CLAYTON CHAU, MD PhD
DIRECTOR

MINDY WINTERSWYK, PT, DPT, PCS
ASSISTANT AGENCY DIRECTOR

TAMMI McCONNELL, MSN, RN
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: February 1, 2023

TO: Ambulance Providers
Emergency Receiving Centers (ERCs)
ERC Medical Directors
Base Hospital Coordinators
911 Service Providers
Mobile Intensive Care Nurses (MICNs)
Control One Supervisors

SUBJECT: EXTENSION OF CURRENT OCEMS POLICIES AND DIRECTIVES FOR MANAGING INCREASING APOTs AND DIVERSION HOURS

The surge in demand for EMS services, which began toward the end of May 2022, has not abated. This surge is reflected in increasing APOTs and diversion hours. Some initial management strategies, implemented in policies, that were designed to address this surge proved insufficient. Therefore, additional OCEMS directives were issued on what was initially believed to be a temporary basis. However, the high demand for EMS services persists and may continue indefinitely. Therefore, to maintain effective 911 EMS coverage for the County, an extension of these directives is now necessary.

Effective immediately, the following policies and directives will be in effect until further notice. The interventions included in policies are stated here as well, permitting this document to include available options for action. When considering use of the 90% APOT gauges found on the EMS website, please use the 12-hour gauges when possible.

- Placement of hospitals on 2-hour diversion by EMS Duty Officer if a hospital has a 90% APOT > 60 minutes and a current ambulance is being held in the ED for > 60 minutes. Activate by calling EMS Duty Officer. Request can be made by any EMS provider.
  Reference: Letter #4151, Policy #310.96

- EMS Providers can temporarily ignore diversion status in the field if the 3 closest, most appropriate ERCs are all on diversion simultaneously. Transport the patient to the nearest hospital.
  Reference: Policy #310.96

- OCEMS will temporarily suspend all ED diversion if the total number of ED diversion hours in the County during a 24-hour period exceeds 200 for three consecutive days. Diversion will be restored when the situation improves.
  Reference: Letters #3915, #3926, and #4477

- Patients who met criteria (see Policy #310.96) can be placed in the hospital waiting room by ambulance crews if held in the ED for more than 60 minutes.
  Reference: Policy #310.96

- Patients held in ambulances and not unloaded for more than 60 minutes may be transported by the ambulance crew to another hospital after informing ED nursing staff.
  Reference: Policy #310.96

- Patients waiting in a hospital ED on an ambulance gurney being supervised by the ambulance crew may be placed on a cot after 60 minutes if a second ambulance from any company arrives and is not placed in an ED bed within 15 minutes. No more than one ambulance patient can be held in the ED for longer than 60 minutes while being supervised by the ambulance crew.
  Reference: Policy #310.96

- When an ERC goes on diversion, it automatically places the SNRC on diversion. The exception to this policy is if a spoke hospital needs to transfer a stroke patient to the SNRC hospital for a higher level of care. In this situation, if the SNRC is closed only due to ED diversion, the SNRC must accept the patient from the spoke hospital.
  Reference: Policies #310.96 and 650.00

- Ambulance crews and/or 911 providers can request the current 90% APOT for their destination hospital from their dispatchers while still in the field (available on the EMS website). If the 12-hour gauge (just implemented) shows a 90% APOT of > 60 minutes, ambulances can bypass this ERC regardless of diversion status, and transport the patient to next most appropriate ERC with a lower APOT even if outside the normal 20-minute transport time if this is safe for the patient.
  Reference: Letter #4410

- If St. Jude Medical Center, La Palma Intercommunity Hospital, or Los Alamitos Medical Center are overwhelmed, they can place themselves on diversion. This will automatically divert field ambulances in Orange County and ALS patients originating from LA County. This diversion will remain in effect for 2 hours, and then expire. When it does expire, the hospital will be listed as open to receive patients from both LA County and Orange County. To continue diversion, another action in ReddiNet must occur to implement diversion. Action taken to implement or end diversion will affect both Orange County and LA County transports simultaneously. This diversion will not apply to stroke, myocardial infarction, or cardiac arrest patients coming from LA County. (New directive)

This is a dynamic process and Orange County EMS (OCEMS) will continue to monitor the situation and the impact of these interventions.

