

OCEMS POLICIES
50 DAY PUBLIC COMMENT RESPONSES
April 1 – May 20, 2014

OCEMS Policy #xxx.xx (NEW)-OC-MEDS-System Management and Support

Date	Contact	Organization	Comment	OCEMS Response
5-17-14	Seam Grimes	Royalty Ambulance	Hello, Thank You for the opportunity to comment on the revised policies for OCEMS. Our comment is regarding the vehicle life of 10 years. We feel that as long as the vehicles are properly maintained and in good running order and passes the CHP Requirements the vehicle life should be extended past 10 years to possibly 12 years.	Acknowledged. OCEMS Response: Comment not applicable to policies up for public comment between 4/1/14 to 5/20/14.
5-20-14	Patrick Powers	Lynch EMS	Lynch EMS supports the OC-MEDS policy	Acknowledged.
5-20-14	Suzanne Goodrich	Orange City Fire	Page 1: III. Facility Administrator Suggest adding the Coroner's office to this section	Acknowledged. Policy revised to: "...or County Coroner".
			Page 1: III. Downtime Suggest substituting the following after: some of its components are... off line or non-functional, to the extent that near real time electronic documentation and/or data transmission is temporarily unavailable.	Acknowledged. OCEMS Response: Agree. Policy revised to: "...offline or non-functional, to the extent that near real time electronic documentation and/or data transmission is temporarily unavailable"

		<p>Page 1: III EMS Worksheet</p> <p>1)... should not include any carbon copy <i>“or NCR”</i> pages that allow for copies to be distributed.</p> <p>2) If this is just a worksheet intended for use by the provider to temporarily substitute for scribbling information on a glove or sheet or piece of scratch paper, why does it need to be approved by OCEMS?</p> <p>3) We agree with marking the worksheet in a manner that clearly indicates that it should not be included as a part of the patient medical record.</p>	<p>Acknowledged.</p> <p>OCEMS Response: Agree. “OCEMS Approved” omitted.</p> <p>Policy revised to: <i>“...or “NCR””</i></p>
		<p>Page 2: III Base Hospital Worksheet</p> <p>If this is just a worksheet intended for use by the MICN to temporarily substitute for scribbling information on a piece of scratch paper, why does it need to be approved by OCEMS?</p>	<p>Acknowledged.</p> <p>OCEMS Response: “OCEMS Approved” omitted.</p>
		<p>Page 3 IV. B.</p> <p>1) Delete “and hospital” after Administrators.</p> <p>2) If Coroner is added to the definition of Facility Administrator, then notification of the Coroner would be included in the list of administrators notified of a downtime situation.</p>	<p>Acknowledged.</p> <p>OCEMS Response: This was a typo. “...and hospital” deleted. “Coroner” already added to Facility Administrator definition.</p>

			<p>Page 4 V. A. 1. iii. EMS personnel should switch to the use of an EMS work sheet for patient care documentation. Immediately after the call, EMS Personnel should notify their Service Administrator or designee. Patient care must be the priority; notifications can take place after patient care is completed.</p>	<p>Acknowledged.</p> <p>OCEMS Response: Agree with statement order. Reference to “not...compromise patient care” already included in V. A. 1. i</p> <p>Policy revised to: “...switch to the use of an EMS Worksheet for patient care documentation and notify their Service Administrator of the problem.”</p>
			<p>Page 4 V. A. 1. iii. 2. The worksheet should be retained by the EMS provider and entered/transcribed into FieldBridge then posted to OC Meds as soon as possible.</p> <p>We do not understand what is meant/intended by “<u>or</u> transmitted” to OC-MEDS</p>	<p>Acknowledged.</p> <p>OCEMS Response: Policy revised. “...Or Transmitted” deleted.</p> <p>Policy revised to: “...entered/transcribed into OC-MEDS”</p>
			<p>Page 4 V. A. 1. iii. 3. ...destroyed pursuant to <u>HIPAA compliant, provider agency</u> document destruction guidelines.</p>	<p>Acknowledged.</p> <p>OCEMS Response: Policy revised.</p> <p>Policy revised to: “...destroyed pursuant to state and federal document destruction guidelines and/or provider agency policies and procedures.”</p>

