direction of assigned personnel.
  - B. Compliance with current policies, procedures and protocols of FCEMS.
  - C. Base Hospital voice communication skills.
- 5.3.4 Investigation of Substandard Medical Care by ensuring, when notified of the possible provision of alleged substandard medical care by EMS personnel, that:
- A. Efforts are made to determine whether substandard medical care has occurred.
  - B. Provide, in writing, the referral of these facts to FCEMS for its investigation when the seriousness of substandard medical care warrants such referral.
  - C. Simultaneously notify, in writing, the appropriate EMS provider agency of the referral of facts to FCEMS regarding substandard medical care rendered by its member(s).
  - D. Efforts are made to preserve the confidential nature of the investigation and/or referral.

5.3.5 Ensuring that proper accountability and records are maintained regarding:

- A. The activities of all EMS provider agency personnel.
- B. Monitoring the issuance, maintenance, and protection of controlled substances by assigned EMS personnel.
- C. The education, audit, and evaluation of EMS personnel.
- D. Work-related communications by EMS personnel.
- E. Monitor education and evaluation of advanced level skills (endorsements).

5.3.6 EMS Liaison:

- A. On-going liaison with EMS provider agencies and the local medical community.
- B. On-going liaison with FCEMS and the Board of Health.

### **Section 6 - Provider Agency Offline Medical Director**

PURPOSE: To describe the role and responsibilities of Medical Directors of approved Flathead County EMS Provider Agencies.

- 6.1 Offline Medical Director - means a physician who is responsible and accountable for the overall medical direction and medical supervision of an emergency medical service and who is responsible for the proper application of patient care techniques and the quality of care provided by the emergency medical services personnel. The term includes only a physician who volunteers the physician's services as an offline medical director or whose total reimbursement for those services in any 12-month period does not exceed \$5,000.
- 6.2 Offline Medical Directors enhance the quality of prehospital care by providing medical expertise and meeting the legal requirements for EMT Scope of Practice.
- 6.3 Offline Medical Directors must:
- 6.3.1 Possess current MD / DO Montana State Licensure.
  - 6.3.2 Be approved by the FCEMS Medical Director.
  - 6.3.3 Be engaged or experienced in the clinical practice of emergency medicine.
  - 6.3.4 Attend an EMS system orientation provided by the EMS Agency and participate in a ride-along with the sponsoring agency.
  - 6.3.5 Develop unit-specific policies, procedures and protocols appropriate to the level of certification and the knowledge, skills and abilities possessed by the unit membership.
  - 6.3.6 Be familiar with policies, procedures and protocols of the EMS Agency, Flathead County EMS, Montana Board of Medical Examiners, and the EMS and Trauma Systems Section of DPHHS.
- 6.4 Incorporation by Reference. The Board hereby incorporates by reference the definitions found in 50-6-302-MCA.

6.5 The Provider Agency Off-Line Medical Director must:

6.5.1 Provide medical direction and supervision of patient care by:

- A. Advising the provider agency in planning and evaluating the delivery of prehospital medical care by EMS providers.
- B. Reviewing and approving the medical content of all EMS training performed by the provider agency and ensuring compliance with continuing education requirements of the State and FCEMS.
- C. Reviewing the medical components of the provider agency's dispatch system.
- D. Assisting in the development of procedures to optimize patient care.
- E. Review and recommend to the FCEMS Medical Director any new non-invasive medical monitoring devices under consideration and ensure compliance with State and local regulation.
- F. Evaluating conformance with legal documentation requirements of patient care.
- G. Participating in direct observation of prehospital responses as needed.
- H. Participate, as needed, with appropriate EMS committees and the local medical community.

6.5.2 Audit and Evaluation of patient care by:

- A. Assisting the provider agency in the development and implementation of a continuous quality improvement program to ensure the provision of quality medical care.
- B. Evaluating adherence of provider agency medical personnel to medical policies, procedures and protocols of FCEMS.
- C. Coordinating delivery and evaluation of patient care with base and receiving hospitals.

