



West Virginia EMS Data System Electronic Data Submission Checklist

To successfully electronically submit EMS data into the West Virginia EMS Data System, the following process must be followed. Please use this checklist to complete the necessary configuration required for data submission.

- 1.** Select a method for EMS Electronic Data Submission
 - PreMIS Import (Go to task 2):** Use commercial EMS software (Must be approved by your state EMS office) at the EMS Agencies cost.
 - PreMIS Web (Go to task 8):** Use the PreMIS Web Application at no cost.
- 2.** If using **PreMIS Import**, contact the WV Office of EMS to determine which commercial EMS software has been approved for EMS Agency use. If the commercial EMS software you would like to use has been approved by the WV Office of EMS, proceed to task 4 below
- 3.** If the commercial EMS software has not been state approved, contact Bob Dozier (bdozier@wvdhhr.org) with the West Virginia EMS Office to obtain instructions on how commercial EMS software may be tested for WV Office of EMS approval.
- 4.** Install the commercial EMS software within the EMS Agency
- 5.** Contact Jeff Robertson (jrobertson@emspic.org) with the EMS Performance Improvement Center to establish an account and obtain instructions for commercial software testing and configuration.
- 6.** Send a test XML file to the EMSPIC using the instructions obtained in task 5 above. This file will verify that the software is properly collecting the WV data elements.
- 7.** Work with the commercial software provider to correct any errors identified in the XML file submitted in task 6 above and resubmit the XML file to the EMSPIC for approval.
- 8.** Complete the following forms (return them as directed to the EMSPIC) to allow the EMSPIC to enroll your EMS Agency into CIS, PreMIS, and SMARTT:
 - CIS Enrollment Form**
 - SMARTT Enrollment and Contact Form**
 - EMS Roster List** (Full Name, Last 4 numbers of Social Security Number)
 - EMS Vehicle List** (WVOEMS Permit Number, Unit Number, VIN Number)
 - EMS Medication List** (List of approved Medications for the EMS Agency)
 - EMS Procedure List** (List of approved Procedures for the EMS Agency)
 - EMS Protocols List** (List of approved Protocols for the EMS Agency)
 - EMS Destination List** (List of all patient destinations)
- 9.** If using **PreMIS Import**, send another test XML file to the EMSPIC to verify the software is properly configured for electronic data submission with the provided EMS Agency enrollment information.
- 10.** Contact the EMSPIC to schedule training on the PreMIS and SMARTT use.

www.wvemdata.org

West Virginia EMS Agency CIS Enrollment Form

The Credentialing Information System known as CIS must be configured for each West Virginia EMS Agency as a first step in the use of the applications within the EMS Data System. This initial EMS Agency information, along with information maintained by the West Virginia Office of EMS, will be used to establish an EMS Agency's CIS account.

Following the creation of the EMS Agency's CIS account, information on EMS vehicles, personnel rosters, and other necessary content can be loaded into CIS. Key EMS administrators for each EMS agency will then be given access to this online CIS account and will be able to maintain and update this information through a web-browser interface. The EMS Agency CIS Account is also required to process EMS patient care report data into PreMIS and to access all PreMIS Reports and EMS Toolkits.

To establish your EMS Agency CIS Account, please provide the following information:

