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SPECIALIZED MEDICAL SERVICES EMERGENCY MEDICAL SERVICES

DATE: March 12, 2025

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

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

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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 April 1, 2025. These will be optional until October 1, 2025, when they become mandatory.

APRIL 1, 2025 NEW EMS DOCUMENTS

POLICIES

360.00 Paramedic Triage to Alternate Destination (TAD) – Behavioral Health: This is a new policy that permits specially trained paramedics to evaluate behavioral health patients who call 911. If they meet specific triage criteria, they can be transported directly to a Crisis Stabilization Unit (CSU) that can immediately begin treatment of their mental health issue. Paramedics do not need to take these patients first to an emergency department for evaluation.

PROCEDURES

PR-75 Ketorolac for Patient Analgesia: This is a new procedure authorizing the use of ketorolac for the treatment of moderate to severe pain in selected adults and children by paramedics.

APRIL 1, 2025 EMS UPDATES TO EXISTING DOCUMENTS

POLICIES

- 310.00 911 Advanced Life Support Base Contact, Standing Order, and Transport Criteria: Previously, Section VII required base hospital contact when the 3 closest ERCs to the field scene were all on diversion and paramedics needed to select one to receive their patient. Now the policy makes base hospital contact optional. It also standardizes the language describing distances as “nearest” or “closest”.
- Additionally, corrections were made to the trauma center diversion language. The previous sentence stated, “If all adult trauma centers are on diversion status...”. It has now been corrected to read, “If the two closest adult trauma centers are on diversion status....”.
- 310.96 Guidelines for Diversion Status and APOT Standard: In Section V.C, the term “most accessible” has been replaced by either the word “nearest” or “closest”. This effects the language in bulleted items 1. and 4.
- 325.00 Advanced Life Support (ALS) Provider Unit Minimum Inventory: Under Section VII, the required Pharmaceutical Inventory, OCEMS has added Ketorolac (Toradol) as a 15 mg/ 1mL vial for use as a pain medication.
- 650.05 Community (Spoke) Hospital Assignments to Adult Stroke-Neurology Receiving Centers: An administrative change was made to the spoke hospitals for St. Jude and UCI Orange SNRCs. Anaheim Regional Medical Center will be moved from UCI Orange to St. Jude and UCI Health Placentia Linda will be moved from St. Jude to UCI Orange.
- 730.10 Ambulance Rules and Regulations – Air Ambulance Service Provider Criteria: Under Section IV.B.5.a, language was added permitting flight paramedics to operate under the air ambulance’s scope of practice developed by the company’s medical director. However, the protocols must first be submitted to the OCEMS medical director for review and approval prior to implementation.

STANDING ORDERS:

- SO-AMA Signing Against Medical Advice (AMA) in the Field: Under Section II., item #2 has been added. This new item requires base hospital contact for a patient less than 60 days old with a fever if the parents or legal guardians wish to sign out AMA.
- SO-C-40 Wide QRS complex Tachycardia with a Pulse – Adult/Adolescent: Additional language has been added to include the use and dose of lidocaine in addition to amiodarone. This new language can be found under Item 3.