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## **MEDICAL HEALTH SERVICES**

### **EMERGENCY MEDICAL SERVICES**

**DATE:** August 15, 2022

**TO:** Ambulance Providers  
Emergency Receiving Centers (ERCs)  
ERC Medical Directors  
Base Hospital Coordinators  
911 Service Providers  
MICNs

**SUBJECT:** AUTHORIZATION FOR BYPASSING HOSPITALS WITH 90% APOTs OF 60 MINUTES OR GREATER BY 911 SERVICE PROVIDERS AND AMBULANCES

As many of you are probably aware, the County's 90% APOT numbers have been averaging above the 30-minute standard for several months, with the average being 35 minutes or greater for the last 4 weeks. Some days have been as high as 47 minutes. Individual hospitals have experienced 90% APOTs greater than 2.5 hours without going on diversion. This has never happened in the history of OCEMS and is occurring at the same time that demand for 911 service has increased by almost 40,000 runs this year compared to last year. To try and support adequate 911 service for Orange County citizens, additional interventions are now required to maintain care.

Effective immediately, OCEMS is authorizing ambulances and 911 providers to request the current 90% APOT for their destination hospital from their dispatchers while in the field. This information is available 24/7 from the EMS website: <https://www.ochca.com/about-hca/medical-health-services/emergency-medical-services/ems-system-reports/ambulance-patient>. Ambulances may now bypass their nearest ERC regardless of diversion status if it has a 90% APOT of 60 minutes or more, and travel to the next closest most appropriate ERC with lower APOT numbers even if it is outside their normal 20-minute transport time. OCEMS is hopeful this will result in shorter overall times to off-load patients and return to service.

This directive will remain in effect for the next 6 months and may be extended based on EMS system data.

A handwritten signature in blue ink that reads 'Carl Schultz, MD'.

Carl H. Schultz, MD  
EMS Medical Director



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**MEDICAL HEALTH SERVICES  
EMERGENCY MEDICAL SERVICES**

**DATE:** September 7, 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

*CMS*

**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.ochcahealthinfo.com/ems>) for October 1, 2022.

**OCTOBER 1, 2022 EMS UPDATES**

The OCEMS Agency is in the process of creating just one set of policies, standing orders, and procedures for paramedics working in Orange County. Effective October 1, 2022, we will be incorporating language from the IFT-ALS standing orders into existing policies and standing orders, with plans to sunset the IFT-ALS specific documents on April 1, 2023. We will keep the old IFT-ALS documents on the books for the usual 6-month period while everyone learns to use the updated information. But they will completely disappear on April 1, 2023.

There will be essentially no change to what both 911 and IFT-ALS paramedics do. It is just that the information describing IFT-ALS protocols will be moved to other locations. There are 2 small changes that will be new affecting paramedic practice. IFT-ALS paramedics will have the option to make BH contact, and the same option will be extended to 911 paramedics. Previously, IFT-ALS paramedics could not make base hospital contact and 911 paramedics engaged in an inter-facility transfer were required to make BH contact. Now both groups of paramedics will have the option of making BH contact unless this is required by other OCEMS protocols. Regarding making BH contact for IFT-ALS paramedics, they will have 6 months to obtain training for this practice (October 1, 2022 – April 1, 2023). That should be enough time

for all IFT-ALS providers to acquire this skill. The second change is that 911 paramedics will have more flexibility in managing hospice patients in the field.

The policies that required updating to make the entire transition possible are included below. They will all be listed as updated Upcoming documents for October 1.