EMS Agency Name:	
EMS Organizational Type: (Choose only 1)	<input type="checkbox"/> Community, Non-Profit <input type="checkbox"/> Fire Department <input type="checkbox"/> Governmental, Non-Fire <input type="checkbox"/> Hospital <input type="checkbox"/> Private, Non-Hospital <input type="checkbox"/> Tribal
EMS Organizational Status: (Choose only 1)	<input type="checkbox"/> Volunteer <input type="checkbox"/> Non-Volunteer <input type="checkbox"/> Mixed Volunteer and Non-Volunteer
Primary Type of Service: (Choose only 1)	<input type="checkbox"/> 911 Response (Scene) with Transport Capability <input type="checkbox"/> 911 Response (Scene) without Transport Capability <input type="checkbox"/> Air Medical <input type="checkbox"/> Hazmat <input type="checkbox"/> Medical Transport (Convalescent) <input type="checkbox"/> Paramedic Intercept <input type="checkbox"/> Rescue <input type="checkbox"/> Specialty Care Transport
Highest Level of Service: (Choose only 1)	<input type="checkbox"/> First Responder <input type="checkbox"/> EMT-Basic <input type="checkbox"/> EMT-Intermediate <input type="checkbox"/> EMT-Paramedic
EMD Vendor Name: <input type="checkbox"/> None	
Do you bill for EMS services?	<input type="checkbox"/> Yes <input type="checkbox"/> No

EMS Roster List

The list of EMS personnel at your Agency can be provided to the EMSPIC in a paper (FAX or postal mail) or an electronic format (Excel, PDF, CSV). **For each technician, the list must include:**

- * Full Name
- * Last four digits of their Social Security Number

If your Agency intends to use a vendor product to import data into PreMIS, please indicate which technician or technicians need access to send files through PreMIS.

Also indicate the person at your Agency who will be the Official Representative (Primary Contact) for the Agency. This person will be given the rights to modify the Agency personnel roster as well as vehicle information and the Agency profile. The Agency Medical Director and Training Officer should likewise be indicated.

Roster Lists may be sent via email to Joe Fraser (jfraser@emspic.org) or FAXed to (919) 843-0195

EMS Vehicle List

The list of EMS vehicles at your Agency can be provided to the EMSPIC in a paper (FAX or postal mail) or an electronic format (Excel, PDF, CSV). **For each vehicle the list must include:**

- * WVOEMS Permit Number
- * Unit Number (Unique to each vehicle)
- * Vehicle Identification Number (VIN)

Vehicle Lists may be sent via email to Joe Fraser (jfraser@emspic.org) or FAXed to (919) 843-0195

EMS Destination List

The list of Destination List for your Agency can be provided to the EMSPIC in a paper (FAX or postal mail) or an electronic format (Excel, PDF, CSV). **For each facility the list must include:**

- * Facility Name
- * Physical Address (City, State, Zip Code)
- * County
- * Phone Number

Destination Lists may be sent via email to Joe Fraser (jfraser@emspic.org) or FAXed to (919) 843-0195

SMARTT EMS System Enrollment Form

Gray Areas to be completed by SMARTT Administration

SMARTT ID:

SMARTT Password:



State: West Virginia

Date: 11/11/08

EMS System Name

EMS System Type: County EMS Agency Specialty Care Transport Private EMS Agency

Business Address:

City:

State:

County:

Zip Code:

Phone Number:

Fax Number:

Highest Personnel Level:

(Available on every EMS call)

EMT-Basic

EMT-Paramedic

EMT-Intermediate

Region

North Central (NC)

North East (NE)

North West (NW)

South East (SE)

South West (SW)



Additional EMS
Email Addresses:
(Not listed as a specific contact)

Additional EMS
Pager Email Addresses:
(Not listed as a specific contact)

Primary Services (please select all that are provided within the EMS System)

- | | |
|---|--|
| <input type="checkbox"/> 911 Response (Scene) | <input type="checkbox"/> Medical Transport (Convalescent) |
| <input type="checkbox"/> Air Medical | <input type="checkbox"/> Rescue |
| <input type="checkbox"/> Hazmat Response | <input type="checkbox"/> Specialty Care Transport (Inter-facility) |

Does this EMS System participate as a ChemPack Site? Yes
 No

Does this EMS System maintain a State Medical Assistance Team (SMAT)? Yes
 No

Does this EMS System participate with a Hospital in their Hospital Disaster Plan? Yes
 No

If yes, please list the name of the
Hospital in which the EMS System is
written into the Hospital Disaster Plan.

