

Operations Subcommittee

of the Emergency Medical Care Committee



Meeting Agenda:
9 A.M., Thursday December 2nd 2021
VIRTUAL via ZOOM

<https://slohealth.zoom.us/j/92700198578?pwd=ZGM5R05qVGtZQ3MrdVpZeWVZSUM0dz09>

Phone: +1 669 900 6833
 Meeting ID: 927 0019 8578
 Passcode: 882647

Members

Jay Wells, *Sheriff's Department, CHAIR*
 Mike McDonough, *Ambulance Providers*
 Scotty Jalbert, *Office of Emergency Services*
 Rhonda Durian/Aften Porras, *Med-Com*
 Adam Forrest, M.D., *Hospitals*
 Chief Steve Lieberman, *Fire Service*
 Joe Piedalue, *Ambulance Providers*
 Rob Jenkins, *Fire Service*
 Lisa Epps, *Air Ambulance Providers*
 Aaron Hartney, *Air Ambulance Providers*
 Steve Neumann, *CHP*
 Chief Keith Aggson, *Fire Service*
 TBD, *Law Enforcement*
 Chief Casey Bryson, *Fire Service*
 Roger Colombo, *Field Provider-Paramedic*

Staff

STAFF LIAISON, Mike Groves, *EMS Coordinator*
 Vince Pierucci, *EMS Division Director*
 Thomas Ronay, M.D., *Medical Director*
 Kyle Parker, *EMS Coordinator*
 Rachel Oakley, *EMS Coordinator*
 Amy Mayfield, *Administrative Assistant*

AGENDA	ITEM	LEAD
Call to Order	Introductions	Jay Wells
	Public Comment	
Discussion	Amendments to Policy #350 MICN Initial Authorization	Rachel Oakley
Discussion	Helicopter Responses	Mike Groves
Discussion	MCI Policy	Vince Pierucci
Discussion	Update on County COVID response and CHADOC operations	Vince Pierucci
Adjourn	Declaration of Future Agenda Items	Jay Wells
	Next Meeting: February 3, 2022, 9:00 A.M. Location: TBD (Virtual or In-Person)	

Draft

Operations Subcommittee
of the Emergency Medical Care Committee



Meeting Minutes
Thursday, October 7th, 2021

Members		Staff	
<input type="checkbox"/>	CHAIR Jay Wells, Sheriff's Department	<input checked="" type="checkbox"/>	Vince Pierucci, EMS Division Director
<input checked="" type="checkbox"/>	Mike McDonough, Ambulance Providers	<input type="checkbox"/>	Thomas Ronay, MD, Medical Director
<input type="checkbox"/>	Scotty Jalbert, OES	<input checked="" type="checkbox"/>	Rachel Oakley, EMS Coordinator
<input checked="" type="checkbox"/>	Rob Jenkins, Fire Service	<input checked="" type="checkbox"/>	Mike Groves, EMS Coordinator
<input type="checkbox"/>	Adam Forrest, MD, Hospitals	<input checked="" type="checkbox"/>	Kyle Parker, EMS Coordinator
<input checked="" type="checkbox"/>	Chief Steve Lieberman, Fire Service South County	<input checked="" type="checkbox"/>	Amy Mayfield, EMS Administrative Assistant
<input type="checkbox"/>	Joe Piedalue, Ambulance Providers		
<input checked="" type="checkbox"/>	Lisa Epps, Air Ambulance Providers (Mercy Air)		
<input type="checkbox"/>	Chief Casey Bryson, Fire Service North County		
<input type="checkbox"/>	Steve Neumann, CHP		
<input checked="" type="checkbox"/>	Chief Keith Aggson, Fire Service, Coastal	Guests:	
<input type="checkbox"/>	Roger Colombo, Field Provider, Paramedics		
<input type="checkbox"/>	Rhonda Durian, MedCom		
<input type="checkbox"/>	Vacant, Law Enforcement		

