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## SPECIALIZED MEDICAL SERVICES EMERGENCY MEDICAL SERVICES

**DATE:** SEPTEMBER 26, 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  
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C.H.S.

**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.ochca.com/ems>) for October 1, 2024. These will be optional until April 1, 2025, when they become mandatory.

### OCTOBER 1, 2024 EMS UPDATES TO EXISTING DOCUMENTS

#### POLICIES

- 300.10 OC-MEDS Clinical Documentation Standards: On the second page, under section IV. GENERAL GUIDELINES, paragraph B, additional language has been added addressing completion time requirements for PCR's. This language specifically addresses Air Ambulance and Air Rescue providers. It gives them additional time to complete their PCR's as they need to depart the landing zone as quickly as possible. As such, they require additional time to post the PCR's.
- 325.00 ALS Provider Unit Minimum Inventory: On the last page of the policy, under Optional Approved Pharmaceuticals, a prescription dose of Naloxone nasal spray has been added. This preparation contains 8 mg of naloxone in 0.1 mL solution. This is not available over the counter and requires a prescription. It CANNOT be dispensed as a leave-behind medication.

- 330.30 Suspected Child Abuse or Neglect Reporting Guidelines: Updates have been added to definitions, phone numbers, web links, etc. Also, clarifying language was added to section IV.C. describing how to identify in the medical record (PCR) that a child abuse report would be filed and by whom. Lastly, Base Hospital Contact is required for patients with suspected child abuse/neglect if the caregiver signs out AMA or refuses ambulance transport.
- 330.35 Suspected Dependent Adult/Elder Abuse or Neglect Reporting Guidelines: Updates have been added to the authority and definitions sections, phone numbers, web links, etc. Also, clarifying language was added to section IV.E. describing how to identify in the medical record (PCR) that an adult/elder abuse or neglect report would be filed and by whom. Lastly, Base Hospital Contact is required for patients with suspected adult/elder abuse/neglect if the patient or caregiver signs out AMA or refuses ambulance transport.
- 398.00 Intranasal Naloxone by Public Safety First Responders: In section VI.A., the words, "...prepared by OCEMS..." have been removed. Preparation of the training presentation is now the responsibility of the department or agency that will be administering the naloxone.
- 600.05 Community (Spoke) Emergency Receiving Center Assignments to Base Hospitals: As the types and numbers of 911 calls have evolved over time, the load placed on the base hospitals in Orange County has also changed. Similar to rebalancing a stock portfolio, OCEMS has evaluated this changing case load and adjusted which ERCs report to which base hospitals. In addition, several hospitals in Orange County have changed ownership recently and, as such, changed their names. This updated policy reflects the reassignment of ERCs to base hospitals and the name changes.

## PROCEDURES

- PR-205 Preparation and Dosing of Push Dose Epinephrine – Pediatric: This is a new procedure which describes the technique and dosing of push dose epinephrine for pediatric patients.

## STANDING ORDERS:

- SO-M-55 Suspected Sepsis – Adult/Adolescent: This update documents the need to obtain a temperature on a patient with suspected sepsis. This should improve the ability of paramedics to make the diagnosis of suspected sepsis in the field. This is one of the 2 indications for obtaining patient temperatures in the field. The second one is the future triage of behavioral health patients directly to a CSU.