			<p>Page 4 V. A. 2. i. 2. The worksheet should be retained by the EMS provider and entered/transcribed into FieldBridge then posted to OC Meds as soon as possible.</p> <p>We do not understand what is meant/intended by "<u>or</u> transmitted" to OC-MEDS</p>	<p>Acknowledged.</p> <p>OCEMS Response: Policy revised. "...Or Transmitted" deleted.</p> <p>Policy revised to: <i>"...entered/transcribed into OC-MEDS"</i></p>
			<p>Page 4 V. A. 2. i. 3. ...destroyed pursuant to <i>HIPAA compliant, provider agency</i> document destruction guidelines.</p>	<p>Acknowledged.</p> <p>OCEMS Response: Policy revised.</p> <p>Policy revised to: <i>"...destroyed pursuant to state and federal document destruction guidelines and/or provider agency policies and procedures."</i></p>
			<p>Page 4 V. B. 1. iii. 1. We do not understand what is meant/intended by "<u>or</u> transmitted" to OC-MEDS</p>	<p>Acknowledged.</p> <p>OCEMS Response: Policy revised. "...Or Transmitted" deleted.</p>
			<p>Page 4 V. B. 2. i. 1. We do not understand what is meant/intended by "<u>or</u> transmitted" to OC-MEDS</p>	<p>Acknowledged.</p> <p>OCEMS Response: Policy revised. "...Or Transmitted" deleted.</p>
5-20-14	Cathy Ord	Newport Beach Fire Department	<p>A. General Comments: We support the implementation of this new policy.</p>	<p>Acknowledged.</p>

			<p>B. Page 1, Item III. EMS Worksheet We appreciate the recommendations on the intent of the EMS Worksheet, that it should not be printed in a manner that allows for distribution of copies, and that language should be added such as “Not part of the patient medical record”; however, since it is not an official document and some fire departments has customized dynamic run form templates, we suggest that it should not require OCEMS approval.</p>	<p>Acknowledged.</p> <p>OCEMS Response: “OCEMS Approved” omitted.</p>
			<p>C. Page 2, Item III. Base Hospital worksheet Similar to the above comment, since it is considered a temporary document, we suggest that it should not require OCEMS approval.</p>	<p>Acknowledged.</p> <p>OCEMS Response: “OCEMS Approved” omitted.</p>
			<p>D. Page 3, Item IV.B. It appears that “and hospital” should be omitted.</p>	<p>Acknowledged.</p> <p>OCEMS Response: This was a typo. “...and hospital” deleted.</p>
			<p>E. Page 4, Items V.1.iii.2 and V.2.i.2. Recommend using this language “The worksheet should be retained by the EMS provider so that the patient information can be transcribed onto Field Bridge and posted to OC-MEDS as soon as possible.”</p>	<p>Acknowledged.</p> <p>OCEMS Response: Policy revised.</p> <p>Policy revised to: “...entered/transcribed into OC-MEDS”</p>

			<p>F. Page 4, Items V.B.1.iii.1. and V.B.2.i.1. Recommend using language similar to the above comment.</p>	<p>Acknowledged.</p> <p>OCEMS Response: Policy revised.</p> <p>Policy revised to: <i>"...entered/transcribed into OC-MEDS"</i></p>
			<p>G. Page 4, Items V.A.1.iii.3., V.A.2.i.3., V.B.1.iii.2, and V.B.2.i.2. Recommend using language similar to "all worksheets should be destroyed pursuant to the policy of the individual provider agencies or base hospitals".</p>	<p>Acknowledged.</p> <p>OCEMS Response: Policy revised.</p> <p>Policy revised to: <i>"...destroyed pursuant to state and federal document destruction guidelines and/or provider agency policies and procedures." and "...destroyed pursuant to state and federal document destruction guidelines and/or facility policies and procedures."</i></p>

OCEMS Policy 315.00 - OCEMS EMT Scope of Practice: EMT OCEMS Accredited

Date	Contact	Organization	Comment	OCEMS Response
4/2/14	Roy Englebrecht	Roy Englebrecht Promotions	I would like to ask that the OCEMS approve a new policy that allows a private company putting on a Special Event in Orange County to be allowed to hire any ALS provider that has an OCEMS accreditation. It would be understood that this ALS provider would also have a complete compliment of ALS gear at the event, and if any patient transport from the event must be through the EMS system using the an approved 911 ALS provider. Certainly this would allow a private company not to be in the position to have to pay the high fees charged by some Orange County city fire departments for their paramedic services. Right now a private company putting on a special event is not allowed to look for the best service at the best price. Thank you for your consideration.	<p>Acknowledged.</p> <p>OCEMS Response: NEW OCEMS Policy XXX.XX- "Mass Gatherings with Emergency Medical Interface" is undergoing internal revision based on comments and will be reposted again in the future for an additional 15-day comment</p>
4/2/14	Fran Cohen	EMS	III.16 Will training be needed for OC EMTs so that they will be able to "adjust" drips on a pump to maintain a preset flow rate?	<p>Acknowledged.</p> <p>OCEMS Response: No change. Existing language located in CCR 22 Div. 9 Ch. 2 Sec. 100063 Scope of Practice Emergency Medical Technician.</p>