6.5.3 Investigation of medical care issues by:

- A. Reviewing incidents of unusual or adverse patient outcomes, inadequate performance of EMT personnel and complaints related to the delivery of medical care.
- B. Evaluating medical performance, gathering appropriate facts and, when appropriate, forwarding those facts in writing to the Flathead County EMS Medical Director.

### **Section 7 - Medical Direction for EMS Provider Agencies**

PURPOSE: To provide comprehensive and interactive medical direction for all EMS Provider Agencies in Flathead County as required by Montana Code Annotated.

7.1 All ALS provider agencies, as defined herein, operate under the authority of a medical director.

- 7.2 All provider agencies at the EMT-Basic level operating BLS with ALS authorization will operate under the authority of the County EMS Medical Director.
- 7.3 All provider agencies at the First Responder (EMT-FR) and the Basic (EMT-B) level are provided medical direction through the Board of Medical Examiners (BOME).
- 7.4 With the authorization of the FCEMS Medical Director, any Provider Agency, BLS or ALS, may work with a medical advisor that is properly trained in prehospital care.

### **Section 8 - Medical Content of Prehospital Care Policies**

PURPOSE: To establish procedures by which the medical content of prehospital care is developed.

- 8.1 The procedure for prehospital care policy or protocol development will follow this sequence:
1. Suggestions for new policies or protocols or the revision of existing policies or protocols may be considered from any interested agency or individual with sponsorship by an Advisory Committee member.
  2. The FCEMS Medical Director will request Flathead County EMS staff to develop a first draft with input from appropriate agencies and organizations.
  3. The draft will be reviewed and revised within the FCEMS as often as necessary throughout the process.
  4. The FCEMS Medical Director will submit the draft to the EMS Advisory Committee for review, comment and approval.
  5. After compilation of final comments and reviews, a final draft of the policy or protocol revision will be submitted to the FCEMS Medical Director for approval.
  6. After final review by the EMS Advisory Committee, the FCEMS Medical Director will submit the policy or protocol to the EMS Committee of the Board who will then submit the policy or protocol to the Board of Health with their recommendation.
  7. Final draft will be submitted for legal review if necessary.
  8. Board of Health will review and sign the policy if approved.
  9. Policy will then become part of FCEMS Regulations.

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**Section 9 - Levels of Prehospital Care in Flathead County**

PURPOSE: To provide consistent and understandable EMS service response levels for prehospital care and definitions for Dispatch.

9.1.1 ADVANCED LIFE SUPPORT ( ALS ) –defined in Flathead County as care rendered at the I-(99), Paramedic or Flight Nurse level.

9.1.2 BASIC LIFE SUPPORT with SPECIFIC ALS SKILLS – BLS certified providers with specific ALS endorsements.

9.1.3 BASIC LIFE SUPPORT ( BLS ) – EMT-Basic or EMT-First Responder.

9.1.4 DISPATCH means a 9-1-1 service in which a public safety answering point, upon receipt of a telephone request for emergency services, provides for a decision as to the proper action to be taken and for dispatch of appropriate emergency service units.

9.1.5 MEDICAL CONTROL means the function of a licensed physician in providing direction, advice, or orders to an emergency medical service provider.

9.2.1 Existing ALS areas are and will be assigned to the ALS service with the shortest response time, or as required by local ordinance.

9.2.2 For the purpose of Dispatch and Medical Control protocol, provider agencies will be dispatched as either ALS or BLS as designated by Flathead County Medical Director.

9.2.3 BLS licensed provider agencies that may provide ALS with the availability of specific licensed providers should notify Dispatch and Medical Control as soon as possible to enable the efficient use of other ALS resources.

9.3 REFERENCES:

ARM: 37.104.319 PERSONNEL: ADVANCED LIFE SUPPORT GROUND AMBULANCE SERVICE (1b) An advanced life support ground ambulance service must when transporting a patient at the advanced life support level, ensure that one of the required personnel is an advanced life support EMT.

