



Appendix		9101
Effective April 1, 2018		Expires March 31, 2019
Policy: Definitions	Approval: Medical Director Reza Vaezazizi, MD	Signed
Applies To: REMSA Policy Manual	Approval: REMSA Director Bruce Barton	Signed

PURPOSE

To provide definitions for common terms used throughout the County of Riverside EMS Agency (REMSA) Policy Manual.

AUTHORITY

[California Health and Safety Code - Division 2.5: Emergency Medical Services \[1797. - 1799.207.\]](#)
[California Code of Regulations, Title 22. Social Security, Division 9. Prehospital Emergency Medical Services](#)

GUIDELINES

[California EMS Authority’s Prehospital EMS Aircraft Guidelines](#)

Definitions

These definitions are used throughout the REMSA Policy Manual:

1. American College of Cardiology (ACC)
2. American Heart Association (AHA)
3. Ambulance Arrival at ED
The time the ambulance stops (actual wheel stop) at the location outside the hospital ED where the patient is unloaded from the ambulance.
4. Ambulance Patient Offload Time (APOT)
The interval between the arrival of an ambulance patient at an ED and the time that the patient is transferred to an ED gurney, bed, chair or other acceptable location and the ED assumes responsibility for care of the patient.
5. Ambulance Patient Offload Time (APOT-1) Standard
Ambulance patient offload time (APOT-1) of 25 minutes or less in San Bernardino County or 30 minutes or less in Riverside County.
6. Ambulance Patient Offload Delay (APOD)
Any delay in ambulance patient offload time (APOT) that exceeds the local ambulance patient offload time standard of 25/30 minutes. This shall also be synonymous with “non-standard patient offload time” as referenced in the Health and Safety Code.
7. Anatomic Criteria
A standard based on the severity of bodily injury/injuries.
8. Apparent Life-Threatening Event (ALTE)
An episode that is frightening to the observer and is characterized by some combination of apnea (central or obstructive), color change (cyanotic, pallid, erythematous or plethoric) change in muscle tone (usually diminished), and choking or gagging. In some cases, the observer fears that the infant has died.

9. Base Hospital (BH)
A hospital that is approved by REMSA to give online medical direction (base hospital orders) to prehospital personnel.
10. Basic Life Support Trailer (BLST)
A trailer purchased by the Riverside County Department of Public Health Emergency Preparedness and Response (PHEPR) Branch and stocked with basic life support (BLS) equipment and supplies to support the treatment of a minimum of 100 victims.
11. Catastrophic Event
Any disaster, or other public health emergency, that overwhelms the standard response capabilities of the responding agencies in Riverside County.
12. Centers for Medicare & Medicaid Services (CMS)
The federal agency which administers Medicare, Medicaid, and the State Children's Health Insurance Program.
13. Continuous Quality Improvement (CQI)
A formal approach to the analysis of system performance and efforts to improve it.
14. DEA Registrant
An entity registered with the Drug Enforcement Administration (DEA) to dispense controlled substances such as a medical practitioner, hospital, pharmacy, or teaching institution.
15. Designated Receiving Hospital
A hospital that has been designated by the EMS Agency to receive EMS patients transported by ambulance.
16. Emergency Department (ED) Medical Personnel
An ED physician, mid-level practitioner (e.g. Physician Assistant, Nurse Practitioner) or Registered Nurse (RN).
17. EMS Personnel
EMTs, AEMTs, EMT-II and/or paramedics responsible for out of hospital patient care and transport consistent with the scope of practice as authorized by their level of credentialing.
18. Emergency STEMI Patient Transport
A transport utilizing a Riverside County permitted ambulance to rapidly respond and transport a patient who has been identified by the STEMI Referral Hospital as experiencing a STEMI, whose condition may measurably deteriorate by delay in transport, as determined by the transferring physician.
19. Helicopter Emergency Medical Services (HEMS)
Air transport.
20. Immediate Re-Triage (Call-Continuation)
The SRH physician determines that a patient delivered via EMS requires transport to a SRC, the paramedic crew and vehicle are still on premises, and the SRH physician may request that the crew immediately transport the patient to the appropriate REMSA designated SRC.
21. Mass Casualty Incident
That combination of numbers of injured persons and type of injuries which overwhelms the capability of the local EMS system.

