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MEDICAL HEALTH SERVICES
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DATE: March 17, 2022

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

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

CHS

SUBJECT: NEW POLICIES and CLARIFICATIONS/UPDATES OF EXISTING EMS DOCUMENTS

Typically, the Orange County EMS Agency reviews, updates, and edits its policies, procedures, and standing orders on a biannual basis. New policies may also be added. From time to time, the agency may also need to issue updates on an impromptu basis, as such actions can't wait until the next cycle. It is now time to publish our next scheduled update. I am listing, immediately below, the documents that will be added to the Upcoming section of our website (https://www.ochealthinfo.com/ems) for April 1, 2022.

APRIL 1, 2022 EMS UPDATES

POLICIES

310.96 Guidelines for Diversion Status and APOT Standard: A new section will be added to the end of the policy. It will follow section VII. APOT STANDARD. It will be listed as VIII. AMBULANCE INTERVENSIONS FOR PROLONGED APOTS. This section will describe various actions ambulance personnel can take when confronted with APOTs of greater than 60 minutes. The language is still in draft form as several other groups need to provide input. The final version of the policy will be posted to the Upcoming area of the website by the end of April.

385.05 Base Hospital Incident Review Process: This policy has been significantly revised. A fair amount of the old language had a somewhat punitive tone and did

not convey the real thrust of the policy, which was to support a just culture approach to QA/QI. In addition, the policy required actions in specific areas but gave no time frame for which to complete them. So, many changes were made, including the title, which will now be Base Hospital QA/QI Review Process. Much of the more punitive language was removed and time frames created for the various actions that take place per the policy. The language is still in draft form as several other groups need to provide input. The final version of the policy will be posted to the Upcoming area of the website by the end of April.

PROCEDURES

B-020 BLS Provider Assisting with Metered Dose Inhaler (MDI): Under the PROCEDURE section, bullet point #6, the language has been changed to require shaking of the MDI, rather than prohibiting shaking.

B-060 Imminent Childbirth in the Field: On page 2, under the SPECIAL CIRCUMSTANCES section, sub-heading Depressed Neonate, bullet #5, language was changed from, "Provide blow-by oxygen…" to "Provide oxygen…". The reason for this was the original version could be interpreted as using blow-by oxygen and stopping the use of BVM. This was not the intent. The new language means that oxygen will be added to BVM use.

On page 3, under APGAR SCORE, the 4th row addressing Reflex Response to bulb syringe has been changed to Reflex Irritability with testing for this done using a mild pinch to the abdomen or slapping the feet. This was changed due to changes in recommendations by the American College of Obstetrics and Gynecology

PR-60 Needle Thoracostomy: Adult/Adolescent: Under the INDICATION section, the following language was added to help clarify when a needle thoracostomy is appropriate.

IMPORTANT: absence of breath sounds and/or shortness of breath alone are not sufficient to indicate a tension pneumothorax. Any of the signs and symptoms listed below must be associated with at least hypoxia **OR** hemodynamic instability to justify a needle thoracostomy.

STANDING ORDERS

SO-ALS ALS General Standing Orders – OCEMS Accredited Paramedic: Several changes were made to update language on pediatric IV fluid administration (bullet #5), increase dosing of midazolam for seizures (bullet # 14), and add pediatric dosing for naloxone (bullet #15).

SO-P-10 Newborn Care: Under the ALS STANDING ORDERS section, bullet #3, the language describing infant positioning was modified to allow placement on the

back or side if no secretions are present. For bullet #7, language was added to state that a CCERC was the preferred base.

For the NEWBORN IN DISTRESS section, the subheading "If respiratory depression" was changed to "If in respiratory distress". This made it clear that the heart rate was still over 100 so blow-by oxygen was appropriate. Bullet #F and bullet #B in the next two sections were expanded to include recommendation for CCERC.

The APGAR scoring table was modified similar to the APGAR table in B-060 above.

SO-P-45 Bradycardia – Pediatric: This document has had extensive revisions due to the newer recommendations by the AHA. The document needs to be reviewed in its entirety and has been almost completely re-written. As such, it should be reviewed as a new document.

CS:cs#4292