



CLAYTON CHAU, MD PhD
DIRECTOR/COUNTY HEALTH
OFFICER

STEVE THRONSON
DEPUTY AGENCY DIRECTOR
MEDICAL HEALTH SERVICES

TAMMI McCONNELL
DIVISION DIRECTOR
EMERGENCY MEDICAL SERVICES

405 W. 5th STREET, SUITE 301-A
SANTA ANA, CA 92701

PHONE: 714-834-2791
FAX: 714-834-3125

Email: TMcConnell@ochca.com


**MEDICAL HEALTH SERVICES
EMERGENCY MEDICAL SERVICES**

DATE: JUNE 29, 2021

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

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

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



The Orange County EMS Agency reviews, updates, and makes additions to its policies, procedures, and standing orders on a biannual basis. From time to time, it may also need to engage in these activities on an impromptu basis as such actions can't wait until the next cycle. This is one of those times.

In addition to clarifications and updates made to the documents listed below, we are also issuing a new document, Policy #300.50, to replace the current data reporting policy, #391.10. We are also deleting Policy #300.32 as its contents are now incorporated into #300.30. A brief description adjacent to each document identifier summarizes the changes made. They will be posted to the website in the next few days. Given the changes to the 600 policies are administrative and not substantive, they will not require public comment. Please see our website at <https://www.ochhealthinfo.com/ems> for the newly edited versions and new document.

DOCUMENTS GOING INTO EFFECT JULY 1 (#240.30 ON JULY 14)

POLICY

- | | |
|--------|---|
| 200.00 | <u>Licensed EMS Medical Transportation Providers.</u> Deleted several BLS ambulance providers that are no longer active in Orange County. |
| 240.30 | <u>Orange County Specialty Services:</u> Anaheim Global Medical Center is removed as a Cardiovascular Receiving Center and as a provider of obstetrical services. |

- 600.00 Emergency Receiving Center Criteria. Removed language in Section IX, DATA COLLECTION/RECORDS, paragraph E, that specified the data elements required for reporting, and moved this language to the new policy, #300.50. Added language referencing this new policy.
- 600.10 Emergency Receiving Center – Resource Listing. Made extensive language deletions throughout the document and replaced the information with website URLs that contain the same information. Updated information that could not be easily linked to websites.
- 620.00 Trauma Center (TC) Criteria. Removed language in Section X, DATA COLLECTION, paragraph C, that specified the data elements required for reporting, and moved this language to the new policy, #300.50. Added language referencing this new policy. Also added language throughout the document updating CME requirements for the various participating physician specialists as mandated by the American College of Surgeons.
- 620.01 Pediatric Trauma Center (PedTC) Criteria. Removed language in Section X, DATA COLLECTION, paragraph C, that specified the data elements required for reporting, and moved this language to the new policy, #300.50. Added language referencing this new policy. Also added language throughout the document updating CME requirements for the various participating physician specialists as mandated by the American College of Surgeons.
- 630.00 Cardiovascular Receiving Center Criteria. Removed language in Section VII, DATA COLLECTION, paragraph C, that specified the data elements required for reporting, and moved this language to the new policy, #300.50. Added language referencing this new policy.
- 650.00 Stroke-Neurology Receiving Center Criteria. Removed language in Section VII, DATA COLLECTION, paragraph C, that specified the data elements required for reporting, and moved this language to the new policy, #300.50. Added language referencing this new policy.
- 680.00 Comprehensive Children’s Emergency Receiving Center Designation Criteria. Removed language in Section XI, DATA COLLECTION, paragraph E, that specified the data elements required for reporting, and moved this language to the new policy, #300.50. Added language referencing this new policy.

BASE HOSPITAL TREATMENT GUIDELINES

- BH-M-35 Respiratory Distress (Adult/Adolescent). Clarifies IM injection of epinephrine will be into the lateral thigh.

DOCUMENTS IN EFFECT BY OCTOBER 1, 2021

POLICY

- 300.10 OC-MEDS Clinical Documentation Standards: Document reformatted and title of policy updated. Definitions added to first page. Per state requirements, now will need to create PCR for every response where a person is contacted (example: back to bed). This documentation is listed in Section V. Paramedics and EMTs need to sign each PCR they complete.
- 300.20 OC-MEDS System Management and Support: Document reformatted. Added content clarifying that both the EMS Provider Agencies (Section IV.B.3.e and f) and the Base Hospitals (Section IV.C.3.c and d) are responsible for staff education/training/evaluation and utilization of OC-MEDS for QA/QI activities.
- 300.30 OC-MEDS EMS Provider Prehospital Care Reporting & Data Submission Process: Document reformatted and title of policy updated to reflect data submission process. Definitions added to first page. Updated to be consistent with California state regulations regarding use of Electronic Health Records and requirements for Prehospital Care Report completion and data submission (Section IV.A). Also, per state requirements, now will need to create PCR for every response where a person is contacted (Section IV.B). Lastly, the information in Policy 300.32 describing the review and approval process for new providers will be transferred to this policy (Section V) and 300.32 will be deleted.
- 300.50 Emergency Receiving/Specialty Center Data Reporting Criteria. New policy. Replaces Policy #391.10. Adds significant new language clarifying specific data reporting elements required by NEMSIS, CEMSIS, and new State EMSA regulations. Continues previously required elements.
- 325.00 Advanced Life Support (ALS) Provider Unit Minimum Inventory. Moved lidocaine from the Optional Approved Pharmaceutical list to the Required Pharmaceutical Inventory list.

STANDING ORDERS (I-20 and SO-P-75 will be posted on July 14, 2021)

- I-15: Adult/Adolescent Standing Order Drug Guide. Clarified that epinephrine administered IM for Allergic Reaction is injected into the lateral thigh. Changed the dose of IM midazolam for seizure control to 10 mg (was 5 mg). Clarified that doses of nitroglycerine will be held for systolic blood pressures less than 100. Increased the dose of atropine to 1 mg for clinically significant bradycardia. Adds lidocaine indication for cardiac arrest and gives dose.

- I-20 Pediatric Medication Volume Dose by Weight: Changed the dose of IM midazolam for seizure control to 0.2 mg/kg with maximum dose of 10 mg (was 5 mg). Increased the maximum dose of atropine to 1 mg for clinically significant bradycardia. Adds lidocaine indication for cardiac arrest and gives dose.
- SO-M-040 Seizure/Convulsion – Adult/Adolescent: Increasing the IM dose of midazolam to 10 mg and designating it as the preferred route of administration. This dose is given one time only. Keeping dose at 5 mg for IV/IO/IN route. May repeat this dose one time.
- SO-P-75 Seizure/Convulsion – Pediatric: Increasing the IM dose of midazolam to 0.2 mg/kg with a maximum dose of 10 mg, and designating it as the preferred route of administration. This dose is given one time only. Keeping dose at 0.1 mg/kg with maximum dose of 5 mg for IV/IO/IN route. May repeat this dose one time.