Carl H. Schultz, MD
EMS Medical Director
Orange County Health Care Agency

CHS:chs#4539

CLAYTON CHAU, MD PhD
DIRECTOR

MINDY WINTERSWYK, PT, DPT, PCS
ASSISTANT AGENCY DIRECTOR

TAMMI McCONNELL, MSN, RN
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

EMERGENCY MEDICAL SERVICES

DATE: March 16, 2023

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

C.H.S.

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

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, 2023. Several existing documents will also be removed.

APRIL 1, 2023 EMS UPDATES

POLICIES

140.10 Transportation Advisory Subcommittee Bylaws: Under section *IX. Meetings*, the day of the meeting has been changed from the fourth Wednesday of the month to the first Wednesday of the month. The meeting months have not changed.

230.00 List of Emergency Receiving Centers: Chapman Global Medical Center has been removed from this list.

450.00 Paramedic/Mobile Intensive Care Nurse Informal Performance Review: Since OCEMS no longer has authority over paramedic licensing or discipline, except in very limited circumstances, this policy has been modified to remove all references to paramedics. It will retain all language that addresses MICN performance. The new policy title has been changed to reflect this, and will be listed as, *Mobile Intensive Care Nurse Informal Performance Review.*

600.05 Community (Spoke) Emergency Receiving Center Assignments to Base Hospitals: Children's Hospital of Orange County has been added to the list of base hospitals and Chapman Global Medical Center has been removed as a spoke hospital for Orange County Global Medical Center.

730.10 Ambulance Rules and Regulations Air Ambulance Service Provider Criteria: Under section *IV. E. Data Collection*, item #3. has been deleted as it is no longer necessary, having been replaced by implementation of the OC-MEDS ePCR. Item #4 has been renumbered as item #3.

730.15 Ambulance Rules and Regulations Air Rescue – BLS and ALS Air Rescue Service Provider Criteria: Under section *IV. E. Data Collection*, item #3. has been deleted as it is no longer necessary, having been replaced by implementation of the OC-MEDS ePCR. Item #4 has been renumbered as item #3.

PROCEDURES

The following BLS procedures will be deleted as they have now been incorporated into the basic scope of practice for EMTs in California:

B-020 (assist patient with their own prescribed metered dose inhaler)

B-025 (assist patient with their own prescribed aspirin for chest pain/cardiac ischemia)

STANDING ORDERS

SO-M-15 Allergic Reaction/Anaphylaxis – Adult/Adolescent: This policy has been substantially re-written. The major changes reflect how the symptom are classified and the subsequent treatments ordered. There are now only two sections: *I. Allergic Reaction* and *II. Anaphylaxis*. The definitions for these to patient types is now more detailed and specific. Treatments are stratified based on the symptom category. Administration of epinephrine is the first priority for patients requiring medication.

SO-P-10 Newborn Care: Under section NEWBORN IN DISTRESS, Gasping Respirations/Apnea/HR< 100/minute, the initial gas for bag-valve-mask ventilation is now room air. This is changed to 100% oxygen if no response in 5 minutes.

SO-P-20 Traumatic Cardiopulmonary Arrest – Pediatric: The following language was added and labeled as item #1; *Initiate and maintain uninterrupted CPR*. The rest of the order items were renumbered to reflect the addition of the new item #1. The old item #4 (new item #5) was edited to remove, *at 6L/min flow rate* and replace with, *as is indicated and tolerated*. Item #9 was added to prohibit the use

of epinephrine in an obvious traumatic arrest. Lastly, two bulleted items were added as Treatment Guidelines.

SO-P-60 Allergic Reaction/Anaphylaxis – Pediatric: This policy has been substantially re-written. The major changes reflect how the symptom are classified and the subsequent treatments ordered. There are now only two sections: *I. Allergic Reaction* and *II. Anaphylaxis*. The definitions for these to patient types is now more detailed and specific. Treatments are stratified based on the symptom category. Administration of epinephrine is the first priority for patients requiring medication.

SO-T-10 Traumatic Cardiopulmonary Arrest – Adult/Adolescent: The following language was added and labeled as item #1; *Initiate and maintain uninterrupted CPR*. The rest of the order items were renumbered to reflect the addition of the new item #1. The old item #6 was removed as it is redundant. The issue of an advanced airway is previously addressed in the old item #1 (now item #2).

The following standing orders will sunset on April 1, 2023 and will no longer be displayed on the OCEMS website:

IFT-SO-1; IFT-SO-2a and IFT-SO-2b; IFT-SO-3; and IFT-SO-4

The language in these standing orders has been incorporated into other existing standing orders and policies.

CS:cs#4568