AGENDA ITEM / DISCUSSION	ACTION / FOLLOW-UP
CALL TO ORDER	
Introductions	09:02am
Public Comment – None	
APPROVAL OF MINUTES – N/A	
ACTION / DISCUSSION ITEMS	
<p>EMS Update Class: -14 Classes -154 Paramedics have completed -Will have a make-up class, not sure on date yet.</p> <p>EMS Phone Application: -Will be current and ready to go after updating this afternoon.</p> <p>MICN Policy Revision M. Groves: MICN shortage by waiving 1 year ED experience requirement as long as paramedic accreditation has been acquired within 2 years. Discussed with Dr. Tom Ronay, ED Nurse Managers & Liaisons and all agree. R. Jenkins: Supports S. Lieberman: Supports A. Forrest: Supports plan Unanimous support, no objections.</p> <p>MCI Policy: V. Pierucci: Before COVID there was talk about reopening for discussion regarding changing minimum requirement from 3 to 5, discussion of ribbons vs. tags, and reassessment of trauma. Discussion needs to reopen regardless of COVID. Vince will be sending an email to create subgroup. Wanting reps from ambulance, sheriffs, fire chiefs, Cal Fire, Hospitals, MedCom, and air providers. Goal is to have 1 to 2 reps from each to discuss. S. Lieberman – In the past there was talk about coordination with ambulance and fire. Is this still the case? V. Pierucci – Confirmed L. Epps and M. McDonough state they are happy to assist. V. Pierucci – Looking for stake holder to designate 2 per each group. Would like this to be completed by the end of November at the latest. Pushing for changes to be expressed by next EMS Update in spring.</p>	<p>K. Parker</p> <p>K. Parker</p> <p>M. Groves – Submit to EMCC for approval.</p> <p>V. Pierucci</p>

AGENDA ITEM / DISCUSSION	ACTION / FOLLOW-UP
<p>COVID / CHADOC Update:</p> <p>V. Pierucci: CHADOC still active. Case rates have come down. Last surge had highest hospitalized in ICU and regular beds. Staffing remains an issue for hospitals. Winter could present another surge – unsure what to expect. Currently have 4 testing sites with recent opening of 2 additional sites. Hospital census remains high – SVH approaching record numbers. Health Care Workers mandate excludes EMS – still discussed, no local action currently. FLU Vaccine mandate 10/6/21, will be distributed today</p>	
ADJOURN	
<p>Next Meeting: December 2, 2021, 09:00 A.M. Location: TBD (Virtual or In-Person)</p>	
<p>Motion to Adjourn</p>	<p>Adjourned: 0926</p>



COUNTY OF SAN LUIS OBISPO HEALTH AGENCY

PUBLIC HEALTH DEPARTMENT

Mike Hill Health Agency Director

Penny Borenstein, MD, MPH Health Officer/Public Health Director

MEETING DATE	December 2, 2021
STAFF CONTACT	Rachel Oakley 805.788.2518 roakley@co.slo.ca.us
SUBJECT	MICN Authorization and Reauthorization Policies and attachments.
SUMMARY	<p>Policy 350 From previous discussions in 2020, some requirements for MICN initial authorization are being eliminated and a few revisions were made to reflect current operations.</p> <ul style="list-style-type: none"> • The ALS provider ride along requirement is being eliminated. One reason is that the experience is costly to the hospitals and difficult to schedule. Med Com Orientation will remain as a requirement. Attachment D has also been revised to reflect these changes as is now named <i>MICN Med Com Orientation Checklist</i>. • One item needed for initial application is an employment letter that states that the RN has been employed with a base station emergency department for at least one year. This requirement is being waived for new RNs who previously worked as an accredited San Luis Obispo County paramedic, as they are current in the policies, procedures and protocols to assist paramedics working in the field. • No longer is it required for applications to be submitted in person • It is proposed for an MICN Liaison at each base hospital to be the point person and coordinate the application process with collecting and submitting of all required application items on behalf of the MICN applicant. It's important for someone at each base station to be aware of the status and compliance of each MICN working, which will assist in maintaining current and accurate personnel files. • It is also being proposed to have letters of separation submitted, for MICNs no longer working as MICNs, so that personnel files can be current and accurate. • There is no longer a required fee for applying. • Attachments A-D have all been revised for standardization and to reflect changes per policy. <p>Policy 351 A few revisions were made to reflect current operations and to align with Policy 350 revisions.</p> <ul style="list-style-type: none"> • MICN Reauthorization classes have been replaced with a required EMS Yearly Update class. Two (2) will be required for reauthorization.