**Section 10 - Dispatch Criteria for EMS Services**

PURPOSE: To outline the requirements that must be met prior to requesting dispatch from the 9-1-1 center.

10.1 All EMS agencies who respond to 9-1-1 dispatch requests for help must have:

1. Proof of Montana Licensure at the level of response.
2. Defined service area based on the closest appropriate resources.

3. Defined level of service as defined by State Licensure and Flathead County policy.
4. Appropriate resources for defined service area and level of service.
5. Medical direction as outlined in FCEMS policy.
6. Reasonable ability to provide service all the time (24/7).
7. Mutual aid agreements with bordering service providers in order to provide comprehensive community service and coverage.
8. Approval by the EMS Advisory Committee and the Flathead County EMS Medical Director and the Board of Health.

### **Section 11 - Documentation of Prehospital Care**

PURPOSE: To identify the EMS provider procedures for documentation of prehospital care.

- 11.1 Form Completion: EMS Providers shall document prehospital care according to procedures identified in the Montana BOME Protocol.
  - 11.1.1 EMS Personnel shall utilize the form titled "Patient Short Form" (see Appendix), or a similar form including the same information, to record the relevant patient information during the emergency medical call. A copy of this form must travel with the patient whenever a transfer of care occurs. The Patient Short Form is not required if the full EMS Trip Report Form is filled out during the call and is transferred with the patient.
  - 11.1.2 EMS Personnel shall complete at least one, Provider Agency Medical Director approved, EMS Report Form (one for each patient) for every 9-1-1 emergency medical call (including false alarms) and all ALS Interfacility Transfers.
  - 11.1.3 EMS personnel responsible for documenting prehospital care on EMS reports shall ensure that, as soon as practical, the EMS Report is provided to the receiving facility.
- 11.2 Modification of the EMS Report Forms: when it becomes necessary to modify (additions, deletions or changes) the EMS Report after the form has been completed or disseminated:
  - 11.2.1 Make corrections by drawing a single line through the incorrect item or narrative so that the original writing remains readable.
  - 11.2.2 Make the changes on the original, noting the time the changes were made (and the new date, if necessary), with the initials of the individual making the changes adjacent to the correction. Ideally, changes should be made by the individual who initially completed the form. Under no circumstances should changes be made by an individual who did not participate in the response.
  - 11.2.3 Ensure the signature of the person modifying the report appears on the form in the signature section.

## 11.3 APPENDIX A2 – Patient Short Form

**Section 12 - Release of Prehospital EMS Reports**

PURPOSE: To establish a procedure for releasing Prehospital EMS Reports.

12.1 A prehospital EMS report shall only be released after receiving a proper authorization form for “Release of Medical Records” that is signed by the patient or guardian, or Subpoena Duces Tecum.

12.2 Any individual requesting the release of an EMS report from an Emergency Medical Services Agency shall be informed of the following procedure:

In the following order, the individual shall contact:

1. The initial EMS Provider agency.
2. The transporting agency shall be requested to release the EMS Report in the event that the initial provider agency does not possess a copy of the EMS Report.
3. The receiving hospital shall be requested to release the EMS report, in the event that the transporting agency is unable to provide a copy of the EMS Report.

12.3 NOTE: This policy may be superseded by a department specific policy addressing “Release of EMS Reports”.

**Section 13 - Confidentiality of Patient Information**

PURPOSE: To delineate EMS Agency policy on disclosure of patient identity or medical information.

13.1 AUTHORITY: Civil Code, HIPAA, Health and Safety Code, Welfare and Institutions Code.

13.2 Persons receiving health care services have a right to expect that the confidentiality of patient identifiable medical information obtained by health services providers be reasonably preserved.  
Therefore:

13.2.1 NO Prehospital Care Provider shall disclose medical information regarding a patient of the provider without first obtaining an authorization from the patient or the patient’s legally authorized representative except when such a disclosure is permitted or required by law.

13.2.2 EMS communications shall be limited to that information which is relevant to the prehospital care of the patient. If the patient’s name is necessary, base hospitals shall request EMS Providers to landline to the hospital if at all possible.

