

County of Santa Clara Emergency Medical Services System

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To: Board of Supervisors
Jeffrey V. Smith, M.D., J.D., County Executive

From: René G. Santiago, Deputy County Executive &
Director, County of Santa Clara Health System

DocuSigned by:

René G. Santiago

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Jackie Lowther, RN, MBA, MSN
Director Emergency Medical Service

DocuSigned by:

Jackie Lowther

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Subject: EMS SART Protocols

Date: October 23, 2019

This memorandum is in response to the inquiry by the Board of Supervisors on June 4, 2019 Item 29 (#97124) *Approve Seventh Amendment to Agreement with Rural/Metro of California relating to providing 911 emergency paramedic and ambulance services, increasing authorized rates with no change to the term of the Agreement, that has been reviewed and approved by County Counsel as to form and legality.* At the request of Supervisor Chavez, the EMS Agency was directed to report back relating to Sexual Assault Response Team (SART) protocols, a sexual assault tracking mechanism for emergency medical services responders, SART training timelines for all first-responders Countywide, and updates regarding communication between the SART and Emergency Medical Services.

This is an interim report on the project as the documentation protocol does not go into effect until January 1, 2020 when training is complete. The EMS Agency had a meeting with members of the Santa Clara Valley Medical Center leadership team on June 20, 2019, August 19, 2019 and September 19, 2019. In addition to SART, the EMS Agency wanted to focus on all mandatory reportable events required by first responders. Training was presented on October 1, 2019 to all 911 and non-911 responder Program Managers, who in turn are responsible for training all system providers by December 31, 2019. The objectives for the Abuse module are as follows:

After successfully completing this course, staff will be able to:

1. Discuss the incidence of abuse and assault and describe the categories of abuse.
2. Discuss examples of partner abuse, elder abuse, child abuse, and sexual assault.
3. Describe the characteristics associated with the profile of the typical abuser of a spouse, of the elder, and of children, as well as the typical assailant of sexual assault.
4. Identify the profile of the "at-risk" spouse, elder and child.
5. Discuss the assessment and management of the abused patient.
6. Discuss the legal aspects associated with abuse situations, identify community resources that can assist victims of abuse and assault, and discuss the documentation associated with abused and assaulted patients.

Every patient will be assessed for signs and symptoms of abuse. The providers will be collecting necessary data regarding suspected patient abuse, neglect or domestic violence. The data will be linked to values of "Cause of Injury" accidental Injury "hit, struck, other" by another person, asphyxiation – mechanical suffocation, injury from blunt object (assault), stabbing/cut/laceration (assault), firearm injury, maltreatment/abuse, sexual abuse. Santa Clara is the only county in California that is performing this screening. The EMS Agency will begin to receive data in February 2020 and analyze any patterns and trends throughout the county. A copy of the abuse and neglect documentation guide is listed below:

ePCR: Patient Care: Abuse / Neglect

<div> <div>Patient Care</div> <div> <div>! Impressions / Symptoms</div> <div>Behavioral Crisis</div> <div>Abuse / Neglect</div> </div> </div>		<p>PATIENT CARE – Abuse / Neglect – This panel is used to collect necessary data regarding suspected patient abuse, neglect, or domestic violence. This panel is linked to these values from the element “Cause of Injury”: Accidental Injury (hit, struck, other) by another person, Asphyxiation - Mechanical Suffocation, Injury from Blunt Object (assault), Stabbing/Cut/Laceration (assault), Firearm injury, Maltreatment/Abuse, Sexual abuse</p>
<p>Are there signs or symptoms of abuse present?:</p> <div> <div>Not applicable</div> <div>Unable to assess</div> <div>No</div> <div>Yes</div> </div> <p>If Yes, list signs and symptoms:</p> <div></div> <p>Do you suspect any abuse, neglect, or violence?:</p> <div> <div>Not Suspected</div> <div>Suspected violent injury</div> <div>Suspected child abuse / neglect</div> <div>Suspected child molestation</div> <div>Suspected domestic violence</div> <div>Suspected elder abuse / neglect</div> </div>	<p>Are there signs or symptoms of abuse/assault present? select the appropriate value.</p> <p>If Yes, list signs and symptoms: enter all symptoms present.</p> <p>Do you suspect any Abuse, or Neglect, or Violence: select the appropriate value.</p>	
<p>Did you complete the appropriate mandatory reporting requirements for APS or CPS?:</p> <div> <div>Not applicable</div> <div>No</div> <div>Yes (comments required)</div> </div> <p>If Yes, what is the report number?:</p> <div></div> <p>Did you report the information to law enforcement?:</p> <div> <div>Not applicable</div> <div>No</div> <div>Yes (comment required)</div> </div> <p>If Yes, what law enforcement agency?:</p> <div></div>	<p>Did you complete appropriate mandatory reporting requirements to APS or CPS? select the appropriate value.</p> <p>If Yes, what is the report number? enter the numeric value.</p> <p>Did you report the information to Law Enforcement? select the appropriate value.</p> <p>If Yes, what Law Enforcement Agency? enter the appropriate name of the law enforcement agency.</p>	
<p>Do you feel safe where you live?:</p> <div> <div>Not applicable</div> <div>Yes</div> <div>Refuses to answer</div> <div>Patient not alone and couldn't answer</div> <div>Unable to answer</div> <div>No (comment required)</div> </div> <p>If No, patient comments:</p> <div></div> <p>Do you feel safe in your relationship, or with your family?:</p> <div> <div>Not applicable</div> <div>Yes</div> <div>Refuses to answer</div> <div>Pt not alone and couldn't answer</div> <div>Unable to answer</div> <div>No (comment required)</div> </div> <p>If No, patient's comment:</p> <div></div> <p>Additional patient comments:</p> <div>Start typing here...</div>	<p>Do you feel safe at home? select the appropriate value.</p> <p>If No, patient comments: enter what the patient states as to why they may feel unsafe.</p> <p>Do you feel safe in your relationship, or with your family? select the appropriate value.</p> <p>If No, patient's comments: enter what the patient states as to why they may feel unsafe.</p> <p>Additional patient comments: enter any other specific details observed or reported.</p>	