County of San Luis Obispo Health Agency

2180 Johnson Avenue | San Luis Obispo, CA 93401 | (P) 805-788-2511

www.slocounty.ca.gov/EMSA

	<ul style="list-style-type: none"> • It is proposed for an MICN Liaison at each base hospital to be the point person and coordinate the application process with collecting and submitting of all required application items on behalf of the MICN applicant. It's important for someone at each base station to be aware of the status and compliance of each MICN working, which will assist in maintaining current and accurate personnel files. • It is also being proposed to have letters of separation submitted, for MICNs no longer working as MICNs, so that personnel files can be current and accurate. • There is no longer a required fee for applying. • Base Station meeting attendance requirement has been reduced from six (6) per authorization cycle down to four (4) per authorization cycle.
REVIEWED BY	EMS Staff, Dr. Ronay, Vince Pierucci
RECOMMENDED ACTION(S)	Recommended for Operations approval. Move to EMCC Agenda for recommended approval.
ATTACHMENT(S)	Draft Policies 350 and 351 with policy attachments.

ThePOLICY #350: MOBILE INTENSIVE CARE NURSE INITIAL AUTHORIZATION

I. PURPOSE

- A. To establish criteria for the initial authorization of Mobile Intensive Care Nurses (MICN) in the County of San Luis Obispo (SLO).

II. SCOPE

- A. This policy applies to all California licensed Registered Nurses, who work in the Emergency Department (ED) for a Base Hospital in the County of SLO, wishing to obtain authorization as an MICN.

III. POLICY

- A. A current and valid California Registered Nurse license and local authorization are required to practice as an MICN in the County of SLO.
- B. Only MICNs with a current authorization may represent themselves as an MICN. Individuals not currently authorized as an MICN who represent themselves as such may be subject to discipline as outlined in Emergency Medical Services (EMS) Agency Policy# 300: Investigation and Disciplinary Process.
- C. All initial authorization candidates must complete the following before applying for initial authorization:
 - 1. EMS Agency MICN Initial Authorization Course and pass the written examination with a minimum score of 80%. The course instructor will evaluate any candidate who fails to pass the testing and evaluation process and recommend to the EMS Agency Medical Director further evaluation or training, as required.
 - 2. Complete the following within 3 months of passing the Initial MICN Authorization Course:
 - a. An orientation to Base Hospital radio operation techniques and hardware provided by the Paramedic Liaison Nurse at the candidate's Base Hospital utilizing the MICN Base Hospital Orientation Checklist – Attachment B.
 - b. A minimum of fifteen (15) paramedic radio calls proctored by an authorized MICN, a minimum of ten (10) calls must be advanced life support (ALS). Record each call, utilizing the MICN Radio Proctoring Form – Attachment C, indicating date, time, and nature of the case (e.g., major trauma, syncope, chest pain). The MICN preceptor must signoff on each proctored call.
 - c. Four (4) hours of orientation at the County of SLO Sheriff's Department ambulance dispatch center, MedCom. The dispatcher providing the orientation will complete and sign the MICN Med Com Orientation Checklist – Attachment D.
- D. An MICN Liaison at each base station hospital will be the point person for the MICN application process. The MICN Liaison will collect all items required for Initial MICN

Authorization (outlined in sections A-C above) and submit the complete application to the EMS Agency on behalf of the MICN Applicant. Applications can be dropped off, mailed, or emailed to the EMS Agency.

- E. All information on the EMS Agency application is subject to verification. Candidates who supply information found to be fraudulent will be subject to the disciplinary process outlined in EMS Agency Policy# 300: Investigation and Disciplinary Process.
- F. Authorization will be for a maximum of two years:
 - 1. The effective date of authorization will be the date the candidate meets all local requirements as demonstrated to the EMS Agency.
 - 2. The authorization will expire no more than two years from effective date or when the MICN no longer meets authorization requirements.
- G. Once authorized as an MICN, based on the continuous quality improvement process the employer or EMS Agency Medical Director may determine that a MICN needs additional training, observation or testing. The employer, the EMS Agency Medical Director or his/her designee, may create a specific and targeted program of remediation based upon the identified need of the MICN. If there is disagreement between the MICN, the employer and/or the EMS Agency Medical Director, the decision of the EMS Agency Medical Director will prevail. If the individual fails to complete this targeted program of remediation the EMS Agency Medical Director may suspend authorization for a minimum of one (1) year and up to two (2) years.
- H. As a condition of continued authorization, a MICN must attend and pass all mandated training as may be required from time to time by the EMS Agency. It is the responsibility of the MICN to notify the EMS Agency within 7 days of any arrest or change in their eligibility status. Failure to report such actions may result in disciplinary action.