Dispatch Center Information (Please select all that are currently available)

- | | |
|--|--|
| <input type="checkbox"/> 911 (without caller location) | <input type="checkbox"/> Emergency Medical Dispatch (EMD) |
| <input type="checkbox"/> E911 (with caller location) | <input type="checkbox"/> Phase II Cell Phone Caller Location |

Specialty Equipment

Please enter the number of each of these equipment types maintained within the EMS System.

Geiger Counter

P-100 NBC Canisters

Infrared Viewers

P-100 NBC Masks

Personnel Availability

Please document the number of full and part-time personnel within the EMS System (Do not include private Medical Transport Services and Specialty Care Transport Programs)

	Full Time	Part-Time		Full Time	Part-Time
EMT-Basic	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	First Responder	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>
EMS-AI	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	CCT-Paramedic	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>
EMT-Paramedic	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	CCT-RN	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>
EMS-AFNurse	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	EMS-MD/DO	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>
EMS-APA	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	EVO	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>
EMS-ARNurse	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>			

Vehicle Availability

Please document the number of each vehicle type maintained within the EMS System.

ATV	<input style="width: 80%;" type="text"/>
Ambulance	<input style="width: 80%;" type="text"/>
Bariatric Ambulance	<input style="width: 80%;" type="text"/>
Bicycle	<input style="width: 80%;" type="text"/>
Boat	<input style="width: 80%;" type="text"/>
Fixed Wing Transport	<input style="width: 80%;" type="text"/>
Heavy Rescue	<input style="width: 80%;" type="text"/>
Light Rescue	<input style="width: 80%;" type="text"/>
Mass Transport (15-20 mobile pts)	<input style="width: 80%;" type="text"/>
Medium Rescue	<input style="width: 80%;" type="text"/>
Mobile Command/Communications	<input style="width: 80%;" type="text"/>
Mobile Disaster Response Unit	<input style="width: 80%;" type="text"/>
Mobile Supply Unit	<input style="width: 80%;" type="text"/>
Motorcycle	<input style="width: 80%;" type="text"/>
Multi-Patient Transport (>10 stretchers)	<input style="width: 80%;" type="text"/>
Quick Response Vehicles (QRV)	<input style="width: 80%;" type="text"/>
SMAT III Trailer	<input style="width: 80%;" type="text"/>
Wheelchair Transport	<input style="width: 80%;" type="text"/>

Special Skills

Please select all of the Special training or skills maintained within the EMS System.

Bike EMS	<input type="checkbox"/>
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Decontamination	<input type="checkbox"/>
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Disaster Communications	<input type="checkbox"/>
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Disaster Mortuary (DMORT)	<input type="checkbox"/>
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Dive Rescue	<input type="checkbox"/>
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HAZMAT Response	<input type="checkbox"/>
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High Angle Rescue	<input type="checkbox"/>
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Incident Command	<input type="checkbox"/>
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Radiation Response	<input type="checkbox"/>
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SMAT Training	<input type="checkbox"/>
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Swift Water Rescue	<input type="checkbox"/>
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Tactical Medic	<input type="checkbox"/>
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Trench / Confined Space Rescue	<input type="checkbox"/>
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Urban Search and Rescue	<input type="checkbox"/>
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Urban Search and Rescue-Medical Component	<input type="checkbox"/>
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Veterinary Medical Assistance Team	<input type="checkbox"/>
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Wilderness Search and Rescue	<input type="checkbox"/>
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Disaster Resource Capability

Ventilators

Available Ventilators	<input type="checkbox"/>
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Total Ventilators on Site	<input type="checkbox"/>
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Decontamination

Ambulatory Decontamination Capacity per Hour	<input type="checkbox"/>
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Non-Ambulatory Decontamination Capacity per Hour	<input type="checkbox"/>
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Personal Protection Equipment

Available Level A Suits

Available Level B Suits

Available Level C Suits

Available N95 Masks: Small

Available N95 Masks: Regular

Pharmaceuticals (Available Doses)

