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

**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.ochhealthinfo.com/ems>) for October 1, 2023. Several existing documents will also be removed. Lastly, an updated policy, 645.00, has gone out for public comment and the final version will be included here.

### OCTOBER 1, 2023 EMS UPDATES

#### POLICIES

- 310.00 911 Advanced Life Support Base Contact, Standing Order, and Transport Criteria: Under *Section III. Criteria*, a bullet was added requiring base hospital contact if a patient received an ALS intervention and then subsequently requests to sign out AMA. The types of interventions included under the heading of ALS interventions are then listed. This language is found towards the bottom of page 1 and at the top of page 2.
- 310.30 Trauma Triage:
- 310.31 Trauma Triage Algorithm: Blunt or Penetrating Injury:

- 330.57      Application of Restraints by EMS Personnel: A new section was added on the second page, *VI. Exception*, that provides paramedics the option of not restraining a patient and leaving them on scene if, after base hospital contact, they believe their health and safety would be in jeopardy if they attempted to apply restraints.
- 355.00      Approval to Use OCEMS EMT and Paramedic Scope of Practice During Scheduled and Special Event Standby: Under *Section II. Application*, language was added prohibiting EMTs and Paramedics not authorized to practice in Orange County from using their respective OCEMS scopes of practice at special or standby events. These individuals may only provide first aid. Under *Section III. Definitions*, the term “OCEMS Authorized EMT or Paramedic” is defined. For section IV, renumbered to be consistent with standard practice. For items numbered 3 through 7 on the second page, these have also been renumbered and placed under a new section, V. Implementation. Item # E. under this section has been added on page 3 to deal with the use of ambulances stationed at the venue site.
- 430.10      Accreditation to Practice – Paramedic: This policy has been substantially revised to include information on accreditation for all paramedics in Orange County. For the areas of expertise such as air rescue, IFT/ALS, and tactical, language on requirements for these endorsements has been added. The policy also requires a one-time enrollment and completion of an ACLS course at the time a paramedic is hired. All currently accredited paramedics in Orange County are exempt from this requirement.
- 430.15      Accreditation to Practice – Air Rescue Personnel Criteria: This policy will be deleted and its information incorporated into the updated Policy #430.10.
- 430.20      Accreditation to Practice – Tactical Emergency Medical Services (TEMS) Personnel Criteria: This policy will be deleted and its information incorporated into the updated Policy #430.10.
- 505.00      Orange County Ambulance Drivers/Attendant License – Training Program Requirements: Under Section VIII. Required Course Equipment, use of a naloxone nasal medication trainer was added. Clarifying language was also added addressing the primary instructor on Page 4. These are effectively administrative changes and will not require public comment.
- 510.00      Emergency Medical Technician Training Program Criteria: Added clarifying language to specifically identify the application form a program needs to submit. Also provides more exact language on when a program needs to contact OCEMS regarding changes to personnel and other information. These are effectively administrative changes and would not normally require public comment. However, Attachment 1, that is part of this policy, has been substantially changed. As such, both documents will need to go out for public comment.

- 510.00 Attachment 1 Emergency Medical Technician Training Program Application, Attachment 1: This new version of Attachment 1 now includes two additional pages of required supplies for EMT training programs. These are pages 6 and 7. Unlike the administrative changes to the other 500 policies contained in this update, these changes are substantive. Therefore, this policy will be submitted for public comment before being finalized.
- 510.05 EMS Monitoring of Approved Training Programs: Changes were made to simply language but did not have any substantive change to the monitoring process. These are effectively administrative changes and will not require public comment.
- 510.10 EMT Skills Competency Verification Process: Under Item *III. Policy*, sections A, B, and C have additional clarifying language added. Under Item *IV. Criteria*, language was added clarifying signature requirements and direct verification. These are effectively administrative changes and will not require public comment.
- 510.10 Attachment A EMT Skills Competency Verifiers: Clarifying language was added to the bottom of the page explaining the notification process required. These are effectively administrative changes and will not require public comment.
- 530.00 EMS Continuing Education (CE) Provider Approval: OCEMS added language explaining how to find the state regulations that govern this policy and how to complete the application. These are effectively administrative changes and will not require public comment.
- 530.00 Attachment 1 Application for Authorization as Approved Provider of Prehospital CE: Clarifying language was added to further explain the requirements for completing the application. These are effectively administrative changes and will not require public comment.
- 535.00 First Aid and CPR Training Program Criteria for Public Safety Personnel: Language was added clarifying whom to contact and what email address to use for applications. Also, notification is provided that the EMS Medical Director would review training materials provided as part of applications for delivering optional scope skills. These are effectively administrative changes and will not require public comment.
- 645.00 Suspension or Revocation of Specialty Center, ERC, Training Program, Base Hospital, or 911/IFT ALS Provider Designation: This policy has been completely re-written and will go out for public comment during September and October. Further changes may be needed as a result of the public comments so, at this time, it is unclear when this policy will take effect. More information will be posted as this issue evolves.

## PROCEDURES

- B-060      Imminent Childbirth in the Field: On page 2, a new section is added describing management of a prolapsed umbilical cord.
- PR-03      Estimate of Body Surface Area Burned and Disposition: This procedure was revised to simplify the body surface area diagrams and include an image of a palm to represent what 1% of the total body surface area would look like. In addition, the language describing indications for transport to a burn center was simplified and listed using bullets.
- PR-040      Pregnancy Emergency Delivery: As hard as it is to believe, this procedure, which was last modified in 2017, disappeared from the procedures approved by OCEMS. It was originally numbered as PR-135, but this number now identifies a procedure for LMAs. I do not know what happened, but it clearly needs to be re-introduced. So, the procedure on ALS emergency childbirth is now listed as PR-040. Although essentially unchanged, OCEMS will treat this as a new policy since it has been absent for several years, and will list it as Upcoming on October 1.

#### STANDING ORDERS

- SO-M-25      Suspected Acute Stroke or Intracranial Hemorrhage (Stroke Triage Criteria): On page 2, added language under the heading of *Intracerebral Hemorrhage Suspected* to permit an assessment if the patient is unable to provide a history of severe headache due to altered mental status.
- SO-P-85      Substance Overdose/Poisoning – Pediatrics: Removed requirement for base hospital contact in section discussing *Suspected Stimulant Intoxication*.
- SO-T-10      Traumatic Cardiopulmonary Arrest – Adult/Adolescent: Added language to: 1) authorize the use of ACCDs, 2) initiate wound packing and tourniquet placement for hemorrhage control, and 3) move the initiation of spinal motion restriction to lower down on the protocol.