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REGULATORY/ MEDICAL HEALTH SERVICES

EMERGENCY MEDICAL SERVICES

MEMO

DATE: OCTOBER 1, 2019

TO: BASE HOSPITAL COORDINATORS
ERC MEDICAL DIRECTORS
FIRE EMS COORDINATORS/MANAGERS
IFT-ALS NURSE COORDINATORS
PARAMEDIC TRAINING CENTERS

FROM: CARL H. SCHULTZ, MD *CHS*
ORANGE COUNTY EMS MEDICAL DIRECTOR

SUBJECT: ADDITION OF NEW EMS DOCUMENTS AND
CLARIFICATIONS/UPDATES OF EXISTING DOCUMENTS

The Orange County EMS Agency reviews, updates, and makes additions to its policies, procedures, and standing orders on a biannual basis. The EMS Agency has recently completed this task for the October 1 release. Clarifications and updates have been made to documents so they reflect current standards and practice. In addition, new documents on the management of hyperglycemic patients, ventilator procedures, and base hospital treatment guidelines for hyperglycemia have been added. The documents are listed below. A brief description adjacent to each document identifier summarizes the changes made. Please see our website at <http://www.healthdisasteroc.org/ems> for the newly edited versions.

DOCUMENTS FOR OCTOBER 1 EMS UPDATES

STANDING ORDERS

- SO-C-10 Adult/Adolescent cardiac arrest (incorporating Pit Crew process)
- SO-M-10 Hyperglycemia (new SO)
- SO-M-50 Adult Overdose (clarify hypoglycemia language)
- SO-P-110 Pediatric LVADs (addition of CCERC for base contact)
- SO-P-40 Pediatric cardiac arrest (make base hospital contact ASAP with CCERC preferred)
- SO-P-60 Pediatric Allergic Reaction/Anaphylaxis (epinephrine dose, ALS transport for use of epi-pen)
- SO-P-85 Pediatric Overdose (change atropine dosing)
- SO-P-95 Pediatric Burn (addition of CCERC contact for serious burn)

POLICY

090.00	Definitions (adding base hospital to definition of CCERC)
200.00	EMS Transportation Providers (clarifying role of provider)
310.00	911 ALS Base Contact, Standing Orders (adding CCERC pilot process to policy)
398.00	Intranasal Naloxone by Public Safety First Responders (simplifying language and requirements in the Notifications, Approved Departments, Training, Procedure, and Data Collection paragraphs)
610.00	Base Hospital Criteria (CCERCs and trauma centers must be base hospitals; BHs must provide audio recordings of calls to OCEMS medical director if requested; 30 day OCEMS notification for staff/certification changes)

PROCEDURES – ALS & BLS

B-001	PAT (clarifying language; primary survey to primary impression)
B-040a	Remove trauma as contraindication for ACCD band type
B-040b	Remove trauma as contraindication for ACCD plunger type
PR-001	PAT (clarifying language; primary survey to primary impression)
PR-105	12-lead EKG (clarifying indications for EKGs)
PR-135	SGA device i-gel (adding documentation requirement to Procedure section; includes ET _{CO} ₂)
PR-240	Transport Ventilator use (new PR)

BASE HOSPITAL TREATMENT GUIDELINES

BH-M-10	Hyperglycemia (new)
BH-M-35	Respiratory Distress Adult/Adolescent (added needle T for spontaneous tension pneumothorax)

In addition, due to California State mandated changes, the following two policies have been modified and posted for 50 day public comment.

630.00	CVRC designation (Calif. Regs on STEMI system)
650.00	SNRC designation (Calif. Regs on Stroke system)

Once the comment period closes, final changes will be made to these two policies reflecting comments received. They will subsequently be posted on the EMS website.