Atropine, not including Mark 1 kits

British Anti-Lewisite (BAL)

Ciprofloxacin

Cyanide Kit

Doxycycline

Diazepam and Lorazepam

Mark 1 Kits

Oseltamivir (Tamiflu) or Zanamivir (Relenza)

Pralidoxime (2-PAM), not including Mark 1 kits

SMARTT Contact Enrollment Form

Gray Areas to be completed by SMARTT Administration

SMARTT ID:

SMARTT Password:



State: West Virginia

Date: 11/11/08

**Hospital, State
EMS System or
Health Center Name**

Affiliation:

- State EMS System
 Hospital Health Center

Contact Type (For your institution, please check all of the roles related to SMARTT that apply.)

- Administrator(Hospital, EMS, or Health Center) Regional Hospital Preparedness Contact
 SMARTT Software Contact Office of EMS Staff
 Pharmacy Contact State Software Contact
 EMS Medical Director Other SMARTT Contact

First Name

Last Name

Business Address:

City:

State:

County:

Zip Code:

Phone Number:

Fax Number:

Email Address:

All contacts must either provide an email capable pager address or their 10 digit mobile phone number with their carrier (ie. sprint, verizon, cingular, etc.) for text messaging.

Email Capable Pager Address:

Mobile Phone Number:

Mobile Carrier:

Approved Medications

Agency Name: _____ Date: _____

- | | |
|--|---|
| <input type="checkbox"/> Abciximab (ReoPro) | <input type="checkbox"/> Diastat |
| <input type="checkbox"/> Activated Charcoal | <input type="checkbox"/> Diazepam (Valium) |
| <input type="checkbox"/> Adenosine | <input type="checkbox"/> Digoxin (Lanoxin) |
| <input type="checkbox"/> Albuterol | <input type="checkbox"/> Dilantin |
| <input type="checkbox"/> Aminophylline | <input type="checkbox"/> Dilizem (Cardizem) |
| <input type="checkbox"/> Amiodarone | <input type="checkbox"/> Diphenhydramine HCL (Benadryl) |
| <input type="checkbox"/> Amiodorone (Cordarone) | <input type="checkbox"/> Dobutamine (Dobutrex) |
| <input type="checkbox"/> Ancef (Kefzol) | <input type="checkbox"/> Dopamine HCL (Intropin) |
| <input type="checkbox"/> Antibiotics | <input type="checkbox"/> Epinephrine (1:1,000) |
| <input type="checkbox"/> Antivenin | <input type="checkbox"/> Epinephrine (1:10,000) |
| <input type="checkbox"/> Aspirin | <input type="checkbox"/> Epinephrine Racemic (2,25%) |
| <input type="checkbox"/> Atroevent (Ipratropium Bromide) | <input type="checkbox"/> Etomidate |
| <input type="checkbox"/> Atropine Sulfate | <input type="checkbox"/> Fentanyl |
| <input type="checkbox"/> Betadine Spray | <input type="checkbox"/> Flumazenil (Romazicon) |
| <input type="checkbox"/> Blood & Blood Products | <input type="checkbox"/> Furosemide (Lasix) |
| <input type="checkbox"/> Bretylium Tosylate (Bretyol) | <input type="checkbox"/> Glucagon |
| <input type="checkbox"/> Bumex | <input type="checkbox"/> Haloperidol (Haldol) |
| <input type="checkbox"/> Calcium Chloride | <input type="checkbox"/> Heparin |
| <input type="checkbox"/> Calcium Gluconate | <input type="checkbox"/> Hespan |
| <input type="checkbox"/> Dexamethasone (Decadron) | <input type="checkbox"/> Ibuprofen |
| <input type="checkbox"/> Dextrose 10% in Water (D10W) | <input type="checkbox"/> Insulin bottle (Humulin R) |
| <input type="checkbox"/> Dextrose 25% in Water (D25W) | <input type="checkbox"/> Integrillin/Eptifibatide |
| <input type="checkbox"/> Dextrose 5% in Water (D5W) | <input type="checkbox"/> Isoproterenol HCL (Isuprel) |
| <input type="checkbox"/> Dextrose 50% in Water (D50W) | <input type="checkbox"/> Labetalol |