5/20/14	Patrick Powers	Lynch EMS	III, #22 - Aspirin should be added to OCEMS policy 315.00 as an administration. CPAP should be added as a BLS procedure III #22 should not limit the patients own prescribed medications to a small list. All pt. prescribed medications should be acceptable for an EMT to assist with consistent with Section 100063 (a) (16) of Title 22	Acknowledged.
5/20/14	Suzanne Goodrich	Orange City Fire Department	<p>Although not included in this policy, we would like to offer a comment specifically related to OCEMS local accreditation of EMT providers. OC EMS implemented an “administrative” decision to issue EMT local accreditation cards for a one-year period. California EMT certification cards are issued for a two-year period. This requires the EMT to repeat the four hour course twice during a recertification cycle.</p> <p>We believe repeating the required training once during a certification cycle is sufficient for EMT’s working full time for EMS provider agencies in Orange County. If the EMT is working full time in O.C., they are using this information on a regular basis.</p> <p>If required to repeat the 4-hour course twice during a single certification cycle, 1/3 of the total required CE hours for certification are devoted to this topic. EMT’s taking a 24-hour refresher course which includes local accreditation content will still have to obtain an additional 4-hours of CE within their</p>	<p>Acknowledged.</p> <p>OCEMS Response: Comment not applicable to policies up for public comment between 4/1/14 to 5/20/14.</p> <p>OCEMS Policy #415.00 “OCEMS Accreditation to Practice – EMT” describes the initial and renewal requirements for OCEMS EMT Accreditation. Current OCEMS Policy does not require does the EMT to repeat a four hour course twice during a single certification cycle for the renewal of their OCEMS Accreditation.</p>

			<p>recertification cycle to maintain their local accreditation. This puts an undue burden on the EMT and potentially their employer.</p> <p>We recommend OCEMS require the refresher course only once in an EMT’s recertification cycle, and issue local accreditation cards for a two-year period that coincides with the EMT’s state certification cycle if the EMT provides proof of full time employment with an EMS provider in O.C. We welcome the opportunity for further discussion of this issue.</p>	
			<p>Page 1 III. 3. This partially duplicates Page 3. III. 27. Place and initiate operation of the AutoPulse® external chest compression device for management of cardiopulmonary arrest.</p> <p>Could #27 be included with #3, or added to #3 as III. 3. i.?</p>	<p>Acknowledged.</p> <p>OCEMS Response: Revised to “Perform cardiopulmonary resuscitation, which may include the placement and use of a mechanical external chest compression device in the management of basic cardiopulmonary resuscitation.”</p>
			<p>Page 1 III. 6. We suggest: Use any of the following <i>optional</i> hemostatic.....</p>	<p>Acknowledged.</p> <p>OCEMS Response: Revised to “Use of any of the following optional hemostatic dressings....”</p>

OCEMS Policy 325.00 - ALS Unit Inventory

Date	Contact	Organization	Comment	OCEMS Response
5/20/14	Suzanne Goodrich	Orange City Fire Department	<p>Page 1. Policy. “<i>Equipment, Supplies, and drug inventory that is not part of the authorized Orange County ALS Scope of Practice is not permitted without formal approval of the Orange County EMS Agency and the California EMS Authority.</i>” Where is the line between approval being required and a provider having the freedom to choose ancillary supplies and equipment for use on their apparatus? For example, does this apply to items like the MegaMover used by some departments to lift and carry large patients who do not require spinal immobilization? Zoll recommends using the MegaMover with the AutoPulse device rather than a backboard. Would the Megamover have to be authorized by OCEMS? What about stair chairs, gurneys, features on EKG monitor/defibrillators? Are we limited to a specific types or brands? Additional examples would be use of ETCO2 monitoring in spontaneously breathing patients, monitoring for CO exposure using the same probe used for monitoring SpO2.</p>	<p>Acknowledged.</p> <p>OCEMS Response: Revised to “CCR 22 Div. 9 Ch.4 Sec. 100146 defines the basic and advanced scope of practice of a paramedic in California which dictates the required medical equipment, supplies and drug inventory”</p>