- 13.2.3 Field-to-base radio communications are not considered private or secure and other methods should be considered if confidential patient information is being transmitted. (i.e. cell phone).
- 13.3 Prehospital care providers transporting patients to hospitals shall disclose all relevant information to health care professionals at the hospital.
- 13.4 Medical information refers to any patient identifiable information possessed by a health care provider regarding a patient's medical history, mental or physical condition, or treatment, or the specific circumstances surrounding a specific patient identifiable incident, (e.g. suspected child abuse).
- 13.5 Any photographs taken by EMS Personnel showing identifiable patient material are also considered confidential and should be accompanied by proper consent and become part of the patient's record according to department policy.

#### **Section 14 - EMS Quality Improvement Program**

**PURPOSE:** To assist the EMS Providers and Provider Agencies, Base Hospitals, and FCEMS in establishing a prospective, concurrent, and retrospective mechanism to ensure that the highest quality of prehospital care is delivered to the people in Flathead County.

- 14.1 EMS system participants shall have a written Quality Improvement Program. This program will address the processes or functions that affect patient outcome and customer satisfaction most significantly.
- 14.2 Run reviews will be done by ALS, RNs, Paramedics and ER Physicians. FCEMS will assist with this Quality Assurance and facilitate this interaction.
- 14.3 REFERENCE: R1 - EMS Quality Improvement Program Guidelines

#### **Section 15 - EMS Conflict Resolution**

**PURPOSE:** Flathead City - County Health Department is committed to sustaining professional and cohesive provision of Emergency Medical Services within Flathead County. This conflict resolution policy and process has been established as a foundation for ensuring that individual providers and units have a format for conflict resolution.

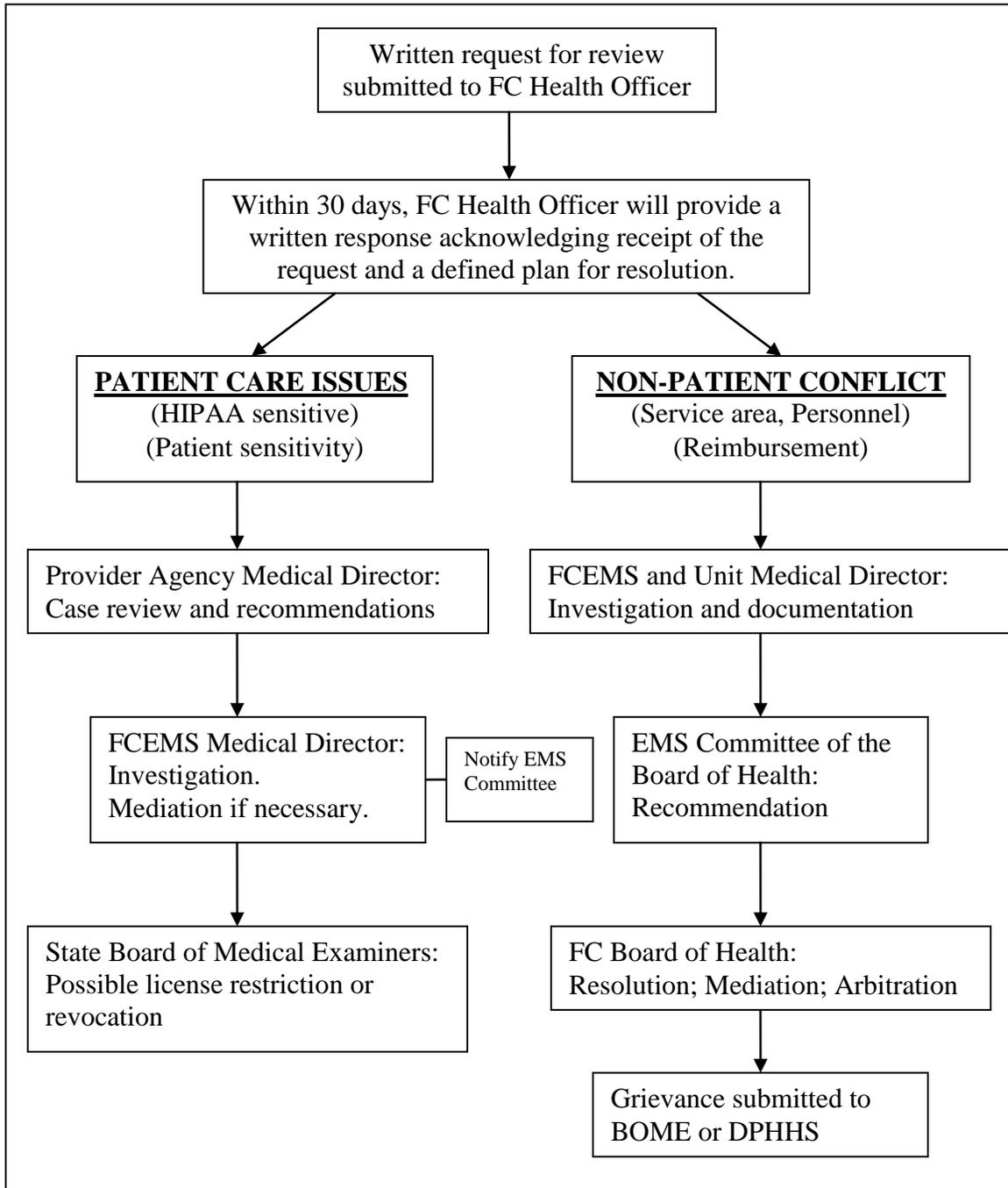
- 15.1 The conflict resolution policy is intended to:
- Provide the opportunity to resolve a conflict or complaint quickly, fairly and without reprisal.
  - Improve communication and understanding between individual providers and between various service units.