To make things easier, I will list here how to crosswalk from the old IFT-ALS standing orders to the updated existing policies and standing orders:

- 1) Delete IFT-SO-1: Replace with the Upcoming SO-ALS-General that is already posted and the following current standing orders that are already in effect: SO-C-15, SO-M-15, SO-M-35, SO-P-20, SO-P-25, SO-P-95, SO-T-10, SO-T-15, and SO-T-20
- 2) Delete IFT-SO-2a: Replace with current SO-C-10 and SO-P-40  
Delete IFT-SO-2b: Replace with current SO-C- 20 thru 40, Upcoming SO-P-45
- 3) Delete IFT-SO-3: Replace with updated 310.20 (will be listed as Upcoming for October 1).
- 4) Delete IFT-SO-4: Replace with updated 310.10 (will be listed as Upcoming for October 1).

## POLICIES

- 310.10 Determination of 911 Dispatched Patient Transport to an Appropriate Facility - Hospice: More specific language was added regarding hospice patients to better clarify how to care for them on-scene. Besides just some wordsmithing, the added language addresses hospice care, assisted suicide, and leaving certain hospice patients on-scene. Originally, this information was contained in IFT-SO-4. But since this standing order will sunset on April 1, 2023, and it applies equally to 911 and IFT-ALS paramedics, this information was added here.
- 310.20 Service Provider Transport and Dispatch Criteria for Interfacility Transfers between Acute Care Hospitals: Added BLS and ALS interfacility transfer dispatch criteria from IFT-SO-3 to 310.20 and changed the policy name slightly to reflect this addition, given the standing order will sunset April 1, 2023. Also, Policy 310.20 is where IFT-ALS and 911 paramedics are both given the option to make BHC for IFTs unless required by OCEMS policy. Currently it is required for 911 paramedics and this requirement will be removed. Lastly, I have added language prohibiting transfer of ICU in-patients using IFT-ALS paramedics.
- 315.00 OCEMS EMT Scope of Practice: EMT-OCEMS Accredited: Minor changes updating the policy to bring it in line with California State regulations (adding "pain level, skin signs" to section III.3. on the first page; adding pacemaker, AICD, and surgical drainage device to III.2. at the bottom of page 2).

325.00      Advanced Life Support (ALS) Provider Unit Minimum Inventory: Some 911 providers have requested authorization to use Impedance Threshold Devices. While there is no strong evidence that these work, there is also no evidence they are harmful. As such, these will be added as optional approved supplies and will be approved after submission of training and procedure documentation by the requesting provider.

## PROCEDURES

PR-135      Supraglottic Airway Device Placement – Adult/Adolescent: In the **CONTRAINDICATIONS** section, changed the limitation of trismus such that it remains a contraindication if still present after administration of 5 mg of versed. This is in response to expanding SO-M-80 to include the use of versed for a clenched jaw when trying to place an LMA.

## STANDING ORDERS

SO-M-80      Sedation for Endotracheal or LMA Intubation - Adult/Adolescent: Expanded this standing order to include sedation with versed for placement of an LMA for a clenched jaw. Emphasized that versed could not be used to suppress a gag reflex from an LMA.

SO-FR-01      First Responder: Naloxone Administration: Under item #4 in the sections Standing Order (poor breathing) and Standing Order (not breathing), there is no limit to the number of naloxone treatments that can be given if the patient is not responding. Now it says to stop delivering naloxone intranasally after 12 mg if the patient remains unresponsive.

Lastly, we want to clarify some confusion regarding 2 BLS standing orders currently listed on the website. These are listed as SO-AMA and SO-REL. As it turns out, these are actually older standing orders from the ALS section that were inadvertently placed in the BLS section during the 2 website reconfigurations that have occurred over the last 2 years. As the AMA process is not generally considered part of the EMT scope of practice, we will remove the standing order listed as SO-AMA from the BLS section of the website. We will update the SO-REL policy to reflect the EMT scope of practice, re-label it as SO-B-REL, and make it consistent with the ALS version posted in the ALS section of the website.

SO-B-REL      Evaluation without Treatment or EMS Transport (Release in Field): This is a new policy written to address when either a 911 BLS unit is dispatched or a non-911 response occurs with just EMTs, and they encounter an individual without a medical or psychiatric condition who does not require any intervention and who refuses treatment or transport.