			<p>Laryngoscope Bulbs (extra) In many disposable blades, the light is fiberoptic and built into the blade. It isn't a bulb that gets changed any more. Suggest removing this item from the list or qualifying it to apply only for agencies not using disposable blades.</p>	<p>Acknowledged.</p> <p>OCEMS Response: Revised to differentiate between fiberoptic systems or systems requiring bulbs.</p>
			<p>Dressings: Eye Pad In the field setting 2X2's or 4X4's can be used without negative impact to the patient. We recommend removing this item entirely or making it an optional item. There is a finite amount of space available in our medical aid boxes. Carrying items that can be used for multiple purposes (2X2's & 4X4's) rather than a single purpose (eye pads) makes the best use of available space, reduces costs, etc.</p>	<p>Acknowledged.</p> <p>OCEMS Response: Policy revised, eye pad and 2x2's removed</p>
			<p>Dressings: OP Site* or equivalent Is this intended for use as the IV site dressing or some other purpose?</p>	<p>Acknowledged.</p> <p>OCEMS Response: Revised- language relates to IV site dressing</p>
			<p>Dressings: Vaseline Gauze Is this item not required? Should it at least be an optional item?</p>	<p>Acknowledged.</p> <p>OCEMS Response: Added to inventory</p>
			<p>IO Needles: What about the other pieces of equipment, like the EZ-IO stabilizer and chloraprep FREPP's listed as optional?</p>	<p>Acknowledged.</p> <p>OCEMS Response: IO Stabilizer added as optional. Chloraprep added.</p>

			<p>Sterile gloves: Is it sufficient to have the sterile gloves contained within packaging where their use would be indicated? Examples – Suction catheters, OB Kit, etc.</p>	<p>Acknowledged.</p> <p>OCEMS Response: Will remain in inventory as the possibility exists that additional sterile gloves may be needed and should be available without having to open another kit just for gloves</p>
			<p>Nail polish remover: Suggest deleting this requirement. Pulse Ox probes can be turned sideways to get reading. We have carried nail polish remover and it never gets used because it is much simpler to just turn the probe sideways.</p>	<p>Acknowledged.</p> <p>OCEMS Response: Requirement deleted.</p>
			<p>PPE: Eye shields Suggest changing to say eye protection or face shields.</p>	<p>Acknowledged.</p> <p>OCEMS Response: Revised to face/eye protection</p>
			<p>Surgical masks: Suggest changing to procedure/surgical masks or adding procedure masks as an acceptable option.</p>	<p>Acknowledged.</p> <p>OCEMS Response: Revised - deleted and added under “PPE”</p>
			<p>Syringe, Catheter Tip: We carry these but I have never seen one used in the field. What is the intended purpose for this item since we don’t insert NG tubes and field personnel wouldn’t irrigate an NG tube or feeding tube.</p>	<p>Acknowledged.</p> <p>OCEMS Response: Revised – Item deleted.</p>
			<p>Tubing Connector (e.g. 5-in-1): Is there still a need to carry a separate connector? Most tubing comes packaged as a stand-alone, single use kits with their own connector built in or included in the package. Is this an item used for interfacility transfers but not something needed for 911 calls?</p>	<p>Acknowledged.</p> <p>OCEMS Response: Revised – Item deleted.</p>

			Underpads (CHUX/protective pads): Suggest allowing providers to determine what product/device they want to use in situations where an underpad/protective pad might be indicated. Some use larger devices that contain any and all liquids within the wrap so nothing is lost when patient is moved from one gurney to the next, the risk of contamination and lengthy decon of the gurney and back of ambulance is reduced, etc.	Acknowledged. OCEMS Response: Revised – Item deleted.
			CPAP: Suggest including all components for administering CPAP in this list as optional. The main CPAP device, various size face masks, HEPA filter, Valved T adapter, etc.	Acknowledged. OCEMS Response: Specific components will not be listed. CPAP must come with all appropriate supplies
			Diphenhydramine: 50mg/ml, 1 mL prefilled syringe We can't get prefilled syringes any longer. Ours comes in a 1ml vial. Please add vials to the list	Acknowledged. OCEMS Response: Drug Inventory changed to list the name and dose range of the medication only. Eliminating specific formulations.
			Epinephrine 1:1000 30 mL vial: Since we no longer give high dose epi, and we don't give epi via ET any longer, is there any reason to continue carrying these multidose vials?	Acknowledged. OCEMS Response: Revised – Item deleted.
			Glucose Oral Solution: 100 Gm bottle All we can get through UCI anymore are 75GM bottles.	Acknowledged. OCEMS Response: Drug Inventory changed to list the name and dose range of the medication only. Eliminating specific formulations.