- Lactated Ringer's
- Lanoxin
- Lidocaine (Xylocaine)
- Lopressor
- Lorazepam (Ativan)
- Magnesium Sulphate
- Mannitol (Osmitol)
- Meperidine HCL (Demerol)
- Metaproterenol (Alupent)
- Morphine Sulfate
- Nalbuphine HCL (Nubain)
- Naloxone HCL (Narcan)
- Nipride
- Nitroglycerin (Nitrostat)
- Nitroglycerine Infusion
- Nitroglycerine Spray
- Nitrous Oxide
- Norepinephrine
- Oral Glucose Gel
- Oxytocin (Pitocin)
- Pentazocine Lactate (Talwin)
- Phenobarbital
- Plasma Protein Fraction
- Plasmanate
- Potassium Chloride
- Procainamide HCL (Pronestyl)
- Procardia
- Prochlorperazine (Compazine)
- Promethazine HCL (Phenergan)
- Propranolol HCL (Inderal)
- Proton Pump Inhibitors
- Sodium Bicarbonate
- Sodium Chloride 0.9% (Normal Saline)
- Steriods (Solu-Cortef)
- Steriods (Solu-Medrol)
- Succinylcholine
- Tagamet
- Tebutaline (Brethine)
- Tetanus Toxoid
- Theophylline IV
- Thiamine HCL
- Tirofiban (Aggrastat)
- Toradol (Ketoralac Tromethamine)
- TPN
- Tylenol
- Vasopressin
- Vecuronium/Norcuron
- Verapamil HCL (Isoptin)
- Versed/Midazolam

Approved Procedures

Agency Name: _____ Date: _____

- 12 Lead EKG obtain/interpret
- Access to permanent indwelling IV
- Assisted Meds
- BVM Adult
- BVM Pediatric
- Cardiac Arrest AED
- Cardiac Arrest defibrillation – manual
- Chest tube placement
- Continuous IV med drip
- Control External Bleeding
- CPAP/BiPAP
- CPR Adult
- CPR Infant/ child
- Draw blood with IV start
- End Tidal CO₂ – quantitative
- End tidal CO₂ Monitor Colorimetric
- ET Adult Nasal
- ET Adult oral
- ET Child – oral - <8
- ET Neonate <= 30 days
- External Jugular IV
- Gastric Decompression – adult
- Gastric Decompression – child
- Glucometry
- Heimlich all ages
- IM Medication
- Inhaled Meds
- Inhaled meds – ET
- Inhaled Meds – Nebulizer
- Insertion/removal foley catheter
- Intraosseous IV – adult
- Intraosseous IV (pediatric)
- Isolation Procedures
- IV Bolus Fluid w/o meds
- IV Piggyback
- Management non-displaced gastrostomy
- Management of existing Tracheostomy
- Mechanical Ventilation (transport Vent.)
- Meconium Aspiration Neonate
- Medically assisted intubation non paralytic
- Monitor IV rate and patency
- Nasopharyngeal adult
- Natural Child Birth
- Needle chest decompression
- Needle cricothyrotomy
- Neuromuscular Blockade for intubation – adult

- Neuromuscular Blockade for intubation – child
- O2 Powered flow restricted device
- Oral Pharyngeal all ages
- Orthostatic BP Measurement
- Oximetry
- P O Meds
- Pacing
- PASG
- Patient Assessment
- Peripheral IV
- Position Airway
- Rectal Administration of meds
- Single EKG lead interpretation
- Single/Multilumen (Non-ET)
- SL meds
- Spinal Immobilization
- Splinting - Extremity
- Splinting - Traction
- SQ meds
- Suction all Ages
- Suction Endotracheal
- Synchronized Cardioversion
- Temperature Measurement
- Thrombolytic Screen
- Transdermal meds
- Wound Management