It is the responsibility of the base station employer to provide employment letters for application purposes and also separation of employment notifications to the EMS Agency.
- I. The EMS Agency Medical Director must approve exceptions to any authorization requirements.

IV. PROCEDURE

- A. A candidate for Initial MICN authorization in the County of SLO must complete the MICN Authorization Application – Attachment A, and supply documentation establishing eligibility for authorization as follows:
 - 1. Current California Registered Nurse license
 - 2. Current certification as a Cardiopulmonary Resuscitation (CPR) Provider according to the standards for professional rescuers of the American Heart Association or other course approved by the EMS Agency Medical Director.

3. Current Advanced Cardiac Life Support (ACLS) provider certification issued by the American Heart Association or other course approved by the EMS Agency Medical Director.
4. Provide a letter of employment from a County of SLO Base Hospital indicating current employment in their ED with a minimum of one-year experience in ED nursing.
 - a. ED nurses who have held a California Paramedic License, held SLO County paramedic accreditation, and worked as a Paramedic in SLO County within two years preceding their MICN application may use that experience in lieu of the one-year minimum experience in ED nursing.
5. Proof of completing the Initial MICN Authorization Course.
6. Completed and signed MICN Base Hospital Orientation Checklist – Attachment B.
7. Completed and signed MICN Radio Proctoring Form – Attachment C, with documentation of fifteen (15) proctored radio calls.
8. Completed and signed MICN Med Com Orientation Checklist – Attachment D.

V. AUTHORITY

- Health and Safety Code, Division 2.5, Chapter 2, Section 1797.56; Chapter 3, Article 5, Section 1797.175; Chapter 4, Article 1, Section 1797.210; and Chapter 4, Article 1, Section 1797.213(a)

VI. ATTACHMENTS

- A. MICN Authorization Application
- B. MICN Base Hospital Orientation Checklist
- C. MICN Radio Proctoring Form
- D. MICN Med Com Orientation Checklist

POLICY #351: MOBILE INTENSIVE CARE NURSE REAUTHORIZATION

I. PURPOSE

- A. To establish criteria for the reauthorization of Mobile Intensive Care Nurses (MICN) in the County of San Luis Obispo (SLO).

II. SCOPE

- A. This policy applies to all California licensed Registered Nurses, who work in the Emergency Department (ED) of a Base Hospital in the County of SLO, wishing to obtain reauthorization as an MICN.

III. POLICY

- A. A current and valid California Registered Nurse license and local authorization are required to practice as an MICN in the County of SLO.
- B. Only MICNs with a current authorization may represent themselves as an MICN. Individuals not currently authorized as an MICN who represent themselves as such may be subject to discipline as outlined in Emergency Medical Services (EMS) Agency Policy# 300: Investigation and Disciplinary Process.
- C. An MICN Liaison at each base station hospital will be the point person for the MICN application process. The MICN Liaison will collect all items required for MICN Reauthorization (outlined in section K below) and submit the complete application to the EMS Agency on behalf of the MICN Applicant. Applications can be dropped off, mailed, or emailed to the EMS Agency. All information on the EMS Agency application is subject to verification. Candidates who supply information found to be fraudulent will be subject to the disciplinary process outlined in EMS Agency Policy# 300: Investigation and Disciplinary Process.
- D. Based on the continuous quality improvement process the employer or EMS Agency Medical Director may determine that a MICN needs additional training, observation, or testing. The employer, the EMS Agency Medical Director or his/her designee, may create a specific and targeted program of remediation based upon the identified need of the MICN. If there is disagreement between the MICN, the employer and/or the EMS Agency Medical Director, the decision of the EMS Agency Medical Director will prevail.
- E. If the individual fails to complete this targeted program of remediation the EMS Agency Medical Director may suspend or revoke the authorization for a minimum of one (1) year and up to two (2) years.
- F. As a condition of continued authorization, MICN must attend and pass all mandated training as may be required from time to time by the EMS Agency.