			Morphine Sulfate 10mg/10mL Prefilled Syringe: This item has not been available for several years and should be removed from the list. It should be replaced with what we are carrying – 4mg/1mL, 1mL carpjects.	Acknowledged. OCEMS Response: Drug Inventory changed to list the name and dose range of the medication only. Eliminating specific formulations.
			Normal Saline: 500mL sterile IV Bag Since all standing orders specify 250cc or 1000cc, should this even be listed?	Acknowledged. OCEMS Response: Revised – Item deleted.
			Need to add Ondansetron 4mg dissolving tablets	Acknowledged. OCEMS Response: Revised – Item Added
5/20/14	Patrick Powers	Lynch EMS	Laryngoscope blade bulbs should be made optional since many of the manufactures do not make removable bulbs	Acknowledged. OCEMS Response: Revised to differentiate between fiberoptic systems or systems requiring bulbs.
	Patrick Powers	Lynch EMS	Why is end-tidal CO2 monitoring with continuous reading output optional? Isn't waveform capnography the standard of care and the most effective way to ensure proper tube stabilization in place during transport?	Acknowledged. OCEMS Response: Remains optional. Some provider agencies still do not have ETCO2 waveform monitoring capability
	Patrick Powers	Lynch EMS	Eliminate pediatric nasal canulas, blow by method is preferred with a NRB	Acknowledged. OCEMS Response: Pediatric cannulae will removed from required inventory.

	Patrick Powers	Lynch EMS	Suction catheters, why so many varying sizes?	<p>Acknowledged.</p> <p>OCEMS Response: Will stay in inventory as patients and tubes come in varying sizes</p>
	Patrick Powers	Lynch EMS	Epinephrine 1:1,000 in 30 mL vial - why is this necessary?	<p>Acknowledged.</p> <p>OCEMS Response: Deleted</p>
	Patrick Powers	Lynch EMS	Delete optional Mark 1 Kit, old device no longer in existence.	<p>Acknowledged.</p> <p>OCEMS Response: No change. Some Mark 1 kits are still available with extended expiration dates.</p>

OCEMS Policy 330.65 - Patient Refusal of Prehospital Care/AMA and OCEMS Liability Release

Date	Contact	Organization	Comment	OCEMS Response
4/26/14	Larry Grihalva	Saddleback College	See attached letter. Feels that it is time to update the policy and offered many suggestions based on field experiences as well as legal expertise. Offered a sample policy.	<p>Acknowledged.</p> <p>OCEMS Response: Policy is undergoing extensive internal review and revision based on public comments as well as advice from legal experts with EMS experience.</p> <p>A work team comprised of one representative from a 911 Provider Agency, one Base Hospital Coordinator, Larry Grihalva and OCEMS personnel will meet the week of August 18.</p> <p>Revisions will go back out for public comment.</p>

5/20/14	Catherine Ord	Newport Beach Fire Department	See attached letter. Concern about such substantive changes. Recommend revisions based on public comments and provider input with another 50-day comment period	<p>Acknowledged.</p> <p>OCEMS Response: Policy is undergoing extensive internal review and revision based on public comments as well as advice from legal experts with EMS experience.</p> <p>A work team comprised of one representative from a 911 Provider Agency, one Base Hospital Coordinator, Larry Grihalva and OCEMS personnel will meet the week of August 18</p> <p>Revisions will go back out for public comment.</p>
5/20/14	Patrick Powers	Lynch EMS	Lynch EMS supports development of this policy	<p>Acknowledged.</p>
5/20/14	Suzanne Goodrich	Orange City Fire Department	See attached letter. Recommend withdrawing draft changes and convene a working group to re-draft a completely new policy. Recommendation to use draft policy submitted by Larry Grihalva.	<p>Acknowledged.</p> <p>OCEMS Response: Policy is undergoing extensive internal review and revision based on public comments as well as advice from legal experts with EMS experience.</p> <p>A work team comprised of one representative from a 911 Provider Agency, one Base Hospital Coordinator, Larry Grihalva and OCEMS personnel will meet the week of August 18</p> <p>Revisions will go back out for public comment.</p>