Approved Protocols

Agency Name: _____ Date: _____

- 4101 TAMP - Trauma Assessment and Management Procedures
- 4102 Head Trauma
- 4103 Spinal Trauma
- 4104 Chest Trauma
- 4105 Abdominal Trauma
- 4106 Musculoskeletal Trauma
- 4108 Hypoperfusion (Shock)
- 4109 Traumatic Arrest
- 4201 MAMP - Medical Assessment and Management Procedures
- 4202 Chest Pain/Discomfort - Acute Coronary Syndrome (ACS)
- 4203 Severe Hypertension
- 4204 CAT - Cardiac Arrest Treatment
- 4205 Cardiac Arrest - V-Fib/Pulseless V-Tach
- 4208 Dysrhythmia with a Pulse - SVT (Narrow Complex)
- 4209 Dysrhythmia with a Pulse - Ventricular Tach (Wide Complex)
- 4211 Dysrhythmia with a Pulse - Symptomatic Sinus Bradycardia
- 4212 Dysrhythmia with a Pulse - Ventricular Ectopy
- 4302 Bronchospasm
- 4303 Pulmonary Edema
- 4304 Inhalation Injury
- 4305 Airway Obstruction
- 4401 Peds-MAMP - Pediatric Medical Assessment and Management
- 4402 Pediatric Emergencies - Hypoperfusion (Shock)
- 4403 Pediatric Emergencies - Seizures
- 4404 Pediatric Emergencies - Suspected Child Abuse / Neglect
- 4405 Pediatric Emergencies - Sudden Infant Death Syndrome (SIDS)
- 4406 Pediatric Emergencies - Cardiac Arrest
- 4407 Pediatric Emergencies - Cardiac Dysrhythmias
- 4408 Peds-TAMP - Pediatric Trauma Assessment and Management
- 4409 Pediatric Emergencies - Fever
- 4410 Newborn Infant Care
- 4501 Allergic Reaction/Anaphylaxis
- 4502 Heat Exposure
- 4503 Cold Exposure
- 4504 Snakebite Envenomation
- 4505 Near Drowning/Drowning
- 4506 Burns - Thermal
- 4507 Burns - Chemical
- 4508 Burns - Electrical/Lightning

- 4601 General Illness
- 4602 Stroke
- 4603 Seizures
- 4604 Diabetic Emergencies
- 4605 Unconscious Patient - Unknown Cause (Non-Trauma)
- 4606 Ingestion Poisoning/Overdose
- 4607 Behavioral Emergencies
- 4608 Obstetrical and Gynecologic Emergencies
- 4901 Airway Management
- 4902 Pain Management
- 5101 TAMP - Trauma Assessment and Management Procedures
- 5102 Head Trauma
- 5103 Spinal Trauma
- 5104 Chest Trauma
- 5105 Abdominal Trauma
- 5106 Musculoskeletal Trauma
- 5108 Hypoperfusion (Shock)
- 5109 Traumatic Arrest
- 5201 MAMP - Medical Assessment and Management Procedures
- 5202 Chest Pain/Discomfort - Acute Coronary Syndrome (ACS)
- 5203 Severe Hypertension
- 5204 CAT - Cardiac Arrest Treatment
- 5205 Cardiac Arrest - V-Fib/Pulseless V-Tach
- 5206 Cardiac Arrest - Asystole
- 5207 Cardiac Arrest - Pulseless Electrical Activity (PEA)
- 5208 Dysrhythmia with a Pulse - SVT (Narrow Complex)
- 5209 Dysrhythmia with a Pulse - Ventricular Tach (Wide Complex)
- 5211 Dysrhythmia with a Pulse - Symptomatic Sinus Bradycardia
- 5212 Dysrhythmia with a Pulse - Ventricular Ectopy
- 5302 Bronchospasm
- 5303 Pulmonary Edema
- 5304 Inhalation Injury
- 5305 Airway Obstruction
- 5401 Peds-MAMP - Pediatric Medical Assessment and Management
- 5402 Pediatric Emergencies - Hypoperfusion (Shock)
- 5403 Pediatric Emergencies - Seizures
- 5404 Pediatric Emergencies - Suspected Child Abuse / Neglect
- 5405 Pediatric Emergencies - Sudden Infant Death Syndrome (SIDS)
- 5406 Pediatric Emergencies - Cardiac Arrest
- 5407 Pediatric Emergencies - Cardiac Dysrhythmias
- 5408 Peds-TAMP - Pediatric Trauma Assessment and Management
- 5409 Pediatric Emergencies - Fever

