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TO: BASE HOSPITAL COORDINATORS
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PARAMEDIC TRAINING CENTERS *EMS*

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

SUBJECT: CLARIFICATIONS AND UPDATES OF EXISTING EMS DOCUMENTS

The Orange County EMS Agency reviews, updates, and makes additions to its policies, procedures, and standing orders on a biannual basis. The EMS Agency has recently completed this task for the April 1 release. Clarifications and updates have been made to documents so they reflect current standards and practice. The documents are listed below. A brief description adjacent to each document identifier summarizes the changes made. They will be posted to the website in the next few days if they are not already present. Please see our website at <http://www.healthdisasteroc.org/ems> for the newly edited versions. Due to disruptions related to COVID-19, we were not able to post these earlier.

DOCUMENTS FOR APRIL 1 EMS UPDATES

STANDING ORDERS

- SO-C-10: Adult/Adolescent Cardiopulmonary Arrest. Per AHA guidelines, added lidocaine as treatment for V fib/pulseless V tach in item #8, first page. Combined treatment for PEA and Asystole. Removed IV saline bolus in item #2, second page and replaced with epinephrine administration from item #3 second page. Moved IV saline bolus to item #3, second page and eliminated treatment for hypoglycemia. Also eliminated "assess for and correct hypoglycemia" from item #5.b, third page.
- SO-C-20: Adult/Adolescent Symptomatic Bradycardia. Per AHA guidelines, lowered priority for transcutaneous pacing, moving discussion of this to item #6. Elevated importance of starting IV or IO to item #3. Obtaining EKG renumbered as item #4. Administration of atropine prioritized higher

than pacing, numbered as item #5. Consideration for toxicologic or metabolic causes of bradycardia added to **Treatment Guidelines** on page 2.

- SO-FR-003: Automated External Defibrillation (AED). Changed age range for item #2 under **Indications** section from 1 – 8 years to 0 – 8 years. This makes it consistent with the AED policy (330.40).
- SO-P-40: Pediatric Cardiopulmonary Arrest. Per AHA guidelines, added maximum dose of amiodarone and option to use lidocaine in item #7 first page. Combine treatment for PEA and Asystole on page 2. Eliminates recommendation for early fluid bolus in item #2, second page and incorporates into recommendation to consider reversible causes, which is renumbered as item #6, second page. In this item, does retain treatment for hypoglycemia. Items #4, 5, and 6 are renumbered as items #7, 8, and 9 on second page.

POLICY

- 310.00 911 ALS Standing Order, Transport Criteria. Added language to the first bulleted paragraph in Section IX on page 5, identifying patients that develop a Pulse Oximeter reading of 90% or less on room air during paramedic assessment as requiring ALS transport.
- 310.96 Guidelines for Diversion, APOT Standard. Expanded criteria for going on diversion to include Stroke-Neuro Receiving Centers. Added new language defining APOT times and establishing an APOT standard. These are found under Sections II, III.E, IV.6, V.B.4, V.C.4 and 5, and VII.
- 330.15 ALS Treatment without Base Hospital Contact, Patient not on Scene. Clarified that form 330.15 found on ePCR must be completed when patient has left the scene after an ALS intervention was indicated or performed. Base Hospital contact is not indicated for documentation but can be made for other reasons.
- 330.40 First Responder Use of AEDs. Changed the name of this policy so it reads like a policy and not a standing order. Added language to III.C.4 so it reads correctly.
- 330.51 Do-Not-Resuscitate, End of Life Options. Added a new paragraph under Section V.D.3 and labeled as “a”. This section now adds the requirement for base hospital contact and discussion in situations where no end-of-life documentation or authorization is available on-scene and a family member requests withholding or discontinuing resuscitation.

In addition to these changes made by OCEMS, the State of California has re-written Chapter 1.5, Division 9, Title 22 of the California Code of Regulations. This chapter deals with first aid and CPR standards and training for public safety personnel. The new chapter eliminates all the previous language and adds new regulations for basic and optional skill training for first responders. As a result, the items discussed in Policy #425.05, which addressed the old Chapter 1.5, are no longer valid and the entire policy is now moot. Therefore, OCEMS will remove this policy.

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