



DEBRA BAETZ, MBA
INTERIM AGENCY DIRECTOR

MINDY WINTERSWYK, PT, DPT, PCS
ASSISTANT AGENCY DIRECTOR

TAMMI McCONNELL, MSN, RN, MICN, PHN
EMERGENCY MEDICAL SERVICES
DIRECTOR

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 15, 2024

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
EMS MEDICAL DIRECTOR
ORANGE COUNTY HEALTH CARE AGENCY

A handwritten signature in blue ink, appearing to read 'C.H.S.', is written over the printed name of Carl H. Schultz.

SUBJECT: NEW AND UPDATED EMS POLICIES, PROCEDURES, AND STANDING ORDERS

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. 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 April 1, 2024. These will be optional until October 1, 2024, when they become mandatory.

From time to time, the agency may also need to issue updates on an impromptu basis or implement a policy without the typical 6 month phase-in process, as situations will not permit waiting until the next cycle. The update to Policy 300.31, the OC-MEDS Data Dictionary, falls into this category. The changes in 300.31 and their immediate implementation result from the nationally mandated use of NEMSIS 3.5 as the structure for collecting EMS data that began on January 1, 2024. Given use of NEMSIS 3.5 is now in force, no optional phase-in period can exist for an updated data dictionary. Therefore, the update to Policy 300.31, which reflects the changes due to NEMSIS 3.5, will go into effect immediately.

APRIL 1, 2024 EMS NEW DOCUMENTS

PROCEDURES

PR-70 Pilot Project – Ketamine Analgesia for Air Rescue Paramedics: This document provides both the standing order and procedure instructions for a pilot project to assess the efficacy of ketamine use for analgesia during air rescue activities. The project will evaluate this intervention for a year and then assess how to proceed.

STANDING ORDERS

SO-P-70 Psychiatric/Behavioral Emergencies – Pediatric: To address the increasing need for management and sedation of agitated pediatric patients, this new policy was created. It provides for base hospital ordered midazolam for control of combative pediatric patients.

APRIL 1, 2024 EMS UPDATES TO EXISTING DOCUMENTS

POLICIES

- 300.31 OC-MEDS – Data Dictionary: Updates to this large document (558 pages) must go into effect immediately due to the mandate to have implemented NEMSIS 3.5 by January 1, 2024. Policy 300.31 now incorporates all the descriptions and definitions associated with the new requirements from NEMSIS 3.5 related to OC-MEDS. The OC-MEDs Data Dictionary v3.5 Change Log is also now available to assist with identifying the changes.
- 310.96 Guidelines for Diversion Status and APOT Standard: Additional language has been added that authorizes EMTs and Paramedics to treat 911 patients in the ED on an ambulance gurney if an acute intervention is needed using their scope of practice until formal transfer of care occurs. This addition can be found on page 6 and identified as paragraph C.
- 325.05 Air Rescue Unit Inventory: An addition was made to the ALS Drug Inventory to accommodate the use of ketamine for pain management as part of a pilot project for the next year involving air rescue paramedics.
- 330.50 Withholding Prehospital CPR for the Obviously Dead: Under paragraph IV.C, items 2 and 4 have been modified. Language specifying that instructions apply when the scene is a “skilled nursing facility” has been changed to say when the scene is “any type of an assisted living facility”. Examples of some of the various facilities where these instructions apply are also listed. This was done to authorize paramedics and EMTs to apply this policy to any type of assisted living facility and not just limit it to SNFs.
- 330.51 Do-Not-Resuscitate (DNR), Physician Orders for Life-Sustaining Treatment (POLST), and End of Life Options Act and Health Care Directives: On page 3, items V.H.4 and V.H.5 have been added. This was done to clarify certain ambiguities involving how to manage these patients if they experience a cardiac arrest before or during transport.
- 330.70 Paramedic Assessment Unit (PAU): The previous policy had confusing language involving optional use of midazolam, fentanyl, and morphine sulfate. Section IV has been updated to reflect standard language requiring locked containers for these drugs in PAUs and that policy 325.00 applies.

PROCEDURES

- B-02 Glasgow Coma Scale (Score): A second page had been added to this BLS procedure that lists the pediatric Glasgow coma scale (score). The pediatric algorithm should be used for patients 2 years of age or younger.
- PR-02 Glasgow Coma Scale (Score): A second page had been added to this ALS procedure that lists the pediatric Glasgow coma scale (score). The pediatric algorithm should be used for patients 2 years of age or younger.
- PR-230 Preparation and Dosing of Push Dose Epinephrine – Adult/Adolescent: The previous procedure listed the dose of epinephrine as 5 mcg for each push (0.5 mL). This will now be increased to 10 mcg for each administration. The dose volume of 1.0 mL will be easier to identify and the higher dose is more effective. Other than injecting 1.0 mL instead of 0.5 mL, the process for preparing the solution remains the same.

STANDING ORDERS

- SO-E-05 Burn (Thermal, Electrical, Chemical) – Adult/Adolescent: Due to the previous changes to PR-03, which simplified burn patient assessment, this policy was modified to make it consistent with PR-03. Rewording of total body surface area burn indicators for base hospital contact were made and high voltage definition was increased to 500-1000 volts.
- SO-M-030 Psychiatric/Behavioral Emergencies – Adult/Adolescent: The term “excited delirium” was removed due to changes in California State law and replaced with “toxic delirium”.
- SO-P-15 General Injury and Trauma – Pediatric: A new section, “Suspected Traumatic Brain Injury (TBI)”, was added to the bottom of page 2 and onto page 3. This is due to the increasing emphasis on this topic in the medical literature.
- SO-P-95 Burn (Thermal, Electrical, Chemical) – Pediatric: Due to the previous changes to PR-03, which simplified burn patient assessment, this policy was modified to make it consistent with PR-03. Rewording of total body surface area burn indicators for base hospital contact were made and high voltage definition was increased to 500-1000 volts.
- SO-T-05 General Injury and Trauma – Adult/adolescent: A new section, “Suspected Traumatic Brain Injury (TBI)”, was added to the bottom of page 2 and onto page 3. This is due to the increasing emphasis on this topic in the medical literature.