- 5410 Newborn Infant Care
- 5501 Allergic Reaction/Anaphylaxis
- 5502 Heat Exposure
- 5503 Cold Exposure
- 5504 Snakebite Envenomation
- 5505 Near Drowning/Drowning
- 5506 Burns - Thermal
- 5507 Burns - Chemical
- 5508 Burns - Electrical/Lightning
- 5601 General Illness
- 5602 Stroke
- 5603 Seizures
- 5604 Diabetic Emergencies
- 5605 Unconscious Patient - Unknown Cause (Non-Trauma)
- 5606 Ingestion Poisoning/Overdose
- 5607 Behavioral Emergencies
- 5608 Obstetrical and Gynecologic Emergencies
- 5901 Airway Management
- 5902 Pain Management
- 6101 TAMP - Trauma Assessment and Management Procedures
- 6102 Head Trauma
- 6103 Spinal Trauma
- 6104 Chest Trauma
- 6105 Abdominal Trauma
- 6106 Musculoskeletal Trauma
- 6107 Closed/Open Soft Tissue Injuries
- 6108 Hypoperfusion (Shock)
- 6109 Traumatic Arrest
- 6110 Eye Injuries
- 6201 MAMP - Medical Assessment and Management Procedures
- 6202 Chest Pain/Discomfort - Acute Coronary Syndrome (ACS)
- 6204 CAT - Cardiac Arrest Treatment
- 6302 Bronchospasm
- 6304 Inhalation Injury
- 6305 Airway Obstruction
- 6401 Peds - MAMP - Medical Assessment and Management
- 6402 Pediatric Emergencies - Hypoperfusion (Shock)
- 6403 Pediatric Emergencies - Seizures
- 6404 Pediatric Emergencies - Suspected Child Abuse / Neglect
- 6405 Pediatric Emergencies - Sudden Infant Death Syndrome (SIDS)
- 6406 Pediatric Emergencies - Cardiac Arrest
- 6408 Peds-TAMP - Pediatric Trauma Assessment and Management
- 6409 Pediatric Emergencies - Fever
- 6410 Newborn Infant Care
- 6501 Allergic Reaction/Anaphylaxis
- 6502 Heat Exposure
- 6503 Cold Exposure

- 6504 Snakebite Envenomation
- 6505 Near Drowning/Drowning
- 6506 Burns - Thermal
- 6507 Burns - Chemical
- 6508 Burns - Electrical/Lightning
- 6602 Stroke
- 6603 Seizures
- 6604 Diabetic Emergencies
- 6605 Unconscious Patient - Unknown Cause (Non-Trauma)
- 6606 Ingestion Poisoning/Overdose
- 6607 Behavioral Emergencies
- 6608 Obstetrical and Gynecologic Emergencies
- 6901 Airway Management
- 9101 Death in the Field Protocol
- 9102 Cease-efforts Protocol
- 9103 Palliative Care Protocol (Pending)
- 9104 Ambulance Diversion Policy
- 9105 Field Aeromedical Protocol
- 9106 Medical Communication Policy 2