- G. It is the responsibility of the MICN to notify the EMS Agency within 7 days of any arrest or change in their eligibility status. Failure to report such actions may result in disciplinary action.
- H. It is the responsibility of the base station employer to provide employment letters for application purposes and also separation of employment notification to the EMS Agency.
- I. The EMS Agency Medical Director must approve exception to any reauthorization requirements.
- J. Reauthorization candidates must complete the following before applying for reauthorization:
1. Complete the mandatory Yearly EMS Update Course for each year of authorization. The Yearly EMS Updates may be completed by attending in-person training (e.g., Base Hospital Meetings or EMS Agency sponsored classes), or by completing an on-line course developed and distributed by the EMS Agency.
 2. Attend a minimum of four (4) County of SLO Base Hospital meetings during the twenty-four (24) month period preceding reauthorization.
- K. **Currently authorized MICNs** returning to a Base Hospital ED after an absence greater than 3 months must receive an update from the MICN Liaison reviewing radio usage and any changes to EMS Agency policies, procedures, or protocols.
- L. **Following a lapse in authorization**, MICN's must meet the following criteria to be eligible for reauthorization.
1. An individual whose authorization has a lapse of less than six (6) months must comply with the criteria in **Section K and Section L of this policy**.
 2. An individual whose authorization has a lapse of six (6) months but less than twelve (12) months: must comply with the criteria in Section K and Section L of this policy **and complete the most recent Yearly EMS Update Course**
 3. An individual whose authorization has a lapse of twelve (12) months, but less than twenty-four (24) months must comply with the criteria in Section K and Section L of this policy, **complete the most recent Yearly EMS Update Course, and complete a minimum of five (5) advanced life support (ALS) paramedic radio calls proctored by an authorized MICN. Record each call, utilizing the MICN Radio Proctoring Form - Policy 350 Attachment C, indicating date, time, and nature of the case (e.g., major trauma, syncope, chest pain).**
 4. An individual whose authorization has a lapse of greater than twenty-four (24) months must complete the initial authorization process as outlined in the EMS Agency Policy# 350: Mobile Intensive Care Nurse Initial Authorization.
- M. Reauthorization candidates must leave sufficient time to reauthorize. The County of SLO EMS Agency requires up to fourteen (14) calendar days to process applications.

- N. The effective date of authorization will be the date the candidate meets all local requirements as demonstrated to the EMS Agency.
- O. The authorization will expire no more than two years from the effective date or when the MICN no longer meets authorization requirements.
- P. If requirements are not met prior to the expiration date, MICN authorization will be suspended, and the candidate may not perform the functions of an MICN until all requirements are met.

IV. PROCEDURE

- A. A candidate for MICN reauthorization in the County of SLO must complete the EMS Agency application – Attachment A and supply documentation establishing eligibility for reauthorization as follows:
 1. Current and valid California Registered Nurse license
 2. Proof of current certification as a Cardiopulmonary Resuscitation (CPR) Provider according to the professional rescuer's standards of the American Heart Association or other course provider approved by the EMS Agency Medical Director.
 3. Proof of current Advanced Cardiac Life Support (ACLS) provider certification issued by the American Heart Association or other course approved by the EMS Agency Medical Director.
 4. Letter of employment from a County of SLO Base Hospital confirming current employment in their ED.
 5. Proof of completion of a Yearly EMS Update Course for each of the previous two years' authorization period.
 6. Copy of CE certs for proof of attendance to four (4) County of SLO Base Hospital meetings in the preceding twenty-four (24) month authorization period.

