



NORTHERN CALIFORNIA EMS, INC.

930 Executive Way Suite 150, Redding, CA 96002-0635
Phone: (530) 229-3979 Fax: (530) 229-3984

APPROVAL FOR TEMPORARY RECOGNITION OF PARAMEDIC AND/OR EMT PERSONNEL RESPONDING ON MUTUAL AID

This document shall serve as approval for temporary recognition of emergency medical personnel assigned to a mutual aid incident in counties which are under the jurisdiction of Nor Cal EMS. In accordance with TITLE 22, DIVISION 9, PRE HOSPITAL EMERGENCY MEDICAL SERVICES, CHAPTER 4, EMERGENCY MEDICAL TECHNICIAN PARAMEDIC, Section 100144, and TITLE 22, DIVISION 9, PRE HOSPITAL EMERGENCY MEDICAL SERVICES, CHAPTER 2, EMERGENCY MEDICAL TECHNICIAN, Section 100062, the following individuals are permitted to utilize his/her local scope of practice to that for which s/he is licensed or certified with the following provisions:

1. Medical control must be maintained as specified in Section 1798 of the Health and Safety Code and in accordance with the local destination policies established by the medical director of Nor-Cal EMS, Inc. These individuals must function as part of an organized EMS system.
2. The following procedures are not within the paramedic scope of practice in the Nor-Cal EMS, Inc. region: surgical airway management (surgical Cricothyrotomy) and rapid sequence intubation (RSI) and shall not be performed.
3. A copy of all patient care records (PCRs) must be sent to Nor-Cal EMS, Inc.
4. This approval is for the attached Limited Request(s) for Recognition only.
5. **Submit the attached Limited Request for Recognition and include copies of the following: Driver's License and EMT/Paramedic Card.**

Name of Event

Dates of Event

Geographical area of service

Medical Unit Leader (Print Name)

Phone & Fax Numbers

Jeffrey Kepple, MD, Medical Director
Nor-Cal EMS, Inc.

Date