- Identify organization policies and procedures which need to be clarified or modified.
- 15.2 All requests for conflict resolution, complaints and appeals shall be fully investigated by the Flathead County Health Officer, or his/her designee, and a reply will be given as quickly as possible.
- 15.3 Penalty or retaliation against an individual or unit who initiates a conflict resolution will not be tolerated and may be subject to disciplinary action.
- 15.4 Note – Involved parties are encouraged to follow the informal approach to problem resolution prior to making a formal complaint.

**Section 15 - EMS Conflict Resolution**

**CONFLICT RESOLUTION MODEL**

The conflict resolution process may be considered completed at any point in this sequence upon agreement by all involved parties.



**Section 16 - Requests for EMS Service Area or Service Level Change**

PURPOSE: To provide a structured and cohesive transition for changes of EMS coverage.  
To assure that necessary documentation and communication with all affected parties is coordinated prior to any changes in service status.

- 16.1 The agency requesting the change will utilize the form titled “Request for EMS Service Area or Service Level Change” (see Appendix Forms) to document that all requirements have been met before the change is implemented. (Three months would be considered a reasonable time-frame to complete this process.)
- 16.2 Maintaining or improving patient care will be foremost in approving changes. Additional documentation, background information or statistical data may be requested for evaluation before final approval is given for the change.
- 16.3 APPENDIX: A1 – Requests for EMS Service Area or Service Level Change

**Reference R1 - EMS Quality Improvement Program Guidelines**

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## DEFINITIONS:

Evaluation – The review and assessment of the quality of an *important aspect of care*. The review is designed to identify the processes needed to improve care and develop a plan of action to implement the improvement.

Important Aspects of Care – The activities that are of greatest significance to the quality of patient care. Some activities identified as *important aspects of care* are: high volume; high risks to the patient (through either acts of commission or omission); activities which are problem prone for patients or providers.

Indicator – A well defined, objective, and measurable variable used to monitor the quality of an *important aspect of care* upon which data is collected.

Opportunity for Improvement - Any occasion to provide useful feedback to personnel on an *important aspect of care*.