V. AUTHORITY

- Health and Safety Code, Division 2.5, Chapter 2, Section 1797.56; Chapter 3, Article 5, Section 1797.175; Chapter 4, Article 1, Section 1797.210; and Chapter 4, Article 1, Section 1797.213(a)

VI. ATTACHMENTS

- A. MICN Authorization Application Form

County of San Luis Obispo Public Health Department
 Division: Emergency Medical Services Agency

Policy 350 & 351 Attachment A
 Effective Date: 12/01/2021

MICN AUTHORIZATION APPLICATION

Check One: **Initial Authorization** **Re-authorization: SLO Co #:**

APPLICANT INFORMATION					
Last Name:			First Name and Middle Initial:		
Mailing Address, PO Box/Street:			Residence Address (if different than mailing):		
City:	State:	Zip:	City:	State:	Zip:
<input type="checkbox"/> This is a change of address			<input type="checkbox"/> This is a change of address		
Cell Phone Number:			Personal Email:		
Home Phone Number:			Work Email:		
Date of Birth:	CA Driver's License #:	CA RN License #:	Expiration:		
Primary Employer Information			Secondary Employer Information		
Name:	Phone Number:		Name:	Phone Number:	
Address:			Address:		
City:	Sate:	Zip:	City:	Sate:	Zip:
For Initial Authorization, Liaison/Preceptor Name:			For Initial Authorization, Orientation Start Date:		
*****EMS AGENCY USE ONLY BELOW THIS LINE*****					
<input type="checkbox"/> Megan's Law Checked			<input type="checkbox"/> Access Database Updated		
County Number:		Effective Date:	Expiration Date:		
Date Letter Sent to Applicant:			Date Letter Sent to Employer(s):		
Verified by:			Verified Date:		

Policy #: 350 & 351 Attachment A

USE APPROPRIATE CHECK LIST BELOW AND SIGN. SUBMIT BOTH PAGES.

Applicant Name:

Date:

MICN AUTHORIZATION	MICN RE-AUTHORIZATION
<input type="checkbox"/> Completed Application (both pages).	<input type="checkbox"/> Completed Application (both pages).
<input type="checkbox"/> Letter from SLO County Base Hospital confirming employment as an RN in ED for at least 1 year.	<input type="checkbox"/> Letter from SLO County Base Hospital confirming employment as an RN in ED.
<input type="checkbox"/> Waived for Previous SLO County Accredited Paramedics	
<input type="checkbox"/> Copy of CA RN License. Expiration:	<input type="checkbox"/> Copy of CA RN License. Expiration:
<input type="checkbox"/> Copy of CPR Card. Expiration:	<input type="checkbox"/> Copy of CPR Card. Expiration:
<input type="checkbox"/> AHA-BLS Provider	<input type="checkbox"/> AHA-BLS Provider
<input type="checkbox"/> CAL FIRE	<input type="checkbox"/> CAL FIRE
<input type="checkbox"/> Atascadero Fire	<input type="checkbox"/> Atascadero Fire
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:
<input type="checkbox"/> Copy of ACLS Card. Expiration:	<input type="checkbox"/> Copy of ACLS Card. Expiration:
<input type="checkbox"/> Copy of MICN Authorization Course Certificate	<input type="checkbox"/> Copy of MICN Annual EMS Update Class Certificates (2).
<input type="checkbox"/> Copy of Base Station Orientation Checklist -Attachment B	<input type="checkbox"/> Copy of Base Station Meeting Certificates (4).
<input type="checkbox"/> Copy of Radio Proctoring Form -Attachment C	
<input type="checkbox"/> Copy of MedCom Orientation Checklist -Attachment D	

DECLARATION and ATTESTATION

Have you ever been convicted of any felony or misdemeanor offense, in California or in any other state or place, including entering a plea of nolo contendere or no contest and including any conviction, which has been expunged (set aside)?	<input type="checkbox"/> On File with SLO EMSA	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever had a certification, accreditation, or professional healing arts license denied, suspended, revoked or placed on probation, or are you under investigation at this time?	<input type="checkbox"/> On File with SLO EMSA	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any criminal charges currently pending against you?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered yes to any of the above questions, you must submit with this application a written explanation that describes the crime(s), date, location, court, sentence served, and parole if any, and/or the action taken against your certification, accreditation or professional license, any corrective action, and/or remediation as a result of the action. You must also attach any applicable court documents and police reports.