22. Mechanism of Injury (MOI)
The event and kinetic force that caused an injury.
23. Medical Triage
Medical sorting and prioritization of a patient by ED medical personnel. Medical triage includes acceptance of a verbal patient report from EMS personnel.
24. Multi Casualty Incident (MCI)
The combination of numbers of ill and/or injured persons and type of illnesses and/or injuries which exceeds the capability of the standard EMS first response.
25. Patient (Pt.)
Any person that:
- i. Has experienced an event that could cause illness or injury; or
 - ii. Is in a circumstance or situation that creates a suspicion of illness or injury; or
 - iii. Makes a request for assistance, examination, or treatment; or
 - iv. Has a chief complaint; or
 - v. Has signs or symptoms of illness or injury; or
 - vi. Has spoken of or acted toward suicide; or
 - vii. Is dead
26. Patient, Geriatric
A patient appearing or known to be 65 years of age or more.
27. Patient, Adult
A patient appearing or known to be 15 years of age or more.
28. Patient, Pediatric
A patient appearing or known to be 14 years of age or less.
29. Patient, Neonate
A patient appearing or known to be newborn, and up to 28 days old.
30. Patient, Critical Trauma (CTP)
A patient who meets REMSA's trauma triage criteria.
31. Patient Preference
The patient's spoken or written request including an advance directive. In the absence of a direct request, the patient's immediate family, physician, or health care organization may dictate the patient's preference. In the minor patient, the patient's parent or guardian may decide.
32. Percutaneous Coronary Intervention (PCI)
33. Physiologic Criteria
A standard based on the severity of shock, or inadequate tissue perfusion.
34. Prehospital Receiving Center (PRC)
A hospital that has been approved by REMSA to receive patients via ambulance.
35. ST Elevation Myocardial Infarction (STEMI)
A specific heart attack that can be identified on 12-Lead ECG by trained personnel. The ECG of a STEMI patient will show greater than 1 mm ST segment elevation in two or more contiguous leads.

36. STEMI Base Hospital (STEMI BH)
A hospital that has been REMSA designated as both a STEMI Receiving Center and a Base Hospital.
37. STEMI Receiving Center (SRC)
A hospital that has been approved by REMSA to accept patients identified in the field as suffering from a STEMI.
38. STEMI Referral Hospital (SRH)
A hospital that has not been REMSA designated as a STEMI Receiving Center.
39. Stroke Center, Comprehensive (CSC or “8-Hour Stroke Center”)
A hospital that has been REMSA designated as a Comprehensive Stroke Center.
40. Stroke Center, Primary (PSC or “4-Hour Stroke Center”)
An acute care hospital accredited as a PSC by a CMS approved accrediting body and REMSA designated as a PSC. REMSA designation requires a memorandum of understanding. In these hospitals, the necessary neurological expertise may be provided in person or through telemedicine. 24 hour per day, seven days per week
41. Stroke Ready Hospital
A hospital that has been REMSA designated as a Stroke Ready Hospital.
42. Stroke Team, Acute
A multidisciplinary team of healthcare professionals that rapidly diagnose and treat stroke patients.
43. Transfer of Patient Care
The orderly transition of patient care duties from EMS personnel to receiving hospital ED medical personnel.
44. Trauma Base Hospital
A hospital that has been REMSA designated as both a Trauma Center and a Base Hospital.
45. Trauma Center
A hospital that has been REMSA designated as a Trauma Center.
46. Trauma Center, Pediatric
A hospital that has been REMSA designated as a Pediatric Trauma Center.
47. Unusual Event
An incident that significantly impacts or threatens public health, environmental health or emergency medical services.
48. Verbal Patient Report
The face to face or two way radio verbal exchange of key patient information between EMS personnel and ED medical personnel.
49. Written EMS Report
The written report supplied to ED medical personnel (either through the electronic patient care record-ePCR, or actual written report, if ePCR is not available) that details patient assessment and care that was provided by EMS personnel.

HEMS Definitions

The [California EMS Authority's Prehospital EMS Aircraft Guidelines' Definitions](#) are used in regard to HEMS throughout the REMSA Policy Manual.