Threshold for Evaluation – A pre-established level of performance related to a specific *indicator* or quality of an *important aspect of care*.

Useful Feedback – An important aspect of quality improvement, which may include but is not limited to the following:

- Recognition, reward and reinforcement for a job well done.
- Case review and counseling on specific issues with focused quality improvement review to monitor for recurrence over a specified period of time.
- Didactic courses.
- Focused quality improvement review of ongoing care, including but not limited to: record review, field observation and tape review.

## OBJECTIVES:

- To recognize, reward and reinforce positive behavior.
- To define standards, evaluate methodologies and utilize the *evaluation* results for continued system improvement.
- To identify *important aspects of care*.
- To establish performance standards and *indicators* related to these *aspects of care*.
- To establish *thresholds for evaluation* related to the *indicators*.
- To collect and organize data.
- To recognize, develop and enhance opportunities for improvement based on performance standards and thresholds.
- To take action to improve care.

- To assess the effectiveness of remedial actions and document improvement.
- To communicate relevant information among the participating agencies.

METHODS: Methods for continuously improving performance and quality patient care may include, but are not limited to:

- Collaborate with the EMS Agency in the development of performance standards.
- Participate in EMS Agency outcome studies of specific patient populations (disease entities) and treatment modalities.
- Provide statistical analysis and identify trends in Prehospital care.
- Participate in EMS Agency Quality Improvement Program.
- Provide personnel orientation.
- Provide training in scope-of-practice.
- Establish an in-house quality improvement team.
- Provide continuing education and skill training.
- Conduct chart review for compliance with identified *indicators*.
- Provide quality improvement review for personnel.
- Participate in the review/revision of EMS Agency policies.
- Provide annual field observation of all personnel.
- Monitor field-to hospital communication.
- Audit critical skills and endorsements.
- Educate personnel who do not meet established thresholds.
- Communicate to EMS Agency predetermined relevant performance and education information.
- Recognize, reward, and reinforce the positive provision of Prehospital care.

TOOLS: A recognized tool to facilitate the QI process is the FOCUS-PDSA cycle:

- F Find a process to improve.
  - O Organize an effort to work on improvement.
  - C Clarify current knowledge of the process.
  - U Understand process variation and capability.
  - S Select a strategy for further improvement.
- 
- P Plan a change or test aimed at improvement.
  - D Do - carry out the change or test.
  - S Study the results, what was learned, what went wrong.
  - A Act – adopt the change, or abandon it, or run through the cycle again.

**Appendix A1 - Request for EMS Service Area or Service Level Change**

**Request for EMS Service Area or Service Level Change**

Unit Requesting Change: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Neighboring Units Affected: \_\_\_\_\_

Copies of Mutual Aid Agreements: \_\_\_\_\_

Level of Service Currently Provided: \_\_\_\_\_

Documentation of State Licensure change: \_\_\_\_\_

List Specific Changes (include maps): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Notified:**

Initials/Date

Flathead County EMS – Medical Director \_\_\_\_\_

Approve     Disapprove – Reason: \_\_\_\_\_

Medical Director Requesting Unit \_\_\_\_\_

Medical Director Affected Units \_\_\_\_\_

9-1-1 Dispatch  
Coordinator \_\_\_\_\_

G.I.S. Office (Map Revisions) \_\_\_\_\_

All Affected Units' Chief \_\_\_\_\_

Office of Emergency Services \_\_\_\_\_

Hospitals, if affected \_\_\_\_\_

Completed Document  
Copies to all affected parties  
Original Copy retained by FCEMS

Appendix A2 - Patient Short Form

## First Responder --- Patient Care Form

Date		Unit				
Patient Name			Age	DoB	Gender	
Mechanism of Injury						
Chief Complaints						
History						
Medical						
Allergies						
Medications						
Vital Signs						
Time	RR	Pulse	BP	SpO2	GCS or AVPU	Sacco Score
Treatments - Notes						
Transfer Care To:						
Transfer Time:						
Responders:						

Original – Accompanies Patient

Copy – Remains with Unit