Attestation: I hereby certify under penalty of perjury that all information on this application is true and correct to the best of my knowledge and belief, and I understand that any falsification or omission of material facts may cause forfeiture on my part of all rights to MICN Authorization in the County of San Luis Obispo. I understand all information on this application is subject to verification, and I hereby give my express permission for this certifying entity to contact any person or agency for information related to my role and function as an MICN. It is my responsibility to notify the EMS Agency within 7 days of any arrest or change in my eligibility status. I also understand that I am required to notify the EMS Agency in writing within 30 days of any change in my mailing address.

Signature of Applicant:	Date:
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County of San Luis Obispo Public Health Department
 Division: Emergency Medical Services Agency

Policy 350 Attachment B
 Effective Date: 01/01/2022

MICN - Base Hospital Orientation Checklist

Submit this form with Initial Application for MICN Authorization

MICN Applicant Name:	
MICN Preceptor Name:	MICN #:
Base Station Name:	Orientation Date:

Orientation Items Reviewed	
Communications System:	Procedures:
<input type="checkbox"/> Med Com	<input type="checkbox"/> Radio communication techniques
<input type="checkbox"/> Dispatch	<input type="checkbox"/> Patient privacy in communications
Hardware:	<input type="checkbox"/> Med Com radio checks
<input type="checkbox"/> Use of radio controls	<input type="checkbox"/> Paramedic report formats
<input type="checkbox"/> Telemetry	<input type="checkbox"/> Simultaneous runs
<input type="checkbox"/> Recording	<input type="checkbox"/> Multiple casualty incident (MCI)
<input type="checkbox"/> Land line (telephone) communications	<input type="checkbox"/> Ambulance diversion policy
Documentation:	<input type="checkbox"/> Base station disabled
<input type="checkbox"/> MICN run reports	<input type="checkbox"/> Contact with the receiving hospitals
<input type="checkbox"/> Medic run reports	<input type="checkbox"/> Inter-hospital transfers
<input type="checkbox"/> Base station log	<input type="checkbox"/> Base station physician consultations
<input type="checkbox"/> Storage of records and tapes	<input type="checkbox"/> Deviations from protocols
<input type="checkbox"/> Incident reports	<input type="checkbox"/> DNR
<input type="checkbox"/> Base station meetings/attendance requirements	<input type="checkbox"/> Reference resources (e.g. SLO EMS Agency policies & procedures, poison control, protocol algorithms)
<input type="checkbox"/> CQI process	

I hereby certify that I completed the MICN Base Hospital Orientation:	
Signature of MICN Applicant:	Date:

hereby certify that the MICN Applicant has completed the MICN Base Hospital Orientation	
Signature of MICN Preceptor:	Date of Completion:

County of San Luis Obispo Public Health Department
 Division: Emergency Medical Services Agency

Policy 350 Attachment C
 Effective Date: 01/01/2022

MICN - Radio Proctoring Form

Submit this form with Initial Application for MICN Authorization

MICN Applicant Name:	
Base Station Name:	Orientation Date:

#	Date	Type of Run/Comments	MICN Preceptor Signature
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

#	Date	Type of Run/Comments	MICN Preceptor Signature
11			
12			
13			
14			
15			

I hereby certify that I completed the MICN Radio Proctoring:

Signature of MICN Applicant:

Date:

County of San Luis Obispo Public Health Department
 Division: Emergency Medical Services Agency

Policy 350 Attachment D
 Effective Date: 01/01/2022

MICN - Med Com Orientation Checklist

Submit this form with Initial Application for MICN Authorization

MICN Applicant Name:	
Dispatcher Name:	Date:

Orientation Items Reviewed	
<input type="checkbox"/> Review of CAD System:	<input type="checkbox"/> Hospital Communications:
<input type="checkbox"/> EMS	<input type="checkbox"/> All Call
<input type="checkbox"/> Sheriff	<input type="checkbox"/> Reddinet
<input type="checkbox"/> Watch Commander	• Location and Use
<input type="checkbox"/> Other:	
<input type="checkbox"/> EDM Cards	

I hereby certify that I completed the MICN Med Com Orientation:	
Signature of MICN Applicant:	Date:

I hereby certify that the MICN Applicant has completed the MICN Med Com Orientation:	
Signature of Dispatcher:	Date of Completion: